

COMMENTS ON CRS
Rec'd as of 07/13/15

Item #	Rule Cite Line #	Comment From and Date rec'd.	Comment	Analysis/ Recommendation
1.	R9-22-1301	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Add definition "Condition(s) not medically eligible for CRS" means when no other CRS condition is causing listed condition. We recommend clarification of what AHCCCS expectation that conditions related to the CRS condition should be covered by CRS if Partially Integrated Behavioral Health or CRS only plan coverage types.	The Rule specifies the medical conditions that qualify an AHCCCS member for the CRS Program. AHCCCS is unable to include in Rule all possible conditions that may be related to a CRS condition as they are dependent on the health status of the member, the treatment provided, outcomes from the treatment, etc. The CRS Program is responsible for providing care and services for treating the CRS condition(s) and all conditions that are related to the CRS condition. Clarification is provided under R9-22-1303.
2.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 825 1. Cardiovascular System a. i. Congenital heart defect other than small VSD, PDA, ASD Insert word "isolated" to read the following: 1. a. i. Congenital heart defect other than isolated small VSD,PDA,ASD, helps differentiate from when there are multiple congenital heart defects when then the usually not eligible small VSD, PDA or ASD would then be part of covered congenital heart defects.	Agreed, change made.
3.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised	Page 825 Cardiovascular System ADD x. Aortic aneurism Recommend to ADD aortic aneurism to covered conditions as many are grandfathered in but not truly congenital heart defect	The Administration agrees with the recommended change to add aortic aneurism.

COMMENTS ON CRS
Rec'd as of 07/13/15

		comments 07/13/15 (written)		
4.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 826 Endocrine System i. Hypothyroidism Recommend to KEEP hypothyroidism as a covered CRS condition. As this affects rural Arizona per provider input, Robert Cannel, MD, in that they do not feel local pediatricians can manage appropriately and shortage of endocrinologist in area, unless work with CRS. Also changes the mix for CRS makes much higher acuity would need rate adjustment	The Administration does not support this recommendation. CRS is only located in four locations statewide so the argument regarding limited specialty availability is a universal issue for many pediatric sub-specialties. Pediatricians are trained in managing most pediatric conditions and are able to refer out for consults or patient management of conditions that they are unable to provide care for.
5.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 826 Endocrine System viii. Panhypopituitarism Panhypopituitarism (as defined by 3 pituitary hormones showing deficiency or 2 deficient with known n septum optic dysplasia) Recommend adding criteria: with a hormone deficiency	The Administration recommends retaining the condition of panhypopituitarism, without further defining the condition, for purposes of CRS medical eligibility based on the diagnosis of the specialist. The recommended language suggested by the commenter is restrictive.
6.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 826 Endocrine System: ix. Type I Diabetes Mellitus Recommend to ADD Diabetes Mellitus to covered conditions as this requires multispecialty, interdisciplinary approach, some CRS conditions predispose to this condition as well such as cystic fibrosis, some of mitochondrial myopathies, secondary to treat.	The addition of Diabetes Mellitus is a substantive change to the proposed rules and therefore the Administration will not consider this change as part of this rulemaking.
7.	R9-22-1303	Mimi Coomler	Page 826	Agreed, change made.

COMMENTS ON CRS
Rec'd as of 07/13/15

		(Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	3. Genitourinary system medical conditions: b. ix. Isolated hydronephrosis that is resolved with antibiotics Recommend REMOVING from b. ix. Isolated hydronephrosis that is resolved with antibiotics Condition(s) not medically eligible for CRS as this is duplicated above in description of what is covered.	
8.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 827 Ear, nose, or throat medical condition(s): vii. Microtia that requires multiple surgical interventions Recommend ADD wording: Microtia that requires multiple surgical interventions and is functionally limiting. This will prevent surgery for only cosmetic reasons	The addition of the term "functionally limiting" adds an additional and unnecessary requirement for a member to qualify for CRS eligibility. The Administration does not support the change.
9.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 827- Musculoskeletal system medical condition(s): xiii. Juvenile rheumatoid arthritis Recommend to KEEP JAS as a covered CRS condition. Juvenile rheumatoid arthritis or Juvenile idiopathic arthritis are autoimmune collagen vascular disease and it has significant multispecialty interdisciplinary care needed, fits within model of CRS as do other collagen vascular diseases	The Administration agrees to retain Juvenile rheumatoid arthritis.
10.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised	Page 827- Musculoskeletal system medical condition(s): xix. Limb amputation and malformation (excluding polydactyly without bone involvement) xxxiv. b.x polydactyly without bone involvement) Recommend REMOVING from description, (excluding polydactyly	The Administration agrees with the change of polydactyly to move the exclusion to section (b).

