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PART II:

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

**Public Health Service and
Social and Rehabilitation
Service**

■
**MATERNAL AND CHILD
HEALTH AND CRIPPLED
CHILDREN'S SERVICES**

Title 42—Public Health

CHAPTER I—PUBLIC HEALTH SERVICE,
DEPARTMENT OF HEALTH, EDUCATION,
AND WELFARE

SUBCHAPTER D—GRANTS

PART 51a—GRANTS FOR MATERNAL AND
CHILD HEALTH AND CRIPPLED CHILDREN'S SERVICESMaternal and Child Health and Crippled
Children's Services Programs of Projects

On March 25, 1975, a notice of proposed rulemaking was published in the FEDERAL REGISTER (40 FR 13288) to amend Subpart A of Part 51a of Title 42, Code of Federal Regulations, by adding five new sections. The purpose of the new sections is to implement sections 505(a) (8), (9) and (10) of the Social Security Act. Sections 505(a) (8), (9) and (10) require that as of July 1, 1974, each State must include in its State plan for Maternal and Child Health and Crippled Children's Services programs, to be carried out directly or through grants or contracts, of projects described in sections 508, 509, and 510 of the Act. Comments from interested persons were invited. A summary of the comments received, with the responses of the Department, follows:

(1) A recommendation was made that a statement be included in each section of these regulations to indicate that affected local governments would have input in the development of the programs of projects. Such a statement was considered unnecessary in view of the assurance of cooperation with other agencies and groups required under 42 CFR 51a.121, and the requirement of coordination of health care services with, and utilization of, other health, welfare, and education resources in the proposed regulations.

(2) Several comments objected to or sought clarification of the proposed provisions requiring an assurance that, to the extent funds are inadequate for the provision of necessary health care, the program of projects will be curtailed in terms of areas or population served, or similar factors, and not in terms of the care and services provided under the program. Because the intent of this provision is to ensure that the quality and range of care and services provided under the program of projects be maintained, even if available resources are reduced, no basic change was made in the regulations. However, the term "similar factors" was deleted from the proposed provision to avoid confusion.

Although these regulations provide that projects are to be reduced in terms of areas or populations served rather than in terms of care and services provided if funds are inadequate, it is the intention of the Secretary (as stated in the preamble to the notice of proposed rulemaking) that existing projects be maintained at their current strength whenever possible, by whatever means are consistent with the policies of, and funds available to, the States. It also should be noted that nothing in the above provisions affects the requirement

imposed by section 516(a) (2) of the Act that, in order to be eligible for a supplementary allotment under section 516, a State must have in effect arrangements which the Secretary finds will provide for the continuation of appropriate services to population groups previously receiving services from funds provided under sections 508, 509, and 510.

(3) A number of comments concerned charges for services provided by the projects. Several of these objected to charging patients who are not from low-income families for treatment services, primarily on the ground that the cost of setting up the fee schedules and collecting from such patients would exceed collections. However, the regulation as proposed contains safeguards against establishing charges which would be barriers to service and provision for flexibility in the application of charges which should help offset administrative difficulties, and it is consistent with general departmental policy that individuals who can pay for treatment services be charged accordingly. Clarification of the fee schedules to be used by the projects was also requested, and a statement that fee schedules shall be developed in accordance with criteria established by the Secretary was accordingly added. One comment pointed out that the proposed regulations do not provide that third parties (including Government agencies) can be charged for the diagnostic and preventive services furnished by the programs of projects; this was an oversight which has been corrected in these regulations.

(4) Three respondents objected to provision of diagnostic and preventive services without charge to persons able to pay for such services. However, provision of diagnostic and preventive services without charge to such persons is consistent with the legislative history of the title V program, in view of the emphasis on the need for early identification of conditions requiring treatment. Therefore, no change was made in the regulations.

(5) Six comments registered objections to or requested clarification of the proposed provisions stating that the Secretary will take into consideration the degree to which each program of projects provides for arrangements for services for prospective mothers, infants, and children, as appropriate, for whom the program of projects cannot provide care. In order to clarify the scope of arrangements covered, these provisions have each been replaced by two separate sections: one covering arrangements for patients eligible for treatment services, and the other covering arrangements for services for those patients ineligible for treatment services.

