Innovative Service Delivery Strategies:

Medicaid Coverage for DV Screening

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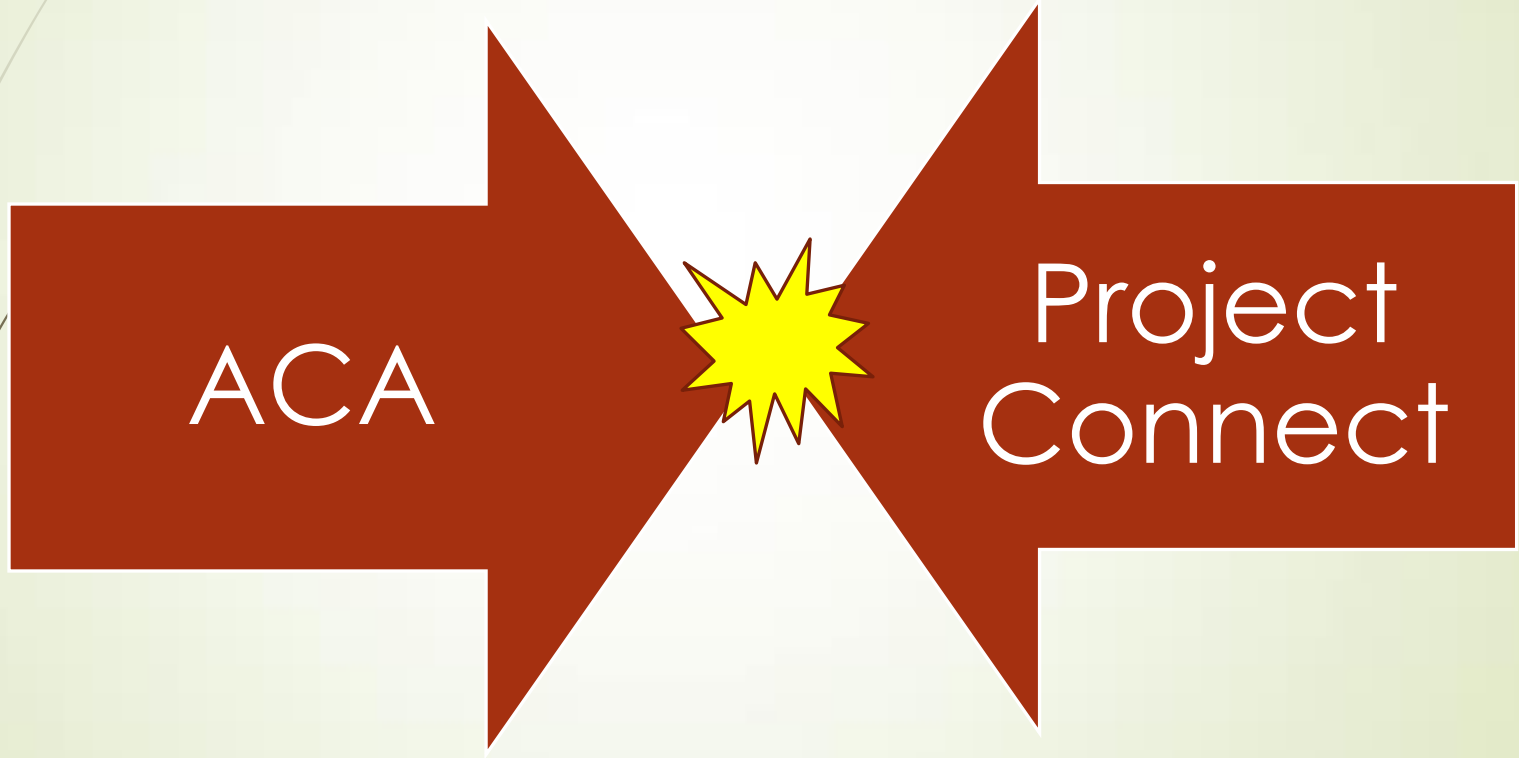
Iowa Department of Public Health

Session Objectives

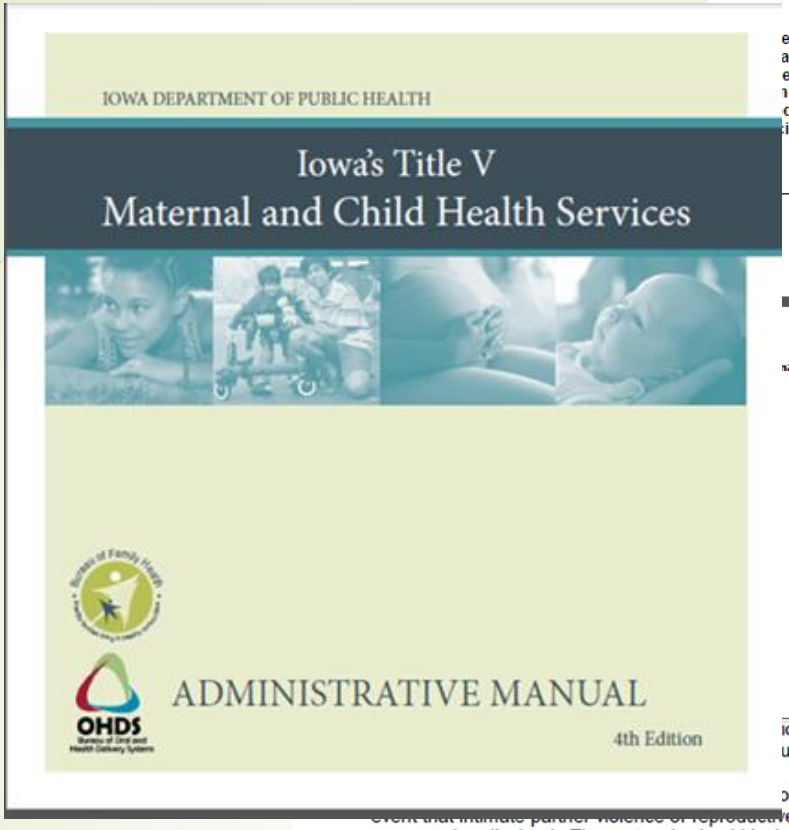
- Identify one strategy to reimburse domestic violence screening under provisions of the Affordable Care Act
- Discuss challenges associated with implementing the screening and payment
- Describe training resources available to public health professionals to help them address domestic violence in clinic settings