COMMENTS ON CRS
Rec'd as of 07/13/15

		comments 07/13/15 (written)	without bone involvement) and list under b. Condition(s) not medically eligible for CRS and separating out limb malformation to a stand alone condition	The Administration has clarified the limb malformation separate from limb amputation.
11.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 827 Musculoskeletal system medical condition(s): xxix. Metatarsus adductus limb malformation with significant functional limitation (excludes flat foot, bunion and metatarsus primus varu) Recommend REPLACE as a covered condition with "Lower limb malformation with significant junctional/imitation (excludes /flat foot bunion and metatarsus prim us varu)". Create own criteria to allow conditions needing surgery or bracing with significant functional limitation, valgus or varus abnormalities or recurrent non traumatic dislocation of patella, etc.	The addition of the term "functionally limiting" adds additional and unnecessary requirements for a member to qualify for CRS eligibility. The Administration does not support the change. The addition of the suggested criteria is a substantive change to the proposed rules and therefore the Administration will not consider this change as part of this rulemaking.
12.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 828 Musculoskeletal system medical condition(s) xxxi. Collagen vascular disease, including but not limited to, ankyloses spondylitis, polymyositis, derma myositis, polyarthritis, nodosa, psoriatic arthritis, scleroderma and lupus; but excluding rheumatoid arthritis and Ehlers Danlos Recommend KEEP Rheumatoid arthritis; see comments for Juvenile rheumatoid arthritis recommendation. Recommend not to include exclusion of Ehlers Danlos. This will be identified if genetic condition meets other CRS conditions such as cardiac or extremity malformation and functional limitation.	The Administration agrees to keep Rheumatoid arthritis and has updated the rule accordingly. Ehlers Danlos is not currently a qualifying condition, and, the addition of Ehlers Danlos is a substantive change to the proposed rules. Therefore, the Administration will not consider this change as part of this rulemaking. If the member has other qualifying conditions in addition to the Ehlers Danlos, s/he would otherwise qualify for CRS. The exclusion of Ehlers Danlos was stricken since it is already not a CRS medically eligible condition, however, if it is related to another condition, Ehlers Danos will be treated.

COMMENTS ON CRS
Rec'd as of 07/13/15

13.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	<p>Page 828</p> <p>6. Gastrointestinal system medical condition(s)</p> <p>b. Condition(s) not medically eligible for CRS</p> <p>ii. Crohn's</p> <p>v. Ulcerative colitis</p> <p>vii. Celiac Disease</p> <p>Recommend ADD as covered conditions: CRS condition(s) that qualify for CRS medical eligibility: Celiac Disease . Crohn's Disease, Ulcerative Colitis if functionally limiting or needs multispecialty care. Necrotizing Entero Colitis (NEC) if functionally limiting after 90 d</p> <p>Necrotizing entero colitis {NEX) if functional/limitations after 90 days. Frequently seen with other prematurity related disorders such as cerebral palsy, creates more integrated approach for growth issues with cerebral palsy if nutrition issues covered for problems related to NEC.</p> <p>Celiac disease, ulcerative colitis, Crohn's Disease that is functionally limiting Crohns Disease Ulcerative Colitis The recommendation to add as these conditions as they may cause growth issues, skin issues, arthritis, and behavioral health issues and require multispecialty interdisciplinary approach.</p>	The addition of celiac, Crohns disease, ulcerative colitis and necrotizing enterocolitis are substantive changes to the proposed rules. Therefore, the Administration will not consider this change as part of this rulemaking.
14.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	<p>Page 828-</p> <p>Nervous system medical condition(s):</p> <p>a. CRS condition(s) that qualify for CRS medical eligibility:</p> <p>i. Uncontrolled seizure disorder, in which there have been more than two seizures with documented adequate blood levels of one or more medications; or if not blood levels documentation of adequate dose of medications for weight/age were given during time of breakthrough seizures.</p> <p>Nervous System medical condition(s):</p> <p>iv. Myoneural disorder including but not limited to amyotrophic Lateral Sclerosis or ALS, myasthenia gravis, Eaton-Lambert syndrome, muscular dystrophy, troyer sclerosis, polymyositis, dermamyositis, progressive bulbar palsy, polio</p>	The Administration agrees to clarify the compliance of seizure medication.

