

## **Family Planning Medicaid Waiver Evaluators Conference Call**

September 13, 2010, 1:00-2:00 pm EDT

### **Participants**

Evaluators: Janet Bronstein (AL); Loretta Alexander, Ruth Eudy (AR) Jeff Roth (FL); Andrea Johnson (NC); Dave Murday (SC); Michelle Bensenberg Kristen Christensen and Veronica Neville (TX); Molly Carpenter (VA)

State Staff: Kathy Canfield, Brenda McCormick, and Regina Wiggins (FL); Bernie Operario and Andrea Phillips (NC)); Gerald Craver (VA)

Other: Julie Sharp (CMS); Julie DeClerque, Priscilla Guild, Ellen Shanahan (Sheps)

### **Minutes**

**June Minutes:** (Note, no summer meetings held in July/Aug) Continued discussion from June call re: common measures and example of pregnancy intention was cited (IL, NC, VA all include this indicator). Issue raised was: can we claim that all births averted were unintended? Pregnancy intention in PRAMS is a measure of attitudes. If a birth is averted through contraception, then the pregnancy didn't occur and it's (concretely) truly averted. Question still unresolved. To be finalized at start of our October call, and once resolved, we can amend June minutes for posting to the public side of the website.

### **Update from CMS on State FP Waivers**

Released to states on 7/2 in the Medicaid State Plan Amendment letter (previously circulated) . Draft pre-prints were distributed to the Regional offices and interested parties can contact their state representative for a copy. To date, no approvals have been executed.

If anyone has any questions, we (CMS) are available to help on an individual basis. Call Julie Sharp or Tom Hennessy. We look forward to working with any states.

Dave Murday asked for clarification about final reporting for states that choose to convert from a FP Waiver to SPA status. CMS explained that according to the standard 7/2/10 guidance, states have one year from the end of their demonstration period to send final documentation of successes/challenges.

Question: Is there a state deadline for choosing our option of having SPA vs. Waiver?

CMS: No, it can be renewed anytime – best to do 1 year or at least 6 months in advance to assure seamless coverage. A state having an 1115 demonstration should give their original project officer at least a few months (ideally up to 6 months) notice – nothing official, but just makes sense.

Question: Is it the Feds intention that 1115 existing Waivers have choice in going to SPA or remaining as 1115 status, but can new states also apply to get a 1115 waiver?

CMS: If state finds real need and 1115 waiver fits need better, then okay – although SPA looks like it would be easier – because it has a pre-printed guideline with explicit inclusion criteria vs. 1115 required long narrative and budget neutrality (not just having an evaluation that is a difference).

#### What do the States Think Are Their Intentions Going Forward?

Are most converting from Waiver to SPAs? If so, then...what might “our legacy” be?

SC: end of 2010.

AL: will stick with Waiver, not talking about converting, 2011 is probably the last year. If in state plan, perceived less control.

AK: not sure yet; current Waiver runs through 2012. Evaluation is annual. Lots going on with DHS so not top priority.

VA: will try and do SPA but may involve political hurdles. End of September ends.

NC: Waiver ends in September and extension to the end of the year granted.

TX: Waiver good through 2011. In process of discussing.

FL: Still in discussion, tight budget constraints so will continue Waiver to control eligibility. Have an extension through end of September and probably end of year.

CMS: All 1115 waivers must have evaluation component so requirement would continue in waiver extensions.

Q: Is there flexibility to tailor SPA-served groups to whom state feels is priority?

(FL had a conference call with their PO to discuss the new guidance and asked this question).

1. States cannot discriminate on basis of age (essentially expanding requirement for eligibility)
2. All Medicaid 1905 b services with 90% match need to be same under SPA but this does NOT apply to FP services.
3. With SPA and increased eligibility, those clients who are sterilized would still be eligible under SPA for testing of STDs and related care so...amounts to extra services.

Q: How would services currently provided under the FP Waiver be considered under SPA?  
Conditions: when a state contracts with CMS it produces a set of codes that it is permitted to use for billing. It is a State-specific negotiation. We do have in our archives what each state provides under our 1115 Waivers.

For ex: TX has Texas waiver services are consistent with the 90/10 Medicaid services match.

In SC, x,y,z. It would be good to have a tabular chart with FP services required under state plan amendment.

Q: Is what is required under Waiver being standardized under SPA? Are there flexibilities – those under SPA must get full package that Medicaid covers. (no age limit)

Q: Given all these questions, what process are people using to make decision? (most on call are not with Medicaid agency)

- Is there a source (like Guttmacher?) compiling/deciphering cost-effectiveness of going for SPA...versus staying with Waiver? That would be most helpful.
- Our group right here is a great resource and can serve as information sharing
- Do we just proceed ignoring the storm around us...or do we try to assist and inform the process moving forward?

#### Next Steps for Waiver Evaluators Looking Forward

So, many will be making this decision in the coming year. With that in mind, as evaluators – how would we want to spend our time on these calls going forward?

Jeff Roth: We should continue reviewing our list of indicators – which ones have broad coverage, which ones have similar patterns. Doesn't look like many states running to do SPAs and evaluations are required, if state continues with 1115 demonstration Waiver.

We've been a voice about process and CMS participates because we have useful discussions and raised informative questions.

Janet Bronstein: We should make good use of our RNDMU web site space. I suggest we post our common findings where we could say, "NC, SC, FL, AL, AK, TX, VA, IL... consistently see X & Y". It would be very useful and worthy.

Bernie: Always wondered why Title X has never been evaluated with same rigor as FP Waivers. Isn't there some applicability of indicators across these programs? Look at Medicaid vs. Waiver clients/data – we have devised sound evaluation criteria for Waivers. Can't we apply these more broadly?

Question: Would APHA be a forum most of us would be at and could carve out some time to meet face-to-face? Nope...many no longer attend due to travel restrictions. (Suggestion for considering future RNDMU Workshop as possible convening forum. Would need to find extra pot of \$\$)

Dave Murday: what data do states use for decision re: Medicaid FP Program (& Title X)? What might be the most useful "decision-data" within states and to say what are meaningful indicators to be looking at over time?

**Next Call:** Monday, October 11<sup>th</sup> from 1 until 2 PM EST. The call-in number is (919) 962-2740.