The Landscape

Two converging opportunities…



- Participation resulted in these accomplishments:
  - **1,100** public health providers trained
  - **10** community clinics prepared in Project Connect model with a potential reach of **70,000** patients
  - Strengthened partnerships between DV & SA Coalitions and state public health programs
- Embedded screening and universal education in Title V, Title X and teen pregnancy prevention programs
- Amended Iowa's Title V Administrative manual include IPV and RC screening as a recommended practice



The social worker may provide a home visit if the need is identified.

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Maternal health contract agencies are encouraged to adopt the *Reproductive Health and Partner Violence Guidelines: An Integrated Response to Intimate Partner Violence and Reproductive Coercion* as best practice for education, referral and training. These guidelines were produced by Futures Without Violence and were funded through the Administration for Children and Families and the Office on Women's Health, U.S. Department of Health and Human Services. The document is available on the federal website at

www.futureswithoutviolence.org/userfiles/file/HealthCare/Repro_Guide.pdf

Intimate partner violence is a pattern of assaultive and coercive behaviors in same sex or heterosexual relationships, that may include inflicted physical injury, psychological abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation and threats. These behaviors are perpetrated by someone who is, was or wishes to be involved in an intimate or dating relationship with an adult or adolescent and are aimed at establishing control by one partner over the other.

Reproductive coercion involves behaviors that a partner uses to maintain power and control in a relationship related to reproductive health. Examples of reproductive coercion include:

- Explicit attempts to impregnate a female partner against her will
- Controlling the outcomes of a pregnancy

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ols in place in the
e coercion is
suspected or divulged. The protocols should include the following:

- Discuss the suspicion with the provider's supervisor
- Call the Human Trafficking Hotline at 1-888-373-7888
- Follow mandatory reporting protocols for victims of child abuse
- Follow existing protocols for victims of domestic violence or crime
- Provide options for the victim
- Explain reporting obligations

Authorities may only be notified with permission from the victim. To ensure permission is given, the call should be made in the presence of the victim.

Training on intimate partner violence and reproductive coercion is encouraged for all clinic staff members that have contact with clients. Training by staff from domestic violence and sexual assault programs is recommended.

Appendix A19 of this manual contains resources for MCH contract

- Domestic Violence screening was included in the ACA provisions for routine preventive care
- IDPH made the case to the Iowa Medicaid program to include DV screening in its package of services
- The Children's Medicaid director invited input on screening tools (2012)
- IDPH Project Connect staff conducted research on evidence-based tools

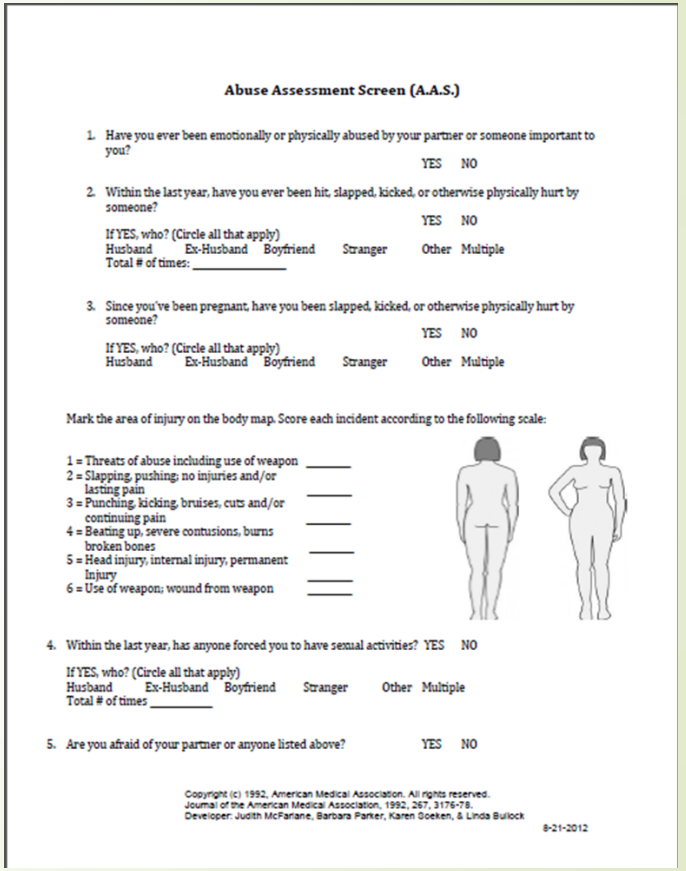
- **Spring 2013** -

  Abuse Assessment Screen selected

- **Fall 2013** – Initial training for Title V Providers offered

- **Jan 2014** – Billing (CPT Code 99420) available in Children's Medicaid

- **Apr 2014** – Additional training offered



Abuse Assessment Screen (A.A.S.)

