Virginia Department of Medical Assistance Services

The Virginia Governor's Access Plan (GAP) and Addiction and Recovery Treatment Services (ARTS) Delivery System Transformation

Section 1115 Quarterly Report
Project 11 – W- 00297/3

Demonstration Waiver 1115
Demonstration Year: 3 (1/01/2017 – 12/31/2017)
Demonstration Quarter: 1 (01/01/2017 – 03/31/17)
Approval Period: January 12, 2015 through December 31, 2019

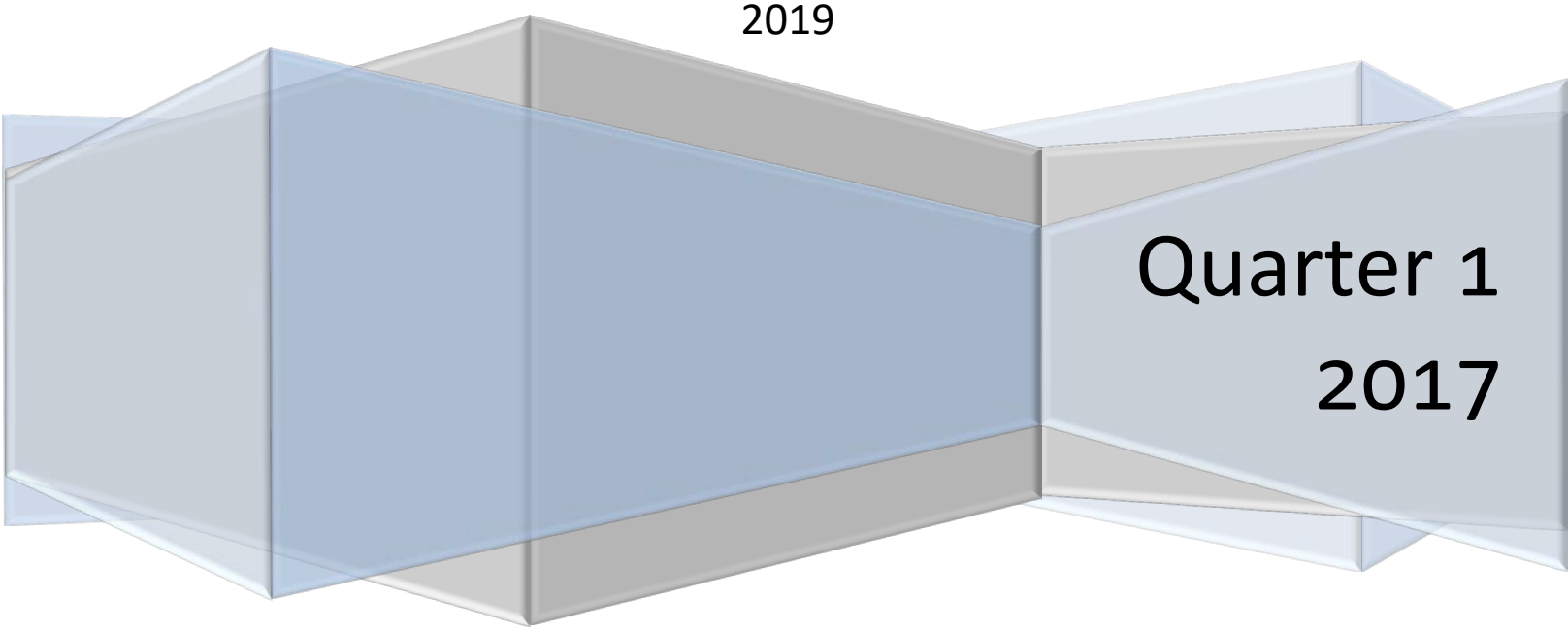


Table of Contents

Introduction 2

Background 2

Goals 2

Eligibilty and Benefit Information 3

Enrollment Counts 4

Outreach and Innovation Activities to Assure Access 7

Collection and Verification of Data 11

Operational/Policy/Systems/Fiscal Developmental Issues 12

Financial/Budget Neutrality Development Issues 14

Consumer Issues 14

Contractor Reporting Requirements 14

Recovery Navigators 14

Lessons Learned 16

Demonstration Evaluation 17

Conclusion 18

Enclosures/Attachments 18

State Contact(s) 18

Appendix 19

ARTS
Addiction and Recovery Treatment Services

GAP
Bridging the Mental Health Coverage Gap in Virginia

INTRODUCTION

In September 2014, Governor McAuliffe announced a significant step toward providing health insurance to uninsured Virginians when he rolled out his plan, *A Healthy Virginia*. *A Healthy Virginia* is a ten step plan that expands access to care, improves care for veterans and for individuals with serious mental illnesses (SMI), and enhances value and innovation across our health system. The first step in the plan was the establishment of the **Governor's Access Plan (GAP)** for the Seriously Mentally Ill. The GAP launched in 2015 to expand healthcare services in Virginia. GAP is a Medicaid plan that provides limited medical and behavioral health care coverage for low income individuals with Serious Mental Illness (SMI). The GAP Demonstration includes mental health and substance use treatment services, medical doctor visits, medications, access to a 24-hour crisis line, recovery navigation (peer support) services, and care coordination.

