



FIRST THINGS FIRST

Arizona's Early Childhood Health System

Supporting Children's Healthy Development

Ideally, when Alex arrives for her first day of kindergarten, she is mentally and physically healthy— well nourished, free from illness, has good vision and hearing, healthy teeth and mouth, and is up to date on her immunizations. She has had the benefit of a nurturing and supportive environment at home and in quality early care and education programs, routine well child visits provided through a medical and dental home, and timely health and development interventions to address any illness, disease, or developmental disability.

Child health is a state of physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity. Healthy children live in families, environments, and communities that provide them with the opportunity to reach their fullest developmental potential.¹

Alex cannot achieve optimal health alone. She is dependent upon adults in her family and community to provide her with an environment in which she can learn and grow successfully. Alex benefits from a strong partnership between her parents, other caregivers, and her health care providers. This collaborative relationship is especially important, because as she grows, success in achieving optimal child health requires continuous surveillance, appropriate follow-up and intervention to maintain health and realized her developmental potential.

Building Blocks for a Healthy Childhood

Foundations for health and development begin during the pre-conception period and continue throughout the first years of life. Ideally, the strong bond that parents feel with their baby even before birth, blossoms during infancy into a loving relationship. This relationship and the infant's early experiences provide the sense of basic trust the infant needs to venture on to toddler autonomy and to master the developmental tasks for childhood. The relationship between the parents and the health professional is also crucial to help parents gain knowledge and confidence in caring for the physical, intellectual and emotional needs of their infants and to encourage their personal growth as parents and as a family. Theoretically, this partnership continues through early childhood and beyond.

Maternal Health

Maternal health status, habits, and environment during and even before pregnancy profoundly impacts the health and well-being of a child. Thus, achieving optimal child health is dependent upon optimizing the health and well-being of a child's mother.

During pregnancy, prenatal visits support the health of the mother and provide the opportunity for the health provider to discuss the importance of a healthy diet, exercise, oral health, supportive relationships and emotional well-being.

Newborn Care

Every baby born in Arizona is screened for certain disorders, including hearing loss, within the first weeks of life. A newborn can look healthy, but still have a serious disease that cannot be seen. If left untreated, these diseases can lead to slow growth, blindness, mental retardation, and possibly death. Early detection and treatment can help prevent these serious problems.

Arizona's newborn screening panel represents those diagnostic tests recommended nationally by the March of Dimes, American Academy of Pediatrics, and the American College of Medical Genetics.

Normally, a baby is first screened before going home from the hospital and that same screening is repeated by the baby's pediatrician or family practice physician before the baby is two weeks old. Results from these screening panels are sent by the Arizona Department of Health Services (ADHS) to the health provider to be relayed to parents so that treatment or intervention based on test results can be initiated.

Well Child and Specialty Care

Optimally, all children will receive health care from a medical provider that can serve as the child's medical home and a dental provider who can serve as the child's dental home. The American Academy of Pediatrics describes the medical home as a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.² The American Academy of Pediatric Dentists describes the dental home as providing comprehensive care including acute care and prevention services, and further advocates interaction with early intervention programs in schools and with members of the medical community and other public and private agencies to assure awareness of age-specific oral health issues.³

As babies grow, follow-up well child visits with a health care provider should occur at one month, two months, four month, six months, nine months and one year⁴. A first dental visit should occur by age one with subsequent visits based on risk assessment. During the second year of life, well child visits occur for typically developing children at fifteen months, eighteen months, and twenty-four months. After year two, well child check-ups should occur at least annually through age five. Well child visits offer the ideal time for children to receive immunizations per the schedule recommended by the US Centers for Disease Control.

The American Academy of Pediatrics (AAP) recommends developmental surveillance at every well child visit, and administration of a standardized, validated developmental screening tool for all children 9-, 18- and 24 or 30-months⁵, with a specific screen for autism at 18 and 24 months. In addition, it should be administered at any time there are concerns about delayed or disordered development. Early return visits are recommended for children whose surveillance raises concerns that are not confirmed by a developmental screening tool. When screening and follow-up medical testing suggests or confirms a delay, or need for further evaluation, it is the responsibility of the health care provider to refer families for appropriate follow-up and possible interventions.

