What Domestic Violence Advocates Need to Know About

New Health Policy Changes on Domestic Violence

Futures Without Violence

October 29, 2013

Survey

Please tell us about yourself? Do you work for:

- ❑ Local DV/SA program
- ❑ State Coalition on DV/SA
- ❑ Health Care Based DV/SA program
- ❑ Health Care Provider
- ❑ Other

BIG HEALTH SYSTEM CHANGES!!!

US health system and globally

Unprecedented opportunity to build on these changes and transform the work we do on health response to violence

Why the enhanced health care response? Long term health consequences

In addition to injuries, exposure to DV increases risk for:

- Chronic health issues
- Asthma
- Cancer
- Hypertension
- Depression
- Substance abuse
- Poor reproductive health outcomes
- HIV

What We've Learned from Research

Studies show:

- Women support assessments
- No harm in assessing for DV
- Interventions improve health and safety of women
- Missed opportunities – women fall through the cracks when we don't ask

Setting specific examples

Of 1278 women sampled in 5 Family Planning clinics

- **53% experienced DV/SA**
- **Similar rates in other clinic settings**

Health interventions with women who experienced recent partner violence:

- **71% reduction** in odds for pregnancy coercion compared to control
- Women receiving the intervention were **60% more likely** to end a relationship because it felt unhealthy or unsafe

Miller, et al 2010

Mental health prenatal and postpartum

Screening and brief counseling resulted in a greater decline in IPV and significantly lower scores for depression & suicide ideation. (Coker 2012)

At 6-weeks postpartum, women who received a brief intervention reported significantly higher physical functioning, and lower postnatal depression scores. (Tiwari 2005)

Women receiving prenatal counseling on IPV for 2 to 8 sessions had fewer recurrent episodes of IPV during pregnancy and the postpartum period and had better birth outcomes.

What we know from practice: Partnerships make a difference

Partnerships between advocates and health professionals are not new.

They inform our understanding of how best to support patients impacted by IPV.

- Hospital based programs
- 10 state program
- National Standards Campaign
- Project Connect
- Delta Project
- NNEDV's HIV Project
- Much more

ACA: Policy Changes

Screening and Counseling:

Beginning in August 2012:

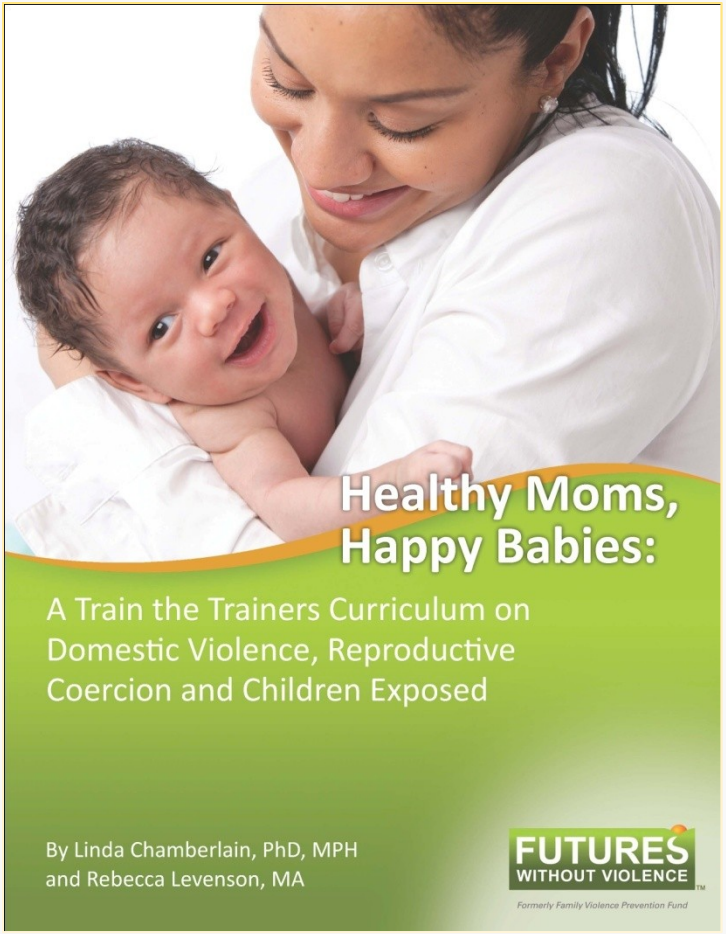
Health plans must cover screening and counseling for lifetime exposure to domestic and interpersonal violence as a core women's preventive health benefit.