(6) Five comments were received from professional organizations requesting that their disciplines be mentioned by name in each section of the regulations. Such an addition was considered redundant in view of 42 CFR 51a.101(i) and accordingly, no change was made.

(7) A number of comments objected to the statement in the preamble of the notice of proposed rulemaking that

family planning services supported by grants to State Maternal and Child Health agencies under Title X of the Public Health Service Act are, in general, suitable for inclusion in the program of projects required by proposed § 51a.125 on the ground that this would conflict with the congressional mandate for family planning services under Title V of the Act and Title X of the Public Health Service Act and the requirement that not less than 6 percent of the amount appropriated shall be available for family planning services from allotments under sections 503 and 512. However, the inclusion of title X projects in a State's program of projects is not inconsistent with title V, since the requirement that at least 6 percent of the amount appropriated shall be available for family planning services from allotments under section 503 and for such services under projects under section 512 would still have to be met. Moreover, the inclusion of such projects in the title V program of projects would clearly not affect their operation for title X purposes. It should also be noted that projects funded under Title X of the Public Health Service Act must meet the requirements of this regulation to be suitable for inclusion in a State's program of projects and will be reviewed accordingly.

(8) One comment related to the fact that demonstration projects were still required for dental care for children and for family planning services for mothers even though there is a similar requirement for the programs of projects. Since such projects are required to be part of the program of projects by sections 505(a) (8) and 508(a) (10) and demonstration projects are required by section 505(a) (12), no change was made in the regulations.

(9) Several comments expressed concern about regionalization of intensive infant care projects. The main objection was that project funds which now are being used for supplementing specialized staff and for other project-related expenses would be diverted into payment for inpatient hospital care and that regionalization would suffer as a result. This section of the regulations has thus been revised to take into account a State's effort in the development of regionalized perinatal health services in meeting its objectives under the intensive infant care program of projects. It must be noted, however, that the regulations continue to require that where there is a reduction in funds available for the intensive infant care program of projects, the projects may be reduced only in terms of the area or population served and not in the scope, quality, or standards of care.

(10) One comment inquired whether the regulation stating that family planning services will be made available without regard to age requires providing family planning services to minors or to certain unmarried women, that section in the regulations has been modified by adding the clause "but not in contravention of applicable State law."

(11) One respondent requested that an additional section be added in the maternity and infant care section requiring that the program of projects develop, organize, and make locally available community-based practical courses in parenthood, and that such courses be incorporated into the high school curriculum. However, it was felt that this would be inconsistent with the statutory focus on the provision of services, and therefore no change was made in this regard.

(12) Section 51a.125 of the proposed regulations contained several internally inconsistent references to "women" and "persons". This has been remedied by changing the word "women" to "persons" throughout the section. The change clarifies the intent of the section not to limit the provision of family planning services only to women.

(13) Other minor and editorial changes in the regulations were also made.

Accordingly, 42 CFR Part 203 and Subparts B and C of Part 51a are revoked and Subpart A of Part 51a is amended and adopted as set out below.

Effective date. These regulations are effective on November 20, 1975.

Dated: October 20, 1975.

JAMES F. DICKSON,
*Acting Assistant Secretary
for Health.*

Approved: November 12, 1975.

DAVID MATHEWS,
Secretary.

1. Subpart A of Part 51a is amended by redesignating §§ 51a.124-133 thereof as §§ 51a.134-143, respectively, by reserving §§ 51a.124-127 and 51a.133 and adding thereto the following new sections: §§ 51a.124-51a.127 [Reserved]

§ 51a.128 Program of projects for maternity and infant care.

(a) The State plan shall incorporate by reference documents providing for a program of projects (carried out by the State agency directly or through grants and contracts) described in section 508 (a)(1) of the Act, particularly in areas with concentrations of low-income families, which offers reasonable assurance of satisfactorily helping to reduce (1) the incidence of mental retardation and other handicapping conditions caused by complications associated with childbearing and (2) infant and maternal morbidity and mortality, through provision of necessary health care to prospective mothers (including, after childbirth, health care to mothers and their infants) who have or are likely to have conditions associated with childbearing or who are in circumstances which increase the hazards to the health of mothers or their infants (including those which may cause physical or mental defects in the infants).

(b) The Secretary, in determining whether the program of projects described in the documents incorporated by reference offers reasonable assurance of achieving the above-stated objectives, will take into consideration the degree

to which such program of projects provides for:

(1) Appropriate diagnostic, preventive, prenatal, and postnatal health care and services, including hospital care and delivery services, and family planning services, for women and infants within the area served by the program of projects.

