# Slide 1

Medicaid for Violence Prevention

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**HAVI**

**THE HEALTH ALLIANCE for VIOLENCE INTERVENTION**

Slide 2

## Firearm Violence: A Public Health Crisis

Firearm Violence: A Public Health Crisis

The U.S. Surgeon General’s Advisory

2024

**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

Slide 3

## Oath of Office

RATES OF REPEAT VIOLENT INJURY

Rates of reinjury have wide variations, but estimates around 30-40%

[IMAGE OF BAR GRAPH]

Slide 4

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

Slide 5

[IMAGE OF ARTICLE FROM THE JOURNAL OF TRAUMA, INJURY, INFECTION, AND CRITICAL CARE]

Slide 6

## Several evidence-based program model’s exist

[IMAGE OF MAP]

Slide 7

## 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 |

Slide 8

## 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

Slide 9

## 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:** TheBiden-Harris Administration announces new [Executive Order](https://www.whitehouse.gov/briefing-room/statements-releases/2024/09/26/fact-sheet-president-biden-and-vice-president-harris-announce-additional-actions-to-reduce-gun-violence-and-save-lives/) 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.

[IMAGE OF WHITE HOUSE FACT SHEET]

Slide 10

## States with CVI Medicaid Benefits

[MAP OF THE UNITED STATES DEPICTING CALIFORNIA, OREGON, COLORADO, ILLINOIS, NEW YORK, CONNECTICUT, MARYLAND, AND NORTH CAROLINA SHADED BLUE]

Slide 11

## 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 | $53.32/Hour | 98960, 98961, 98962 | Health education, health navigation, screening and assessment, individual support and advocacy | Individuals who either have been violently, injured are at significant risk of experiencing violent injury, or have experienced chronic exposure to community violence | Services are reimbursed through MCOs and fee-for-service (FFS) | A Community Health Worker (CHW) must be supervised by a licensed provider, a hospital, an outpatient clinic, a local health jurisdiction (LHJ), or a community-based organization (CBO)  |

Slide 12

## Medicaid Benefit Example: Illinois

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 Rehabilitation 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 | Individuals who have experienced chronic exposure to firearm violence | Violence Prevention Community Support Team (VP-CST) services covered under both Medicaid fee-for-service and Medicaid managed care organization plans | Community mental health centers (CMHC) or behavioral health clinics (BHC)  |

Slide 13

## Medicaid Benefit Example: Oregon

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | Preventative Services | Violence 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 | $99.12/Hour | H2015 | Mentorship; conflict mediation; crisis intervention; peer support and counseling; case management; referrals to certified or licensed healthcare professionals or social services providers; screening services | Individuals who 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 | 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 |

Slide 14

## 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.

Slide 15

## Case Study Implementation Findings

**[SCREENSHOT OF RESEARCH ARTICLE LABELED NOT FOR DISTRIBUTION]**

Slide 16

## Case Study Implementation Findings

**[SCREENSHOT OF TABLE LABELED NOT FOR DISTRIBUTION]**

Slide 17

## 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

Slide 18

**Thank you!**

**Questions?
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