Affordable Care Act and DV

Insurance Discrimination:

Beginning in January 2014: Insurance companies are prohibited from denying coverage to victims of domestic violence as a preexisting condition.

ACA: Home Visitation and Pregnancy Prevention Programs



- New HV benchmarks on DV screening safety planning
- Pregnancy Prevention Programs have a focus on healthy relationships
- Tribal Home Visitation Programs, Tribal Pregnancy prevention programs
- Tools are available to help

US Preventive Services Task Force

- January 2013 recommendations state that there is sufficient evidence to support domestic violence screening and interventions in health settings for women “of childbearing age.” (46 years)
- Impacts what is included in the essential health benefits package in Medicaid and other programs

ACA 101 and implementation updates:

- Marketplaces (“Exchanges”) 101
- Medicaid 101
- Screening and Brief Counseling for DV/IPV
- What can you do?

Survey

How many of you have shared information with women in your programs about the marketplace/exchanges? Yes/No?

If no, please explain why:

- Didn't know where to go
- Don't think it is my job
- Clients don't need it
- Other (type in chat box)

Health Insurance Marketplaces

- A new way to buy private health insurance
  - Coverage starts January 1, 2014
  - Open Enrollment began October 1
    - Off to a rocky start due to glitches in the online enrollment system
    - Now people are actually getting enrolled

Health Insurance Marketplace

- Qualified Health Plans (QHPs)
  - Sold and run by private companies
  - Guaranteed coverage and renewability
  - Must cover the Essential Health Benefits Package
- Allows an apples-to-apples comparison of plans
- Shows all the plans in your area
  - You can “shop” and enroll online
- Displays all costs up-front
- Offers a choice of comparable plans at similar actuarial value

Benefit Packages

- All QHPs must offer the Essential Benefit Package
  - Ambulatory
  - Emergency services
  - Hospitalization
  - Maternity/newborn care
  - Mental health and substance abuse treatment
  - Prescription drugs
  - Rehabilitative and Habilitative care
  - Lab Services
  - Preventive and wellness services (including screening for IPV!)
  - Pediatric services

Who is eligible?

- Live in the state served by the Marketplace; be a citizen or national of the US; not be incarcerated
- Federal subsidies are available on a sliding scale to people and families who qualify based on income
- Members of Tribes are eligible for coverage in the Marketplace, as well as all subsidies and cost-sharing assistance
- Lawfully present immigrants (including individuals who are subject to the 5-year immigration bar) **are** permitted to buy insurance in the Marketplace
  - Lawfully present immigrants will be able to access subsidies

Enrollment Assistance

- Help available in the Marketplace
  - Toll-free Call Center (1-800-318-2596)
  - Navigators
  - In-Person Assisters
  - Certified Application Counselors
  - Agents/Brokers
  - Healthcare.gov & State Marketplaces
- Advocates can help connect clients to healthcare
  - A good place to start: https://localhelp.healthcare.gov

