



All-State Medicaid & CHIP Call

April 27, 2021



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Agenda

- Medicaid Coverage of Violence Prevention-Related Services and Supports
- Open Mic Q and A

Biden Administration Investments

- On April 7, 2021, the Administration released two fact sheets announcing initial actions to address the gun violence public health epidemic.
 - <https://www.whitehouse.gov/briefing-room/statements-releases/2021/04/07/fact-sheet-biden-harris-administration-announces-initial-actions-to-address-the-gun-violence-public-health-epidemic/>
 - <https://www.whitehouse.gov/briefing-room/statements-releases/2021/04/07/fact-sheet-more-details-on-the-biden-harris-administrations-investments-in-community-violence-interventions/>
- This webinar is referenced in both as an action to educate states on how Medicaid can be used to reimburse certain community violence intervention programs.

Violence Prevention

- According to the Centers for Disease Control and Prevention (CDC), homicide is the leading cause of death among Black males aged 10-19 and 20-44, and it is the second and third leading cause of death for Latinx men aged 10-19 and 20-44, respectively.
- Survivors or witnesses of violence and those at risk of violence need a wide range of physical and behavioral health services; public health approaches to violence prevention and intervention can help.

*Source: Centers for Disease Control and Prevention. Leading Causes of Death – Males - United States, 2017. 2020.
<https://www.cdc.gov/healthequity/lcod/men/2017/index.html>

Violence Prevention in Medicaid

- Medicaid plays an important role in meeting the needs of those who have experienced violence or trauma, and need health care services immediately and over their lifespan.
- Among victims of gunshot wounds, nearly two out of three individuals are either on Medicaid or uninsured.
- State Medicaid programs are a major payer for injuries associated with gun violence, particularly for severe injuries that require long-term services and supports.
- The Medicaid program gives states tremendous flexibility to tailor their benefits to best serve the needs of their populations, including ways to support survivors of violence.

*Source: The Health Alliance for Violence Intervention, *Medicaid: Advancing Equity for Victims of Violence*, 2021

Hospital-Based Violence Prevention Programs

- Hospital-based Violence Intervention Programs (HVIPs) are programs that combine the efforts of medical staff with trusted community-based partners to provide a multidisciplinary approach to safety planning, services, and trauma-informed care to individuals who have experienced violence.
- Programs such as these illustrate a continuum of care for beneficiaries following a hospital stay.
- CMS can work with states interested in designing violence prevention interventions to explore how best to incorporate Medicaid benefits into such programs.

Mandatory State Plan Benefits

Some of the mandatory state plan benefits that could be helpful in covering violence prevention or related services include the following:

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- Outpatient Hospital Services: Section 1905(a)(2)(A) of the Social Security Act (the Act); 42 CFR § 440.20
- Rural Health Clinic Services: Section 1905(a)(2)(B) of the Act; 42 CFR § 440.20
- Federally-Qualified Health Center Services: Section 1905(a)(2)(C) of the Act; section 1905(l)(2)(A) of the Act
- Physicians' Services: Section 1905(a)(5) of the Act; 42 CFR § 440.50

Optional State Plan Benefits

Some of the optional state plan benefits that could be helpful to cover violence prevention or related services include the following:

- Other Licensed Practitioner (OLP) Benefit: Section 1905(a)(6) of the Act and 42 CFR § 440.60
- Preventive Services Benefit: Section 1905(a)(13) of the Act and 42 CFR § 440.130(c)
- Rehabilitative Services Benefit: Section 1905(a)(13) of the Act and 42 CFR § 440.130(d)
- Case Management Benefit: Sections 1905(a)(19) and 1915(g) of the Act and 42 CFR § 440.169

Other Licensed Practitioner Benefit

- The OLP benefit is defined as: *“medical care, or any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.”*
- *Examples include services of:*
 - Licensed Clinical Social Workers
 - Licensed Psychologists
 - Licensed Marriage and Family Counselors
- Services of *unlicensed* practitioners can be covered under this benefit if they work under the supervision of a licensed practitioner and the supervision is within the scope of practice of the licensed practitioner.

Preventive Services Benefit

- Defined as “ *services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under state law to - (1) Prevent disease, disability, and other health conditions or their progression; (2) Prolong life; and (3) Promote physical and mental health and efficiency.*”
- This benefit may be used to cover services that could fall under the “Violence Prevention” umbrella.
- States would need to include a description in the state plan of the “violence preventive services” they seek to cover, the practitioners who are qualified to furnish each of the services, and the qualifications of each of the practitioners. Licensure is not federally required.
- The qualifications would include a brief summary of any licensure, certification, registration, education, training, or experience that the state requires, and also the supervisory arrangements that the state requires for unlicensed practitioners.

