Medicaid for Violence Prevention

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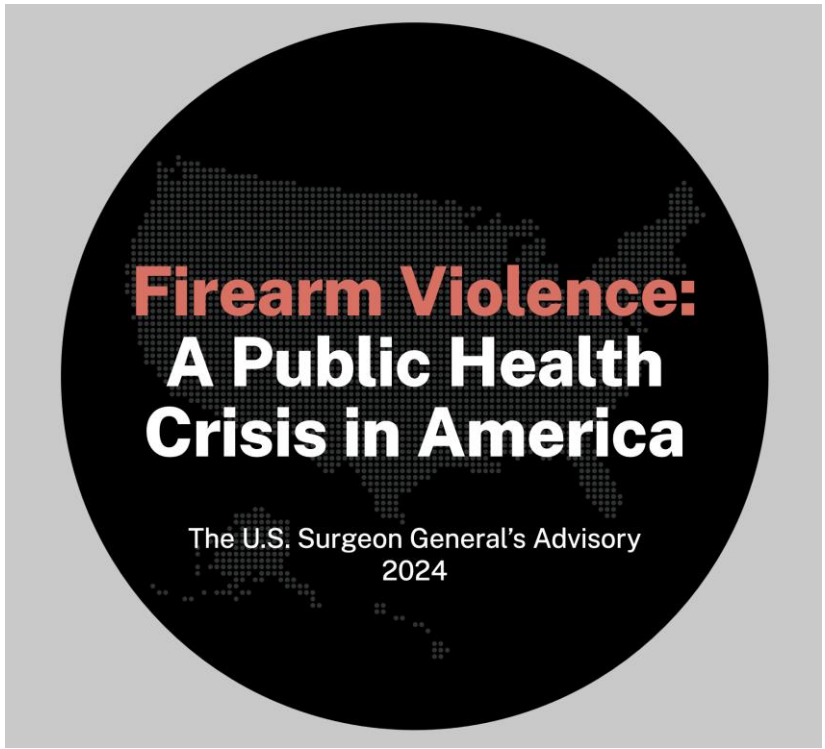
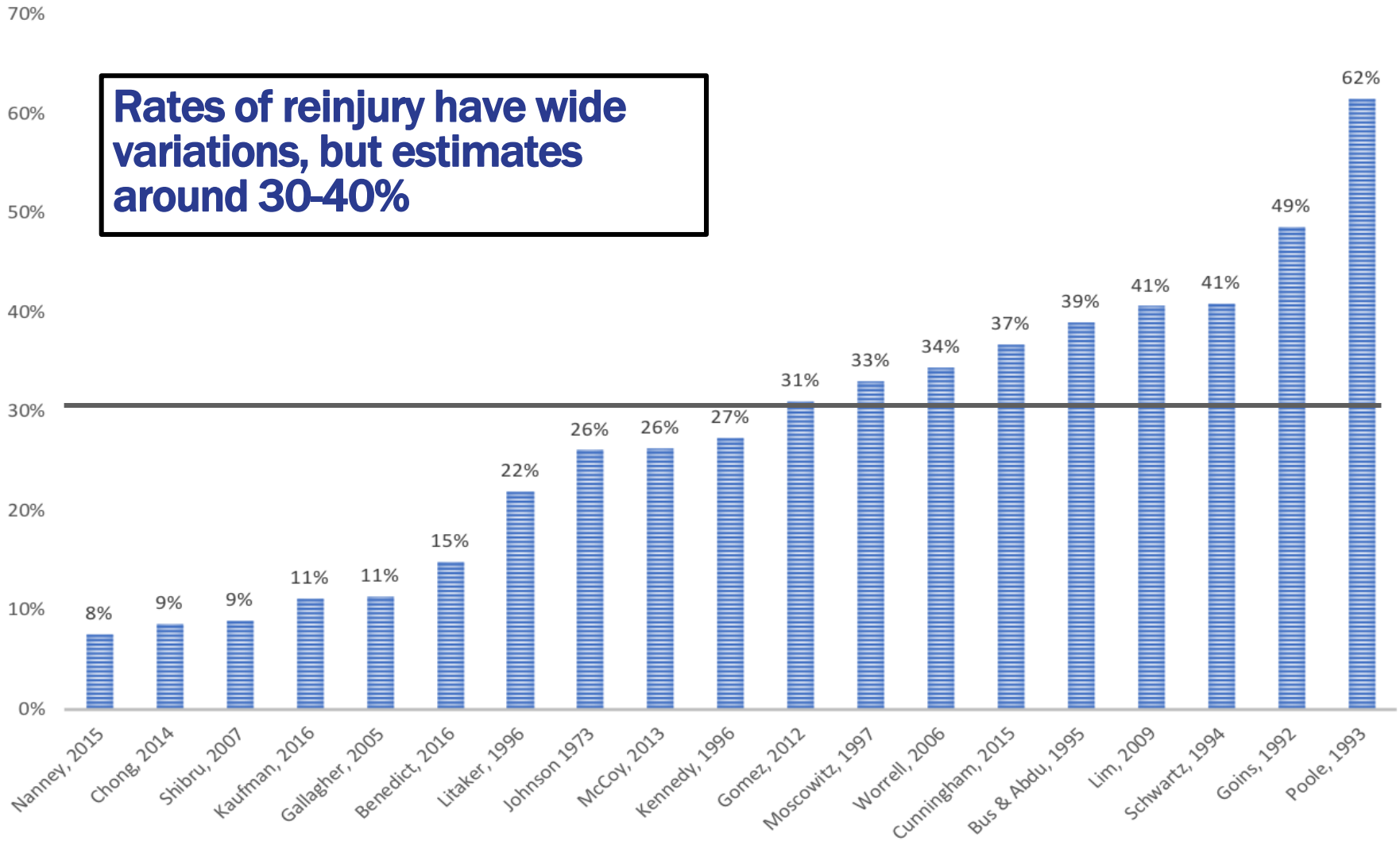
THE
HEALTH ALLIANCE
for VIOLENCE
INTERVENTION