When screening and necessary follow-up testing confirms a delay, developmental and medical evaluations are indicated. Developmental evaluation is provided through federally funded state early

intervention and early-childhood programs. For children under 3 years of age, the health care provider or the parent can make a referral to the Arizona Early Intervention Program (AzEIP). For children 3 and over, the family is directed to the public school system for an evaluation and service planning.

Another resource for identifying children with developmental disabilities is Child Find. Child Find is a component of the federal Individuals with Disabilities Education Act (IDEA) that requires states to identify, locate, and evaluate as early as possible all children with disabilities, aged birth to 21 who are in need of early intervention or special education services. Anyone that has concerns that a child may have delayed development can refer the parent to Child Find for assistance in accessing services through IDEA programs.

Needed intervention may require speech/language, occupational and/or physical therapy, as well as medical procedures and aids. These interventions are critical to appropriate development and training of muscles and neurons. Because of the rapid brain development in the first 5 years of life, timely therapeutic intervention to establish needed sensory, neuro-motor and brain function is critical, especially in development of language. Intervention that occurs after primary neural circuits are laid down takes longer and, even then, gains are generally smaller. The partnership of the physician, parents, and developmental specialists is crucial for children to have maximum benefit from the follow-up care and therapy.

Arizona's Health Care System

Arizona's health care system is well developed and consists of publicly financed services and resources and those paid for by private insurance or by individuals out-of-pocket.

Financing the Delivery of Health Care Services

Public insurance and payment systems include: programs of the Arizona Health Care Cost Containment System (AHCCCS), [KidsCare, KidsCare Parents, Arizona Long Term Care System (ALTCs)], Indian Health Services, Arizona Department of Health Services, Arizona Department of Economic Security (DES), Supplemental Security Income (SSI) and TRICARE (plan for military members and families). Federal and state funding are the primary sources for financing the system.

In Arizona:

- Public health insurance programs such as AHCCCS (Medicaid) and KidsCare cover 31.1 percent of children birth through age 18 in Arizona.⁶ Nearly half of Arizona children (48.95%) are covered by employer purchased health insurance.⁷ However, employer provided coverage varies greatly depending on the benefit options selected by the employer. Plans may not cover well child visits and other preventive care such as immunizations so families must pay additional costs in addition to any required share of the premiums and co-pays.
- Only 3.3 percent of children have health insurance that is individually purchased by their parents.⁸ As with employer provided insurance, plans vary by costs and covered benefits offered.
- Nearly 16 percent of Arizona children have no insurance and parents must pay costs for preventive and sick child health care. When an uninsured child needs health care, parents are most likely to rely on hospital emergency rooms, clinics that offer sliding fees, free or charity clinics.⁹

Health Care Delivery

Health care in Arizona is generally delivered in physician's and dentist's offices, community health clinics, and hospitals. It is usual that families with public or private insurance and those without insurance are served by many of the same health care providers without irrespective of the financing source.

AHCCCS, Arizona's Public Health Insurance Program

Medicaid, KidsCare, KidsCare Parents, and the Arizona Long Term Care System (ALTCS) are administered by AHCCCS. Children with profound and permanent disabilities are eligible for the ALTCS program. AHCCCS contracts with health plans and other program contractors, paying them a monthly fixed amount prospectively for each enrolled member. The plan or contractor is then required to deliver the necessary services within that amount.

Eligibility determination is conducted by various agencies. For example, pregnant women, families and children generally enter AHCCCS by way of the Arizona Department of Economic Security. Eligibility for KidsCare is handled by AHCCCS itself. Attachment A provides a complete description of the eligibility criteria.

AHCCCS contracts with health plans that then establish medical, dental and pharmacy provider networks throughout Arizona. After enrollment, members choose a health plan and receive information about these providers in their selected network. Arizona's managed care system has been recognized for providing quality care while containing costs.¹⁰

Indian Health Services

The Indian Health Services (IHS) provides a comprehensive health service delivery system for American Indians and Alaska Natives that are members of federally recognized American Indian Tribes. Most IHS funds are appropriated for American Indians and Alaska Natives who live on or near reservations or Alaska Villages. Congress also has authorized funding to support programs that provide some access to care for American Indians and Alaska Natives who live in urban areas. Health services, including dental care, are provided directly by the IHS through tribally contracted and operated health programs, and through services purchased from private providers. Native American adults and children are also eligible for coverage under Arizona's AHCCCS programs and can receive care through the AHCCCS managed care networks.