Preventive Services Benefit (continued)

- Section 4106 of the Affordable Care Act permits states to claim a one percent federal funding increase if they provide, without cost-sharing, any clinical preventive services that are assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF) for adult beneficiaries and all vaccines and their administration that are recommended by the Advisory Committee on Immunization Practices (ACIP).
- The one percent increase in federal funding applies to expenditures under fee-for-service or managed care delivery systems, and to preventive services provided in an Alternative Benefit Plan(ABP).
- One of the Grade B USPSTF recommendations is for intimate partner violence screening for women of reproductive age

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening>

Rehabilitative Services Benefit

- Rehabilitative services include a broad array of services and are defined as *“any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level.”*
- States would need to include a description in the state plan of the rehabilitative services they seek to cover, the practitioners who are qualified to furnish each of the services, and the qualifications of each of the practitioners. Licensure is not federally required.
- The qualifications would include a brief summary of any licensure, certification, registration, education, training, or experience that the state requires, and also the supervisory arrangements that the state requires for unlicensed practitioners.

Rehabilitative Services Benefit (continued)

- Some typical rehabilitative services that states seek to cover include:
 - Individual and group therapy
 - Mental health and substance use disorder treatment
 - Crisis stabilization and intervention services
 - Peer support services
 - CMS guidance on peer support services - <https://www.medicaid.gov/federal-policy-guidance/downloads/SMD081507A.pdf>
 - Clarifying guidance on peer support services policy <https://www.medicaid.gov/sites/default/files/2019-12/clarifying-guidance-support-policy.pdf>

Health Homes

- Health Homes can target populations with chronic conditions who are at risk for violence (i.e. individuals with serious mental illness (SMI), substance use disorder (SUD), trauma) in efforts to coordinate effective treatments potentially resulting in the prevention of violent acts.
- Health Home services could provide support to victims of violence to prevent further occurrences by providing a cadre of services including intensive case management, health promotion, and transitional care.
- Health Homes could assist populations at risk for violence to identify natural, family, and community supports and referral to social supports.

HCBS Waiver & State Plan Authorities

- 1915(c) waivers and 1915(i) HCBS state plans can provide the following violence prevention or related activities:
 - Authorize behavioral supports to individuals who exhibit violent outbursts to learn other coping or de-escalation options.
 - Provide peer counseling for survivors of violence.
 - Reach to social determinants of health such as housing supports, supported employment, and non-medical transportation.

HCBS Waiver & State Plan Authorities (continued)

- In addition, structural components of the programs that further awareness of beneficiary abuse including the following:
 - An incident management system requires the reporting, investigation and referrals to law enforcement of abuse against service recipients.
 - States track/trend the circumstances of abuse among a specific population and take systemic action to limit/eliminate the circumstances leading to such abuse.
 - Staff and stakeholder trainings on recognizing and reporting abuse (violence), neglect and exploitation are a basic part of each waiver's health and welfare quality system.

Section 1115 Demonstrations

- Section 1115 demonstrations provide states additional flexibility to design and improve programs to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations.
- CMS created an 1115 opportunity for states to demonstrate and test flexibilities to improve the continuum of care for beneficiaries with substance use disorders (SUDs) including Opioid Use Disorder
<https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd17003.pdf>
- CMS created similar flexibility to test more comprehensive approaches to care for beneficiaries with serious mental illness (SMI) or serious emotional disturbance (SED)
<https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd18011.pdf>

CMS Commitment to States

- The Biden Administration is committed to evidence-based community violence interventions
- CMS stands at the ready to provide technical assistance to states who want to strengthen their violence prevention strategies, including expanded use of the tools discussed today.

Resources

- Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH) – State Health Official Letter
<https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf>
- Section 5052 Support Act Guidance – 1915(I) State Plan Option to provide services to Medicaid beneficiaries age 21 through 64 who have at least one substance use disorder (SUD) diagnosis and reside in an eligible IMD from October 1, 2019 through September 30, 2023.
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd19003.pdf>
- Opportunities to Design Innovative Service Delivery System Systems for Adults with a Serious Mental Illness or Children with a Serious Emotional Disturbance
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd18011.pdf>
- Trauma-Informed Care for Children & Adolescents
<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-07-11.pdf>

Questions