Firearm Violence: A Public Health Crisis



Implement community violence interventions to support populations with increased risk of firearm violence involvement. Community violence interventions (CVI) use evidence-informed, multidisciplinary, and tailored strategies to disrupt cycles of violence and connect individuals at risk of violence involvement with services that address trauma and improve physical, social, and economic circumstances.[91] The CVI approach employs credible messengers and practitioners to resolve potential violent conflicts and deliver key intervention elements such as connecting individuals with healthcare, housing, employment services, and other resources.[92] Similarly, hospital-community partnerships can connect those who have experienced violence, or are at risk for violence, with appropriate services. Hospital-based violence intervention programs (HVIPs) typically combine a short intervention in the hospital with intense case management and services in the community upon release.[93, 94]

RATES OF REPEAT VIOLENT INJURY



DATA ADAPTED FROM GREENE, 2016

Survivors of community violence face significant physical, psychological, and social consequences.

The Journal of TRAUMA® Injury, Infection, and Critical Care

Physical and Psychological Outcomes 8 Months after Serious Gunshot Injury

Arlene I. Greenspan, DrPH, PT, and Arthur L. Kellermann, MD, MPH

Background: **The purpose of this study was to determine the health status and psychological distress of gunshot injury victims 8 months after hospital discharge.**

Methods: **Sixty patients admitted to a Level I trauma center for firearm-related injuries were interviewed during their hospitalization and again 8 months postdischarge. Health status was measured using the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36). Symptoms of posttraumatic stress (avoidance and intrusion) were assessed using the Impact of Event Scale.**

Results: **Subjects were predominantly young (mean age, 30 years), male (92%), and African-American (95%). Mean SF-36 scores at follow-up were significantly worse than preinjury scores for all subscales ($p < 0.05$). Symptoms of posttraumatic stress were common; 39% of respondents reported severe intrusive thoughts and 42% reported severe avoidance behaviors. Admission Injury Severity Scores did not predict poor health status 8 months postdischarge, but intrusion symptoms were strongly associated with lower SF-36 scores.**