Behavioral Health Services

Behavioral health services are administered by the Arizona Department of Health Services (ADHS), which contract with four Regional Behavioral Health Authorities (RBHAs) and five Tribal Regional Behavioral Health Authorities that operate much like the AHCCCS health plans. These RBHAs establish networks to provide mental health treatment and prevention services for children and adults throughout Arizona. In 2008, according to ADHS, approximately 41,000 children of all ages received behavioral health assessments and services at behavioral health facilities in their communities.

Services to Children with Disabilities

The Department of Economic Security (DES) and public schools under the Arizona Department of Education (ADE) are responsible for services to children with developmental disabilities. Under the federal Individuals with Disabilities Education Act (IDEA), Arizona provides screening for all referred children, and comprehensive evaluation if indicated. Results of the evaluation, along with other indicators and information, are used to determine if a child meets eligibility criteria in order to receive therapeutic services. Children are deemed eligible if they meet the definition of “delay” in one or more of the following areas: physical, cognitive, language/communication, social/emotional, or adaptive/self-help.

DES and public schools contract to provide therapeutic interventions such as speech and language therapy, occupational and physical therapy. Collaboration partners with DES and ADE include Department of Health Services, Arizona Health Care Cost Containment System (AHCCCS), Arizona State School for the Deaf and Blind.

For children who are delayed but do not meet the state’s narrow criteria, families must seek private therapists and funding. For these children, enriched child-care and preschool programs and parent guidance in facilitating their child’s development are particularly valuable. The partnership of the physician, parents, and developmental specialists is crucial for children to have maximum benefit of the follow-up care and therapy.

Services to Children with Special Health Care Needs

The Arizona Department of Health Services administers the Children’s Rehabilitation Services program (CRS). CRS provides family-centered medical treatment, rehabilitation, and related support services for children under age 21 with qualifying chronic and disabling conditions such as traumatic brain injury, spinal cord injury, or conditions that may necessitate adaptations, support, and or special services for the child. Children receive care for their eligible conditions in multi-specialty interdisciplinary clinics, but do not receive general primary health care services from CRS. The majority of CRS children qualify for an AHCCCS health plan, where they have a primary care physician who manages their care that is not related to their CRS-eligible condition. Children who do not qualify for AHCCCS must seek private primary care for non-CRS related conditions. Networks of services have been established so that children can receive CRS services in or close to their own communities.

Public Health Services

The Arizona Department of Health Services (ADHS) contracts with County Health Departments and other community based providers to deliver a host of programs and services that also support the health and wellness of children birth through age five. Programs include the High Risk Perinatal Program (HRPP), Women’s Infants and Children’s nutrition program (WIC), Health Start (education support and advocacy to pregnant/postpartum women and their families), and oral health prevention and treatment programs. Attachment B provides a listing of ADHS programs and services for children birth to age five and older.

Additionally, the Arizona Department of Health Services, Bureau of Health Systems Development has responsibility for identifying Medically Underserved Areas (MUAs), developing strategies to strengthen primary care and other health care delivery systems, administering programs to increase the number of providers, and providing technical assistance to consumer groups for planning for expansion of primary care.

Military Family Health Care

Military families are served by health care networks that are established by TRICARE. The federal TRICARE program contracts with networks of local health care professionals, hospitals, clinics, pharmacies and medical suppliers to serve eligible members. Biological or adopted children of a military service member or spouse are eligible for TRICARE health coverage.

Arizona Health Care System Gaps

While Arizona is fortunate to have a public and privately funded system of health care resources there are gaps that may result in lack of easy access to care, delays in receiving timely health care, and lack of preventive and well child screenings. Gaps for Arizona's children birth to age five and their families are identified in the following areas:

- Access to Health and Dental Care
- System Capacity – Workforce Readiness and Supply
- Screening and Early Identification
- Parent Information and Awareness
- Interagency Coordination and Alignment of Health Care Services
- Access to Health and Dental Health Care

Access to Health Care

Health Insurance - Lack of health insurance coverage is a major barrier to timely and consistent healthcare access for many Arizona families and children. Uninsured children are more likely to be in fair or poor health than insured children. Uninsured children have less access to health care, are less likely to have a regular source of primary care, and use both medical and dental care less often.¹¹