1. Have you ever been emotionally or physically abused by your partner or someone important to you?
   YES NO
2. Within the last year, have you ever been hit, slapped, kicked, or otherwise physically hurt by someone?
   YES NO
   If YES, who? (Circle all that apply)
   Husband Ex-Husband Boyfriend Stranger Other Multiple
   Total # of times: _____
3. Since you've been pregnant, have you been slapped, kicked, or otherwise physically hurt by someone?
   YES NO
   If YES, who? (Circle all that apply)
   Husband Ex-Husband Boyfriend Stranger Other Multiple

Mark the area of injury on the body map. Score each incident according to the following scale:

1 = Threats of abuse including use of weapon _____
2 = Slapping, pushing; no injuries and/or lasting pain _____
3 = Punching, kicking, bruises, cuts and/or continuing pain _____
4 = Beating up, severe contusions, burns broken bones _____
5 = Head injury, internal injury, permanent injury _____
6 = Use of weapon; wound from weapon _____

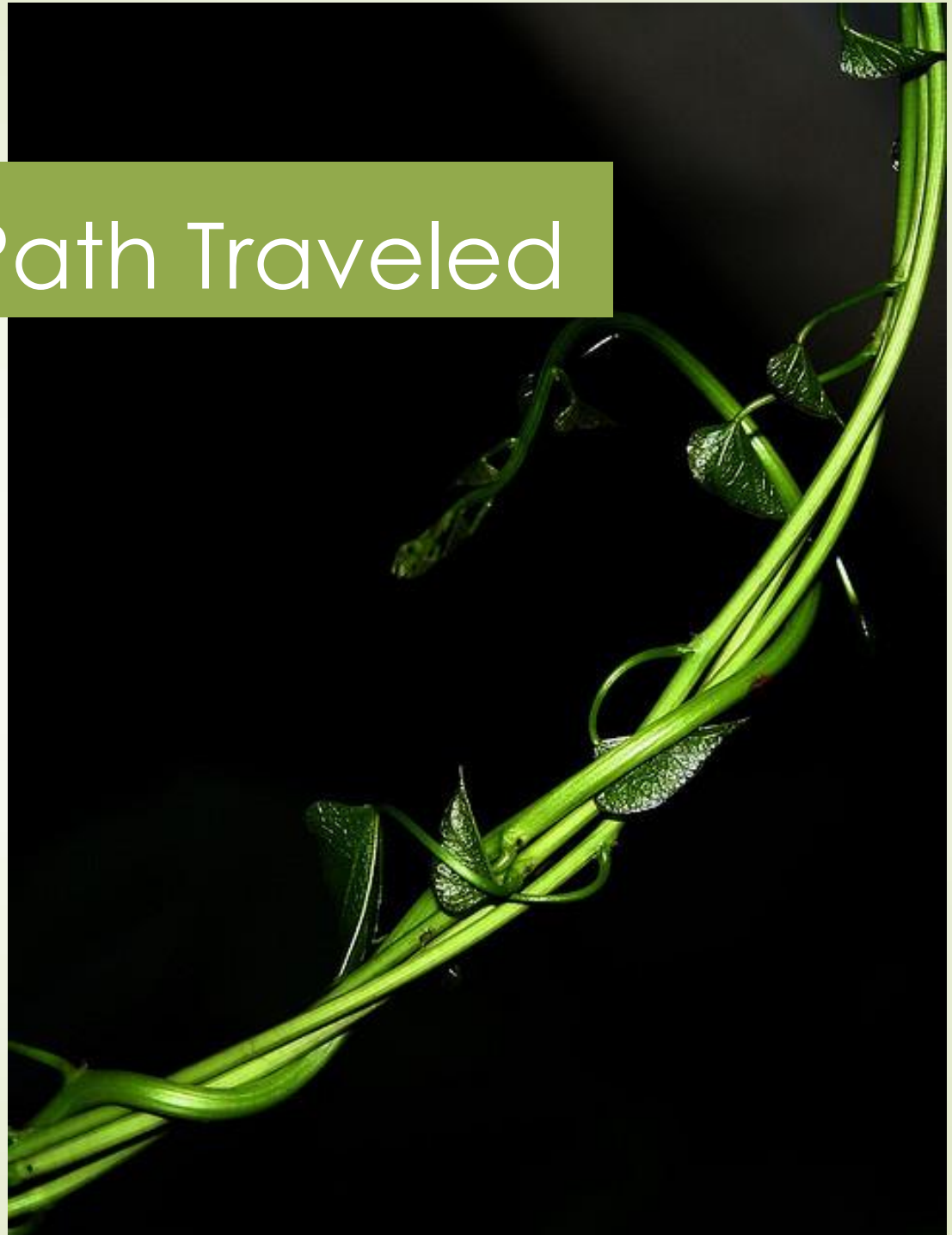
4. Within the last year, has anyone forced you to have sexual activities? YES NO
   If YES, who? (Circle all that apply)
   Husband Ex-Husband Boyfriend Stranger Other Multiple
   Total # of times _____
5. Are you afraid of your partner or anyone listed above? YES NO

Journal of the American Medical Association, 1992, 267, 3176-78.
Developer: Judith McFarlane, Barbara Parker, Karen Soeken, & Linda Bullock
8-21-2012