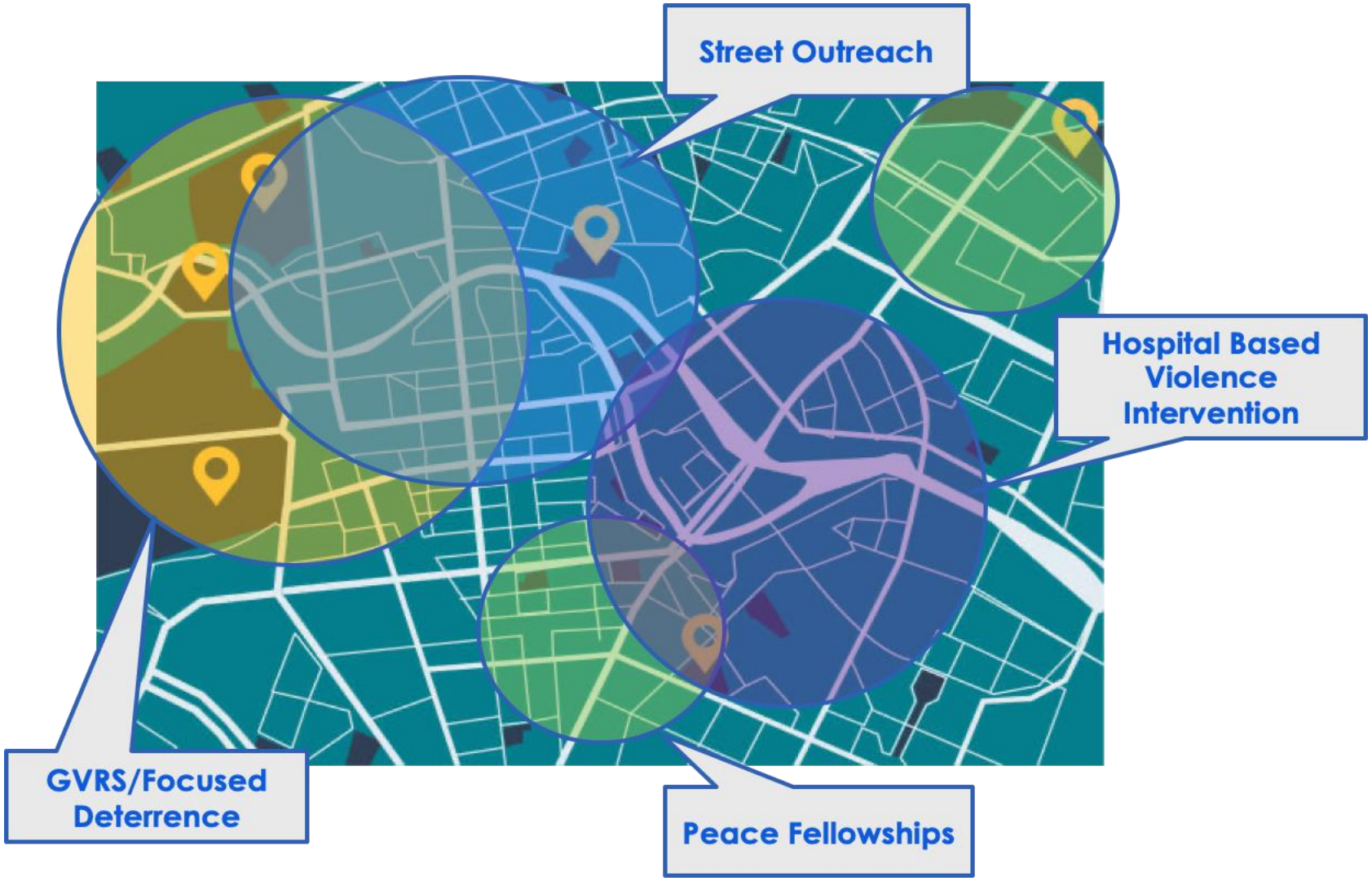
Conclusion: **Many hospitalized survivors of gunshot injuries report significant long-term declines in physical and/or mental health. Injury severity at hospital admission may not be predictive of long-term health status.**

Key Words: **Wounds, Gunshot, Violence, Stress disorders, Posttraumatic, Health status, Follow-up studies.**

J Trauma. 2002;53:709–716.

