



House of Representatives

File No. 747

General Assembly

January Session, 2021

(Reprint of File No. 427)

Substitute House Bill No. 5677
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 27, 2021

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 in public areas by individuals who are not family
4 members or intimate partners of the victim;
- 5 (2) "Community violence prevention services" means evidence-
6 based, trauma-informed, supportive and nonpsychotherapeutic
7 services provided by a certified violence prevention professional, within
8 or outside of a clinical setting, for the purpose of promoting improved
9 health outcomes and positive behavioral change, preventing injury
10 recidivism and reducing the likelihood that individuals who are victims
11 of community violence will commit or promote violence themselves.
12 "Community violence prevention services" may include the provision of

13 peer support and counseling, mentorship, conflict mediation, crisis
14 intervention, targeted case management, referrals to certified or licensed
15 health care professionals or social services providers, patient education
16 or screening services to victims of community violence;

17 (3) "Interpersonal violence" means the intentional use of physical
18 force or power against other persons by an individual or small group of
19 individuals;

20 (4) "Prevention professional" has the same meaning as described by
21 the National Uniform Claim Committee (NUCC), or its successor, under
22 NUCC Code Number 405300000X; and

23 (5) "Certified violence prevention professional" means a prevention
24 professional who meets all of the conditions specified in subsection (c)
25 of this section.

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

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

42 (3) The provisions of this subsection shall be implemented only to the
43 extent permitted by federal law.

44 (c) Any prevention professional seeking certification as a certified
45 violence prevention professional shall complete an accredited training
46 and certification program for certified violence prevention
47 professionals, approved in accordance with subsection (d) of this section
48 and maintain such certification.

49 (d) On or before January 1, 2022, the Department of Public Health
50 shall approve at least one accredited training and certification program
51 for certified violence prevention professionals. Such program shall
52 include:

53 (1) At least thirty-five hours of initial training, collectively addressing
54 all of the following:

55 (A) The profound effects of trauma and violence and the basics of
56 trauma-informed care;

57 (B) Community violence prevention strategies, including, but not
58 limited to, conflict mediation and retaliation prevention related to
59 community violence;

60 (C) Case management and advocacy practices; and

61 (D) Patient privacy and the federal Health Insurance Portability and
62 Accountability Act of 1996, P.L. 104-191, as amended from time to time,
63 (HIPAA); and

64 (2) At least six hours of continuing education every two years.

65 (e) Any entity that employs or contracts with a certified violence
66 prevention professional to provide community violence prevention
67 services shall:

68 (1) Maintain documentation that the certified violence prevention
69 professional has met all of the conditions described in subsection (c) of
70 this section; and

71 (2) Ensure that the certified violence prevention professional is

72 providing community violence prevention services in compliance with
73 any applicable standards of care, rules, regulations and governing law
74 of the state or federal government.

75 (f) No person, unless certified as a violence prevention professional
76 pursuant to this section, may use the title "certified violence prevention
77 professional" or make use of any title, words, letters, abbreviations or
78 insignia indicating or implying that he or she is a certified violence
79 prevention professional.

80 (g) Nothing in this section shall alter the scope of practice for any
81 health care professional.

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

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 by July 1, 2022, to the extent allowed under federal law. The cost to DSS depends on the utilization of such services by eligible individuals and the associated rate established. The bill specifies implementation of the provisions is dependent on the availability of federal matching funds.

House "A" strikes the language in the underlying bill and the associated impact and results in the impact described above.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sHB 5677 (as amended by House "A")******AN ACT CONCERNING THE AVAILABILITY OF COMMUNITY VIOLENCE PREVENTION SERVICES UNDER MEDICAID.*****SUMMARY**

This bill requires the Department of Social Services (DSS) 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 in public by someone who is not the victim's family member or intimate partner) and
2. been referred by a certified or licensed health care or social services provider to receive these services from a "certified 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 training requirements for individuals seeking certification as a "certified violence prevention professional" and requires the Department of Public Health (DPH), by January 1, 2022, to approve at least one accredited training and certification program 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.

*House Amendment "A" (1) modifies the (a) definitions of community violence and community violence prevention services and (b) training requirements for certified violence prevention professionals, (2) adds the interpersonal violence definition, (3) requires DPH to approve at least one accredited training program instead of approving an accrediting body to approve these programs, (4) removes the requirement that the DSS commissioner amend the Medicaid state plan in consultation with the DPH commissioner, and (5) adds the provision on title protection for certified violence prevention professionals.

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 certified 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.

CERTIFIED VIOLENCE PREVENTION PROFESSIONALS

Training Requirements

Under the bill, a prevention professional (see BACKGROUND) seeking certification as a certified violence prevention professional must complete a DPH-approved accredited training and certification program for certified violence prevention professionals and maintain the certification.

Training and Certification Program

The bill requires DPH, by January 1, 2022, to approve at least one accredited training and certification program for certified violence prevention professionals. The program must include at least 35 hours of initial 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.

Under the bill, the program must also include six hours of continuing education every two years.

Documentation and Compliance

The bill requires any entity that employs or contracts with a certified 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.

Title Protection

The bill prohibits anyone who is not certified as a violence prevention professional under the bill’s requirements from using the title “certified violence prevention professional” or any title, words, letters, abbreviations, or insignia indicating or implying that he or she is a certified violence prevention professional.

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)