



# **HOW COULD CHANGES TO MEDICAID IMPACT SURVIVORS OF INTIMATE PARTNER VIOLENCE?**

Wednesday, March 27<sup>th</sup>, 2019  
10 am PST/ 11 am MST/ 12 pm CST/ 1 pm EST

This webinar will be recorded, and features  
closed captioning.



# About Adobe Connect Technology

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- All participants are muted to minimize background interference.
- For comments and Q/A, please use the chat box window on the right.
- Q/A will be at the end and we have your submitted questions
- Tech challenges?  
Call Adobe Connect Support: 1-800-422-3623
- Slides and a link to the webinar recording will be emailed to all participants and uploaded to our webpage.



# Learning Objectives

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- Understand what the Medicaid program is and why it is a critical support for survivors of IPV
- Articulate federal and state policies that could impact survivors ability to enroll in—and keep—Medicaid
- Assess state policies that could be coming soon
- Engage in the community and state in supporting Medicaid



[With speaker Lena O'Rourke!](http://orourkestrategies.com/about/)  
<http://orourkestrategies.com/about/>



# Health Insurance=Critical for Survivors

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- Makes seeing a health care provider more affordable
- Helps coordinate care between all members of the care team
- Covers comprehensive benefits including the medical and behavioral health services survivors need
  - Most plans cover screening and brief counseling for DV/IPV



# Report Findings

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- 37% of survivors said that they stayed longer or returned to an abusive relationship because they were worried about being able to meet their own or their children’s medical needs without their partner’s insurance or financial help.
- “When trying to break free from an abuser, it may take us a long time to find our footing again. Without public assistance, this would not be possible.”
- “I cannot leave [my abusive partner] because I don’t have any benefits.”

## “We Would Have Had to Stay”

Survivors’ Economic Security and  
Access to Public Benefits Programs

November 2018

A joint report of



[https://vawnet.org/sites/default/files/assets/files/2018-11/NRCDV\\_PublicBenefits-WeWouldHaveHadToStay-Nov2018.pdf](https://vawnet.org/sites/default/files/assets/files/2018-11/NRCDV_PublicBenefits-WeWouldHaveHadToStay-Nov2018.pdf)

# Overview of Medicaid

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- A critically important source of health insurance for children and families
- Benefit package is designed to cover the needs of low-income children and adults
- Covers a range of services that survivors need, including prevention, treatment for health consequences of abuse, behavioral health, and two-generation supports



# Medicaid's Role in Coverage

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- Health insurance coverage for 1 in 5 Americans
- Majority of adult Medicaid beneficiaries are women
- Children account for more than 4 in 10 of all Medicaid enrollees
- Medicaid played a critical role in reducing rates of uninsurance in communities of color

