§ 367-x. Payment for violence prevention programs. 1. As used in this section, the following terms shall have the following definitions:

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

(b) "Community violence prevention services" means evidence-informed, trauma-informed, culturally responsive, supportive and non-psychotherapeutic services provided by a qualified violence prevention professional for the purpose of promoting improved health outcomes, trauma recovery, and positive behavioral change, preventing injury recidivism and reducing the likelihood that individuals who are victims of community violence will commit or promote violence themselves. "Community violence prevention services" may include the provision of peer support and counseling, mentorship, conflict mediation, crisis intervention, targeted case management, referrals to certified or licensed health care professionals or social services providers, case management, community and school support services, patient education or screening services to victims of community violence.

(c) "Prevention professional" means an individual who works in programs aimed to address specific patient needs, such as suicide prevention, violence prevention, alcohol avoidance, drug avoidance, and tobacco prevention. The goal of such individual's work is to reduce the risk of relapse, injury, or re-injury of the patient.

(d) "Qualified violence prevention professional" means a prevention professional who meets all of the conditions specified in subdivision five of this section.

2. Within thirty days of the effective date of this section, the commissioner shall apply to the federal government for approval of an amendment to the Medicaid state plan to make community violence prevention services available, to the extent permitted by federal law, to any Medicaid beneficiary who has:

(a) been exposed to community violence, or has a personal history of injury sustained as a result of an act of community violence; and

(b) been referred by a certified or licensed health care provider or social services provider to receive community violence prevention

services from a qualified violence prevention professional, after such provider determines such beneficiary to be at elevated risk of a violent injury or retaliation resulting from another act of community violence.

3. The commissioner shall seek any federal approvals necessary to implement this section, including, but not limited to, any state plan amendments or federal waivers by the federal Centers for Medicare and Medicaid Services.

4. Once federal approval has been appplied for, the commissioner, shall, in consultation with violence intervention organizations and local community-based and hospital-based violence prevention programs:

(a) issue guidance on the use of community violence prevention services for beneficiaries who access these services under the medical assistance program; and

(b) determine maximum allowable rates for community violence prevention services based upon 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 commissioner.

5. Any prevention professional seeking certification as a qualified violence prevention professional shall:

(a) 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;

(b) complete a training and certification program approved by the department of health for qualified violence prevention professionals, approved in accordance with subdivision six of this section, by a provider approved by the commissioner;

(c) complete annually at least four hours of continuing education, by a provider approved by the commissioner, in the field of community violence prevention services;

(d) complete prevention professionals training for the population of patients with whom they work; and

(e) satisfy any other requirements established by the commissioner, for certification as a qualified violence prevention professional.

6. Within ninety days of the effective date of this section, the department of health shall approve at least one governmental or nongovernmental accrediting body with expertise in community violence prevention services to review and approve training and certification programs for qualified violence prevention professionals. The accrediting body shall approve programs that such body determines, in its discretion, will adequately prepare individuals to provide community violence prevention services to individuals who are victims of community violence. Such programs shall include at least thirty-five hours of training, collectively addressing all of the following:

(a) the profound effects of trauma and violence and the basics of trauma-informed care; and

(b) community violence prevention strategies, including, but not limited to, conflict mediation and retaliation prevention related to community violence; case management and advocacy practices; and patient privacy and the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, (HIPAA).

7. Any entity that employs or contracts with a qualified violence prevention professional to provide community violence prevention services shall:

(a) maintain documentation that the qualified violence prevention professional has met all of the conditions described in subdivision six of this section; and

(b) ensure that the qualified violence prevention professional is providing community violence prevention services in compliance with any applicable standards of care, rules, regulations and governing law of the state or federal government.

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

9. This section shall be implemented only to the extent that federal financial participation is available, and any necessary federal approvals have been obtained.