



House of Representatives

General Assembly

File No. 427

January Session, 2021

Substitute House Bill No. 5677

House of Representatives, April 14, 2021

The Committee on Public Health reported through REP. STEINBERG of the 136th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE AVAILABILITY OF COMMUNITY VIOLENCE PREVENTION SERVICES UNDER MEDICAID.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2021*) (a) As used in this section:

2 (1) "Community violence" means intentional acts of interpersonal
3 violence committed by individuals who are not intimately related to the
4 victim.

5 (2) "Community violence prevention services" means evidence-
6 based, trauma-informed, supportive and nonpsychotherapeutic
7 services provided by a qualified violence prevention professional,
8 within or outside of a clinical setting, for the purpose of promoting
9 improved health outcomes and positive behavioral change, preventing
10 injury recidivism and reducing the likelihood that individuals who are
11 victims of community violence will commit or promote violence
12 themselves. "Community violence prevention services" may include the
13 provision of peer support and counseling, mentorship, conflict

14 mediation, crisis intervention, targeted case management, referrals to
15 certified or licensed health care professionals or social services
16 providers, patient education or screening services to victims of
17 community violence.

18 (3) "Prevention professional" has the same meaning as described by
19 the National Uniform Claim Committee (NUCC), or its successor, under
20 NUCC Code Number 405300000X.

21 (4) "Qualified violence prevention professional" means a prevention
22 professional who meets all of the conditions specified in subsection (c)
23 of this section.

24 (b) (1) On or before July 1, 2022, the Commissioner of Social Services,
25 in consultation with the Commissioner of Public Health, shall amend
26 the Medicaid state plan to make community violence prevention
27 services available, to the extent permitted by federal law, to any
28 Medicaid beneficiary who has: (A) Received medical treatment for an
29 injury sustained as a result of an act of community violence, and (B) been
30 referred by a certified or licensed health care provider or social services
31 provider to receive community violence prevention services from a
32 qualified violence prevention professional, after such provider
33 determines such beneficiary to be at elevated risk of a violent injury or
34 retaliation resulting from another act of community violence.

35 (2) The Commissioner of Social Services shall seek any federal
36 approvals necessary to implement this section, including, but not
37 limited to, any state plan amendments or federal waivers by the federal
38 Centers for Medicare and Medicaid Services. This subsection shall be
39 implemented only to the extent that federal financial participation is
40 available, and any necessary federal approvals have been obtained.

41 (c) Any prevention professional seeking certification as a qualified
42 violence prevention professional shall:

43 (1) Complete at least six months of full-time equivalent experience in
44 providing community violence prevention services through

45 employment, volunteer work or as part of an internship experience;

46 (2) Complete an accredited training and certification program for
47 qualified violence prevention professionals, approved in accordance
48 with subsection (d) of this section, or be certified as a violence
49 prevention professional by the Health Alliance for Violence
50 Intervention prior to October 1, 2021;

51 (3) Complete annually at least four hours of continuing education,
52 offered by the Health Alliance for Violence Intervention or any other
53 provider approved by the Commissioner of Public Health, in the field
54 of community violence prevention services; and

55 (4) Satisfy any other requirements established by the Commissioner
56 of Public Health for certification as a qualified violence prevention
57 professional.

58 (d) On or before January 1, 2022, the Department of Public Health
59 shall approve at least one governmental or nongovernmental
60 accrediting body with expertise in community violence prevention
61 services to review and approve training and certification programs for
62 qualified violence prevention professionals. The accrediting body shall
63 approve programs that such body determines, in its discretion, will
64 adequately prepare individuals to provide community violence
65 prevention services to individuals who are victims of community
66 violence. Such programs shall include at least thirty-five hours of
67 training, collectively addressing all of the following:

68 (1) The profound effects of trauma and violence and the basics of
69 trauma-informed care;

70 (2) Community violence prevention strategies, including, but not
71 limited to, conflict mediation and retaliation prevention related to
72 community violence;

73 (3) Case management and advocacy practices; and

74 (4) Patient privacy and the federal Health Insurance Portability and

75 Accountability Act of 1996, P.L. 104-191, as amended from time to time,
76 (HIPAA).

77 (e) Any entity that employs or contracts with a qualified violence
78 prevention professional to provide community violence prevention
79 services shall:

80 (1) Maintain documentation that the qualified violence prevention
81 professional has met all of the conditions described in subsection (c) of
82 this section; and

83 (2) Ensure that the qualified violence prevention professional is
84 providing community violence prevention services in compliance with
85 any applicable standards of care, rules, regulations and governing law
86 of the state or federal government.

87 (f) Nothing in this section shall alter the scope of practice for any
88 health care professional or authorize the delivery of health care services
89 in a setting or in a manner that is not currently authorized.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2021	New section

Statement of Legislative Commissioners:

In Section 1(a)(2) and Section 1(a)(3) the definitions of "Community violence prevention services" and "Prevention professional" were redrafted for clarity and consistency with standard drafting conventions.