Those covered:

- Mothers or caregivers of Medicaid enrolled children seen at child health appointments
- Adolescents in dating relationships seen in child or maternal health appointments
- Pregnant women in the maternal health program

The Path Traveled

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Promoting and Protecting the Health of Iowans
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A-Z Index
What We Do
News
Calendar
Employment
Definitions
Contact Us
Take Our Survey
County Public Health Contacts
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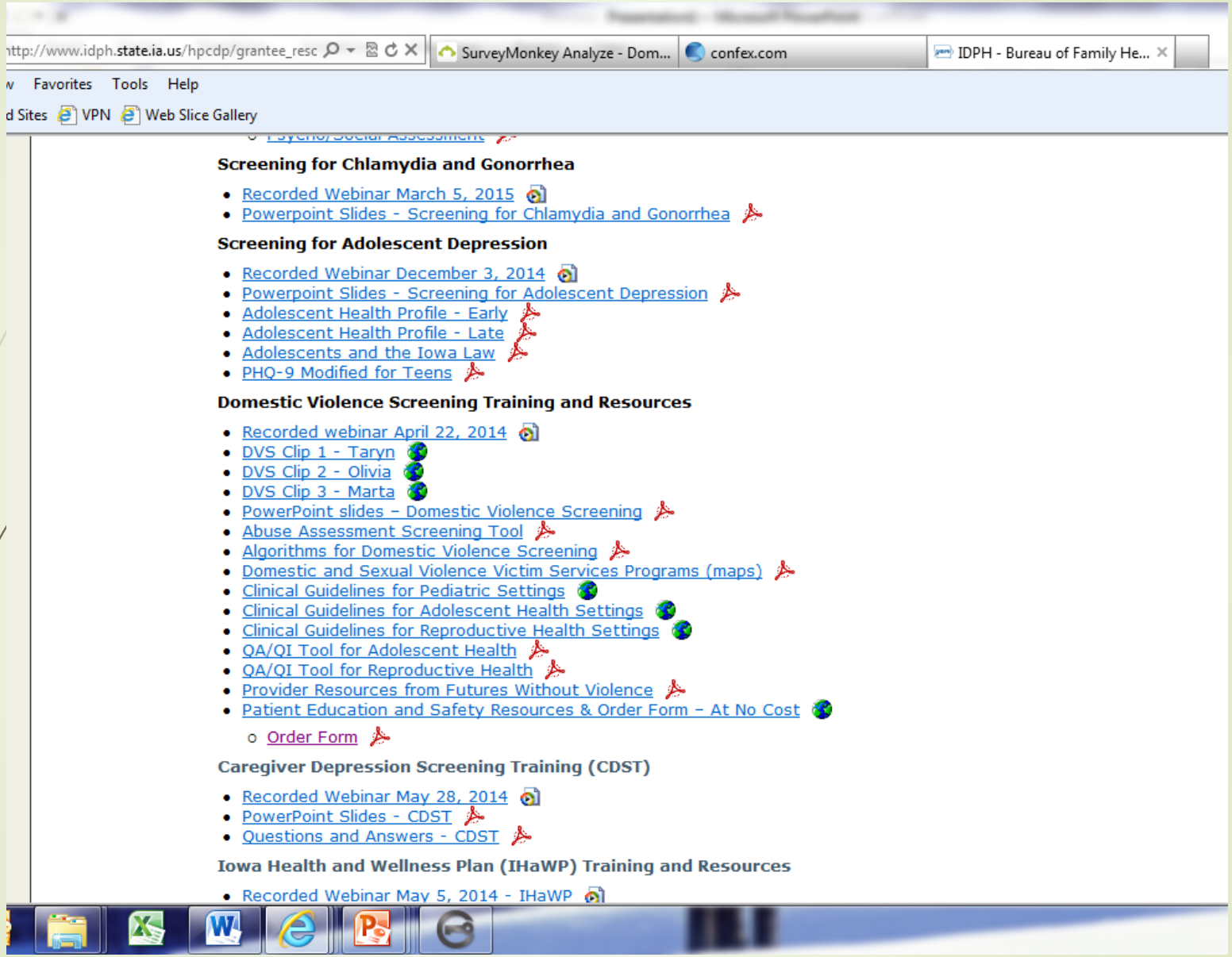
twitter
Bureau of Family Health
Healthy families living in healthy communities
Home | Locations | Publications | Resources for Grantees | Contact
Newborn & Infant Health
Family Support
Child/Adolescent Health
Resources for Bureau of Family Health Grantees
Program management:
Project Management Tools - These tools are provided to assist agencies in carrying out the requirements of the Maternal and Child Health services contracts with the Iowa Department of Public Health. The project management tools are located on a password-protected Web site.
Grantee Newsletter:
Obtain a copy of The Update
Current Update
Update Archives
Manuals/Handbooks:
Maternal and Child Health Administrative Manual
This manual has been developed as a guide and reference for implementation of the Maternal and Child Health services contract with the Iowa Department of Public Health. However, the manual may be helpful to others interested in systems development or other maternal and child health activities.
Click here to view the manual (4th Edition)
Child and Adolescent Reporting System (CAReS) and Women's Health Information System Manuals
