Innovative Service Delivery Strategies:

Medicaid Coverage for DV Screening

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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…

ACA

Project Connect
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
Intimate partner violence is a pattern of assaulting 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 use of contraceptive methods
- Engaging in non-consensual sexual activity
- Threatening to cause harm to the female partner or her family
- Harassing the female partner to prevent attendance at medical appointments
- Refusing to provide financial support for reproductive health care
- Refusing to provide transportation to medical appointments
- Refusing to provide child care
- Refusing to provide food or shelter
- Refusing to provide a place to live

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
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
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
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 29, 2014
- Powerpoint Slides - CDST
- Questions and Answers - CDST

Iowa Health and Wellness Plan (IHWWP) Training and Resources
- Recorded Webinar May 5, 2014 - IHWWP
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?

<table>
<thead>
<tr>
<th></th>
<th>Annually</th>
<th>At every visit</th>
<th>When abuse is suspected</th>
<th>Other</th>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents and women seen in the Title X Program</td>
<td>37.50%</td>
<td>62.50%</td>
<td>12.50%</td>
<td>12.50%</td>
<td>8</td>
</tr>
<tr>
<td>Pregnant or Post-partum women seen in the Maternal Health Program</td>
<td>11.11%</td>
<td>44.44%</td>
<td>11.11%</td>
<td>44.44%</td>
<td>9</td>
</tr>
<tr>
<td>Adolescents seen in the Child or Maternal Health Program</td>
<td>28.57%</td>
<td>28.57%</td>
<td>28.57%</td>
<td>28.57%</td>
<td>7</td>
</tr>
<tr>
<td>Caregivers of children seen in the Child Health Program</td>
<td>16.67%</td>
<td>33.33%</td>
<td>16.67%</td>
<td>33.33%</td>
<td>6</td>
</tr>
<tr>
<td>Women seen in the Home Visitation Program</td>
<td>14.29%</td>
<td>42.86%</td>
<td>0.00%</td>
<td>42.86%</td>
<td>7</td>
</tr>
<tr>
<td>Men seen in any of these programs</td>
<td>42.86%</td>
<td>28.57%</td>
<td>14.29%</td>
<td>14.29%</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>100.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>1</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Area</th>
<th>Webinar</th>
<th>In-person training</th>
<th>Educational video clips</th>
<th>Written guidance</th>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishing a policy on screening</td>
<td>50.00%</td>
<td>16.67%</td>
<td>0.00%</td>
<td>41.67%</td>
<td>12</td>
</tr>
<tr>
<td>Using a screening tool</td>
<td>61.54%</td>
<td>30.77%</td>
<td>0.00%</td>
<td>23.08%</td>
<td>13</td>
</tr>
<tr>
<td>Using an educational intervention card</td>
<td>60.00%</td>
<td>40.00%</td>
<td>0.00%</td>
<td>20.00%</td>
<td>10</td>
</tr>
<tr>
<td>How to respond when a client/patient screens positively</td>
<td>75.00%</td>
<td>33.33%</td>
<td>0.00%</td>
<td>8.33%</td>
<td>12</td>
</tr>
<tr>
<td>Assessing for safety</td>
<td>81.82%</td>
<td>27.27%</td>
<td>9.09%</td>
<td>18.18%</td>
<td>11</td>
</tr>
<tr>
<td>Referring to domestic violence service providers</td>
<td>50.00%</td>
<td>25.00%</td>
<td>0.00%</td>
<td>33.33%</td>
<td>12</td>
</tr>
<tr>
<td>Knowing when to report to child protective services or law enforcement</td>
<td>76.92%</td>
<td>23.08%</td>
<td>0.00%</td>
<td>23.08%</td>
<td>13</td>
</tr>
</tbody>
</table>
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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