COMMENTS ON CRS
Rec'd as of 07/13/15

		(written)	disability and autism. Treatment requires a multi-disciplinary approach that is currently available through the CRS Multi-specialty interdisciplinary clinics. Historically has been covered last 20 + years.	
18.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 829- Ophthalmology CRS conditions that qualify for medical eligibility. ADD Severe Ptosis with functional limitations iv. Ptosis without functional limitations iv. Ptosis Recommend ADD Severe Ptosis with functional/limitations as a covered condition, as this may cause blindness in one eye if not corrected. Recommend insert wording Ptosis without functional/imitations	The addition of Severe Ptosis with or without functional limitation is a substantive change to the proposed rules. Therefore, the Administration will not consider this change as part of this rulemaking.
19.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 829- 9. Respiratory system b. Conditions not medically eligible for CRS: vii. Acute or chronic respiratory Respiratory condition requiring venting for the neuromuscularly impaired Recommend REMOVING "condition requiring venting for the neuromuscularly impaired." Respiratory conditions requiring venting are associated with multiple CRS conditions and should be covered as related, such as muscular dystrophy or degenerative brain disorders. It makes no sense to have this excluded but then require CRS to cover related conditions. AHCCCS has had CRS cover ventilation services related to the CRS condition since 10-1-2013	The Administration agrees to remove the condition since it is not a specific condition.
20.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 829- 10. Dermatological system medical conditions: a. iv. Cystic hygroma Recommend ADD wording in description for Cystic hygroma to include "lymphangioma with functional/imitations"	The Administration agrees to add "lymphangioma" for clarification purposes. The term "functional/limitations" is too restrictive.

COMMENTS ON CRS
Rec'd as of 07/13/15

21.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 830- 10. Dermatological system medical conditions: a. vi. ADD Ectodermal Dysplasia with Functional limitations Recommend ADD as covered condition: Ectodermal Dysplasia with functional/imitations as this requires multispecialty interdisciplinary approach	The addition of Ectodermal Dysplasia at this time would be considered a substantive change to the proposed rules and therefore the Administration will not consider this change as part of this rulemaking.
22.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 830- 12. Hemoglobinopathies CRS condition(s) Recommend CHANGE category to HEMATOLOGIC Recommend ADD as a covered condition: HEMATOLOGY ADD HEMACHROMATOSIS Note that the issue with having kept the orthopedic isolated joint bleeds related to hemachromotosis which was removed from section 5 a. above was that without control of the bleeding disorder itself, it made working with the condition challenging. Adding to this area would then allow for whatever complications occur related to the Hemochromatosis. Need to change title of the section to meet move of diagnosis to this area.	The addition of Hemachromatosis is considered a substantive change to the proposed rules. Therefore, the Administration will not consider this change as part of this rulemaking.
23.	R9-22-1303	Mimi Coomler (Children's Clinics) Recd 07/10/15 (written) And Dr. Leslie Paulus' revised comments 07/13/15 (written)	Page 830 13. Additional Medical/Behavioral condition(s) which are not medical eligible for CRS: Vegetative state: Recommend ADD a definition to what AHCCCS determines "vegetative state". " and ADD the word PERSISTENT, to clarify or use in determinations such as Merk Manual A vegetative state is absence of responsiveness and awareness due to overwhelming dysfunction of the cerebral hemispheres, with sufficient sparing of the diencephalon and brain stem to preserve autonomic and motor reflexes and sleep- wake cycles. Patients may have complex reflexes, including eye movements, yawning, and involuntary movements to noxious stimuli, but show no	The Administration removed "vegetative state" because the term is rarely documented by practitioners.

