

## COMMUNITY VIOLENCE PREVENTION SERVICES

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**House Bill 6046 as introduced**  
**Sponsor: Rep. Christine Morse**  
**Committee: Health Policy**  
**Complete to 12-12-24**

Analysis available at  
<http://www.legislature.mi.gov>

### SUMMARY:

House Bill 6046 would amend the Social Welfare Act to require the Department of Health and Human Services (DHHS) to provide coverage under the medical assistance program for an eligible individual who was violently injured and referred by a health professional to receive *community violence prevention services* from a *prevention professional* or *community health worker* because the health professional has determined that the individual is at significant risk of experiencing violent injury or has experienced chronic exposure to *community violence*.

*Community violence prevention services* would mean evidence-informed, trauma-informed, culturally responsive, supportive, and nonpsychotherapeutic services provided by a violence prevention professional, within or outside of a clinical setting. These services would include at least peer support and counseling, mentorship, conflict mediation and crisis intervention, targeted case management, referrals to certified or licensed health care or social services providers, community and school support services, patient education and screening services, group and individual health education and health coaching, health navigation, transitions of care support, and screening and assessment for nonclinical and social needs, provided by a violence prevention professional to do all of the following:

- Promote improved health outcomes and positive behavioral change.
- Prevent injury recidivism.
- Reduce the likelihood that victims of acts of community violence will commit or promote violence.

*Prevention professional* would mean an individual who works in a program aimed at addressing specific patient needs, such as suicide prevention, violence prevention, alcohol avoidance, drug avoidance, or tobacco prevention, and reducing the risk of relapse, injury, or reinjury to the patient.

*Community health worker* would mean an individual who meets all of the following:

- The individual is a frontline public health worker.
- The individual is a trusted member of the community with an unusually close understanding of the community that enables them to be an intermediary between health or social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

- The individual builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities, such as outreach, community education, informal counseling, social support, or advocacy.

*Community violence* would mean an intentional act of interpersonal violence committed by an individual who is not intimately related to the victim.

To be eligible for reimbursement for services provided as described above, a prevention professional or community health worker would have to be certified as a qualified violence prevention professional. To be certified, a prevention professional or community health worker would have to do all of the following:

- Complete at least six months of full-time equivalent experience in providing community violence prevention services or youth development services through employment, volunteer work, or as part of an internship experience.
- Complete a DHHS-approved training and certification program for violence prevention professionals.
- Annually complete at least four hours of continuing education in the field of community violence prevention services.
- Satisfy any other certification requirements established by DHHS.

DHHS would have to ensure that an entity that employs or contracts with a violence prevention professional to provide community violence prevention services does all of the following:

- Maintains documentation that the professional has met the requirements described above.
- Ensures that the professional provides community violence prevention services in compliance with any applicable standards of care, rules, regulations, and governing law of this state or the United States.

DHHS would have to establish a technical advisory group with the following members:

- Three members representing a community-based organization that currently supports community violence programs, such as street outreach, hospital-linked, and hospital-based violence prevention programs.
- One member representing a national organization that provides technical assistance for emerging community violence intervention programs.
- One member representing a hospital that currently operates a hospital-based violence prevention program in Michigan.
- One member representing a Michigan hospital that does not currently operate a hospital-based violence prevention program.
- One member of an academic institution in Michigan who has knowledge of community violence intervention strategies.
- Three members representing medical assistance managed care organizations in geographically diverse areas of the state.

- Two members representing health care clinicians with experience in medical assistance billing and experience providing trauma care as a result of community violence.
- Two DHHS designees, one from the Office of Community Violence and one who works on issues related to medical assistance.
- One designee from an agency that manages the registration or certification of community health workers.

DHHS would have to do all of the following in consultation with the technical advisory group:

- Issue guidance on the use of community violence prevention services for beneficiaries who access these services under the medical assistance program.
- Determine allowable rates for community violence prevention services based on the medical assistance program fee-for-service outpatient rates for the same or similar services, or any other data deemed reliable and relevant by the technical advisory group. The technical advisory group would have to recommend and request that DHHS allocate funds for the purposes of awarding grants to support community-based organizations' access to training and qualified certification and other necessary capacity-building expenses for the successful implementation and accessibility of the violence prevention services benefit.

Within 180 days after the bill takes effect, DHHS would have to approve at least one national training and certification program for certified violence prevention professionals and establish a process to approve at least two community-based training programs. A program approved under these provisions would have to include at least 35 hours of training that addresses any of the following:

- The profound effects of trauma and violence and the basics of trauma-informed care.
- Community violence prevention strategies, including crisis intervention, de-escalation, conflict mediation and retaliation prevention related to community violence, case management, and advocacy practices.
- The federal Patient Privacy and Health Insurance Portability and Accountability Act.

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

The bill could be implemented only to the extent that federal financial participation is available, and any necessary federal approvals have been obtained. The department would have to seek any federal approvals necessary to implement the bill, including any state plan amendments or federal waivers by the federal Centers for Medicare and Medicaid Services.

Proposed MCL 400.89 and 400.89a

## **FISCAL IMPACT:**

Costs to the state's Medicaid program would be dependent upon federal approval of Michigan's Medicaid State Plan Amendment (or other waiver request, if needed), the establishment of specific reimbursement rates, utilization, and the annually updated Federal Medical Assistance Percentage (FMAP), which designates the federal match for state Medicaid expenditures – Michigan's FMAP for FY 2024-25 is 65.13%. Using hourly reimbursement rates in the state of Illinois for individually and group-based violence prevention community support team services, the FY 2024-25 FMAP, and an estimated number of hours of service, the traditional Medicaid program could incur costs ranging from \$1.5 million Gross (\$500,000 GF/GP) to \$1.7 million Gross (\$600,000 GF/GP).

Apart from state Medicaid costs, the bill would increase state expenditures to the Department of Health and Human Services by an indeterminate amount and have no fiscal impact on local units of government. The fiscal impact of the bill would be dependent on the administrative cost of providing violence prevention services. Under the provisions of the bill, DHHS would be required to create certification requirements and provide access to trainings for individuals seeking to become violence prevention professionals, in addition to approving no less than two community-based training programs. The department must also establish a technical advisory board, issue guidance on community prevention services, and determine rates for medical assistance outpatient rates. The department is authorized to seek federal funds to support these services which may offset or decrease the amount of GF/GP required to operate this program.

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