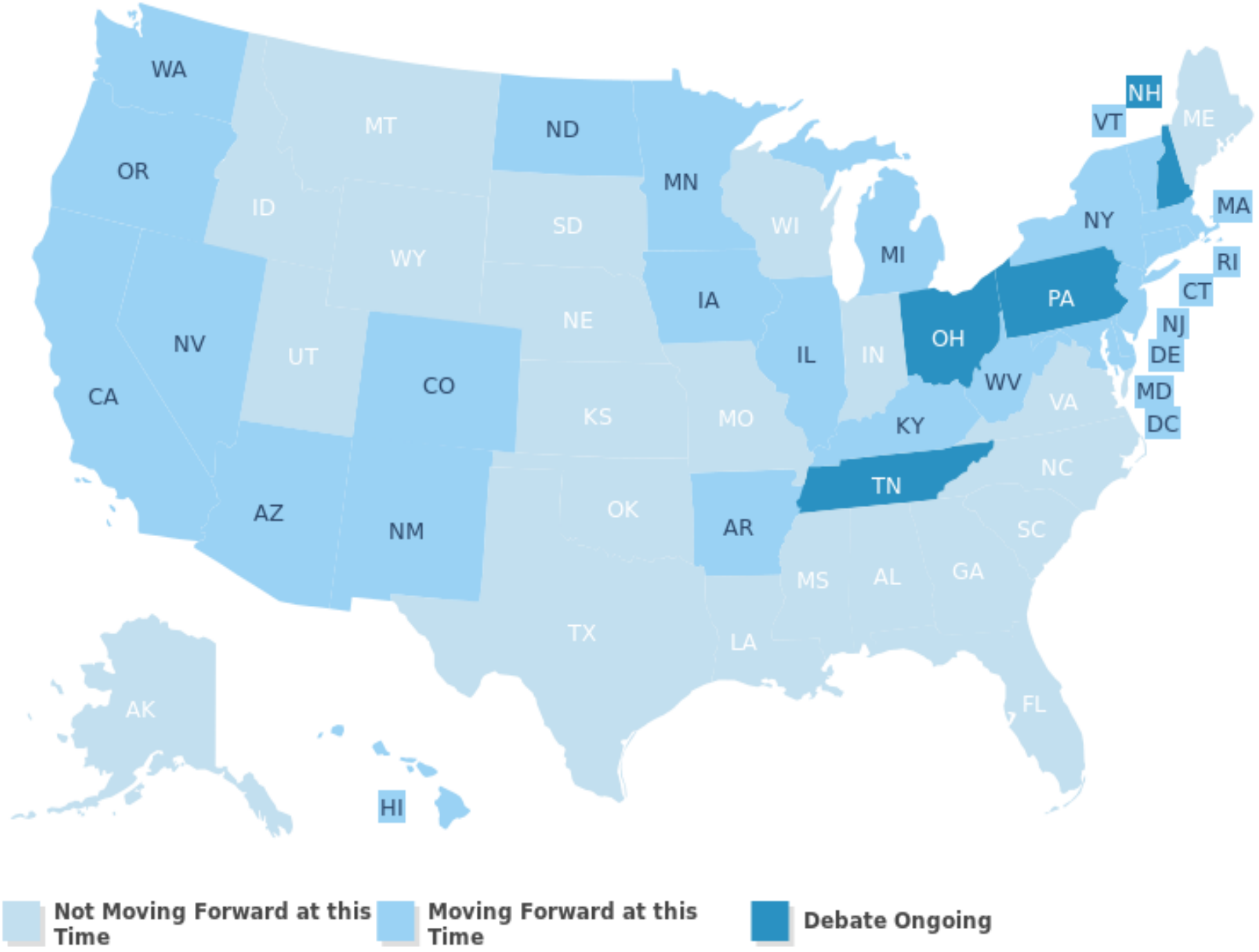
Medicaid

- The ACA creates new opportunities for states to expand Medicaid eligibility to
  - Adults age 19-64 with incomes at or below 133% of FPL
  - Ensure all children at or below 133% FPL are covered by Medicaid
  - Simplifies income determinations (this is known as the Modified Adjusted Gross Income—or MAGI)
  - Members of Tribes are eligible for Medicaid under their state's Medicaid decisions

Survey

Is your state expanding Medicaid?