In September 2014, addressing the prescription drug and heroin overdoses taking the lives of thousands of Virginians, Governor McAuliffe signed Executive Order 29 creating the Governor's Task Force on Prescription Drug and Heroin Abuse. Dovetailing with Virginia's concern, in July 2015, the Centers for Medicare and Medicaid Services (CMS) issued CMS State Medicaid Director letter, #15-003 to Medicaid Directors that highlighted new service delivery and funding opportunities for Medicaid members experiencing a SUD. The CMS opportunities significantly aligned with the Governor's Task Force conclusions. In 2016, the Virginia General Assembly and Governor McAuliffe authorized the Department of Medical Assistance Services (DMAS) to make changes to its existing substance use disorder treatment services, **Addiction and Recovery Treatment Services (ARTS)**. Under this authority, DMAS has developed, in collaboration with the Department of Behavioral Health and Developmental Services (DBHDS), Virginia Department of Health (VDH), Department of Health Professions (DHP) and other stakeholders, an enhanced and comprehensive benefit package to cover addiction and recovery treatment services and also received CMS 1115 Demonstration waiver authority to waive the limits for using Medicaid federal dollars to fund individuals seeking treatment in Institution for Mental Diseases (IMDs) .

This report highlights progress made during Quarter 1 of the third year of the GAP Demonstration as well as the State's preparation for implementation of the system transformation of the substance use disorder treatment services: Addiction and Recovery Treatment Service (ARTS).

BACKGROUND

GAP

Without access to treatment and other supports such as healthcare, care coordination, and Recovery Navigation, individuals with SMI are often unnecessarily hospitalized, may be unable to find and sustain employment, struggle with finding affordable and available housing, become involved with the criminal justice system, and suffer with social and interpersonal isolation. The opportunities provided through the GAP Demonstration are enabling persons with SMI to access both behavioral health and primary health services, enhancing the treatment they can receive, allowing their care to be coordinated among providers, therefore addressing the severity of their condition. With treatment

and supports, individuals with SMI and co-occurring or co-morbid conditions are beginning to recover and live, work, parent, learn and participate fully in their community.

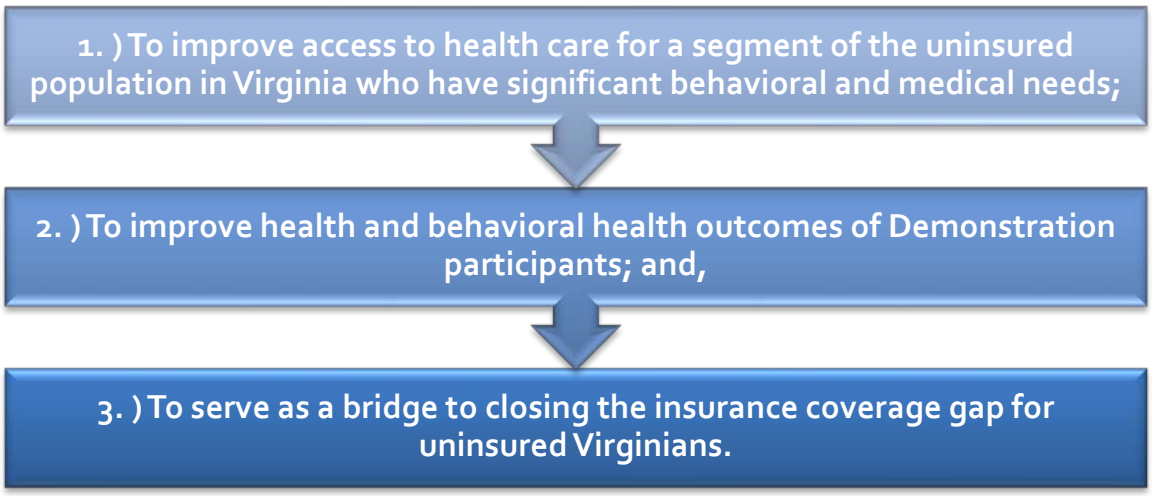
ARTS

Virginia's 1.1 million members enrolled in Medicaid are disproportionately impacted by the substance use epidemic. DMAS identified over 220,000 members with a claim that included a substance use disorder (SUD) diagnosis in state fiscal year 2016. The financial impact is nearly as great as the human cost. Virginia spent $44 million on Medicaid members with a primary or secondary diagnosis of SUD who were admitted to hospitals or Emergency Departments in 2014. The Governor's Task Force on Prescription Drug and Heroin Addiction, due to the overwhelming impact of substance use disorders for member's enrolled in Medicaid, made a recommendation to increase access to treatment for opioid addiction for Virginia's Medicaid members by increasing Medicaid reimbursement rates. Thus DMAS developed a large stakeholder and provider workgroup to work in collaboration to develop the comprehensive benefit for substance use disorder treatment services: ARTS, implementing April 1, 2017.

GOALS

GAP

The three key goals of the GAP Demonstration are to:



ARTS

Virginia's overall goal for the ARTS benefit is to achieve the Triple Aim of improved quality of care, improved population health, and decreased costs for the Medicaid population with SUD. DMAS' specific objectives for this benefit are outlined below:

Improve quality of care and population health outcomes for the Medicaid population.

- Improve quality of addiction treatment (as measured by performance on identified quality measures).
- Reduce prescription opioid drug abuse (measured by Pharmacy Quality Assurance opioid performance measures).
- Decrease fatal and non-fatal drug overdoses among Medicaid members.

Increase Medicaid members' access to and utilization of community-based and outpatient addiction treatment services.

- Increase the percentage of Medicaid members living in communities with an adequate supply of clinicians offering addiction treatment services to Medicaid members.
- Increase the quantity of community-based and outpatient addiction treatment services used by Medicaid members with SUD.

Decrease utilization of high-cost Emergency Department and hospital services by Medicaid members with SUD.

- Decrease ED visits, inpatient admissions, and readmissions to the same level of care or higher for a primary diagnosis of SUD.
- Decrease inappropriate utilization for other physical and behavioral health care services for other conditions such as chronic diseases and serious mental illness.

Improve care coordination and care transitions for Medicaid members with SUD.

