



## COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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John W. Hickenlooper, Governor • Susan E. Birch MBA, BSN, RN, Executive Director

January 17, 2013

The Honorable Pat Steadman, Chair  
Joint Budget Committee  
200 East 14th Avenue, Third Floor  
Denver, CO 80203

Dear Senator Steadman:

Enclosed please find an update on the Teen Pregnancy and Dropout Prevention Program as required by SB 11-177.

Section C.R.S. 25.5-5-604 requires the Department to report on the number of new providers participating in the program, the number of additional program participants, the pregnancy rate for program participants as compared to the pregnancy rate for Medicaid clients of the same age group in the same geographic area, and a summary of the information collected by the department pursuant to section 25.5-5-603 (2.5) concerning participant behaviors that decrease the likelihood of teen pregnancy, on an annual basis. Section 25.5-5-603 (2.5) includes data on: (I) postponing the first sexual encounter; (II) reducing the frequency of sexual intercourse; (III) reducing the number of sexual partners or maintaining monogamous relationships; (IV) increasing the effective use of contraception; and (V) reducing the incidence of unprotected sex.

Attached please find an update on the current status of the program including information on the discussions with the Centers for Medicare and Medicaid regarding a possible State-wide expansion of this program.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, MaryKathryn Hurd, at [MK.Hurd@state.co.us](mailto:MK.Hurd@state.co.us) or 303-547-8494.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Susan E. Birch'.

Susan E. Birch, MBA, BSN, RN  
Executive Director

A handwritten note in blue ink that says 'Thank you for your ongoing support!'.

SEB/msr

Enclosure(s): 2012 Update on the Teen Pregnancy and Dropout Prevention Program

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Cc: Representative Claire Levy, Vice-Chair, Joint Budget Committee  
Representative Crisanta Duran, Joint Budget Committee  
Representative Cheri Gerou, Joint Budget Committee  
Senator Mary Hodge, Joint Budget Committee  
Senator Kent Lambert, Joint Budget Committee  
John Ziegler, Staff Director, JBC  
Kevin Neimond, JBC Staff  
Eric Kurtz, JBC Analyst  
Henry Sobanet, Director, Office of State Planning and Budgeting  
Erick Scheminske, Deputy Director, Office of State Planning and Budgeting  
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Katherine Blair, Health Policy Advisor, Governor's Office  
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Antoinette Taranto, Acting Client and Community Relations Office Director  
Lorez Meinhold, Community Partnerships Office Director  
Tom Massey, Policy and Communications Office Director  
MaryKathryn Hurd, Legislative Liaison  
Rachel Reiter, Communications Director

## **UPDATE ON THE MEDICAID TEEN PREGNANCY AND DROPOUT PROGRAM**

In 2011, the Medicaid Teen Pregnancy and Dropout Prevention Program (TPDPP) was reauthorized under Senate Bill 11-177 (C.R.S. 25.5-5-601 et.seq.). This is a prevention program with the purpose of reducing the incidence of teen pregnancies and school dropouts among Medicaid eligible teens by providing comprehensive pregnancy prevention counseling. The program also provides support services to at-risk teenagers and teen parents – services that promote self-sufficiency, self-reliance, and a sense of personal responsibility in making appropriate reproductive health decisions.

### **Teen Pregnancy Prevention through Science-Based Programs**

Revised guidelines and additional Federal reports provide information on effective, evidence-based teen pregnancy prevention programs that: encourage parental involvement, counsel that abstinence is the most effective way to avoid pregnancy, improve skills for making responsible choices-including information regarding the impact alcohol and drugs have on decision-making, are age appropriate and provide medically accurate reproductive health and contraception information. Contraception counseling includes types of contraception, health benefits (i.e. decreasing transmission of sexually transmitted infections - STI's), availability, and medically identified potential side effects of contraceptives.

### **No General Fund Monies Used**

Funding for TPDPP services are derived from local/community sources and the federal government. State statute directs that the TPDP program be considered family planning. Family Planning services are eligible for a 90 percent federal financial participation match rate.

The Department of Health Care Policy and Financing (Department) currently contracts with one program provider, operating programs in three Colorado counties: Mesa, Delta and Montrose reporting 321 teen participants for the first quarter of fiscal year 2012-2013.

A statewide TPDP Program expansion has temporarily been placed on hold pending further guidance from the Centers for Medicare and Medicaid Services (CMS). Any TPDP program expansion is dependent upon CMS support, family planning classification and formal CMS recognition and guidance on how a Medicaid TPDPP can be implemented. Evidence-based programs need to be implemented in totality and with fidelity to increase the likelihood of program effectiveness and positive outcomes.

The Department has recently initiated bi-monthly conference calls with CMS to expedite the approval process for a statewide expansion. On-going discussion topics include:

- Medicaid's categorization of TPDP program services (family planning, preventative, or ESPDT)
- Coverage of specific program services (how and which program components/services fall within the guidelines of "Medicaid services")
- The provider types qualified to provide TPDPPs
- A method to ensure that TPDP programs are reliably provided with preservation of all individual TPDPP core components or services
- A method of grouping or bundling programs services for payment and for federal Medicaid reimbursement. Grouping service payments can assist with program fidelity

To the best of our knowledge and based on our discussions with CMS, The Office of Adolescent Health and other Federal agencies, Colorado is the first state working with CMS to implement a statewide “Medicaid” Teen Pregnancy and Dropout Prevention Program aimed to assist all Medicaid eligible at-risk teens.

**SB 11-177 Helps the Department Improve Program Accountability**

Program reauthorization enhanced the Department’s ability to monitor the effectiveness of TPDP programs by requiring that all newly contracted providers record, track and report back to the state, relevant program outcome data and statistics. The bill additionally requires greater collaboration among state agencies and with community partners to promote and expand awareness of the program. SB 11-177 has already increased awareness of this program and additional communities have stepped forward to demonstrate that they are interested in participating. All interested parties have been regularly updated, as to the status of program expansion. These groups and individuals continue to report and show program interest, as we continue to work with our federal colleagues to clarify and finalize guidelines for future program implementation and expansion. Plans to inform additional Medicaid enrolled providers about the TPDPP’s availability have been developed for use, once CMS guidance is finalized.

Data collection from our one current program provider is very limited, basically providing only participant numbers. Therefore, relevant and accurate outcome measurements are currently insufficient to evaluate or provide information on pregnancy rates or on the current program’s effectiveness. Once the Department receives CMS providers’ guidance, on how best to expand out TPDPP, new reporting requirements, including those outlined in statute will become a contractual component and requisite for program participation.