The user's manual for the Child and Adolescent Reporting System (CAReS) and the Women's Health Information System have been developed as guides for data entry as required by the Maternal and Child Health services contract with the Iowa Department of Public Health. The CAReS manual is 3MB in size and may take a few minutes to open. The manuals can be saved on the local computer without opening by 'right clicking' on the link and selecting 'save target as' from the pop-up menu.
Child and Adolescent Reporting System Manual
9:38 AM
3/18/2015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IDPH - Bureau of Family He...
Favorites
Tools
Help
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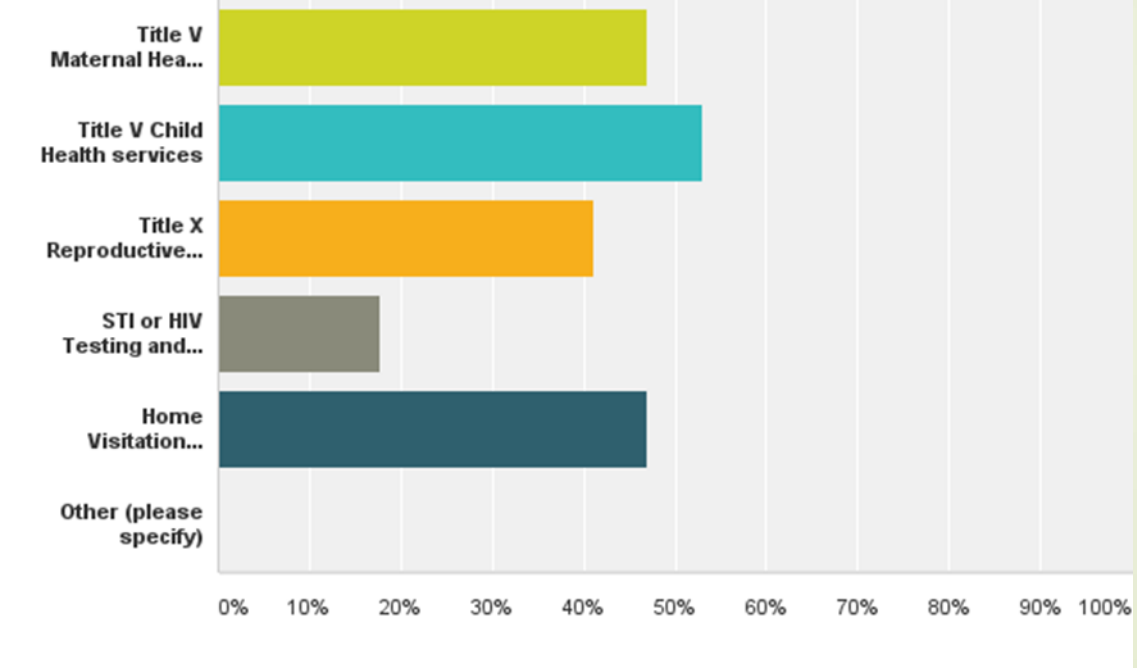
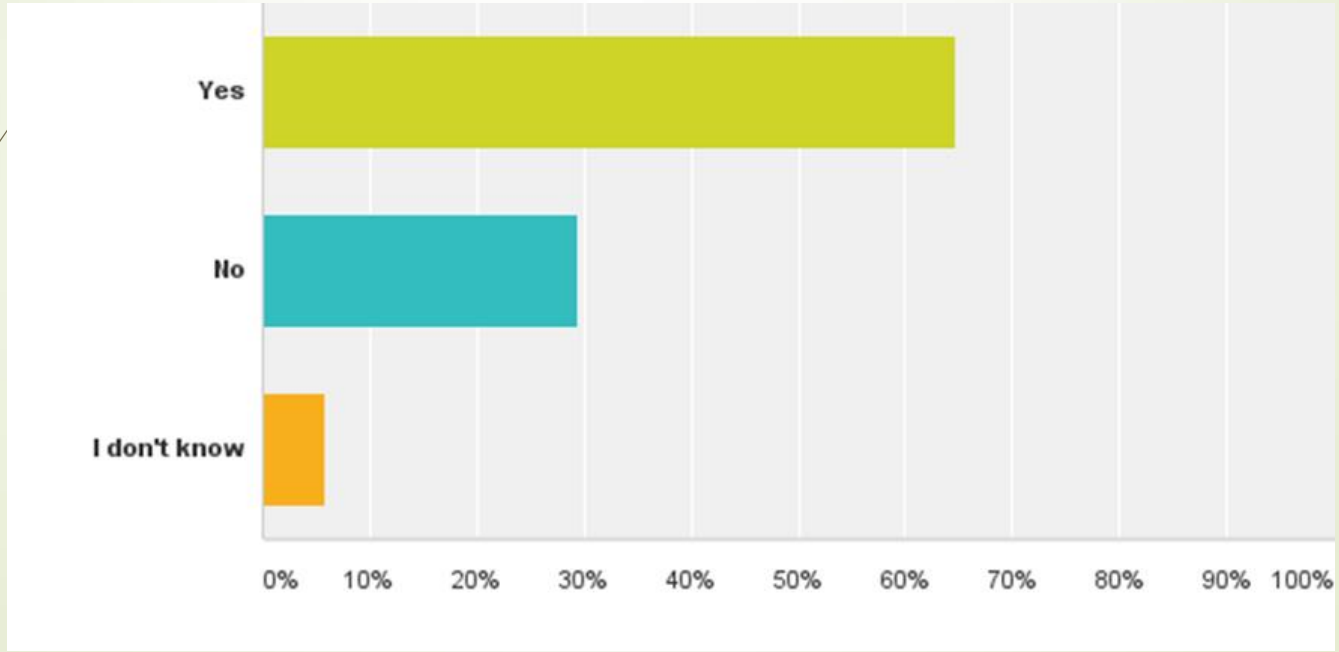
VPN
Web Slice Gallery
Screening for Chlamydia and Gonorrhea
Recorded Webinar March 5, 2015
Powerpoint Slides - Screening for Chlamydia and Gonorrhea
Screening for Adolescent Depression
Recorded Webinar December 3, 2014
Powerpoint Slides - Screening for Adolescent Depression
Adolescent Health Profile - Early
Adolescent Health Profile - Late
Adolescents and the Iowa Law
PHQ-9 Modified for Teens
Domestic Violence Screening Training and Resources
Recorded webinar April 22, 2014
DVS Clip 1 - Taryn
DVS Clip 2 - Olivia
DVS Clip 3 - Marta
PowerPoint slides – Domestic Violence Screening
Abuse Assessment Screening Tool
Algorithms for Domestic Violence Screening
Domestic and Sexual Violence Victim Services Programs (maps)
Clinical Guidelines for Pediatric Settings
Clinical Guidelines for Adolescent Health Settings
Clinical Guidelines for Reproductive Health Settings
QA/QI Tool for Adolescent Health
QA/QI Tool for Reproductive Health
Provider Resources from Futures Without Violence
Patient Education and Safety Resources & Order Form – At No Cost
Order Form
Caregiver Depression Screening Training (CDST)
Recorded Webinar May 28, 2014
PowerPoint Slides - CDST
Questions and Answers - CDST
Iowa Health and Wellness Plan (IHaWP) Training and Resources
Recorded Webinar May 5, 2014 - IHaWP