- ❑ Yes
- ❑ No
- ❑ Don’t know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Not Moving Forward at this Time
Moving Forward at this Time
Debate Ongoing

Implications of a State NOT Expanding Medicaid

- Nearly all childless adults, as well as parents with incomes above current edibility levels, will be ineligible for Medicaid.
- None of the states NOT expanding Medicaid offer separate Medicaid-comparable coverage for childless adults.
- Adults below 100% FPL but above current state eligibility (median 42% FPL) will not be eligible for federal help to buy private coverage.
- In other words, this population likely remains uninsured in States that don't expand Medicaid.

Medicaid Benefits

- Coverage for expansion populations will be offered through Alternative Benefit Packages
  - Medicaid Managed Care
- Must include the Essential Health Benefits package in the ABP (including screening for IPV)
- Important to remember that these are coverage requirements not new requirements for providers

Survey

How many of you have received specific questions on new ACA provisions on domestic violence?

- from healthcare providers?
- from advocates?
- from survivors?

New ACA Benefits for Women

- Women will have new access to coverage of a full range of preventive health screenings, including a package of women's preventive services.
- This includes screening and brief counseling for domestic and interpersonal violence (DV/IPV).
- By law, these services must be covered with no cost sharing.

Who can get screening/brief counseling for DV/IPV?

- Beginning in 2014, the following groups will have access:
  - Anyone enrolled in new commercial health insurance plans
  - Anyone enrolled in a plan offered through the new Health Insurance Marketplace
  - Anyone enrolled in the new Medicaid Alternative Benefits Packages

Who might not have access to screening/brief counseling for DV/IPV?

- Some Medicaid beneficiaries may not have access
  - Pregnant Women; Seniors; People with Disabilities are among the populations who may remain in a "traditional" Medicaid benefit package which would not necessarily cover all new preventive services
- Women subject to the 5-year bar due to immigration status
- Undocumented immigrants

What does the screening/brief counseling for DV/IPV benefit do?

- There are no limits to what the benefit can cover as part of screening and brief counseling.
- HHS has given insurers the ability to define the benefit themselves.
- There may be wide variation between plans—and across states—in what plans cover.

What does the screening cover?

- The screening is broadly defined and will vary from plan to plan.
- HHS says that it “may consist of a few, brief, open-ended questions.”
- Futures can provide examples of screening tools—such as a brochure based assessment—which can be effective.

What does the "brief counseling" cover?

- The counseling benefit is not defined and will vary from plan to plan.
- HHS has said that counseling provides basic information, referrals, tools, safety plans, and provider education tools.
- Individual plans will make choices in what to cover.

How often can a woman receive the benefit?

- At least once a year
- There are no federal restrictions on the number of times a plan will reimburse for screening and counseling.
- Plans will set the limits on what they will cover.
- It is recommended that all women's preventive health screenings take place during the "well woman visit" but it is not restricted to once a year.

Where can the screening/brief counseling for DV/IPV take place?

- Anywhere; there are no limits on the settings where a screening may take place.
- Plans will make setting-specific decisions.
- Advocates may have a role in reaching out to plans and encouraging a comprehensive response!

Survey

- How many of you have reached out to local plans re: new health policy changes?

  Yes/No?

- How many of you have had providers or health plans reach out to you for training on how to implement the new provisions?

  Yes/No? or I don't know

➢ For basic FAQ to give to plans, please go to:

http://www.futureswithoutviolence.org/userfiles/file/HealthCare/FAQs%20Implementation%20of%20IPV%20Screening%20and%20Counseling%20Guidelines.pdf

How might this impact DV/SA programs?

This recommendation could result in:

- Increased referrals (eventually)
- Increased training requests
- New partnerships
- Unintended consequences (reporting/privacy/poorly trained providers)
- Reaching more women with prevention and intervention messages
- May eventually create new funding streams

Who can bill for providing screening/brief counseling?

- A wide range of providers will become eligible for reimbursement (may include DV advocates?)
- Providers will be subject to the scope of state law.
- Providers will need to have formal relationships with the insurers (private companies or the state Medicaid program) to bill for the services.
- There are no limits on who plans and the state can make eligible to bill so there is the opportunity for a wide range of providers to provide screening and brief counseling.