(2) The prompt delivery of care and services.

(3) Procedures to insure coordination and continuation of care and services, including active follow-up of cases.

(4) Income standards established in accordance with criteria of the Secretary for determining eligibility for treatment services, which are to be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care.

(5) Staff and/or consultants in the State maternal and child health program, or in each project, that will insure adequacy of services.

(6) Arrangements, which may include payment, for the provision of services to those women and infants eligible for treatment services within the area served by the program of projects for which the program of projects cannot provide care.

(7) Arrangements for the provision of services to those women and infants who have received diagnostic services but are not eligible for treatment services under the program of projects.

(8) The coordination of health care and services provided under the program with, and utilization (to the extent feasible) of, other health and welfare resources.

(9) Other medical care as defined in § 51a.101(i) of these regulations.

(c) The State plan shall contain the following assurances:

(c) The State plan shall contain the following assurances:

(1) That the program of projects will provide services particularly in areas with concentrations of low-income families, with priority given to the areas having the greatest need for such services, whether urban or rural.

(2) That diagnostic and preventive prenatal and postnatal services will be available without charge to all women, and diagnostic and preventive services will be available without charge to all infants, within the area served by the program of projects.

(3) That treatment services (including labor and delivery services and correction of defects) will be available only to women and infants who would not otherwise receive them because they are from low-income families or for other reasons beyond their control.

(4) That services will be available to patients from outside the area served by each project only if it is determined by the project director that provision of such services will best promote the purposes of the program of projects under this section.

(5) That treatment will be provided to women and infants who are not from low-income families but who would not otherwise receive such services for rea-

sons beyond their control only if such treatment does not reduce the delivery of necessary services to women and infants from low-income families. In those instances where charges are made for treatment services provided to women and infants who are not from low-income families, such charges shall be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care. Full disclosure of such payment scales and the factors by which they are applied shall be available to the public. The established basic payment schedule shall not exceed actual costs.

(6) That every reasonable effort will be made to collect the cost of care and services from third-party payment sources (including Government agencies) which are authorized or under legal obligation to make such payments for any service provided by the project including diagnostic, preventive, and treatment services even though such service may otherwise be provided without charge to the patient or family. Where the cost of care and services furnished by or through the program of projects is to be reimbursed by a Government agency, a written agreement with that agency is required. Reimbursement may be made either to the project or directly to the provider, in accordance with such agreement.

(7) That the program of projects will be administered by the State maternal and child health program unit, either directly or through grants or contracts, and that each project within such program of projects will be under the direction of a single director, responsible for the overall direction of the project, who will be a full-time employee of that project: *Provided*, That the State agency may, in particular cases, approve the appointment of a project director who is employed less than full time where the State agency finds that such appointment is consistent with the purposes of the program.

(8) That medical care and services provided by each project will be under the direction and responsibility of a physician with appropriate training and experience.

(9) That determinations of eligibility for services under each project will be made by the project director or a member of the project staff designated by him, and will be in accordance with the Act, these regulations, and the policies and procedures promulgated thereunder, and in accordance with the approved State plan.

(10) That to the extent that funds are inadequate for the provision of necessary health care, the program of projects will be curtailed in terms of areas or population served and not in terms of the care and services provided under the program.

§ 51a.129 Program of projects for intensive infant care.

(a) The State plan shall incorporate by reference documents providing for a program of projects (carried out by the State agency directly or through grants and contracts) described in section 508

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(a) (2) of the Act, particularly in areas with concentrations of low-income families, which offer reasonable assurance of satisfactorily helping to reduce (1) the incidence of mental retardation and other handicapping conditions caused by complications associated with child-bearing and (2) infant and maternal morbidity and mortality, through the provision of necessary health care to infants, during the first year of life, who have any conditions or who are in circumstances which increase the hazards to their health.

(b) The Secretary, in determining whether the program of projects described in the documents incorporated by reference offers reasonable assurance of achieving the above-stated objectives, will take into consideration the degree to which the program of projects provides for:

(1) Appropriate services for intensive care of infants, including surgical and specialized consultative services, and for follow-up care of the infant during the first year of life.

(2) The prompt delivery of care and services.

(3) The development of regionalized perinatal health services.