According to the most recent U.S. Census data, approximately 16 percent of Arizona children are not covered by health insurance.¹² For children birth to age five, this represents 80,000 children throughout First Thing First's 31 regions¹³. A study by the Urban Institute estimates that 70 percent of uninsured children are eligible for existing health coverage programs such as KidsCare and AHCCCS.¹⁴ Both national and state data have shown that effective outreach efforts result in increased enrollment in public health insurance programs, resulting in greater access to preventive care and timely care when children are ill.¹⁵

Many Arizona families meet eligibility requirements for public health insurance programs such as KidsCare and Medicaid. In 2007, Children's Action Alliance, in collaboration with AHCCCS, identified 10 zip code areas within Arizona where children were most likely to be without health insurance. While these areas are located primarily in urban communities, First Things First Regional Needs and Assets Reports indicated that in most regions there are children that lack health and dental insurance.

Dental Care - The Centers for Disease Control (CDC) reports that early childhood tooth decay is increasing, affecting more than one-quarter (28%) of 2-5 year olds in the nation. A higher percentage of poor and low-income children are more likely to arrive at kindergarten with dental disease. The CDC also reports a decrease of *untreated* tooth decay among permanent teeth of children ages 6-19 years old, but unfortunately, this decrease was not found among pre-school children ages 2 through 5 years. In Arizona, 1/3 of children have experienced tooth decay by the age of three.¹⁶

The American Dental Association recommends that children receive a dental visit by age one and continuing oral health care to prevent disease and tooth decay. According to the Arizona Department of Health, Office for Oral Health, this is a significant challenge in Arizona, but could be address by increasing parents' knowledge and awareness of the need for preventive oral health care for their babies and young children; increasing access to dental insurance; and, increasing the number of dental health providers in all communities who are willing to serve children younger than three.¹⁷

Medical Home and Dental Home - Medical and dental homes provide care that is accessible, family centered, continuous, comprehensive, coordinated, compassionate, and delivered in a culturally competent environment. Health outcomes and services for children are improved when essential care is coordinated through medical and dental homes, rather than offered separately by different sources of care that do not share information. Medical and dental practices that use the medical or dental home model promote a high level of communication between providers and the family, which in turn leads to better recognition of problems and needs, earlier and more accurate diagnoses, better monitoring, and increased satisfaction with care. For these reasons, care provided in medical and dental homes is often less costly and more effective than care provided through emergency departments, walk-in clinics, and other urgent-care facilities.¹⁸ Although some medical and dental practices in Arizona are organized to deliver care within a medical and dental home framework, this is not universal. Technical assistance and coaching to expand the medical or dental home model has not been fully implemented. However, the Arizona Department of Health Services and the Arizona Chapter of the American Academy of Pediatrics have taken the lead in this effort.

System Capacity – Workforce Supply and Readiness

Primary Care and Dental Providers - According to *Building Bright Futures, 2007 Needs and Assets Report* and the 2008 Regional Partnerships Councils' Needs and Assets Reports, the supply of health care providers is inadequate in many areas of the state. This is substantiated by the Federal Health Resources Service Agency (HRSA) finding that Arizona has a shortage of 333 primary medical providers, 114 dentists, and 164 mental health providers. These shortages are mainly in rural areas of Arizona.¹⁹ Early childhood medical specialists, such as, developmental pediatricians who specialize in treating children with developmental delays and disabilities, and pediatric dentists are in very short supply with most practicing in urban communities. Regardless of insurance status, these provider shortages limit the options that families have for timely and consistent health care access for their children.

Therapists for Children with Developmental Disabilities - Children benefit from care provided by therapists that understand the development of young children. State professional organizations, such as the Arizona Speech and Hearing Association and the Arizona Physical Therapy Association have identified that Arizona, along with rest of the country, suffers from a shortage of therapy providers for children with developmental disabilities.²⁰ Especially limited are therapists who have the knowledge, skills and desire to work with the birth to five year old populations.

An accurate estimate of the shortage of therapists is difficult to establish because Arizona's need for service is imprecise. According to *Bright Futures*, Arizona is serving 1.6 percent of all children birth to age three in its early intervention program (Individuals with Disabilities Education Act, Part C) compared with a national baseline of 2.4 percent. For children ages three to five, 5.2 percent of children are served (IDEA, Part B) compared to a national average rate of 5.8 percent²¹. Based on these comparisons, research by professional organizations, and the testimony of parents at the First Things First 2007 statewide community forums, Arizona indeed may not have sufficient numbers of speech/language, occupational, and physical therapists to serve all children throughout the state.