Survey

Does your program currently receive payment from a health care entity for providing services to victims of DV?

- Yes
- No
- If yes, please explain in chat

Advocates as Part of the Care Team

- HRC is developing a memo on examples of reimbursement strategies for providers and advocates

  - Surveying NNEDV members now
  - Please enter any description of formal financial relationships from your sites into the chat.
  - Please feel free to contact us for more information.
    - Send an email to: health@futureswithoutviolence.org

Other supports for advocacy

- In addition to exploring ways to fund advocates as part of the care team, other avenues to fund advocates to do health care work include continuing to educate policy makers in order to:

  - Continue to support VAWA health (Project Connect)
  - Consider enhanced resource in FVPSA reauthorization to advocates to participate in collaborations with health providers?
  - Restore cuts to DV/SA programs that serve victims


Other policy and practice
bridges to cross together

Informing the national conversation

Questions HRC gets regularly:

- How is ACA implementation going? Who is monitoring it?
- Do the Medicaid directors, insurers, insurance commissioners even know how to do this?
- How are providers being trained?
- Can advocates provide brief counseling?
- How will advocates be able to handle influx of referrals?
- How will this be integrated into electronic health records?
- How do we protect privacy?

We have tools to help answer some of these questions, but need to understand more from you all to learn what is happening in the field!

New Tools

- Talking points on Medicaid
- Questions to ask your Medicaid or Insurance Commission abou DV/IPV screening implementation
- ACA Marketplace 101
- Map of the state exchanges
- State based marketplace list
- Questions to ask insurers regarding implementation of the new DV/IPV screening requirements
- FAQ's about the new IPV/DV screening requirements
- Draft Privacy principles for documenting DV/IPV into electronic health records

www.healthcaresaboutipv.org/aca-resources

Next Steps for Advocacy

- Gather information and identify key players
  - Medicaid Director; Insurance Commissioner
  - Stakeholders and Partners
  - Insurers and Administrators
- Ask questions about how the benefits will be implemented.
- Offer yourself as a trusted resource; offer best practices for screening and brief counseling.

How do we keep a focus on patient centered comprehensive response?

- Review limits of confidentiality
- Visit specific assessments
- Address related health issue
- Harm reduction
- Supported referral
- Trauma informed reporting
- Documentation and privacy

Not Just Adding a Question on a Form

Multiple approaches to screening

- Validated assessment tools
- Adding questions to intake forms (electronic or written)
- Combined with verbal screen:
  - Setting specific
  - Integrated
  - Brochure based

Visit-Specific Patient Centered Assessment

Are you in an UNHEALTHY relationship?

Ask yourself:

- ✔ Does my partner mess with my birth control or try to get me pregnant when I don't want to be?
- ✔ Does my partner refuse to use condoms when I ask?
- ✔ Does my partner make me have sex when I don't want to?
- ✔ Does my partner tell me who I can talk to or where I can go?

If you answered *YES* to any of these questions, your health and safety may be in danger.

"I feel safe that the physician takes time into consideration to ask me about my relationship. The questions are very personal and not lots of people in our lives usually ask these questions. The card helps me better understand myself and the wellness of my relationship. Thank you"

Visit Specific Harm Reduction

- **Adolescent Health:** Anticipatory guidance on healthy relationships
- **Mental Health**: address connection between depression and abuse
- **Primary Care:** discuss healthy coping strategies to respond to lifetime exposure to abuse
- **Reproductive health**: alternate birth control, EC and safer partner notification
- **Urgent Care:** safety planning/lethality assessment

“Warm” referral to community agencies

If there are no onsite services:

“If you are comfortable with this idea I would like to call my coll
at the local program (fill in person's name) Jessica, she is re
an expert in what to do next and she can talk with you abou
supports for you and your children from her program…”

“There are national confidential hotline numbers and the peopl
work there really care and have helped thousands of wome
They are there 24/7 and can help you find local referrals toc
connect you by phone…”

Electronic Health Records

- Futures Without Violence has received some requests for support from individual developers to include prompts for screening and referrals.
- Each site is different so we are developing a memo of considerations for integration.
- What is happening in your sites?