- Improve the coordination of addiction treatment with other behavioral and physical health services.
- Improve care transitions to outpatient care, including hand-offs between levels of care within the SUD care continuum and linkages with primary care upon discharge.

Increase the number and type of health care clinicians providing SUD services to Medicaid members with SUD.

- Increase number of addiction treatment providers providing all ASAM Levels of Care in each region of the Commonwealth.
- Increase the number of buprenorphine-waivered physicians and the number of physicians providing Medication Assisted Treatment.
- Increase the number of clinicians with substance abuse training and the number of behavioral health clinicians providing addiction treatment .

ELIGIBILITY AND BENEFIT INFORMATION

GAP

The Virginia GAP Demonstration Waiver eligibility guidelines are as follows:

Figure 1

GAP Eligibility Requirements
Ages 21 through 64
U.S. Citizen or lawfully residing immigrant

Not eligible for any existing entitlement program
Resident of VA
Income below 80% of Federal Poverty Level (FPL)
Uninsured
Does not reside in long-term care facility, mental health facility or penal institution
Screened and meet GAP Serious Mental Illness (SMI) criteria

DMAS has continued to see growing success with the Demonstration. Individuals are receiving information about the program and applying through their relationships with local entities. The partnerships DMAS has with the local Community Services Boards (CSBs) and Magellan of Virginia, in addition to a growing relationship with the Federally Qualified Health Centers (FQHCs), are attributable to the success of the initial months of the Demonstration as well as continued success throughout the years.

ARTS

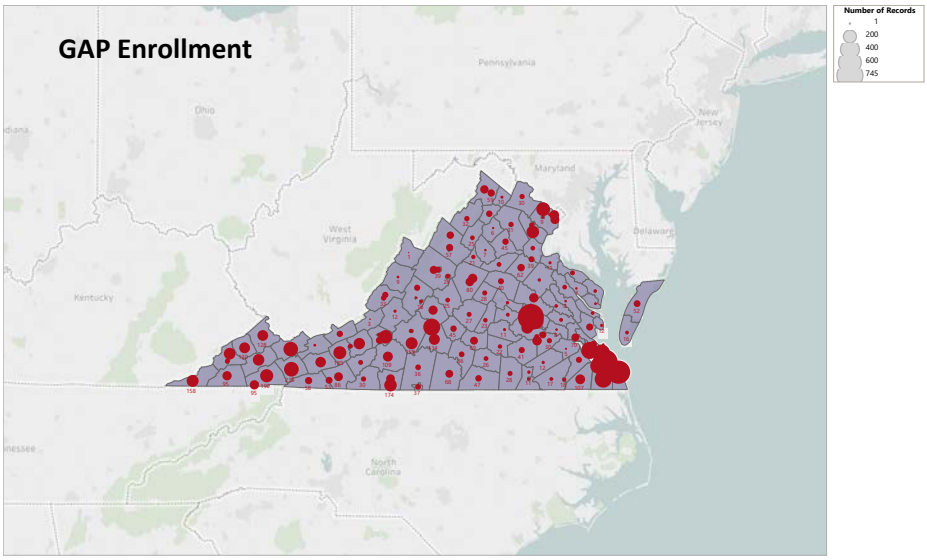
The ARTS benefit expands access to a comprehensive continuum of addiction treatment services for all enrolled members in Medicaid, FAMIS, FAMIS MOMS and GAP (Note: FAMIS and FAMIS MOMS are programs covered by the Child Health Insurance Program (CHIP) benefit). The ARTS benefit is covered through the fee for service, Medallion 3.0 Managed Care, and Commonwealth Coordinated Care (CCC) Medicare/Medicaid Programs on April 1, 2017. The following changes will apply to all enrolled members effective April 1, 2017:

Expansion of the administration of community-based addiction and recovery treatment services	•Transition coverage through Medicaid and FAMIS Medallion Managed Care Organizations (MCOs) and the Commonwealth Coordinated Care (CCC) Medicare and Medicaid Plans (MMPs). •The DMAS contracted Behavioral Health Services Administrator (BHSA), Magellan of Virginia, will cover ARTS for those members who are enrolled in the full coverage Fee-For-Service (FFS) and members enrolled in the GAP benefit thus providers will continue to bill Magellan for these FFS enrolled members only.
Expansion of Community-based addiction and recovery treatment services for all members	•Residential Treatment, •Partial Hospitalization, •Intensive Outpatient Treatment, •Medication Assisted Treatment/Opioid Treatment Services (includes individual, group counseling and family therapy and medication administration), and •Substance Use Case Management.
Allowing for coverage of inpatient detoxification and inpatient substance use disorder treatment for all members	•For all full-benefit Medicaid and FAMIS enrolled members. •DMAS is expanding coverage of residential detoxification and residential substance use disorder treatment for all full-benefit Medicaid enrolled members.

ENROLLMENT COUNTS FOR QUARTER AND YEAR TO DATE

GAP

Figure 2: GAP Enrollment



The GAP Demonstration continues to steadily grow in membership. For the quarter ending June 30, 2017 there were 11,874 individuals enrolled from 266 unique localities across the Commonwealth. The map shown in Figure 2 shows the location of members enrolled across the state of Virginia. As highlighted in the map, the Tidewater region continues to house the largest concentration of GAP members with the Central and Northern regions closely following.