Mental Health Therapist - There is compelling research-based argument for investing in early childhood mental health strategies to support the growth and development of our youngest children. Early brain development research has substantiated the importance of the earliest relationships in helping to shape how a child responds to others, learns to regulate his own emotions, and feels about himself²². Although studies show that between 9.5 percent and 14.2 percent of children birth through 5 years old experience social, emotional and behavioral problems that impact them and their families', these families are least likely to access needed services.²³

The relative newness of the infant-toddler mental health field results in a limited supply of licensed mental health clinicians (psychiatrist, psychologists, clinical social workers and mental health therapists) who have specialized expertise to work with infants, toddlers and their families.²⁴ However, there is some progress in addressing this workforce shortage. The Arizona Department of Health Services, Division of Behavioral Health Services is in the final months of a federal infrastructure grant to build the capacity of the mental health workforce to serve young children. They have utilized the specialized training offered through the Arizona Institute for Early Childhood Development (Harris Institute), and the Arizona Infant Toddler Mental Health Coalition. Some additional resources now exist through a new Masters of Advance Studies in Infant –Family Practice at Arizona State University and a specialty endorsement program in Infant Mental Health sponsored by the Arizona Infant Toddler Mental Health Coalition.²⁵ While this effort has made some headway, increasing the supply of mental health therapists is ongoing.

Screening and Early Identification

Many Arizona children arrive at kindergarten without benefit of early medical screening and the early intervention that would have helped them start school ready to succeed. Lack of early screening is a primary factor in late diagnosis of developmental delays. Some children do not receive screening because they do not have access to medical care. Other children are not screened because they are not seen consistently through a usual source of care or medical home. Furthermore, some children do receive consistent care, but they are not screened at well child visits with a standardized, validated developmental screening tool.

Most pediatricians and primary care physicians rely on “informal developmental milestones and their clinical impressions” to monitor for appropriate child development.²⁶ Data suggest that a full year passes between the time a parent first forwards a concern and eventual assessment and treatment. Research findings by the US Centers for Disease Control show that children with an autism spectrum diagnosis had signs of a developmental delay before the age of three, but average age of autism diagnosis was five years²⁷. Both the American Academy of Pediatrics, as well as recommendations by the Commonwealth Fund, indicate that increasing the use of a standardized, validated developmental screening tool would improve early detection of developmental concerns.

Parent Information and Awareness

The Arizona health care system, with various eligibility criteria, application processes, and multi-layered programs, can challenge most parents seeking health care for their child. Alex’s parents may be among the many families that report they lack information about health care services. When Alex’s parents meet with a health care provider, it is vital that they feel they are an equal partner when discussing their daughter’s health. Parents attending the 2007 First Things First community forums identified the need for information and resources about where to go for services including those to support children’s health.

Data in the First Things First 2008 Family and Community Survey also indicates that some parents, in particular those whose children are in fair or poor health, are not satisfied with the level of information they need to support their child's health. Nearly 56 percent of parents whose children are in excellent and very good health, report being satisfied with the level of information and resources they need, compared to only 28 percent of survey parents who report their children in fair or poor health.²⁸ These findings indicate that parents desire easily accessible and reliable information to support their children's health and development.²⁹

Interagency Coordination and Alignment

Arizona's health care service system for children birth to five consists of multiple state agencies and organizations with individual funding streams and unique administrative structures and requirements. Coordination and alignment among these agencies and entities that provide programs and services results in increased access to services, improves opportunities to leverage resources to support integrated service delivery, supports information exchange, and reduces duplication of services. These outcomes benefit families by reducing time and effort spent seeking services for their children.