Resources available free from IDPH

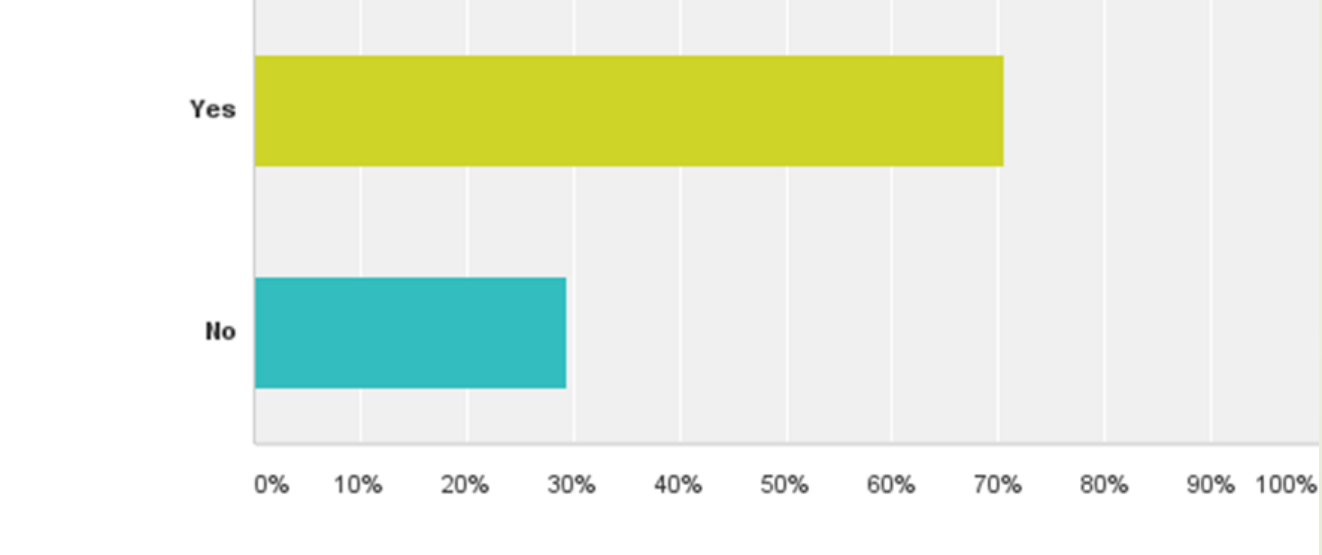
Survey of Domestic Violence Screening in Public Health Clinics/Programs - **February 2015**



Does your clinic have a policy on DV screening?