(4) Transportation for the woman prior to delivery or the infant and parent, as appropriate.

(5) Procedures to insure coordination and continuation of care and services, including active follow-up of cases.

(6) Income standards established in accordance with criteria of the Secretary for determining eligibility for treatment services, which are to be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care.

(7) Staff and/or consultants in the State maternal and child health program, or in each project, that will insure adequacy of services.

(8) Arrangements, which may include payment, for the provision of services to those infants within the area served by the program of projects for whom the program of projects cannot provide services.

(9) Arrangements for the provision of services to those infants who have received diagnostic services but are not eligible for treatment services.

(10) Coordination of necessary health care and services provided under the program with, and utilization (to the extent feasible) of, other health and welfare resources.

(11) Other medical care as defined in § 51a.101(i) of these regulations.

(c) The State plan shall contain the following assurances:

(1) That the program of projects will provide services particularly in areas with concentrations of low-income families, with priority given to the areas having the greatest need for such services, whether urban or rural.

(2) That services will be available only to infants who would otherwise not receive them because they are from low-income families or for other reasons beyond their control.

(3) That services will be available to infants from outside the area served by each project only if it is determined by the project director that provision of such services will best promote the purposes of the program of projects under this section.

(4) That services will be provided to infants who are not from low-income families but who would not otherwise receive such services for reasons beyond their control only if such treatment does not reduce the delivery of necessary services to infants from low-income families. In those instances where charges are made for services provided to infants who are not from low-income families, such charges shall be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care. Full disclosure of such payment scales and the factors by which they are applied shall be available to the public. The established basic payment schedule shall not exceed actual costs.

(5) That every reasonable effort will be made to collect the cost of care and services from third-party payment sources (including Government agencies) which are authorized or under legal obligation to make such payments for any service provided by the project including diagnostic, preventive, and treatment services even though such service may otherwise be provided without charge to the patient or family. Where the cost of the care and services furnished by or through the program of projects is to be reimbursed by a Government agency, a written agreement with that agency is required. Reimbursement may be made either to the project or directly to the provider, in accordance with such agreement.

(6) That the program of projects will be administered by the State maternal and child health program unit, either directly or through grants or contracts, and that each project within such program of projects will be under the direction of a single director, responsible for the overall direction of the project, who will be a full-time employee of that project: *Provided*, That the State agency may, in particular cases, approve the appointment of a project director who is employed less than full time where the State agency finds that such appointment is consistent with the purposes of the program.

(7) That medical care and services provided by each project will be under the direction and responsibility of a physician with appropriate training and experience.

(8) That determinations of eligibility for services under each project will be made by the project director or a member of the project staff designated by him, and will be in accordance with the Act, these regulations, and the policies and procedures promulgated thereunder, and in accordance with the approved State plan.

(9) That to the extent that funds are inadequate for the provision of necessary health care, the program of projects will be curtailed in terms of areas or population served, and not in terms of the

care and services provided under the program.

§ 51a.130 Program of projects for family planning services.

(a) The State plan shall incorporate by reference documents providing for a program of projects (carried out by the State agency directly or through grants and contracts), described in section 508 (a) (3) of the Act, particularly in areas with concentrations of low-income families, which offers reasonable assurance of satisfactorily helping to reduce (1) the incidence of mental retardation and other handicapping conditions caused by complications associated with child-bearing, and (2) infant and maternal morbidity and mortality, through the provision of family planning services.

(b) The Secretary, in determining whether the program of projects described in the documents incorporated by reference offers reasonable assurance of achieving the above-stated objectives, will take into consideration the degree to which the program of projects provides for:

(1) Counseling and interpretation to individuals of the services offered by the project, and public education and information services.

(2) Medical services that include a medical examination under the direction of a physician with appropriate training and experience in family planning, and the services of allied health personnel.

(3) Comprehensiveness and continuity in the health management and supervision of patients receiving family planning services.

(4) The prompt delivery of family planning services.

(5) Income standards established in accordance with criteria of the Secretary for determining eligibility for family planning services, which are to be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of such services.

(6) Staff and/or consultants in the State maternal and child health program, or in each project, that will insure adequacy of services.

(7) Arrangements, which may include payment, for the provision of family planning services for those persons eligible for treatment services within the area served by the program of projects for whom the program or projects cannot provide such services.