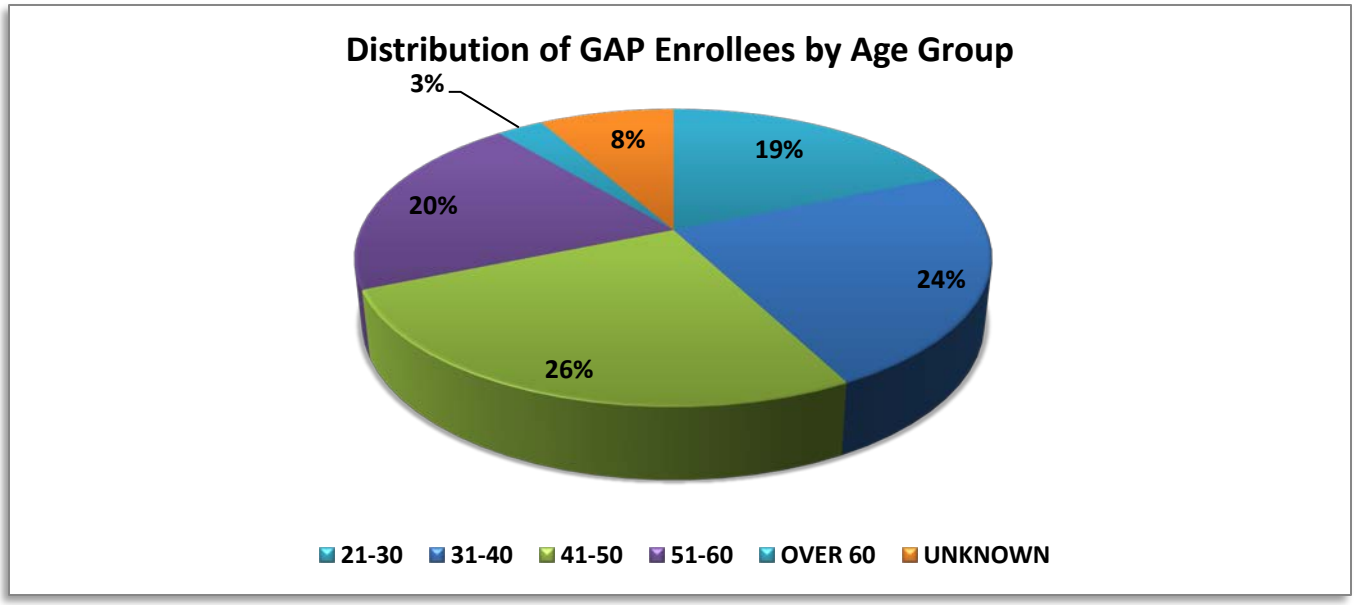
The enrollment counts below are for unique members for the identified time periods.

Figure 3 **GAP Enrollment numbers for Quarter 1**

Demonstration Population	Total Number of members Quarter Ending 6/30/2017	Total Number of members Quarter Ending 12/31/2016	Members Enrolled Since 01/12/2015
GAP Members Enrolled	11,874	9,947	14,350

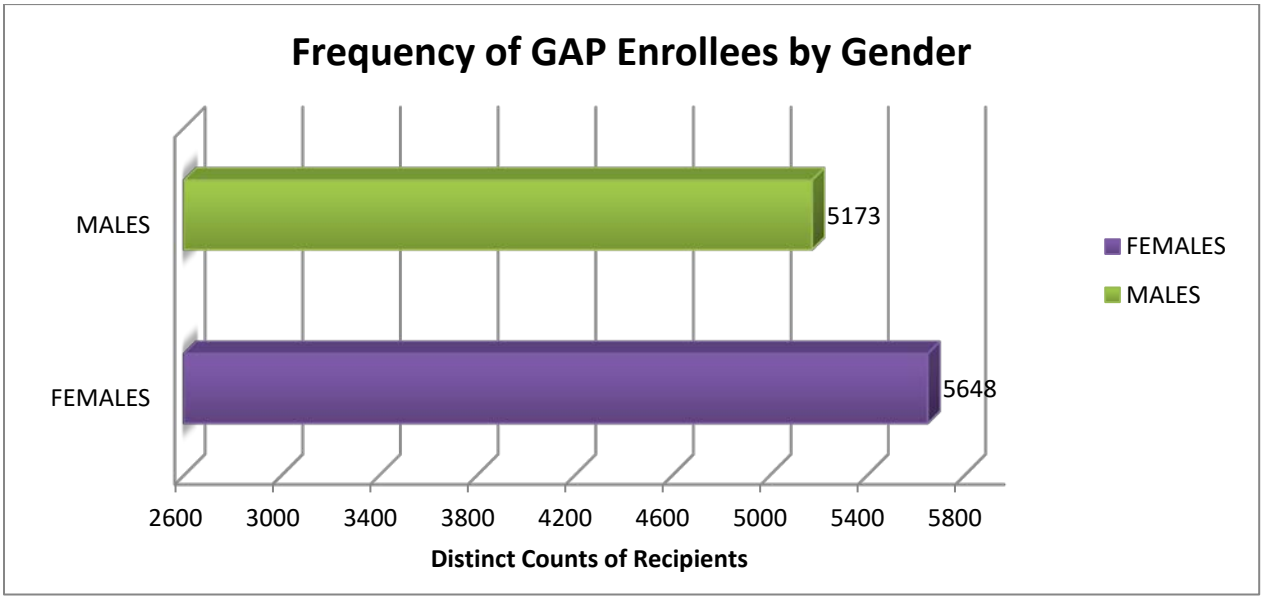
As shown in Figure 3, there have been 14,350 unique members enrolled since the implementation of the Demonstration. The difference between the unique members' number and the currently enrolled number may be associated with the reduction and increase in the financial eligibility requirements in 2015 and 2016 as well as those that did not successfully complete the eligibility renewal/re-enrollment process.