COMMENTS ON CRS
Rec'd as of 07/13/15

			awareness of self or environment.... Traditionally, a vegetative state that lasts > 1 mo is considered to be a persistent vegetative state For the rare case where member improves then can reapply. http://www.merckmanuals.com/professional/neurologic-disorders/coma-and-impaired-consciousness/vegetative-state-and-minimally-conscious-state	
24.		Dr. Leslie Paulus United health care/CRS medical director Rec'd 07/13/15 (verbal comment)	Will submit comments in writing.	NA
25.		Mimi Coomler/CEO Childrens Clinic Rec'd 07/13/15 (verbal comment)	<p>Have submitted written recommendations but will like to call out three significant diagnosis:</p> <p>Juvenile Rheumatoid Arthritis it is recommended to be removed in the proposed rule, but after conversations with our physicians and patients we recommend that JRA remain a CRS eligible medical condition. These patients require a multidisciplinary approach, particularly collaborating with optamologist, orthopedics, and benefit from social services as well. A letter of support from our Rheumatologist is also available. [To be submitted].</p> <p>Down Syndrome, there are a variety of different recommendations in rule to remove flat foot, moderate hypothyroidism and mild congenital cardiac condition, we do not specifically object to the removal of these conditions, but while talking to providers they have identified that children with down syndrome get incorporated into the CRS program with these conditions. It is found these patients become very complex and need the multi disciplinary approach that CRS offers. We strongly recommend incorporating Down Syndrome up through 21 as a CRS eligible condition.</p> <p>The multidisciplinary/multispecialty approach CRS offers has fantastic outcomes for patients. As a parent of Type 1 diabetic, my son does not benefit from the coordinated medical approach for behavioral health, shared electronic health record, and additional social support that the CRS program has. I strongly recommend that Type 1 diabetes and Type 2 diabetes be incorporated as a CRS eligible condition. I am not sure what caused Type 1 or diabetes to be excluded in the past, as this disease has been studied over the years, a percentage of these children have a</p>	<p>The Administration will retain JRA as a CRS eligible condition. Same response as item 9 and 12.</p> <p>The addition of Down Syndrome is a substantive change to the proposed rules. Therefore, the Administration will not consider this change as part of this rulemaking.</p> <p>The addition of Diabetes is a substantive change to the proposed rules. Therefore, the Administration will not consider this change as part of this rulemaking.</p>

COMMENTS ON CRS
Rec'd as of 07/13/15

			<p>syliac disease, need to see an optamologist every year, strong need for behavioral health support, see a gi doctor, kidney involvement, need to see a nefrologist, etc. This population would greatly benefit to be incorporated into the CRS program.</p> <p>[Dr Paulus added] As an auto-immune type of disorder you tend to have auto antibiotis present and you may also have a rheumatologist visit within the multidisciplinary approach.</p> <p>[Mimi Coomler response] Interestingly the Angelwing clinic, the only pediatic and endocrinology clinic in southern Arizona attempted to incorporate behavioral health services through a grant, the grant ended and they had to sunset. They believed it was important to provide the behavioral health services and were concerned they were no longer able to provide integrated behavioral health services. By adding CRS services this provides a greater opportunity for us to do so and there is greater coordination between the specialists with CRS. That information does not flow automatically electronically and with the CRS program we have a care coordinator that specifically ensure that the information is shared and reviewed by all of the specialists.</p> <p>[Sydney Rice, Medical Director at Childrens Clinics in Tucson] Taking on Diabetes into the system would be challenging but the care coordination for children who have diabetes is so important, we are looking at conditions that we have chosen for this system to be the complex medically fragile children, you cannot have a diagnosis that is more complicated or complex than one with diabetes. We strongly support the comments.</p> <p>[Dr. Paulus stated] CRS conditions are seen along with Type 1 diabetes specifically some of the miacondrial disorders and psystic fibrosis may be predisposed to that as well. If not a stand alone, definitely would not exclude diabetes when it is associated with the CRS conditions.</p>	<p>Contractors are responsible for coordinating care for all children, including those diagnosed with diabetes. All Contractors are required to coordinate care between primary, specialty and behavioral health care.</p>
26.		Wendy Burkholder Care coordination operator, District Medical group	<p>We appreciate all the efforts on the Juvenile Rheumatoid Arthritis. As a sibling of a down syndrome child the multi-disciplinary care that is provided in our integrated system is very important to them. Everything from behavioral health services to optamology services, I understand that services can be provided elsewhere but it is certainly not in the nature of an integrated model where there is collaborative efforts from the physicians, team working on the care of the child. I understand there are</p>	See response in item 25.