Firearms rank second only to motor vehicles as a cause of fatal injury in the United States.[1] At least twice as many victims survive a gunshot injury as the number who working age adults who were hospitalized 2 or more days because of injuries resulting from the discharge of a firearm. Our goal was to measure the health status and level of

Several evidence-based program models exist



THE HEALTH ALLIANCE for VIOLENCE INTERVENTION

CVI Ecosystem: Core Components

Identify those at highest Risk	Risk factors: age, CJ involvement, previously shot, close peer or family member shot
Leverage credible messengers	Lived experience, credibility among high-risk clients, directly impacted, professional workforce
Provide individualized wraparound care	Intensive case mgmt., life coaching, housing/ relocation, employment, stipends
Monitor progress + transform systems	Build long-term relationships, "door always open" policies; shift systems to address client needs

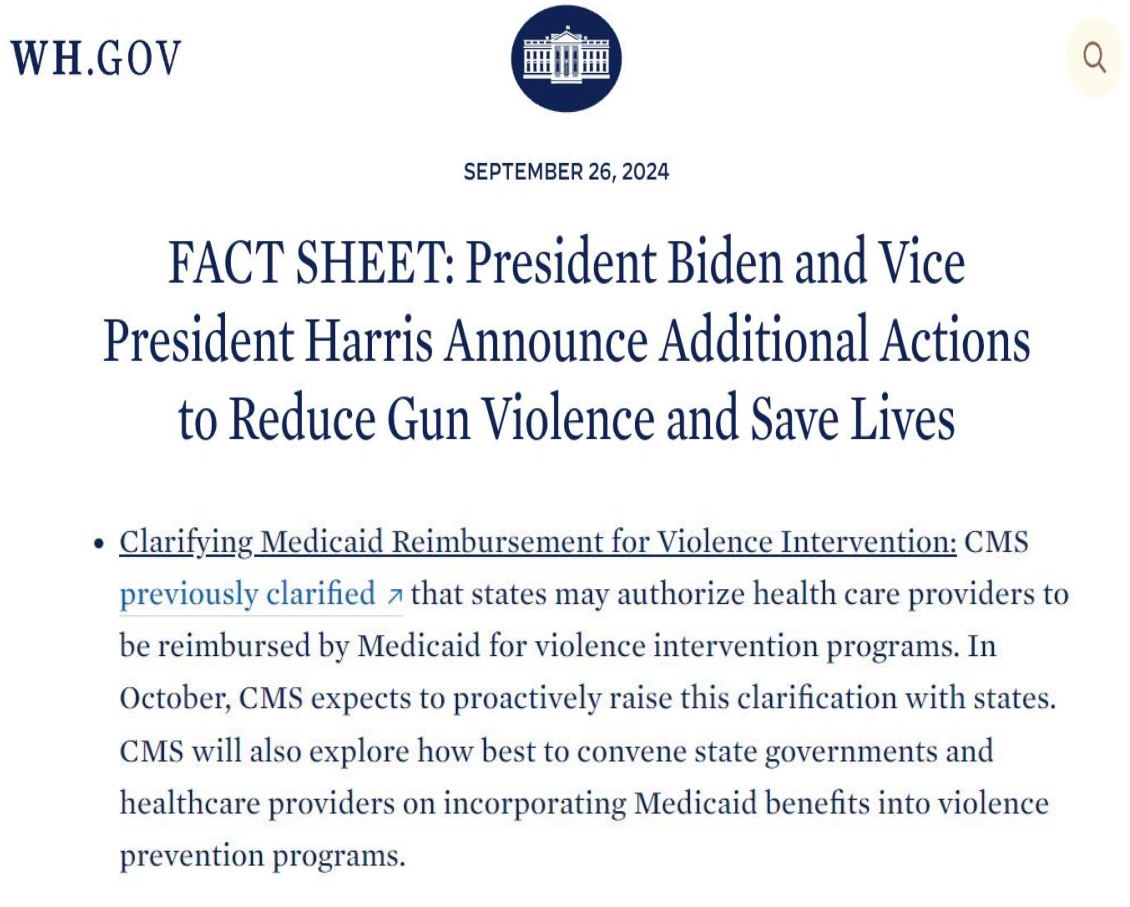
HAVI
THE HEALTH ALLIANCE *for* VIOLENCE INTERVENTION