Figure 4



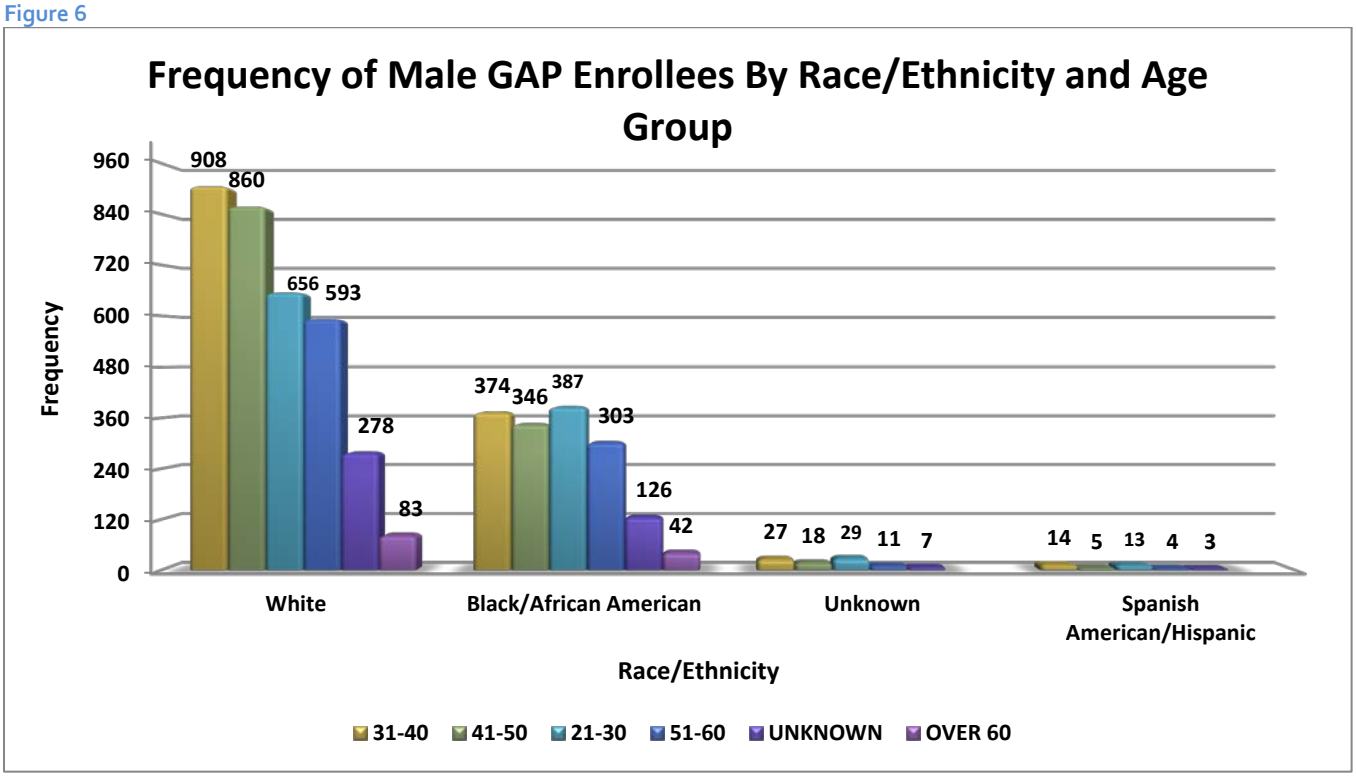
The age demographics of GAP members remain relatively equal across all eligible age groups with the exception of members over the age of 60. The charts, Distribution of GAP enrollees by Age Group and Frequency of enrollees by gender, details age and gender demographics among the GAP member population. As you can see in the following figures there appears to be more females enrolled in GAP than males, and the 41-50 age group remains the slightly largest population of GAP members.

Figure 5



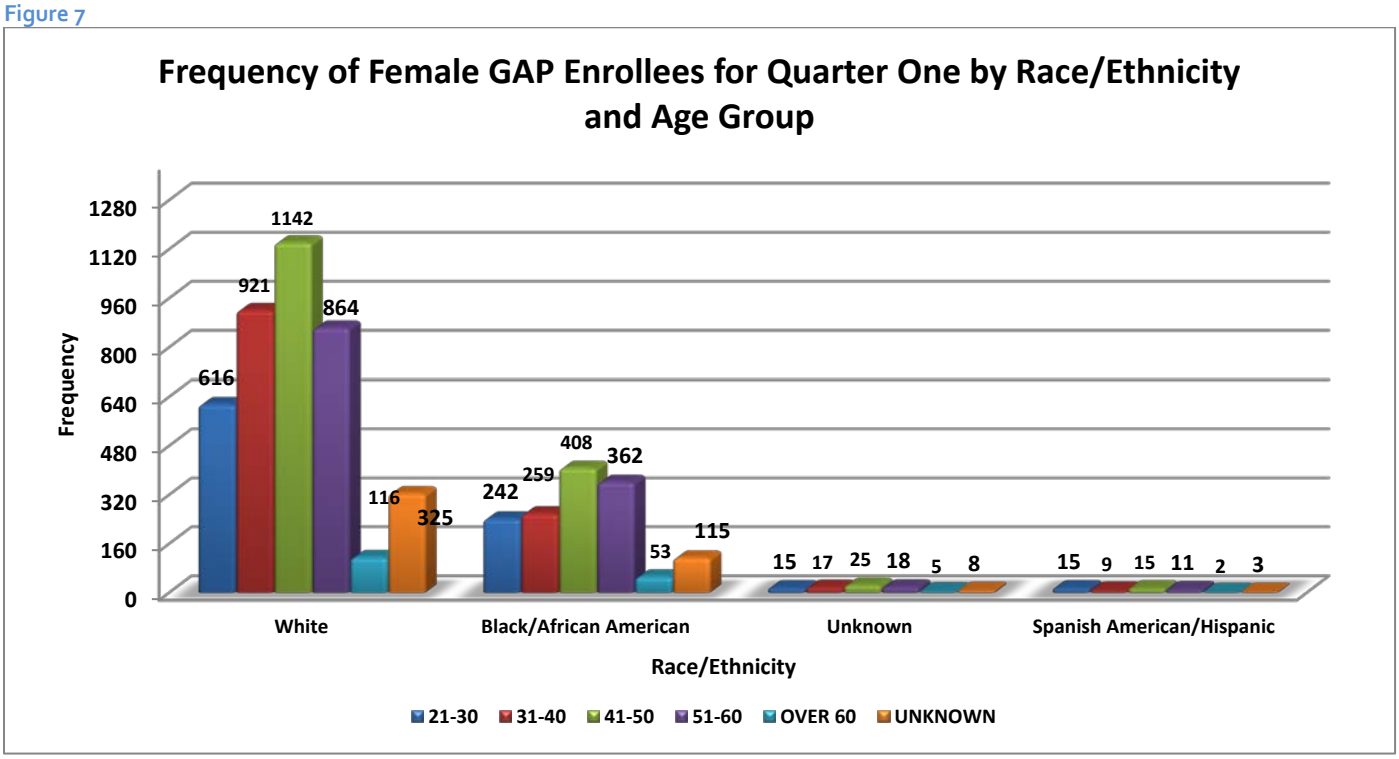
The graph identifies the frequencies of male and female GAP enrollees for quarter 1. In Quarter 1, 52.19%% of Gap enrollees are females and 47.80% of GAP enrollees are males.