PH Joint Favorable Subst. -LCO

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 22 \$	FY 23 \$
Social Services, Dept.	GF - Cost	See Below	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a cost to the Department of Social Services (DSS) associated with establishing Medicaid coverage for community violence prevention services for certain Medicaid beneficiaries. The extent of the cost is dependent on the utilization of such services by eligible individuals and the associated rate.

The bill requires DSS to begin coverage no later than July 1, 2022.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to Medicaid rates for community violence prevention services and utilization of such services.

OLR Bill Analysis

sHB 5677

AN ACT CONCERNING THE AVAILABILITY OF COMMUNITY VIOLENCE PREVENTION SERVICES UNDER MEDICAID.

SUMMARY

This bill requires the Department of Social Services (DSS) commissioner, in consultation with the Department of Public Health (DPH) commissioner, to amend the state Medicaid plan to provide coverage for community violence prevention services for beneficiaries who have:

1. received medical treatment for an injury sustained from an act of community violence (i.e., an intentional act of interpersonal violence committed by someone not intimately related to the victim) and
2. been referred by a certified or licensed health care or social services provider to receive these services from a “qualified violence prevention professional” after the provider determined the beneficiary is at a higher risk of retaliation or a violent injury from another act of community violence.

Under the bill, the DSS commissioner must do this by July 1, 2022, provided (1) federal law permits it; (2) federal financial participation is available; and (3) any needed federal approval is obtained, including Medicaid waivers or state plan amendments.

Additionally, the bill establishes education and training requirements for individuals seeking certification as a “qualified violence prevention professional” and requires DPH, by January 1, 2022, to approve at least one accrediting body to review and approve training and certification programs for these professionals. It also establishes

documentation and compliance requirements for entities that employ or contract with these professionals to provide community violence prevention services.

EFFECTIVE DATE: October 1, 2021

COMMUNITY VIOLENCE PREVENTION SERVICES

The bill defines “community violence prevention services” as evidenced-based, trauma-informed, supportive, and non-psychotherapeutic services provided by a qualified violence prevention professional to:

1. promote improved health outcomes and positive behavioral change,
2. prevent injury recidivism, and
3. reduce the likelihood that victims of community violence will commit or promote violence themselves.

Under the bill, these services may be provided within or outside of a clinical setting and may include the provision of the following services to community violence victims: peer support or counseling, mentorship, conflict mediation, crisis intervention, targeted case management, referrals to certified or licensed health care or social services providers, patient education, or screening services.

QUALIFIED VIOLENCE PREVENTION PROFESSIONALS

Training Requirements

Under the bill, a prevention professional (see BACKGROUND) seeking certification as a qualified violence prevention professional must:

1. complete at least six months of full-time equivalent experience in providing community violence prevention services through employment, volunteer work, or an internship;
2. complete a DPH-approved accredited training and certification

program for qualified violence prevention professionals or be certified as a violence prevention professional by the Health Alliance for Violence Intervention before October 1, 2021;

3. annually complete at least four hours of continuing education offered by the Health Alliance for Violence Intervention or any other DPH-approved provider of community violence prevention services; and
4. satisfy any other requirements DPH establishes.

Accrediting Body

The bill requires DPH, by January 1, 2022, to approve at least one accrediting body to review and approve training and certification programs for qualified violence prevention professionals. The accrediting body may be governmental or nongovernmental and must have expertise in community violence prevention.

Under the bill, the accrediting body must approve programs it determines, in its discretion, will adequately prepare individuals to provide community violence prevention services to community violence victims. The bill requires these programs to include at least 35 hours of training and address:

1. the profound effects of trauma and violence and the basics of trauma-informed care;
2. community violence prevention strategies, including conflict mediation and retaliation prevention;
3. case management and advocacy practices; and
4. HIPAA's patient privacy requirements.

Documentation and Compliance

The bill requires any entity that employs or contracts with a qualified violence prevention professional to provide community violence prevention services to:

1. maintain documentation that the professional has met the qualifications listed above and
2. ensure that the professional complies with any applicable state or federal laws, regulations, rules, or standards of care.

The bill also specifies that it does not alter the scope of practice of any health care professional or authorize the delivery of health care services in a setting or manner not currently authorized.

BACKGROUND

Prevention Professionals

Prevention professionals work in programs that address specific patient needs, such as suicide prevention, violence prevention, alcohol and drug avoidance, and tobacco prevention. They generally complete training specific to the patient population they work with and work in a variety of settings providing various services such as case management, provider referral, and mentorship.

COMMITTEE ACTION

Public Health Committee

Joint Favorable
Yea 33 Nay 0 (03/29/2021)