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## **411 Women’s Preventive Care Services**

REVISION DATES: 3/4/2026, 6/8/2022, 10/1/2021, 7/3/2019

REVIEW DATES: 1/15/2025, 11/15/2024, 10/19/2023

EFFECTIVE DATE: May 27, 2016

REFERENCES: AMPM Policy 411; Division Medical Policies 420, 310-BB;  
Division Operations Policies 405, 406, 438

### **Purpose**

This policy applies to the Division of Developmental Disabilities (Division), its Administrative Services Subcontractors (AdSS), and the Division’s fee-for-service Tribal Health Program managed by AHCCCS. The purpose of the policy is to establish requirements for well-woman preventive care visits as a covered benefit for women to obtain the recommended preventive services, including Preconception Counseling. For purposes of this policy, the terms “women” and “woman” refer to individuals assigned female at birth. Further, this policy establishes the Division’s responsibility to provide oversight and monitoring of compliance by the AdSS whose contract includes delegation of duties specific to this policy.

### **Definitions**

1. “Clinical Breast Exam” means a physical examination of the breasts by a health care Provider used as a primary diagnostic

procedure for early detection of breast cancer.

2. "Family Planning Services and Supplies" means the provision of accurate information, counseling, and discussion with a health care Provider to allow Members to make informed decisions about the specific family planning methods available that align with the Member's lifestyle and provision of indicated supplies.
3. "Human Papillomavirus" means a sexually transmitted infection for which a series of immunizations are available for both males and females.
4. "Member" means the same as "Client," a person receiving developmental disabilities services from the Division, as specified in A.R.S. § 36-551.
5. "Preconception Counseling" means the provision of assistance and guidance aimed at identifying and reducing behavioral and social risks, through preventive and management interventions, in women of reproductive age who are capable of becoming pregnant, regardless of whether they are planning to conceive. This counseling focuses on the early detection and management of risk factors before pregnancy and includes efforts to influence behaviors that can affect a fetus prior to conception.

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6. "Primary Care Provider" means an individual who meets the requirements of A.R.S. § 36-2901 and who is responsible for the management of the Member's health care. A Primary Care Provider may be a physician defined as a person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a certified nurse practitioner licensed under A.R.S. Title 32, Chapter 15.
  7. "Provider" means any individual or entity registered with AHCCCS that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State.

## **Policy**

### **A. General Requirements**

The Division shall require the following:

- a. A well-woman preventive care visit is covered on an annual basis;
- b. All participating Primary Care Providers, including obstetrician/gynecologist Providers, are informed of the

availability of women’s preventive care services, including the well-woman preventive care visit as outlined in this policy;

- c. Provider compliance with well-woman preventive care services requirements;
- d. Members are informed of women’s preventive care services as specified in this policy, align with requirements in Division Operations Policy 406, and include:
  - i. Benefits of preventive health care;
  - ii. Complete description of services available as described in the Provider requirements;
  - iii. A statement that provides information on how to obtain medically necessary transportation as specified in Division Medical Policy 310-BB, including scheduling appointments to obtain well-woman preventive care services;
  - iv. A statement that there is no copayment or other charge for a well-woman preventive care visit; and
- e. Members are tested for syphilis at least annually beginning at 15 years of age.

## **B. Provider Requirements**

1. The Division shall require Providers to ensure covered well-woman preventive care services include the following:
  - a. A physical exam that assesses overall health;
  - b. Clinical breast exam;
  - c. Pelvic exam as necessary according to current recommendations and best standards of practice;
  - d. Review and administration of immunizations, screenings, and testing as appropriate for age and risk factors as specified in Division Medical Policy Manual Chapter 300;
  - e. Screening and counseling focused on maintaining a healthy lifestyle and minimizing health risks, and address the following:
    - i. Proper nutrition;
    - ii. Physical activity;
    - iii. Elevated body mass index indicative of obesity;
    - iv. Tobacco or substance use, abuse, or dependency;
    - v. Depression screening;
    - vi. Interpersonal and domestic violence screening, which includes counseling involving elicitation of information from women and adolescents about

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- current or past violence and abuse, in a culturally sensitive and supportive manner, to address current health concerns about safety and other current or future health problems;
- vii. Sexually transmitted infections;
  - viii. Human Immunodeficiency Virus (HIV):
  - ix. Family Planning Services and Supplies;
  - x. Preconception Counseling that includes discussion regarding a healthy lifestyle before and between pregnancies, including:
    - 1) Reproductive history and sexual practices;
    - 2) Healthy weight, including diet and nutrition, as well as the use of nutritional supplements and folic acid intake;
    - 3) Physical activity or exercise;
    - 4) Oral health care;
    - 5) Chronic disease management;
    - 6) Emotional wellness;
    - 7) Tobacco and substance use, including prescription drug use;
    - 8) Recommended intervals between pregnancies;

and

- 9) Initiation of necessary referrals when the need for further evaluation, diagnosis, or treatment is identified.

### **C. Well-Woman Preventive Care Service Standards**

The Division shall require Providers to coordinate with the Arizona Department of Health Services' Vaccines for Children (VFC) Program in the delivery of immunization services if providing vaccinations to Early and Periodic Screening, Diagnostic and Treatment aged Members less than 19 years of age, and:

- a. Providers enroll and re-enroll annually with the VFC Program;
- b. Immunizations are provided according to the Advisory Committee on Immunization Practices recommended schedule as specified on the Centers for Disease Control website; and
- c. AHCCCS funding is not used to purchase vaccines covered through the VFC program for Members younger than 19 years of age.

**D. Division Oversight and Compliance Monitoring**

1. The Division shall provide ongoing oversight and monitoring of the AdSS, as specified in Division Operations Policy 438, to ensure the AdSS' compliance of duties delegated specific to this policy.
2. The Division shall meet with the AdSS at least quarterly to provide ongoing evaluation, including data analysis and recommendations to refine processes, identify successful interventions, and care pathways to optimize results.
3. The Division shall conduct formal operational reviews of the AdSS, which includes review of compliance.

*Vicki A Copeland, MD*

Signature of Chief Medical Officer

Vicki Copeland

Name

Mar 3, 2026

Date