Figure 6



This graph represents male GAP enrollees stratified by race/ethnicity and age group. According to Figure 6, white males represent the vast majority of the GAP population from Jan 2017 to March 2017, followed by Black/African Americans.

Figure 7



This graph displays the frequencies of female GAP enrollees by race/ethnicity and age group. In Quarter 1, White Females represent the vast majority of the GAP population from Jan 2017 to March 2017, followed by Black/Africans Americans.

Figure 8 **Cover Virginia Renewals**

Of the **3,433** renewals due to Cover VA in quarter 1:	
	3,028 were approved
	200 were cancelled due to ineligibity
	192 were cancelled due to member inaction

In November 2015, Cover Virginia began the exparte renewal process, which allowed for electronic systematic verification of information (such as income) to determine eligibility for members approaching their renewal. Figure 8 highlights the number of renewal approvals and cancellations completed in Quarter 1. A total of 3,433 renewals were completed in Quarter 1. Cover Virginia reports that approximately 85% of all renewals remain eligible for the GAP program. The most common reason for cancellations is that a member moves to full benefit Medicaid coverage.

The target population seems to be a transient community; therefore many do not maintain a steady address or phone number. Cover Virginia's training for their Customer Service Representatives includes heavy emphasis on how to work with this vulnerable population. DMAS receives a monthly

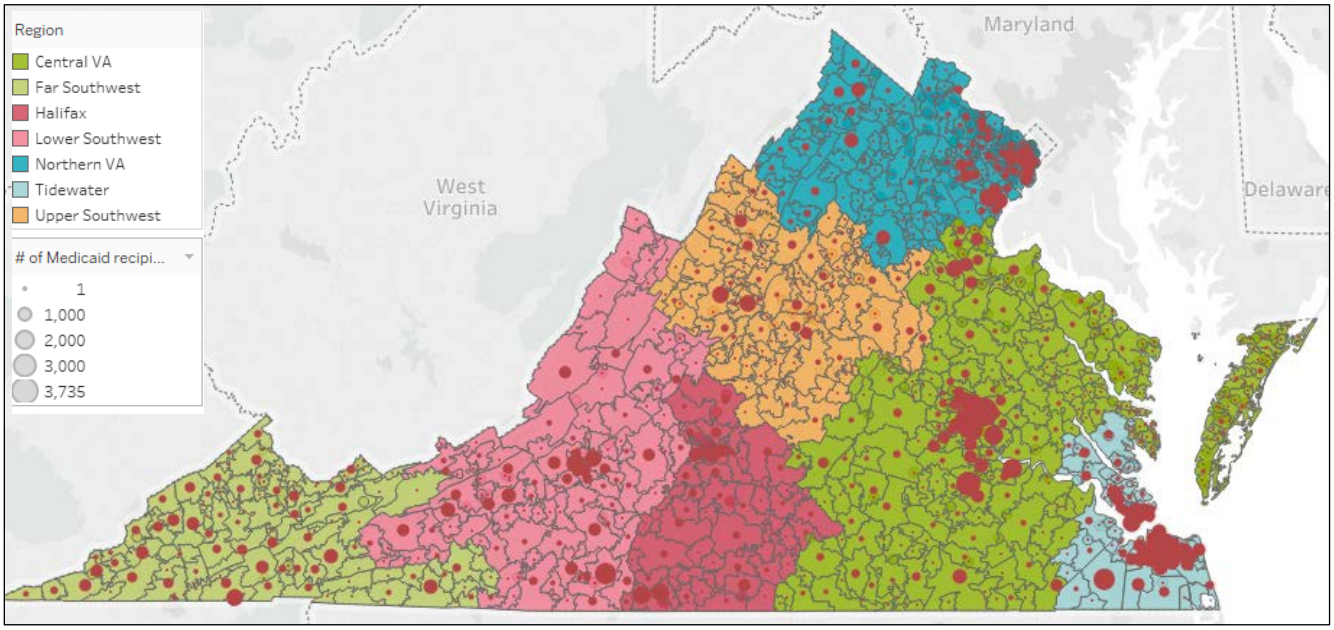
report from Cover Virginia of GAP members who need to submit additional information in order to complete their re-enrollment. Magellan has partnered with DMAS, and attempts to call those members to encourage completion of the paper application/submit verification documentation in order to continue receiving GAP benefits; unfortunately there is often no response or the number is out of service. Magellan has also reviewed whether the member is currently receiving behavioral health services and has tried to reach these members through those providers.