The First Things First 2008 Partner Survey indicates that coordination and alignment of early childhood programs is desirable so that families are aware of and understand the resources available to them. While most partner agencies report that they do engage in some activities to coordinate and align health care service delivery, findings also indicate that the level of coordination does not achieve the desired result of parents' easy access to information or services.³⁰

Endnotes

- ¹ Definition developed by the First Things First Health Advisory Group, September, 2007
- ² American Academy of Pediatrics, <http://www.medicalhomeinfo.org/>
- ³ American Academy of Pediatric Dentistry, Policy on the Dental Home, Council on Clinical Affairs, Adopted 2001, Revised 2004
- ⁴ *Bright Futures, Guidelines for Health Supervision of Infants, Children, and Adolescents*, National Center for Education In Maternal and child Health, Georgetown University, 2001
- ⁵ Because the 30-month visit is not yet a part of the preventive care system and is often not reimbursable by third-party payers, developmental screening can be performed at 24 months of age. Also, the frequency of regular pediatric visits decreases after 24 months of age and families may have difficulty attending a 30-month visit. Therefore administering a developmental screening tool is recommended at the two year visit.
- ⁶ Kaiser Family Foundation. Health Insurance Coverage of Children 0-18, states (2006), U.S. (2007) <http://www.statehealthfacts.org/comparebar.jsp?ind=127&cat=3>
- ⁷ Ibid
- ⁸ Ibid
- ⁹ Robert Wood Johnson Foundation, *Going Without: America's Uninsured Children, August, 2005, Washington, DC*
- ¹⁰ National Conference of State Legislatures, *State Strategies to Manage Budget Shortfalls: Case study, Arizona's Managed Care Program. Retrieved January 10, 2009. <http://www.ncsl.org/programs/fiscal/fpssmbsaz.htm>.*
- ¹¹ Robert Wood Johnson Foundation, *Going Without: America's Uninsured Children, August, 2005, Washington, DC*
- ¹² U.S Census Bureau March 2007 and 2008 Current Population Survey (CPS Annual Social and Economic Supplements)
- ¹³ Estimates based on 16 percent of Arizona's 500,000 child population 0-5. 500,000 population estimate is based on U.S Census Bureau, *Annual Estimates of Population by Sex and Age for States and for Puerto Rico*, Release date: May 1, 2008. <http://www.census.gov/popest/states/asrh/SC-EST207-02.html>
- ¹⁴ Dubay, Lisa. *Getting to the Finish Line: A Review of Where We Have Been and How Far We Have To Go. Presentation, the Center for children and Families, Georgetown University, July 2006*
- ¹⁵ St. Luke's Health Initiatives, Children's Health Insurance Outreach: What Works?. April 2007 (PDF) http://www.slhsi.org/publications/studies_research/pdfs/childrehsoutreachpub.pdf.
- ¹⁶ Children's Dental Health Project (<http://www.cdhp.org/downloads/MMWRfinal90805.pdf>
- ¹⁷ Arizona Department of Health Services. *The Oral Health of Arizona's Children: Current Status, Trends and Disparities*. November 2005
- ¹⁸ Strickland B, McPherson M, Weissma G,, van Dyck P, Huang Z, Newacheck, P. [Access to the Medical Home: Results of the National Survey of Children With Special Health Care Needs](#). Pediatrics. 2004;113(suppl):1485-1492

¹⁹ Health Professional Shortage Areas (HPSAs) are designated by U.S Department of Health and Human Services, Health Resources and Service Agency (HRSA) as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).

²⁰ Senator Linda Gray, Hearings on Shortage of Therapists to Serve children with Developmental Disabilities, ASLI audio archive, 2007.

²¹ First Things First, *Building Bright Futures: 2007 Statewide Needs and Assets Assessment*, December 2007

²² Shonkoff, J. P. & Phillips, D.A. (Eds.). (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC. National Academies Press

²³ Cooper, J.L., Aratani, Y., Kitzer, J., Douglas-Hall, A., Masi, R., Banghart, P., Dababnah, S. (2008) Unclaimed Children Revisited: the status of children's mental health policy in the United States. National Center for Children in Poverty.

²⁴ Knitzer, J. (1995). Meeting the mental health needs of young children and families: service needs, challenges, and opportunities. In B. Stroul (Ed.), *Systems of care of children and adolescents with serious emotional disturbances: From theory to reality*. Baltimore, MD: Paul H. Brookes.

²⁵ Arizona Department of Health Services, Division of Behavioral Health. Title XIX Children's Behavioral Health Fifth Annual Action Plan

²⁶ Sices, L. (2007). *Developmental screening in primary care: The effectiveness of current practice and recommendations for improvement*. The Commonwealth Fund.

