

## **Oregon Family Planning 1115 Demonstration Renewal Proposal Questions for the State**

*Includes State responses dated 7/25/03*

1. Page 2, please note that the original 5-year demonstration period was approved through September 30, 2003. Please change all references to the end of the demonstration and the renewal period to reflect this fact. All financial reporting and budget neutrality should be based on this demonstration year cycle. However, we understand that the state did not implement the demonstration until January 1999, so the state may continue to provide evaluation information based on the calendar year basis.

*A revised narrative is submitted as a separate document. Budget neutrality calculations, including expenditure reporting, are being revised to be as consistent as possible with these requirements and will be submitted the week of 7/28. When final budget neutrality presentations are due, all relevant changes will have been completed.*

2. Page 2, 2<sup>nd</sup> paragraph. How many of the current providers are private providers?

*Of the 150 clinic sites that currently provide family planning services for this program, 35 are clinics/providers that are non-governmental and do not receive Title X funding from the state. Many of these sites have provided additional access to services in rural areas where service were previously very limited.*

*For relevant data showing how many clients are receiving services in the two categories of providers, please refer to attached chart, "FPEP Client Growth; Title X Supported Providers and Non-Title X Providers, Oregon 1995-2002".*

3. Page 3, please let us know as soon as possible what FPL you would like to cover based on the discussions of the Oregon legislature.

*Discussion of the Oregon Health Plan is ongoing at the Legislature. It is an extraordinarily lengthy budget process this year; generally speaking budgets would have been complete by mid-July. We will forward a final decision as soon as possible.*

4. Page 4, Please provide us with a copy of the new statewide form for eligibility screening when available.

*We expect to be reviewing a draft with Regional CMS staff when they come for their requested fiscal review on August 5<sup>th</sup>. We will provide CMS a final copy prior to distribution and training for providers.*

5. Page 5, Please provide us with a copy of the final billing structure when available.

*Final details are being resolved. We should be able to provide this by mid-August at the latest.*

6. Page 5, Will applicants receive an application for OHP? Will assistance be provided in completing the application?

*The Oregon Family Planning Expansion Project manual states that providers must provide information on the Oregon Health Plan. It is expected that the most current OHP brochure will be provided to all clients. Providers are also expected to encourage those FPEP applicants with appropriate incomes to apply for the Oregon Health Plan (OHP).*

*In addition, all but five of Oregon's family planning projects/agencies are contracted outreach facilities with The Office of Medical Assistance Programs (OMAP. This enables these agencies to provide OHP application materials and assistance in completing the documents.*

5. Page 6, How will Oregon ensure access to primary care services in counties or areas where there is no FQHC or RHC?

*We are actively preparing to implement a primary care information and referral component into our project. Materials to be distributed to all new FPEP clients (and all first visits after October 1 of already-enrolled FPEP clients) will include information on the Oregon Health Plan and the Family Health Insurance Assistance Program and will list Federally Qualified Health Clinics (FQHC) and Rural Health Clinics (RHC) by county.*

*In counties where no FQHC/RHC exist, at least one local provider will be listed who has agreed to serve low-income clients. This will include Tribal Health clinics where available. We intend also to make this information available via our website, and clients will also be provided with the MCH Hotline 1-800-SafeNet which provides statewide information and referral information on health care access and service issues.*

6. Page 7, provider base, 2<sup>nd</sup> paragraph, What are the program standards that providers have to meet to be included in the demonstration?

*The program standards were submitted as Appendix A along with the Waiver Extension Proposal in May 2003. The program standards remain substantially the same for the waiver extension as for the original project, with the exception of language changes made to accommodate HIPAA compliance.*

7. Page 7, under program administration, it states that OMAP responsibilities include review and oversight for consistency with Title XIX policies and procedures and the provision of OMAP data for budget neutrality analysis. Is there a person designated in OMAP to serve as the contact?

*Allison Knight, Policy Unit Manager, is our lead contact.*

8. Page 8, The Office of Family Health will be responsible for Quality Assurance reviews and monitoring activities. Will OMAP also have oversight for this activity?

*OMAP representatives were at the table as we devised our QA plan two years ago. However, we have not had official OMAP participation in QA activities. We will begin discussions of a potential inter-office agreement linking our review processes with current OMAP review processes.*

9. Page 12, How many persons were served by Title X prior to the demonstration and during each of the years of the demonstration? Please also provide the level of funding for Title X for each of these years.

*Please refer to the two charts attached:*

- (1) "FPEP Client Growth; Title X Supported Providers and Non-Title X Providers, Oregon 1995-2002", and
- (2) "Title X Grants and Out-of-Pocket Fees Collected from Patients by Title X agencies, 1998 – 2002".

10. Page 14, The teen pregnancy rate in Oregon had declined for the 15-19 year olds. Is the decline attributable to the access to contraceptives? Are there other reasons for the decline?

*There is a clear statistical association between the increase in the numbers of teens served by family planning programs since the program began, and the decline in teen pregnancy that is reported. In addition, the increase in the number of sexually active teens reporting contraceptive use at last intercourse gives weight to an argument that increased access has had a positive impact*

*impact. However, causality is more difficult to prove and additional analysis is appropriate. National studies have indicated that teen pregnancy declines are in equal proportion related to increased contraceptive use and delayed sexual activity. The fact that teen pregnancy rates dropped at a sharper rate after initiation of FPEP would lead us to a fair preliminary conclusion that the program had had an impact.*

*Our evaluation design plan calls for us to overlay changes in teen pregnancy rates by county, with service levels related to our project and county-by-county measurement of the level of activity by the state's other major ongoing teen pregnancy prevention program – STARS (an abstinence promotion program). That evaluation step will be taken over the next year.*

11. Is the state planning on imposing an enrollment cap in the FPEP? If so, what will the enrollment cap be?

*We do not currently have any plan for an enrollment cap. Our projections are that enrollment will level off at a maximum of 100,000; this is based on two factors: (1) the enrollment growth curve has begun to decrease, and (2) population estimates that lead us believe we have made a significant dent in the eligible population.*

*However, we will have to monitor utilization and enrollment carefully to stay within our budget limits. Our assumption is that efforts to keep costs under control have been, and will continue to be, our first line of defense against running over budget.*

12. What is the timeframe for completing the evaluation of the first five years of the demonstration? Are there plans to update the progress on the evaluation to account for 2002?

*Our evaluation has been ongoing and will be updated each year as survey and pregnancy data becomes available.*

*Our reading of Terms & Conditions indicate that a draft final report be submitted to CMS for comment 90 days after completion of the project. Not all evaluation elements could be completed by that time, since information about pregnancies averted for the last year of the project would be delayed by 6 – 9 months after completion of the fifth year. We seek CMS guidance whether a final evaluation would be due for the first 5 years or whether evaluation would be ongoing through the extension period and have a final due date after that.*

13. Please clarify the eligibility process for those 19 years and under. Are any individuals under 19 eligible for family planning services as long as they meet the income eligibility requirements?

*No. In addition to the income eligibility requirement, an individual must also meet the US citizen or Lawful Permanent Resident requirement, and also be an Oregon resident. Individuals 19 years of age and under qualify based on their own income.*