ARTS

All members enrolled in Medicaid, FAMIS, FAMIS MOMS and GAP will have access to the ARTS benefit effective April 1, 2017. ARTS services will be reported in the utilization section of this report once service have been implemented as of April 1, 2017.

Preliminary analysis of members who are enrolled in Medicaid who had a claim in SFY 2016 with a SUD diagnosis is below in Figure 9:

Figure 9



Source: Department of Medical Assistance Services – claims/encounter data (November 3, 2016).
Circles # of Medicaid recipients whose claims/encounter data included an addiction related diagnosis.

OUTREACH/ INNOVATION ACTIVITIES TO ASSURE ACCESS

GAP

Figure 10

DMAS is implementing a multi-faceted approach to educate potential members, families, advocates, providers and other stakeholders about GAP. While a high level description of activities is provided below, specific details pertaining to the Outreach and Enrollment is found in the attached Outreach Chart. This quarter, DMAS continued Phase II of the GAP outreach plan focusing on increasing awareness of the Demonstration.

In Quarter One DMAS collaborated with Magellan to allow a federally qualified health center (FQHC), Central Virginia Health Services (CVHS), to provide SMI screenings at the Remote Area Medical (RAM) Mobile Clinic in Emporia, VA which will take place in June 2017. RAM provides medical care through mobile clinics in underserved, isolated, or impoverished communities. Most clinics provide general medical, dental, vision, preventive care, and education unless otherwise indicated such as veterinarian services. DMAS is excited CVHS will conduct GAP screenings at the RAM mobile clinic as it is great way to help with enrollment among transient individuals who may not have been previously aware of the GAP program.

In Quarter One staff disseminated GAP information to the Department of Veterans Affairs (VA) for their Stand Down event which took place on January 23rd in Washington D.C. Stand Downs are one- to three-day events providing supplies and services to homeless Veterans, such as food, shelter, clothing, health screenings and VA and Social Security benefits counseling. Veterans can also receive referrals to other assistance such as health care, housing solutions, employment, substance use treatment and mental health counseling. This event helped provide GAP information to potentially eligible veterans who are currently homeless.

This quarter DMAS received a request from the Virginia Behavioral Health and Justice Center to post GAP related materials on their website. This will assist with increasing GAP awareness among criminal justice agencies. During Quarter One, DMAS staff also met with the Chesterfield County Sheriff's Office to discuss conducting GAP SMI screenings within the jail. Staff provided jail officials with GAP flyers to include in resource packets for offenders.

DMAS continues to focus on collaborating with the state prisons as well as local and regional jails to promote the Demonstration and determine how they can be involved in assisting their clients in obtaining GAP eligibility as the inmate is nearing release. It is vital that inmates who are eligible become enrolled upon release to ensure quicker access to health care once they return to the community. Throughout Quarter One GAP staff continued to work with Virginia Department of Corrections (VADOC) to develop strategies that would allow VADOC staff to conduct SMI screenings and submit applications for "returning citizens" (VADOC's preferred term for inmates being released

from their custody) prior to their release. DMAS collaborated with VADOC and the Department of Health Professions (DHP) regarding credentialing for GAP SMI screeners. Most VADOC mental health staff are non-licensed master's level employees but GAP regulations, reflecting guidance from DHP, require licensed mental health providers (LMHPs) to conduct the SMI screenings. DMAS staff identified an exception in the Board of Social Work regulations that allows non-licensed masters level social workers working for the Commonwealth to provide social work services. DHP confirmed that DOC and local/regional jails' masters-level clinicians, supervised by a licensed psychologist would meet the DHP regulation requirements that DMAS relies on for clinicians conducting the GAP SMI screenings. DHP also added that the supervision could also be done remotely via tele/video conferencing. This will allow the non-licensed masters level clinicians at VADOC and in the jails to conduct the SMI screenings.