²⁷ Peacock, G., Zedan, D., & Mohammed, L. (2008). *Proceedings from Act Early on Developmental Concerns: Partnering with Early Intervention*. Teleconference

²⁸ First Things First, Family and Community Survey, 2007 data.

²⁹ First Things First, Arizona Early Childhood Coordination and Collaboration: *A Baseline Report*.

³⁰ Ibid.

**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	<u>Federal</u> U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services <ul style="list-style-type: none"> ▪ Title XIX of Social Security Act and 42 CFR <u>State</u> AHCCCS Administration <ul style="list-style-type: none"> ▪ ARS Title 36, Chapter 29, Article 1 and A.A.C. Title 9, Chapter 22 	<u>Federal</u> U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services <ul style="list-style-type: none"> ▪ Title XIX of Social Security Act and 42 CFR <u>State</u> AHCCCS Administration <ul style="list-style-type: none"> ▪ ARS Title 36, Chapter 29, Article 2 (ALTCS) and A.A.C. Title 9, Chapter 29 	<u>Federal</u> U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services <ul style="list-style-type: none"> ▪ Title XXI of Social Security Act and 42 CFR <u>State</u> AHCCCS Administration <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	Low income children, pregnant woman, families and blind, aged or disabled individuals: Eligibility varies depending on the eligibility category. For children under 6 years of age the AHCCCS Program covers children who meet U.S. citizenship requirements* and who are typically are: <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 *Children who meet the eligibility requirements of	Individuals who are at risk of institutionalization, including those who are elderly, or have a physical disability (EPD) or developmental disability (DDD). For children under 6 years of age, the ALTCS Program covers children who meet U.S. citizenship requirements and who: <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* *Individuals enrolled in ALTCS but fail to be immediate risk of institutionalization at redetermination are enrolled in the ALTCS Transitional Program.	Low income children who: <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 Low income parents of children <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

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

	Medicaid – Arizona Health Care Cost Containment System (AHCCCS) Program	Medicaid – Arizona Long Term Care Program (ALTCs)	State Children’s Health Insurance Program (KidsCare)
	<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>

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

	Medicaid – Arizona Health Care Cost Containment System (AHCCCS) Program	Medicaid – Arizona Long Term Care Program (ALTCS)	State Children’s Health Insurance Program (KidsCare)
	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, ALTCS, SCHIP) could lead to duplication of individuals across programs. However, a “12-month period total” would remain unduplicated within each program.

**Early Childhood Development and Health Program
Lead State Agency: Arizona Department of Health Services**

Attachment B

	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	<p>Federal US Department of Health and Human Services</p> <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. <p>State ADHS, Division of Behavioral Health and Children with Special Health Care Needs</p> <ul style="list-style-type: none"> ▪ ARS Title 36, Chapter 2, Article 3 and A.A.C. Title 9, Chapter 7. 	<p>Federal US Department of Agriculture, Food and Nutrition Services</p> <ul style="list-style-type: none"> ▪ Section 17 Child Nutrition Act of 1966 and 7 CFR, Part 246 <p>State ADHS, Division of Public Health Services</p> <ul style="list-style-type: none"> ▪ ARS 46.331, ARS 36-700 and ARS 36-132(A)(9) 	<p>Federal 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. (funding to support community health nurses follow children that are eligible for ADHS, Office for Children with Special Health Care Needs services) <p>State ADHS, Division of Public Health Services, Bureau of Women's and Children's Health</p> <ul style="list-style-type: none"> ▪ No statute (Line item in appropriations)
Target Population and Eligibility	<p>Children who:</p> <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) <p>Children who are determined eligible under AHCCCS (Medicaid or SCHIP) receive the</p>	<p>Participants include:</p> <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 	<p>Participants are:</p> <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)

**Early Childhood Development and Health Program
Lead State Agency: Arizona Department of Health Services**

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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

**Early Childhood Development and Health Program
Lead State Agency: Arizona Department of Health Services**

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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. <i>o</i>	(WESCA) that contracts with infant formula manufacturers for the purpose 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
		Due to the tremendous growth in the Arizona population, WIC participation has the potential to grow by another 15%. However, this growth will outstrip the local agencies capacity to provide service without the support for infrastructure development.	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

**Early Childhood Development and Health Program
Lead State Agency: Arizona Department of Health Services**

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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-DDDD 	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
Service Providers	<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>
Number on Waiting List	<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>
Other Identified Service Gaps	<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.