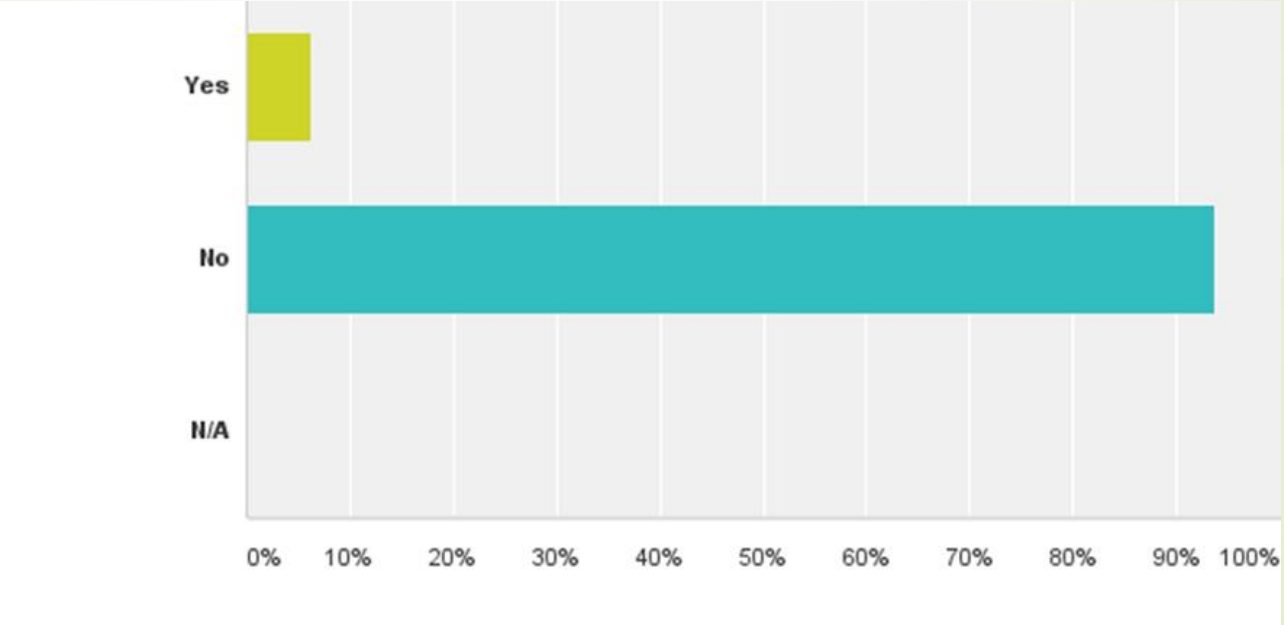
Have you done training for clinic staff?



Who are you screening & how frequently are you doing it?

	Annually	At every visit	When abuse is suspected	Other	Total Respondents
Adolescents and women seen in the Title X Program	**37.50%** 3	**62.50%** 5	**12.50%** 1	**12.50%** 1	8
Pregnant or Post-partum women seen in the Maternal Health Program	**11.11%** 1	**44.44%** 4	**11.11%** 1	**44.44%** 4	9
Adolescents seen in the Child or Maternal Health Program	**28.57%** 2	**28.57%** 2	**28.57%** 2	**28.57%** 2	7
Caregivers of children seen in the Child Health Program	**16.67%** 1	**33.33%** 2	**16.67%** 1	**33.33%** 2	6
Women seen in the Home Visitation Program	**14.29%** 1	**42.86%** 3	**0.00%** 0	**42.86%** 3	7
Men seen in any of these programs	**42.86%** 3	**28.57%** 2	**14.29%** 1	**14.29%** 1	7
Other	**100.00%** 1	**0.00%** 0	**0.00%** 0	**0.00%** 0	1

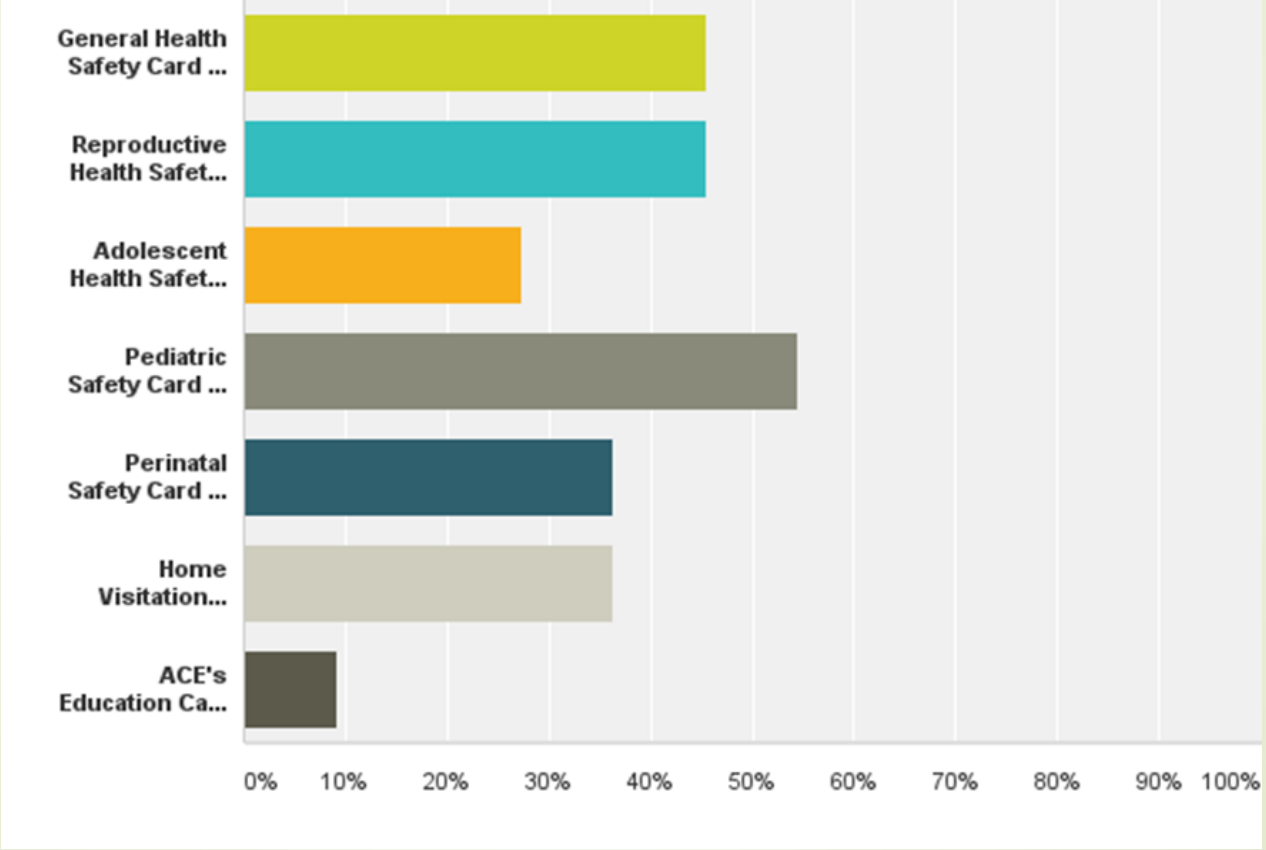
Are you billing for doing the screening?