COMMENTS ON CRS
Rec'd as of 07/13/15

		Rec'd 07/13/15 (verbal comment)	<p>different levels of down syndrome, and some might need care in the integrated model, but if it cant be considered as a stand alone but if at least has other diagnosis, that it be considered as part of the care, the care the CRS system has will lead to a higher quality of care. It helps the families with the coordination of care as well.</p> <p>[Troy Nelson, Medical Director] We see many of the down syndrome children at the facility, with accompanying issues such as heart disease. The frustrating thing is that we cannot take care of all of the pieces and families do not understand why. We would support this recommendation.</p>	
27.		Kim Lonsway Parent Rec'd 07/13/15 (verbal comment)	<p>Parent of type 1 diabetic, the continuity of care is not available. We have to run to different appointments at different offices with physicians that are not speaking to each other. If another specialty is needed, we are finding ourselves in positions to call friends to see who they are seeing; it is not a coordinated effort. It would be very helpful to have the services in one place for the continuity of care and medical records.</p> <p>As an occupational therapist in a public school system and having worked with different teams I find that the teams that work together in multi-disciplinary care provide more positive outcomes for parents, children and teams as a whole if everyone is working together.</p>	See item 6.
28.		Dr. Paulus Rec'd 07/13/15 (verbal comment)	<p>There may be an easy diagnosis to take care of in the metropolitan areas, there are issues in the rural areas. Hypothyrodism is one for example. In Yuma, Dr. Robert Canal, prior CRS medical director and currently a provider has stated that when care is left to primary care managing or attempting to manage on their own because they do not know they need to refer, he has seen less than optimal results. This is a concern.</p>	See comments above #4
29.		Mimi Coomler Rec'd 07/13/15 (verbal comment)	<p>Pg. 828 On the Gastrointestinal system we recommend adding GI Necrotizing entereocolitis with functional limitations greater than 90 days, celiac disease and crones disease is functionaly limiting, these conditions need multidisciplinary care, such as nutrition and gi. The care that is provided in an integrated model for these patients and conditions, everything from behavioral health to gi, to integrated, to nutritional issues the patient may have, it is especially beneficial when the condition is greater than 90 days.</p> <p>[Dr. Paulus added] This condition is frequently associated with prematurity types of disorders, you see it in a usual association with retina, prematurity, cerable palsy and tricular and hemorage of the brain.</p>	Same response as item 13.

COMMENTS ON CRS
Rec'd as of 07/13/15

			It also allows better coordination of taken care. It is hard to separate out what is nec bowel disorder versus the disfasia, the inability the bowel is not working because of the cns effects on the esophagus, stomach and bowel related to the cerabal policy that is developed.	
30.		Jacqueline Larson Parent Rec'd 07/13/15 (verbal comment)	Parent of a child with cerabal palsy due to a brain injury. My child receives all his services in one location. The Primary care last week could look up other doctors notes from a year ago where I didn't have to remember what each specialist said to me. I am able to coordinate appointments and have to make less trips to clinics. It is great having that coordination of care.	Thank you for your support of the CRS program.
31		Sydney Rice Medical Director Children's Clinics 07/13/15 (written comment)	<p>1. Children with Down syndrome need the coordinated care of an interdisciplinary setting.</p> <p>2. Cardiac conditions: Atrial septal defect may be able to come out, since they usually close on their own or can be addresssed with a simple intervention. Ventricular septal defects are more complicated and the children who have had surgery have higher risk for cognitive, behavioral and sleep disorder. I would recommend keeping these children in the program.</p> <p>3. Diabetes: This could be a challenge, but children would greatly benenefit from the care coordination supported in the CRS system. While children can receive individual specialty care, they do not usually receive the pyschosocial support available through CRS.</p>	<p>see item 25.</p> <p>The Administration agrees, and a clarification was made in rule that a "small" ASD and VSD are not CRS eligible conditions. However, if the septal defects are moderate or large, they are medically eligible CRS conditions..</p> <p>see item 6</p>
32.		Scott E. Klewer, M.D., The University of Arizona College of Medicine - Tucson 07/13/15 (written comment)	<p>I feel strongly that the removal of Ventricular Septal Defects (VSD) should be reconsidered.</p> <p>The Multi-Specialty approach at Children's Clinics is essential to the care provided to the CRS population, and allows families to receive complex coordinated care in one place. This is critical for children with VSDs, as it is becoming better recognized that many affected children have previously unrecognized multi-system syndromes. In addition, many children with VSDs will require open heart surgery/cardiopulmonary bypass with its inherent effects on future learning, behavior and other systems. The complexity of patients with VSDs therefore often involves treatment by additional specialists, and often requires the assistance of an education specialist and social worker, both of which are on site at Children's Clinics and regularly assist with children who have VSD.</p> <p>For these reasons, I cannot support the removal of VSD from eligible</p>	See item 31.

COMMENTS ON CRS
Rec'd as of 07/13/15

			CRS diagnoses.	
33.		Troy Nelson MD Medical Director CRS at DMG	There is a proposed change to scoliosis care. I received feedback from some of the Orthopedic Surgeons. Their concern is that if there is a longer delay in getting care at CRS that many opportunities are missed for proper recommendations and possibly bracing before surgery is needed. If referral is delayed as well, patients may be seeing surgeons who are not up to date with current recommendations. It obviously becomes more difficult to sever the relationship and establish a new CRS relationship. They feel since it is already difficult enough this new change would only make the situation worse.	The Administration does not support the recommendation. By narrowing the criteria to those members who need specific treatment, delays are expected to be reduced.