(8) Arrangements for the provision of services to those persons who have received diagnostic services but are not eligible for treatment services under the program of projects.

(9) The coordination of health care and services provided under the program with, and the utilization (to the extent feasible) of, other health and welfare resources.

(c) The State plan also shall contain the following assurances:

(1) That the program of projects will provide services particularly in areas with concentrations of low-income families with priority given to the areas having the greatest need for such services, whether urban or rural.

(2) That a variety of medically approved methods of family planning, including the rhythm method, will be available to all persons within the area served by the program of projects and supplied without charge to all persons from low income families or those who would not otherwise receive family planning services for other reasons beyond their control.

(3) That family planning services and supplies include at least physician's consultation, examination, and continuing supervision, necessary laboratory examinations and tests; medically approved contraception through chemical, mechanical, or other means; surgical procedures for voluntary sterilization in accordance with 42 CFR 50.201 (et seq.) and the moratorium set forth at 38 FR 20930; and evaluation of persons for infertility and referral to other appropriate resources when services are not provided by the project.

(4) That treatment services will be available only to persons who otherwise would not receive them because they are from low-income families or for other reasons beyond their control.

(5) That services will be provided without regard to age or marital status but not in contravention of applicable State laws.

(6) That services will be available to persons from outside the area served by each project only if it is determined by the project director that provision of such services will best promote the purposes of the program of projects under this section.

(7) That services will be provided to persons who are not from low-income families but who would not otherwise receive such services for reasons beyond their control only if the provision of such services does not reduce the delivery of services to persons from low-income families. In those instances where charges are made for services provided to persons who are not from low-income families, such charges shall be applied flexibly, with due regard to family size and income and the family's other financial responsibilities in relation to the cost of such services. Full disclosure of such payment scales and the factors by which they are applied shall be available to the public. The established basic payment schedule shall not exceed actual costs.

(8) That every reasonable effort will be made to collect the cost of care and services from third-party payment sources (including Government agencies) which are authorized or under legal obligation to make such payments for any service provided by the project including diagnostic, preventive, and treatment services even though such service may otherwise be provided without charge to the patient or family. Where the cost of care and services furnished by or through the program of projects is to be reimbursed by a Government agency, a written agreement with that agency is required. Reimbursement may be made either to the project or directly to the provider, in accordance with such agreement.

(9) That the program of projects will be administered by the State maternal

and child health program unit, either directly or through grants or contracts. However, where there is a separate unit of the State agency with specific responsibility for family planning services, the program of projects may be conducted in that unit subject to the requirements of § 51a.104(a). Each project within such program of projects will be under the direction of a single director, responsible for the overall direction of the project, who will be a full-time employee of that project: *Provided*, That the State agency may, in particular cases, approve the appointment of a project director who is employed less than full time where the State agency finds that such appointment is consistent with the purposes of the program.

(10) That family planning medical services provided by the project will be under the direction and responsibility of a physician with appropriate training and experience.

(11) That determinations of eligibility for services under each project will be made by the project director or a member of the project staff designated by him, and will be in accordance with the Act, these regulations and the policies and procedures promulgated thereunder, and in accordance with the approved State plan.

(12) That the program of projects will be in addition to the demonstration services referred to in § 51a.117.

(13) That to the extent that funds are inadequate for the provision of necessary family planning services, the program of projects will be curtailed in terms of areas or population served and not in terms of the care and services provided under the program.

§ 51a.131 Program of projects for health of children and youth.

(a) The State plan shall incorporate by reference documents providing for a program of projects (carried out by the State agency directly or through grants and contracts), described in section 509 (a) of the Act, which offers reasonable assurance of satisfactorily promoting the health of children and youth of school or preschool age, particularly in areas with concentrations of low-income families, through provision of health care and services of a comprehensive nature for children and youth of school age, or for preschool children (to help them prepare for school).

(b) The Secretary, in determining whether the program of projects described in the documents incorporated by reference offers reasonable assurance of achieving the above-stated objectives, will take into consideration the degree to which the program of projects provides for:

(1) Medical and dental care, including screening, diagnosis, preventive services, treatment, correction of defects, and aftercare, the scope and content of which are to be in accordance with generally recognized medical standards; e.g., preventive services must include periodic check-ups and necessary immunizations; diagnosis must include thorough medical and dental examinations and indicated laboratory tests and speciality

examinations; treatment must include services of medical and dental paramedical practitioners; inpatient and outpatient hospital services, and such other care and services as are medically indicated, must be provided.