<https://www.kff.org/womens-health-policy/fact-sheet/medicaids-role-for-women/>



# Medicaid Eligibility

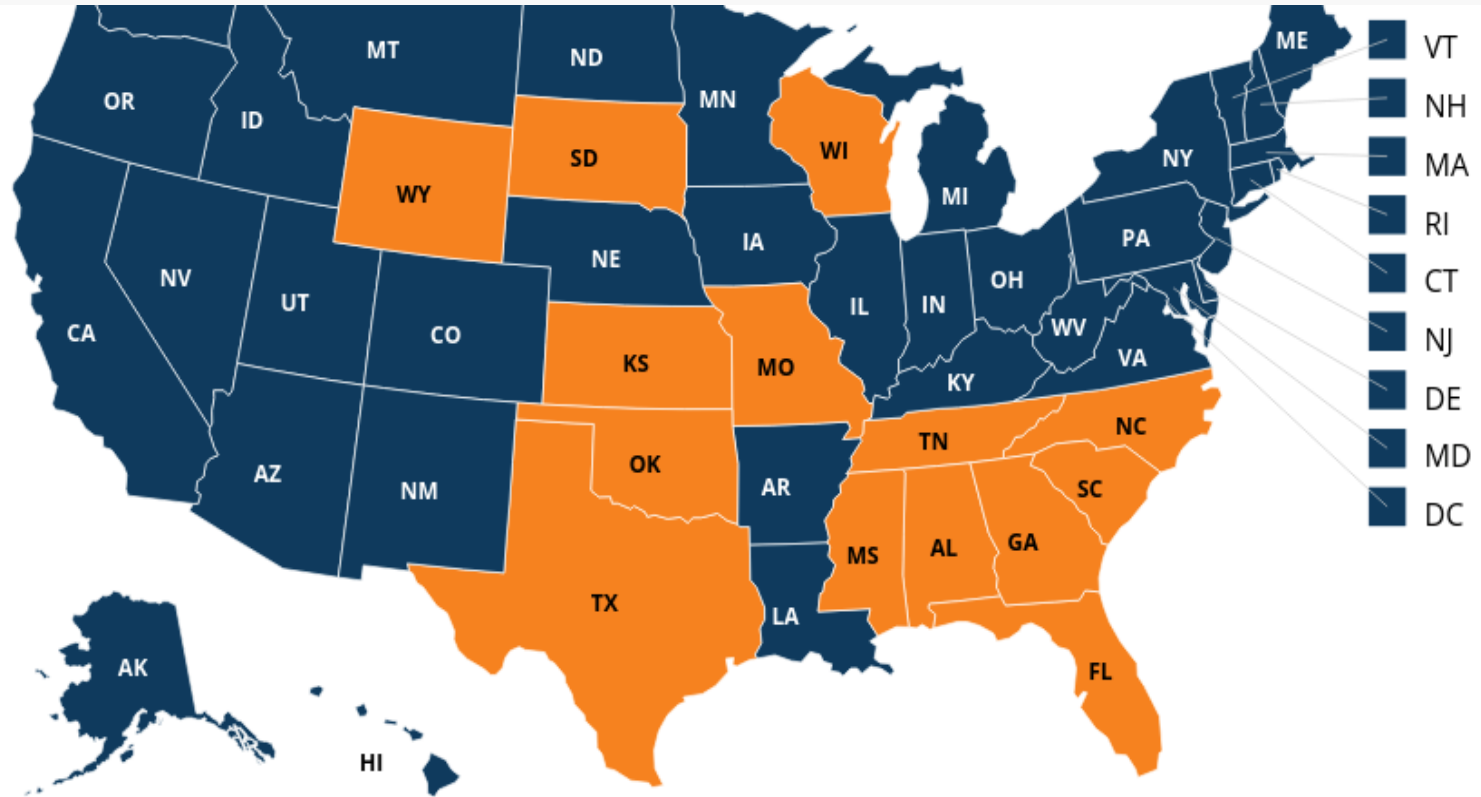
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- Every state's Medicaid eligibility is different
- The majority of states choose to cover adults and children at or below 138% of the poverty level through the "Medicaid Expansion"
  - For states that have not expanded Medicaid, the median eligibility for parents is 43% of the poverty level and other adults are *ineligible*
- Medicaid eligibility is for the *individual* based on household income and family size
- Eligible survivors can qualify for and enroll in Medicaid separately from their abusive partner



# Medicaid Expansion Decisions

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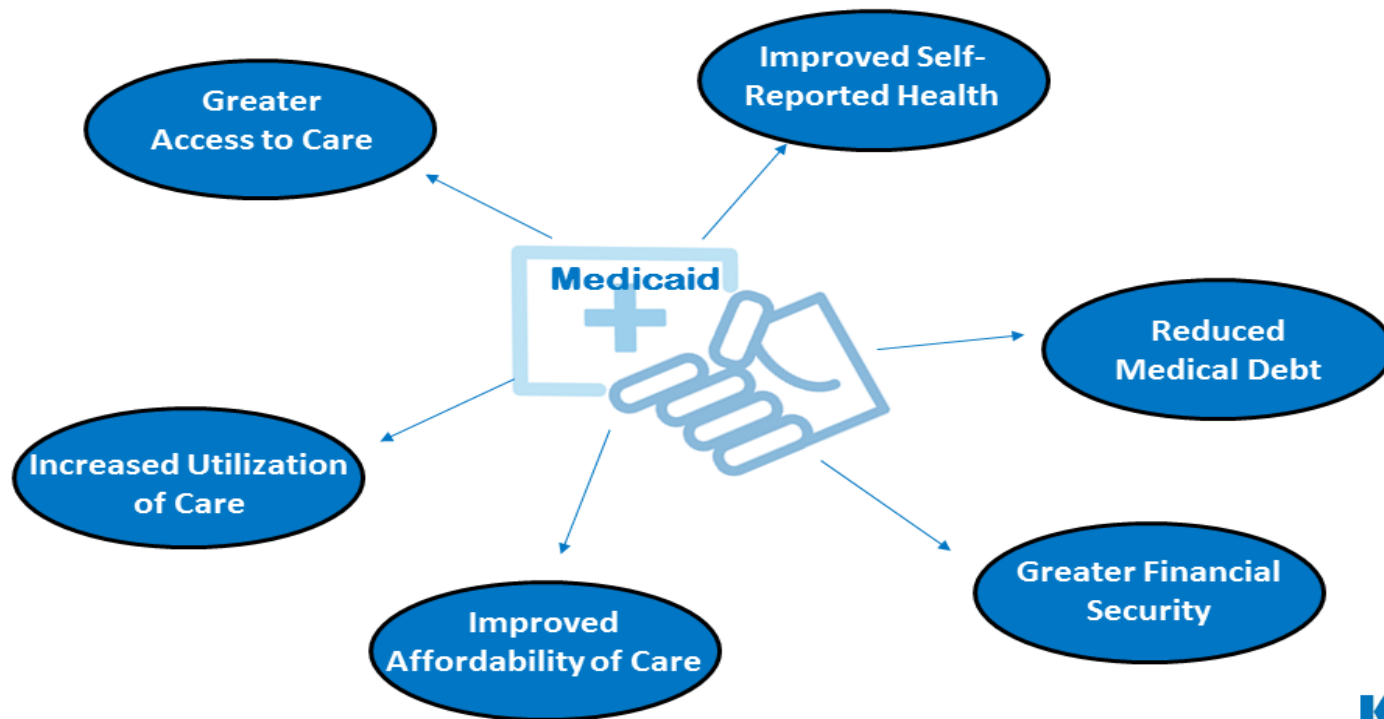


