

Guidance for Domestic Violence Programs Addressing the Health Needs of Survivors: Medical Advocacy and Health Care Services Payment

In September 2022, the Administration for Children and Families released a memo on health care reimbursement to Family Violence Prevention and Services Act (FVPSA) grantees. The memo, Medical Advocacy and Health Care Services Payment or Reimbursement for FVPSA Grant Recipients and Subrecipients (ACF-ACYF-FVPSAIM- 22-02) makes clear that:

- Partnerships between health care entities and FVPSA grantees are beneficial; and
- Health care services—such as brief counseling and non-medical supports for IPV—can be eligible for reimbursement by Medicaid and other health care payers when delivered by a FVPSA grantee.

To clarify the agency's position, the memo provides guidance to FVPSA grant recipients or subrecipients, such as domestic violence service providers. It specifically addresses their ability to receive payments from health care programs, including reimbursement from Medicaid, for the provision of domestic violence related support and advocacy.

FVPSA grantees are permitted (but not required) to receive reimbursement from Medicaid or other health insurance plans. Receiving reimbursement for health services is not prohibited by ACF and/or FVPSA grant requirements. To receive reimbursement from Medicaid or other health insurance plan, the health care service must not be funded in whole or in part by FVPSA funds. In other words, the service can either be billed to FVPSA or Medicaid—but not to both. In the case where FVPSA funding covers staff time (as opposed to a specific service), the time the advocate spends delivering the service could either be covered by FVPSA funds or billed to Medicaid for reimbursement—but not both.

"Given the FVPSA statute prohibition on reimbursement for any health care services, this Information Memorandum (IM) confirms that all FVPSA subrecipients may bill and receive payment(s) from health programs or other third-party payers, including Medicaid and health insurance plans for both health care services and medical advocacy but may not use FVPSA funding for reimbursement. (p. 2)"

"A FVPSA grant recipient or subrecipient who receives the FVPSA funding can bill Medicaid for services not funded in whole or in part by the FVPSA funds. (p. 3)"

Informed, time-limited consent is required from survivors; Receiving services cannot be contingent on billing consents. Survivors must consent for a FVPSA grantee to bill Medicaid or other health insurance for services delivered. This consent must be informed and clearly articulate that personally identifiable information may be shared with the health plan.

Giving consent to share data in order to allow the FVPSA grantee to bill health insurance may never be a condition of receiving services and FVPSA grantees are never permitted to withhold services if the client does not consent to bill health insurance on their behalf. Furthermore, clients may never be charged for any service delivered by a FVPSA grantee even if that service is being billed to a health insurance entity. The memo offers resources to develop robust consent language.

FVPSA grantees should check with their program officer to fully understand the implications of billing health insurance, including on reporting program income. The memo underscores the importance of support from an accountant or fiscal professional on how to document staff time and reimbursement/ program income.

May 2023

Have more questions about addressing survivor health needs? Contact the National Health Resource Center on Domestic Violence for tailored training and technical assistance. Email: health@futureswithoutviolence.org