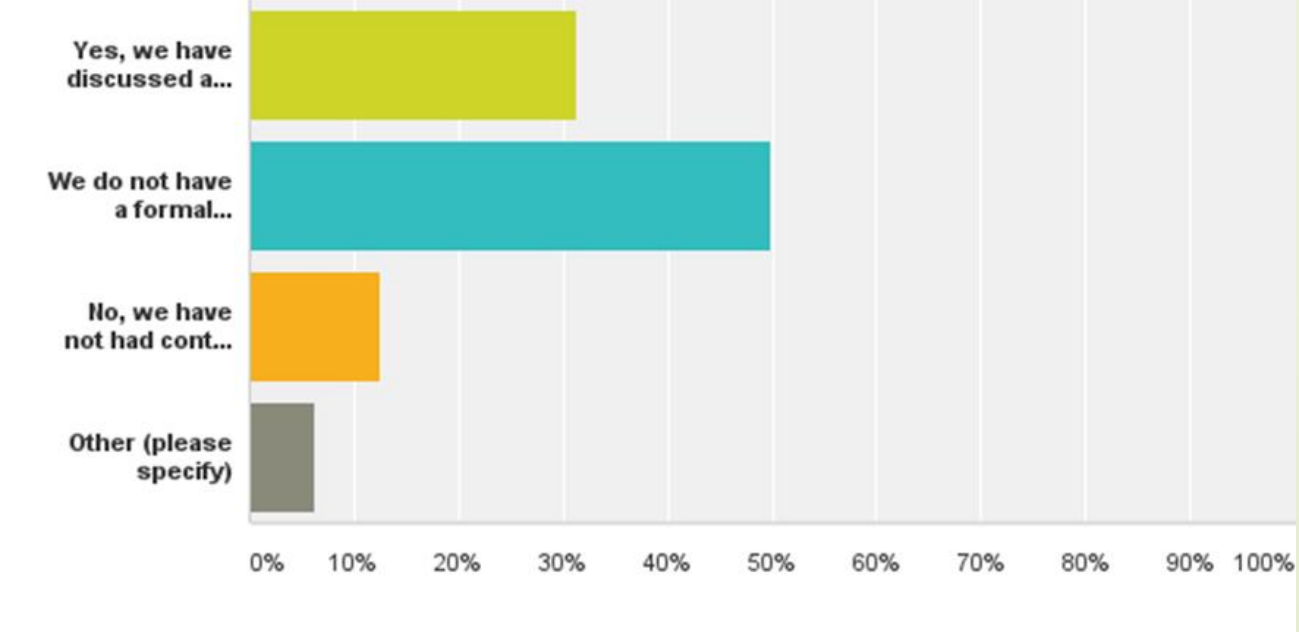
Reasons for not billing…

- Since we typically do not do these screenings independently, we cannot bill for them if done with a direct service
- We provide the screening under "psychosocial services" code
- Medicaid will not pay for maternal clients if a prenatal risk assessment is provided on the same day.
- Typically this screen is completed as part of the H0046 time

Are you using any of the following education/safety cards developed by Futures:



Do you have a formal referral process w/DV or SV advocates?



Looking Ahead…

Additional areas of training needed:

	Webinar	In-person training	Educational video clips	Written guidance	Total Respondents
Establishing a policy on screening	**50.00%** 6	**16.67%** 2	**0.00%** 0	**41.67%** 5	12
Using a screening tool	**61.54%** 8	**30.77%** 4	**0.00%** 0	**23.08%** 3	13
Using an educational intervention card	**60.00%** 6	**40.00%** 4	**0.00%** 0	**20.00%** 2	10
How to respond when a client/patient screens positively	**75.00%** 9	**33.33%** 4	**0.00%** 0	**8.33%** 1	12
Assessing for safety	**81.82%** 9	**27.27%** 3	**9.09%** 1	**18.18%** 2	11
Referring to domestic violence service providers	**50.00%** 6	**25.00%** 3	**0.00%** 0	**33.33%** 4	12
Knowing when to report to child protective services or law enforcement	**76.92%** 10	**23.08%** 3	**0.00%** 0	**23.08%** 3	13

Other comments

- "We are concerned about patient privacy. Our clinical spaces are often fairly open and we have some discomfort about providing high-quality care that is most helpful to our clientele."

- "We are not trained in screening, but we do ask and assess the patient for DV. We do communicate with our local DV advocates and personnel."

- "We are always very aware of this very important issue with all ages etc. This is truly a major concern in our area...."

Challenges and opportunities

- Just because we change a policy, doesn't mean the work is done
- Need to provide guidance on billing for DV screening
- Ongoing TA for QA/QI
- Better promotion of resources
- Increased engagement of DV/SV advocacy programs

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