(2) The prompt delivery of care and services.

(3) Procedures to insure coordination and continuation of care and services, with active follow-up of cases.

(4) Income standards established in accordance with criteria of the Secretary for determining eligibility for treatment services, which are to be applied flexibly with due regard for family size and income, and the family's other financial responsibilities in relation to the cost of required care.

(5) Staff and/or consultants in the State maternal and child health program, or in each project, that will insure adequacy of services.

(6) Arrangements, which may include payment, for the provision of services to those children and youth eligible for treatment services within the area served by the program of projects for whom the program of projects cannot provide care.

(7) Arrangements for the provision of services to those children and youth who have received diagnostic services but are not eligible for treatment services under the program of projects.

(8) Coordination of health care and services provided under the program with, and utilization (to the extent feasible) of other health, welfare, and education resources.

(9) Other medical care as defined in § 51a.101(d) of these regulations.

(c) The State plan shall contain the following assurances:

(1) That the program of projects will provide services particularly in areas with concentrations of low-income families, with priority given to the areas having the greatest need for such services, whether urban or rural.

(2) That screening, diagnostic, and preventive services will be available without charge to all children and youth within the area served by the program of projects.

(3) That treatment, correction of defects, and aftercare will be available only to children and youth who otherwise would not receive such services because they are from low-income families or for other reasons beyond their control.

(4) That the program of projects will provide comprehensive dental care and services including diagnostic, screening, preventive services, treatment, correction of defects, and aftercare.

(5) That services will be available to patients from outside the area served by each project only if it is determined by the project director that the provision of such services will best promote the purposes of the program of projects under this section.

(6) That treatment, correction of defects, and aftercare will be provided to children and youth who are not from low-income families but who would not otherwise receive such services for reasons beyond their control only if such treatment does not reduce the delivery

of necessary services to children and youth from low-income families. In those instances where charges are made for treatment services provided to children and youth who are not from low-income families, such charges shall be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care. Full disclosure of such payment scales and the factors by which they are applied shall be available to the public. The established basic payment schedule shall not exceed actual costs.

(7) That every reasonable effort will be made to collect the cost of care and services from third-party payment sources (including Government agencies) which are authorized or under legal obligation to make such payments for any service provided by the project including diagnostic, preventive, and treatment services even though such service may otherwise be provided without charge to the patient or family. Where the cost of care and services furnished by or through the program of projects is to be reimbursed by a Government agency a written agreement with that agency is required. Reimbursement may be made either to the project or directly to the provider, in accordance with such agreement.

(8) That the program of projects will be administered by the State maternal and child health program unit, either directly or through grants or contracts, and that each project within such program of projects will be under the direction of a single director, responsible for the overall direction of the project, who will be a full-time employee of that project: *Provided*, That the State agency may in particular cases approve the appointment of a project director who is employed less than full time where the State agency finds that such appointment is consistent with the purposes of the program.

(9) That medical care and services provided by each project will be under the direction and responsibility of a physician with appropriate training and experience.

(10) That determinations of eligibility for services under each project will be made by the project director or a member of the project staff designated by him and will be in accordance with the Act, these regulations and the policies and procedures promulgated thereunder, and in accordance with the approved State plan.

(11) That to the extent that funds are inadequate for the provision of comprehensive health care, the program of projects will be curtailed in terms of areas served or age levels of children served and not in terms of the care and services provided under the program.

§ 51a.132 Program of projects for dental health of children and youth.

(a) The State plan shall incorporate by reference documents providing for a program (carried out by the State agency directly or through grants and contracts) of projects, described in section 510(a) of the Act, which offers reasonable assurance of satisfactorily promoting the den-

tal health of children and youth of school or preschool age, particularly in areas of concentrations of low-income families, through the provision of projects of a comprehensive nature for dental care and services for children and youth of school age or preschool age.

(b) The Secretary, in determining whether the program of projects described in the documents incorporated by reference offers reasonable assurance of meeting the above-stated objectives will take into consideration the degree to which the program of projects provides for:

(1) Appropriate screening, diagnosis, preventive services, treatment, correction of defects, and aftercare.

(2) The prompt delivery of care and services.