Please type in chat box or contact us:

health@futureswithoutviolence.org

Privacy Principles: Electronic records

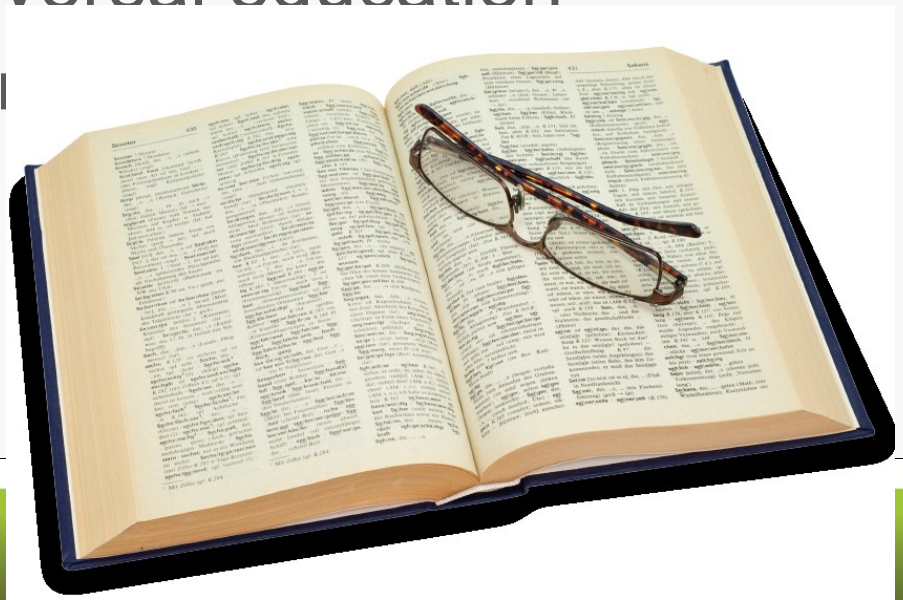
- Sensitive materials should be de-identified whenever possible.
- Individuals should have notice of how information is used and disclosed.
- Individuals have the to right access and review their own health information.
- Individuals should be given choices of how they would like to communicate
- All privacy and consents should follow the data and DV should be considered “sensitive” or protected
- Patients & Providers should have discretion to withhold the information when disclosure could harm the patient
- Strong enforceable penalties for violations of privacy

- Case examples of privacy violations?

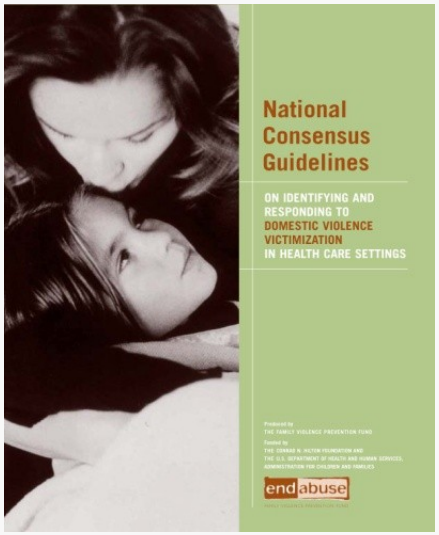
  (Please enter them in chat box)

What if I am in a state with mandatory reporting?

- See state by state report for your law
- Tools for training providers to disclose limits of confidentiality
- Trauma informed reporting
- Consider promoting universal education
  - see scripts and tools fro
- Work to adapt your law
  - see memo from HRC



How can the HRC help?



- Free patient and provider materials
- Technical assistance
- In person and web based training
- Model programs
- Systems reform and policy change

Survey

Have you viewed Futures Without Violence's IPV Screening Toolkit (www.healthcaresaboutipv.org)?

- ❑ Yes
- ❑ No

New Online Resource on Health and IPV

www.healthcaresaboutipv.org

Offers patient and provider educational tools and resources.

We look forward to learning with you!