Family Planning Medicaid Waiver Evaluators Conference Call

October 8, 2012, 1:00-2:00 pm EDT

Participants

Evaluators: Janet Bronstein (AL); Ruth Eudy (AR); Jeff Roth (FL); Anne Dunlop and Kathleen

Adams (GA)

State Staff: Regina Williams (LA); Andrea Phillips and Marcia Swartz (NC); Margaret Majors (TN)

Other: Julie DeClerque and Ellen Shanahan (Sheps Center)

MINUTES

<u>Approval of Minutes</u>: Minutes of the September meeting were discussed. Due to small group on the call because of the Federal holiday, we agreed to postpone approval until next call when full group would be attending. Brenda McCormick (FL) was on the September call and should be added to the attendance roster. The poster that Jeff Roth presented on impact of Florida's Waiver program was in Boston, MA (not Austin).

We had an abbreviated call due to the Columbus Day holiday. Discussion focused mainly on participants questions and issues related to SPA / Waiver comparisons and transitions.

<u>Update</u>: NC was approved on Sept 21st for SPA. It will be effective back to 10/1/2011.

- Allowed to serve all ages (Waiver was only 18 yrs and older)
- Must provide non-emergency transportation
- Better care under SPA i.e., if screen positive at time of exam
 - o Under Waiver, if screening occurred after exam (at a later date), then no treatment available under Waiver;
 - o SPA provides 6 visits/yr *including* treatment. This is a clear improvement!

<u>Issue</u>: For states transitioning from Waiver to SPA (like NC and SC), what is status of eligibility for nocost immunizations if covered under SPA?

- Need clarification re: interpretation of Federal requirement that only uninsured are eligible for free vaccinations. Under SPA, even if underinsured, still eligible for vaccinations?
- Marcia provided an update via email confirming that any adult under Waiver that is uninsured is still eligible under SPA for the *state-supplied VFC vaccines* (i.e., provided at local HD or local medical homes).

Issue: What will happen to evaluations for states moving to SPA? Continuing monitoring?

- NC: we stopped contract immediately; very expensive, no more CMS required reporting.
- FL: (asking NC) will you look at those receiving services pre and post Waiver?
- AR: (comment) perhaps the cost of transportation under SPAs will be off-set by evaluation cost-savings?

Unclear how states will proceed with monitoring trends after SPA start-ups. More discussion warranted on future calls. This is in part why we are working to summarize Waiver evaluation work, or modify state eval efforts to track consequences over next 5 years.

Issue: Increasing numbers of 10-13 year-olds being seen in FP clinics

- Presented at NRHP meeting, and raised a lot of concern.
- Comment from Ruth (AR): while overall teen birth rates are going down, we're seeing increased incidence of very young girls/women having babies (example of 17 yr old who was P5). The growing Hispanic population is a factor.

Other Updates:

- Julie DeC provided an update on 2012 RNDMU Workshop and session focusing on CDCs work on FP QOC framework and CDC efforts with OPA on QOC indicator development as part of FP program guidelines revision. There is a lot of synergy with our FP Waiver group's work and we (RNDMU) are following up with Lorrie and others at CDC / WRH Section in the coming months.
- GA Inter-Pregnancy Care (IPC) Waiver: Ann Dunlop and Kathleen Harris provided overview of
 program and resources, including their ICC Toolkit; their co-operative agreement with GA SDI
 (State Dept of Instruction?) hoping to show that by integrating health promotion messaging and
 pre-conception care they will be able to influence effective contraceptive choice and adherence
 to other reproductive-health related behaviors. They are planning to supplement their IPC
 Waiver evaluation data with BRFSS indicators.
- LA also has a Medicaid Waiver for Inter-pregnancy care.
- Question: how do we establish that a participant "had a more planned pregnancy" as a benefit to participating in these Waivers? AR has been able to link their PRAMS data with their Medicaid files. Challenge is to convince State DOHs of this important linkage; would require extra \$\$ and also administrative efforts (IRB).

Next call: November 5^{th} at 1:00 pm EST, noon CST. Call in number is (919) 962-2738.

Note: Call is **not** on usual 2nd Monday! Due to Veteran's Day and then Thanksgiving.