(3) Procedures to insure coordination and continuation of care and services, including active follow-up of cases.

(4) Income standards established in accordance with criteria of the Secretary for determining eligibility for treatment services, which are to be applied flexibly with due regard for family size and income, and the family's other financial responsibilities in relation to the cost of required care.

(5) Staff and/or consultants in the State maternal and child health program, or in each project that will insure adequacy of services.

(6) Arrangements, which may include payment, for the provision of services to those children eligible for treatment services within the area served by the program of projects for whom the program of projects cannot provide care.

(7) Arrangements for the provision of services to those children who have received diagnostic services but are not eligible for treatment services under the program of projects.

(8) The coordination of health care and services provided under the program with, and utilization (to the extent feasible) of, other health, welfare, and education resources.

(9) Appropriate referral for other medical care if needed.

(c) The State plan shall contain the following assurances:

(1) That the program of projects will provide services particularly in areas with concentrations of low-income families, with priority given to the areas having the greatest need for such services, whether urban or rural.

(2) That diagnostic, screening, and preventive services will be available without charge to all children within the area served by the program of projects.

(3) That treatment, correction of defects, or aftercare will be available only to children who otherwise would not receive such services because they are from low-income families or for other reasons beyond their control.

(4) That services will be available to children from outside the area served by each project only if it is determined by the project director that provision of such services will best promote the purposes of the program of projects under this section.

(5) That treatment, correction of defects, and aftercare will be provided to

children and youth who are not from low-income families but who would not otherwise receive such services for reasons beyond their control only if such treatment does not reduce the delivery of necessary services to children from low-income families. In those instances where charges are made for treatment services provided to children who are not from low-income families, such charges shall be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care. Full disclosure of such payment scales and the factors by which they are applied shall be available to the providers as well as to the patients and their families. The established basic payment schedule shall not exceed actual costs.

(6) That every reasonable effort will be made to collect the cost of care and services from third-party payment sources (including Government agencies) which are authorized or under legal obligation to make such payments for any service provided by the project including diagnostic, preventive, and treatment services even though such services may otherwise be provided without charge to the patient or family. Where the cost of care and services furnished by or through the program of projects is to be reimbursed by a Government agency, a written agreement with that agency is required. Reimbursement may be made either to the project or directly to the provider, in accordance with such agreement.

(7) That the program of projects will be administered by the State maternal and child health program unit, either directly or through grants or contracts. However, where there is a separate unit of the State agency with specific responsibility for dental health services, the program of projects may be conducted in that unit subject to the requirements of § 51a.104(a). Each project within such program of projects will be under the direction of a single director, responsible for the overall direction of the project, who will be a full-time employee of that project: *Provided*, That the State agency may, in particular cases, approve the appointment of a project director who is employed less than full time where the State agency finds that such appointment is consistent with the purposes of the program.

(8) That dental care and services provided by each project will be under the direction and responsibility of a dentist with appropriate training and experience.

(9) That determinations of eligibility for services under each project will be made by the project director or a member of the project staff designated by him and will be in accordance with the Act, these regulations and the policies and procedures promulgated thereunder, and in accordance with the approved State plan.

(10) That to the extent that funds are inadequate for the provision of comprehensive dental care and services, the program of projects will be curtailed in terms of areas served or age levels of

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children served, or similar factors, and not in terms of the care and services provided under the program.

(11) That the program of projects will be in addition to the demonstration services referred to in § 51a.117.

(d) The State plan may provide, in its program of projects, for research looking toward the development of new methods of diagnosis or treatment, or demonstration of the utilization of dental personnel with various levels of training.

§ 51a.133 [Reserved]

Subpart B—Special Project Grants for Family Planning Services [Revoked]

Subpart C—Special Project Grants for Dental Health of Children [Revoked]

2. Subparts B and C of Part 51a are revoked.

PART 203 [REVOKED]

3. Part 203 is revoked.

[FR Doc.75-31204 Filed 11-19-75;8:45 am]

CHAPTER II—CHILDREN'S BUREAU, SOCIAL AND REHABILITATION SERVICE, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PART 203—SPECIAL PROJECT GRANTS FOR HEALTH OF SCHOOL AND PRE-SCHOOL CHILDREN

Revocation

CROSS REFERENCE: For a document revoking Part 203 of Title 42 CFR, see FR Doc. 75-31204, also appearing in this Part II of this issue.