# Medicaid expansion works!

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Figure 4

Evidence of the impact of the Medicaid expansion is growing.



# Medicaid's Benefit Package

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- Medicaid provides a comprehensive benefit package including health *and* behavioral health services including:
  - Preventive care including screening and brief counseling for IPV
  - Prescription drugs
  - Counseling
  - Family planning
- Limits on out-of-pocket spending make accessing these services affordable
- Benefits vary from state-to-state



# Medicaid & Behavioral Health

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- Medicaid covers developmental and behavioral health screenings, assessment and treatment both covered children and adults
  - Offers mental health parity
  - ***Includes trauma-informed services***
  - The vast majority of states cover social-emotional screening with a specific tool
- To create a climate for raising healthy, resilient children, states can use Medicaid to serve caregivers' behavioral health for the benefit of the child



# Medicaid's Children's Benefit Package

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For children, the comprehensive benefit package is known as Early Periodic Screening Diagnosis and Treatment (EPSDT)



- EPSDT covers health and behavioral health care screenings and services
- EPSDT is important for children with disabilities or mental health needs because private coverage is often inadequate
- EPSDT can cover a services for children and caregivers together if for the benefit of the child—encourages two-generation supports



# Medicaid's Federal-State Partnership

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- Every state's Medicaid program is different
  - Federal government provides guidance and rules about eligibility and benefits
  - States make policy choices to tailor their program to support their population's health and well-being
- States have lots of tools available to make changes to their Medicaid program—but the federal government must approve the changes
- Each Presidential administration puts out guidance to Medicaid to promote certain priorities



# The President's FY20 budget:

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- Proposes billions of dollars of cuts to Medicaid and other programs to help low-income people buy health insurance
- Ends the Medicaid expansion
- Eliminates Medicaid's funding mechanism that provides stable funding to states—and converts Medicaid into a block grant
- Allows or requires states to impose new requirements on people receiving Medicaid—like more frequent redeterminations and mandatory work requirements
- Note: the President's proposed FY20 budget is not likely to move forward in Congress



# Impact on Medicaid

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If the President's FY20 budget advances:

- Deep cuts in federal Medicaid funding shifts health care costs to state budgets
- Huge policy changes that impose a significant new burden on people receiving Medicaid
- If proposals to advance, survivors would be at great risk of losing health insurance





# Work Requirements in Medicaid

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- New federal policies encourage states to add work requirements to certain individuals on Medicaid
- Individuals who are not participating in work-related activities (e.g., work; school; community service) for a specified number of hours per week will lose their Medicaid health insurance
- Failure to report and submit proof of working will cause people to lose their health insurance



# In the chat:

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- ? How could work requirements impact survivors' health?
- ? How could work requirements make someone more vulnerable to relationship violence?