Community Violence Intervention (CVI) Programs Deliver Significant Health Equity Impacts

- Targeted engagement with patients disconnected and skeptical of traditional health institutions
- Deliver trauma-informed care and mental health services in mental health and trauma deserts
- Addresses the leading cause of death for young Black and Brown men

Medicaid and CVI

- **2021:** The Centers for Medicare and Medicaid Services (CMS) announced that Medicaid could be used to reimburse CVI programs. The agency then provided various pathways for states to take advantage of this benefit.
- **September 2024:** The Biden-Harris Administration announces new Executive Order to reduce gun violence and save lives.
- **As of October 2024:**
  - Eight states—Connecticut, Illinois, California, Oregon, Colorado, Maryland, North Carolina, and New York—have chosen to use Medicaid to support CVI programming.
  - CMS held a meeting on 10/23/24 to discuss how the Biden-Harris Administration's recently announced executive actions impact violence intervention programs.



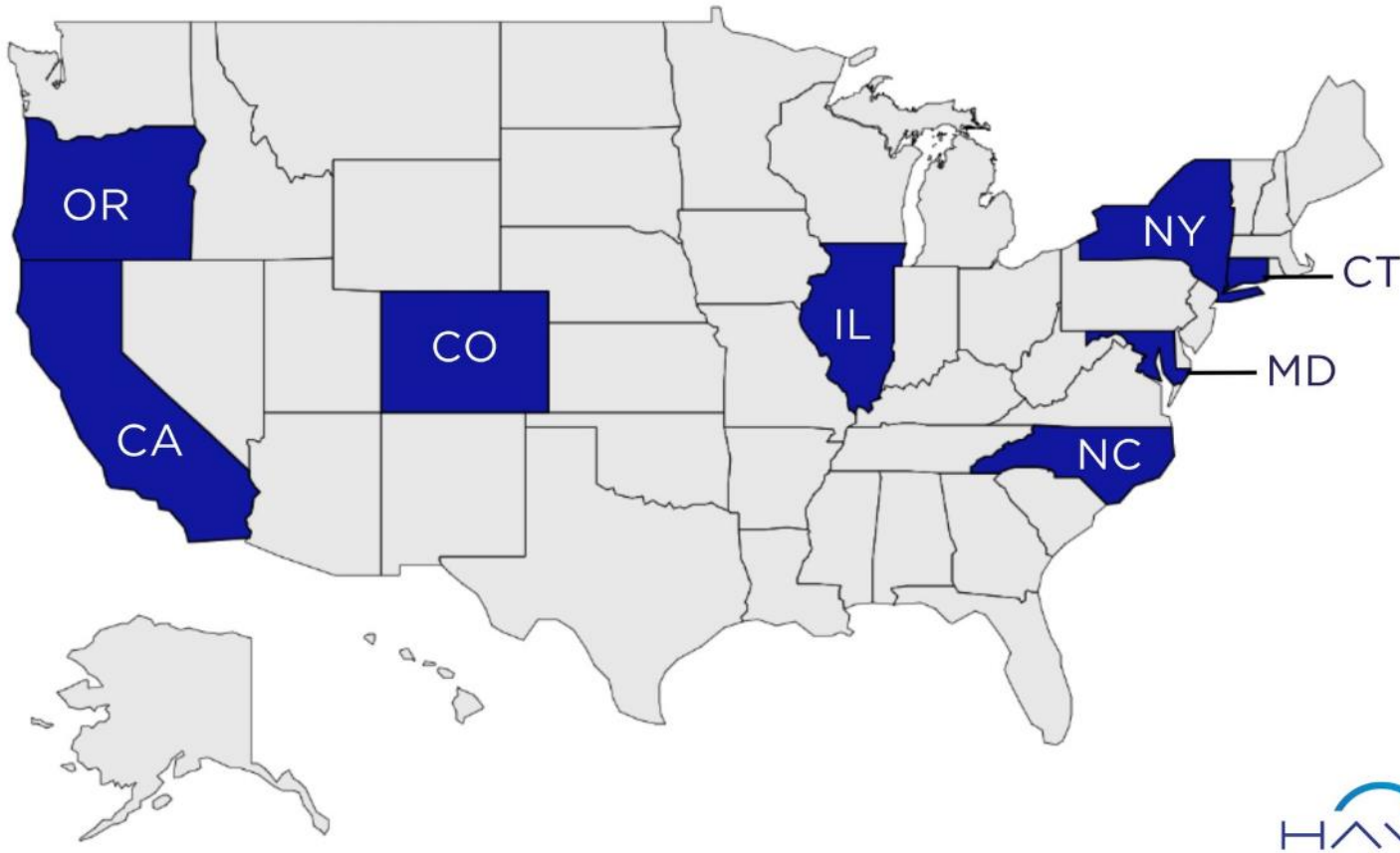
WH.GOV

SEPTEMBER 26, 2024

FACT SHEET: President Biden and Vice President Harris Announce Additional Actions to Reduce Gun Violence and Save Lives

- Clarifying Medicaid Reimbursement for Violence Intervention: CMS previously clarified that states may authorize health care providers to be reimbursed by Medicaid for violence intervention programs. In October, CMS expects to proactively raise this clarification with states. CMS will also explore how best to convene state governments and healthcare providers on incorporating Medicaid benefits into violence prevention programs.

States with CVI Medicaid Benefits



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Medicaid Benefit Example: California

State	Authorizing Year	Authorizing Legislation	Authority of Benefit	Training or Certification Requirements	Reimbursement Rates	CPT Codes	Reimbursable Activities	Patient Eligibility	Medicaid Reimbursement Pathway	Provider Requirements
