Why Advocates Should Get to Know Their Medicaid Directors

Your state's Medicaid Department can be an invaluable resource for domestic and interpersonal violence (DV/IPV) advocates. They make eligibility and coverage determinations for women and families across the state. What is more, they will play a key role in determining how your state will administer the Affordable Care Act's (ACA's) new screening and counseling for DV/IPV requirement. The Medicaid Department will also determine the rules by which licensed and non-licensed providers will be able to drawn down Medicaid money for providing key preventive services.

Medicaid provides medical insurance coverage for certain low-income people, including many women, children and seniors, and people with disabilities. It provides a comprehensive benefit package that includes certain acute, preventive, and long term care.

Beginning in 2014, the ACA will dramatically increase the number of people eligible for Medicaid. For states that choose to do so, Medicaid will be available to everyone who makes below a certain income threshold. This means that literally millions of people will become Medicaid eligible for the first time, including many who are currently uninsured.

As you've probably read in the paper, states have the option to expand their program beginning in 2014. More than half the states have already chosen to expand the Medicaid program to cover everyone below certain income levels.

Status of Medicaid expansion in some states (July, 2013)	
Supports an expansion	***Opposes an expansion***
DE; HI; MD; MI; MN; NV; OR; WA	ID; ME; PA* *still pending

These newly eligible beneficiaries will be guaranteed Medicaid coverage; and the coverage will include all of the federally required Essential Health Benefits. This means that all of the newly eligible beneficiaries will have access to screening and counseling for DV/IPV, which is explicitly included under the preventive health services as part of the Essential Health Benefits.

What is more, states have a real financial incentive to offer screening and counseling for DV/IPV and all of the preventive services recommended by the United States Preventive Services Task Force (USPSTF) – which as of early this year includes screening and counseling for DV/IPV. A state that covers all USPSTF services without cost-sharing is eligible for a bump in the share of total costs that the federal government pays (specifically, it's a 1% increase in the states' Federal Medical Assistant Percentages).

Medicaid is a federal/state partnership. The federal government sets minimum standards for eligibility as well as the services that must be covered. States have considerable latitude to shape their program to fit its unique populations and needs. Over the next several months—and before the start of the expansion in 2014—each state program will have to make key decisions implement provisions of the ACA. These decisions include some that will make the headlines: will they expand the program? Who exactly will get coverage? What will the federal government's role in the state be? These are big and highly politicized decisions.

There are, however, a number of very important decisions that the state will also have to make that won't be picked up by the newspapers but will directly impact who can access services, such as screening and counseling for DV/IPV, as well as who can be reimbursed for providing these services.

Some of the many decisions facing states include:

- Will your state decide to draw down 1% more federal funds by offering all preventive health services recommended by the USPSTF with no cost sharing?
- How will the state implement the new screening and brief counseling for DV/IPV? The federal government has provided some guidance. The state is able to provide to plans more definition of how it should be implemented.
- States will soon be able to choose to reimburse non-licensed providers to administer preventive services *recommended* by a licensed provider under the scope of state law. Will DV/IPV advocates be able to draw down Medicaid reimbursement for screening or brief counseling if a provider recommends those services?

All of these decisions will have a profound impact on the number of women who are able access these critical services—but absent a strong push by local groups, states will not likely act quickly. There is a strong role for advocacy at every level, and in conjunction with state coalitions.

What to do next:

- Check if you already have relationships in the Medicaid Department. It is important to note that in some states, Medicaid is called something different—so don't be surprised if you already know someone there. Also, the Medicaid department could be housed in Health and Human Services; Welfare Services; or in the Health Department; each state does it differently.

Examples of Medicaid Program Names	
DE: Medicaid	MN: Medicaid/Minnesota Care
HI: QUEST/Medicaid fee-for-service	NV: Medicaid
ID: Medicaid	OR: Oregon Health Plan
MD: Maryland Medicaid	PA: Medicaid
ME: MaineCare	WA: Medicaid/Apple Health
MI: Medicaid/HealthyKids	

- Ask the questions listed in the bullets above.
- Offer resources to help implement the new guidelines.
- Discuss the opportunity to fund DV advocates as members of the care team.

The National Health Resource Center on Domestic Violence (HRC) is the nation's clearinghouse for information on the health care response to domestic violence and provides free technical assistance and materials. The HRC is funded by a grant from the Family Violence Prevention & Services Program, Family & Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. For more information, please visit www.futureswithoutviolence.org/health or contact health@futureswithoutviolence.org or 415-678-5500.