# Who Is At Risk to Lose Medicaid?

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- Are not working or those who work jobs with inconsistent or seasonal hours
- ARE working but struggle with the paperwork burden of reporting work
- Struggle with mental health conditions or chronic conditions that cause interruptions at work
- Have child care emergencies, transportation struggles, have to move for safety reasons, or other challenges to keeping a regular work schedule
- States do grant exemptions (e.g., people with disabilities; students) but
  - Exemption process can be difficult to navigate
  - Meeting exemption criteria can be difficult leaving many at risk for losing coverage



# Impact of Work Requirements

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- Imposing work requirements as an eligibility-standard for Medicaid will result in millions of people nationally losing their health insurance, including many survivors.
- Nearly 2/3 of those at risk for losing health insurance due to work requirements are women.
  - Without Medicaid, survivors will find themselves with few if any options for health insurance—forcing them to delay or forgo needed care.



# Status of Work Requirements

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- 9 states have gotten federal approval to implement work requirements—with more pending
  - AR, KY, OH, AZ, IN, ME\*, MI, NH and WI
- The legality of Medicaid work requirements in AR and KY was heard in the U.S. District Court—with a decision expected later this month
- The Trump Administration budget would make work requirements mandatory for Medicaid



# Other Policies

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- Time limits
  - Limits on how long an individual may be on Medicaid. Individuals will lose their coverage after reaching the arbitrary time limit—without regards to their health or mental health needs
- Lock outs
  - Keep individuals from reenrolling after losing Medicaid due to failure to work, for failing to pay premiums, or failure to complete paperwork
- Eligibility redeterminations
  - Require individuals to submit a huge amount of paperwork on a regular basis to maintain their health insurance



# Get To Know Medicaid

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- Identify key staff in Medicaid Departments
- Ask questions about what the state already covers
- Describe case studies, information, impact
- Present data on unmet need, outcomes, return on investment
- Encourage cross-silo collaboration

<https://www.futureswithoutviolence.org/health/health-policy-and-enrollment/>



# Build a Case for Medicaid

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- Tell the story of the health impact of IPV and SA
- Show how Medicaid helps survivors get and afford the services they need
- Identify key services that are needed or underserved
- Use case studies to show why these interventions work
  - Identify the types of providers who, with training and support, can deliver services for survivors
  - Use data to show why investing in prevention, trauma-informed services and other supports for survivors makes sense





# Speak up!

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- Join other advocates
  - Health care advocates and coalitions
  - Health care providers
  - Education advocates
- Lift up the potential harm and tell the story
  - For example: work requirements will cause survivors to lose health insurance. Survivors need health care to heal and thrive—and to work. They experience many barriers to working—lack of access to health care shouldn't be one!



# Want to learn more?

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- [Threats to Medicaid Endangers Survivors' Access to Care](#)
- [Why Advocates Should Get to Know Their State Medicaid Director](#)
- [Addressing IPV as a Social Determinant of Health in Clinical Settings](#)
- [Health Care Policy and Payment Strategies to Improve Children's Trauma Services](#)
- [Advocates Guide for Partnering with Health Care: Models for Collaboration and Reimbursement](#) (Some parts are California specific)
- [Coding and Documentation for Domestic Violence](#)
- [Explanations of Benefits & Safeguarding Sensitive Health Information](#)



[Building Partnerships](#)[Prep Your Practice](#)[Provider Training](#)[Health Administration](#)

# Healthcare providers can intervene and prevent violence

[www.ipvhealth.org](http://www.ipvhealth.org) – for health systems and advocates  
[www.ipvhealthpartners.org](http://www.ipvhealthpartners.org) - for community health centers





<http://nchdv.org>

## **National Conference on Health and Domestic Violence**

**Pre-Conference Institutes: Tuesday, April 28th, 2020**  
**Two Day Conference: Wednesday-Thursday, April 29th-30th, 2020**  
*Hilton Chicago, Chicago, Illinois*

# FUTURES health resources:

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## Provides free technical assistance and tools including:

- Setting-specific and population-specific safety cards for adolescent, HIV, reproductive health, and more!
- Training curricula
- Clinical guidelines
- State reporting information
- Documentation tools
- Pregnancy wheels
- Posters

*For more information, please visit*

[www.futureswithoutviolence.org/health](http://www.futureswithoutviolence.org/health)

[health@futureswithoutviolence.org](mailto:health@futureswithoutviolence.org)



Questions?