California	2022	AB1929	Preventive Services	Completion of HAVI's Violence Prevention Professional (VPP) Certification Training, or Urban Peace Institute's Gang Intervention Training, or Community Health Worker Training Read less	$53.32/Hour	98960, 98961, 98962	Health education, health navigation, screening and assessment, individual support and advocacy Read less	Individuals who either have been violently injured, are at significant risk of experiencing violent injury, or have experienced chronic exposure to community violence Read less	Services are reimbursed through MCOs and fee-for-service (FFS) Read less	A Community Health Work (CHW) must be supervised by a licensed provider, a hospital, an outpatient clinic, a local health jurisdiction (LHJ), or a community-based organization (CBO) Read less

Medicaid Benefit Example: Illinois

State	Authorizing Year	Authorizing Legislation	Authority of Benefit	Training or Certification Requirements	Reimbursement Rates	CPT Codes	Reimbursable Activities	Patient Eligibility	Medicaid Reimbursement Pathway	Provider Requirements
Illinois	2021	Reimagine Public Safety Act (430 IL CS 69)	Mental Health Rehabilitative Services	Violence Prevention Community Support Team (VP-CST) must include the following: A team lead who meets the qualifications of a Qualified Mental Health Professional (QMHP); a peer support worker; and at least one other staff member that meets the qualifications of a Mental Health Professional (MHP)	$152 (off site) $139.36 (on site)/Hour	H0037	Integrated assessment and treatment planning; crisis intervention, stabilization, and mobile crisis response; psychosocial rehabilitation; community support; assertive community treatment Read less	Individuals who have experienced chronic exposure to firearm violence Read less	Violence Prevention Community Support Team (VP-CST) services are covered under both Medicaid fee-for-service and Medicaid managed care organization plans Read less	Community mental health centers (CMHC) or behavioral health clinics (BHC)

Medicaid Benefit Example: Oregon

State	Authorizing Year	Authorizing Legislation	Authority of Benefit	Training or Certification Requirements	Reimbursement Rates	CPT Codes	Reimbursable Activities	Patient Eligibility	Medicaid Reimbursement Pathway	Provider Requirements
Oregon	2023	HB4045	Preventive Services	Prevention Professional (VPP) Certification + Oregon Health Authority approved crisis intervention training. Have lived experience, either as a victim of a violent injury as a result of community violence or as someone closely impacted by community violence Read less	$99.12/Hour	H2015	Mentorship; conflict mediation; crisis intervention; peer support and counseling; case management; referrals to certified or licensed health care professionals or social services providers; screening services Read less	Individuals who have received treatment for an injury (which includes both medical and behavioral health treatment for a physical and/or behavioral health injury) sustained as a result of an act of community violence Read less	Services are reimbursed through MCOs and fee-for-service (FFS)	VPP must be employed by a community-based organization (CBO) that is enrolled with the Oregon Health Authority as a Medicaid billing provider. The CBO must also be affiliated with a hospital that authorizes the program to provide community violence prevention services

Current State of States

Strengths

- **Stakeholder Engagement:** States like Connecticut and Oregon had strong stakeholder involvement during the program's launch or benefit design process, which helped shape the programs.
- **Technical Assistance:** Oregon included a technical assistance fund to support program billing preparations and offset startup costs.
- **Program Enrollment Progress:** Some states, such as California and Oregon, have programs actively working towards or preparing for Medicaid billing.
- **Innovative Approaches:** California set up a CBO hub for Medicaid enrollment, and Illinois used a team-based model through community mental health centers.

Challenges

- **Low Reimbursement Rates:** A common issue across several states (e.g., California, Connecticut, New York) is that reimbursement rates are below the cost of providing services. To date, states have not received substantial reimbursement from Medicaid.
- **Complex Requirements:** Illinois imposed significant mental health requirements, creating barriers for programs.
- **Limited Eligibility Criteria:** Connecticut restricted billing eligibility to hospital-affiliated programs, which excluded some community-based organizations.
- **Lack of Communication and Coordination:** In New York, poor communication between the state health department and local departments has hindered program enrollment.

Case Study Implementation Findings

Research Summary

The rise in community violence across the United States has resulted in significant negative impacts, particularly in marginalized communities of color. Community Violence Intervention (CVI) programs have emerged as a promising approach to reduce violence by utilizing the lived experiences of trained survivors, rather than involving law enforcement. However, the sustainability of these programs is often challenged by inconsistent funding. A new policy enabling Medicaid reimbursement for violence intervention services presents a potential solution to these challenges. This study examines the implementation of this Medicaid reimbursement policy in three states: California, Illinois, and Connecticut using the Exploration-Preparation-Implementation-Sustainment (EPIS) model. Through stakeholder interviews from the policy, medical, and non-profit sectors, the research identifies key successes and barriers in the policy's execution. The findings emphasize the importance of tailoring the policy to each state's unique context, securing sustainable funding, and ensuring sufficient training and support for violence intervention specialists.

Policy Implications

The Medicaid reimbursement policy presents a novel approach to providing funding that would ensure the sustainability and fidelity of CVI interventions across the country. Drawing from the expertise of key stakeholders in the policy and violence intervention, this study intends to guide the future design of CVI programs and Medicaid reimbursement strategies, stressing the necessity of collaboration, sustainable funding frameworks, and building community trust. These findings are crucial as more states consider adopting similar Medicaid reimbursement policies for CVI programs across the United States.

Case Study Implementation Findings

Table 3. Themes.

Theme	Definition (includes categories relating to)	CT	CA	IL
Communities/ CBOs	The relationships between community members and/or CBOs and *the policy*/its implementation.	x	x	x
Design	The specific design, structure, and components of *the policy*.	x	x	x
Collaboration	Collaborative, multi-stakeholder efforts to advocate for and/or implement *the policy*.	x		x
Context	The context (e.g., political, social, resource) in which *the policy* is being implemented.	x	x	
Momentum	The speed with which *the policy* was passed and/or implemented.	x		x
Framing	The framing of *the policy* and/or the issues of violence and violence prevention/intervention.	x	x	

Key Takeaways for Implementation

- Involve stakeholders during the benefit design process
- Create a technical assistance fund to help programs develop their capacity for billing
- Ensure that reimbursement rates are adequate

Thank you!

Questions?

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