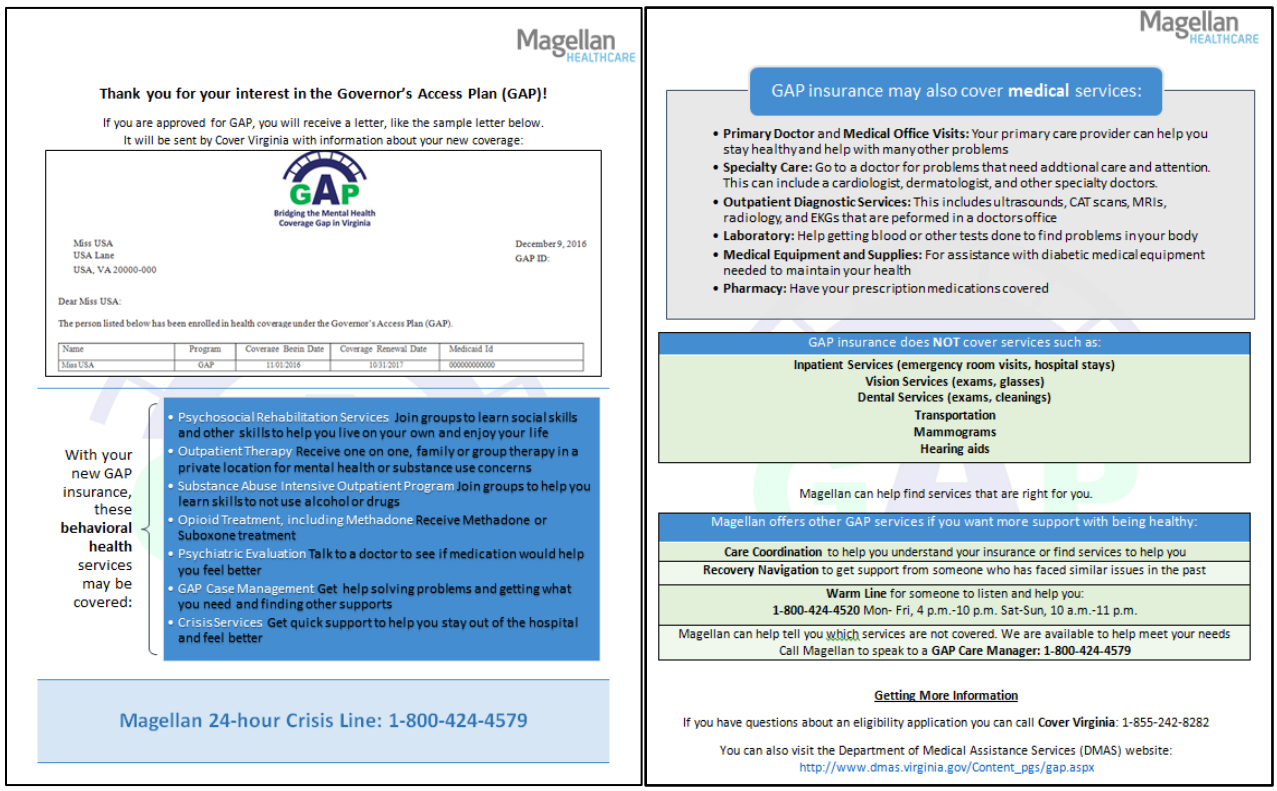
This quarter DMAS has been working diligently with Cover Virginia to develop non-Medicaid provider access to the Cover Virginia portal. Thanks to support provided by (DBHDS) and SAMHSA support via the Cooperative Agreements to Benefit Homeless Individuals, this system update allows GAP applicants to identify an additional party to receive correspondence from Cover Virginia about their GAP eligibility applications and their re-enrollment requirements. The update will assist with the completion of applications and re-enrollment as the additional party may be able to better contact the individual and assist with the application or renewal process. The applicant will also receive the same correspondence sent to the additional party. In January, Cover Virginia finalized system updates to the GAP portal. DMAS staff confirmed with various CSBs that copies of the notifications were received by the member designated authorized representatives. An announcement regarding the Cover Virginia system update was posted on the DMAS GAP webpage. Magellan also sent out an email blast to all SMI screening entities detailing that GAP applicants are now able to identify an authorized representative to receive eligibility correspondence from Cover Virginia.

On March 10th DMAS, Magellan, and Cover Virginia hosted a GAP application and SMI training for VADOC officials. This training detailed how to access the Cover Virginia portal and submit online applications as well as how to submit SMI screenings using the Magellan provider portal. Approximately 90 VADOC officials attended this training.

In an effort to outreach to GAP members, DMAS and Magellan created an informational handout for members. GAP applicants will receive this handout (shown in Figure 10 below) at the time they complete their SMI screening at the screening entity. This handout will educate potential members on the services GAP provides and what to expect after the screening regarding notice of eligibility. The handout includes a brief description of each service to help clients with insurance literacy. DMAS and Magellan also incorporated feedback from Virginia Association of Community Service Boards into the handout. This is an effort to help members understand the role of Magellan and what services they can access via GAP. This is a result of data analysis that seems to reflect a number of GAP members not accessing behavioral health or pharmacy services.

Figure 11

(Front) **(Back)**



Magellan HEALTHCARE

Thank you for your interest in the Governor's Access Plan (GAP)!

If you are approved for GAP, you will receive a letter, like the sample letter below.
It will be sent by Cover Virginia with information about your new coverage:

GAP
Bridging the Mental Health Coverage Gap in Virginia

Miss USA
USA Lane
USA, VA 20000-000

December 9, 2016
GAP ID:

Dear Miss USA:

The person listed below has been enrolled in health coverage under the Governor's Access Plan (GAP).

Name	Program	Coverage Begin Date	Coverage Renewal Date	Medicaid Id
Miss USA	GAP	11/01/2016	10/31/2017	000000000000

With your new GAP insurance, these **behavioral health** services may be covered:

- Psychosocial Rehabilitation Services Join groups to learn social skills and other skills to help you live on your own and enjoy your life
- Outpatient Therapy Receive one on one, family or group therapy in a private location for mental health or substance use concerns
- Substance Abuse Intensive Outpatient Program Join groups to help you learn skills to not use alcohol or drugs
- Opioid Treatment, including Methadone Receive Methadone or Suboxone treatment
- Psychiatric Evaluation Talk to a doctor to see if medication would help you feel better
- GAP Case Management Get help solving problems and getting what you need and finding other supports
- Crisis Services Get quick support to help you stay out of the hospital and feel better

Magellan 24-hour Crisis Line: 1-800-424-4579

Magellan HEALTHCARE

GAP insurance may also cover **medical** services:

- **Primary Doctor** and **Medical Office Visits:** Your primary care provider can help you stay healthy and help with many other problems
- **Specialty Care:** Go to a doctor for problems that need addtional care and attention. This can include a cardiologist, dermatologist, and other specialty doctors.
- **Outpatient Diagnostic Services:** This includes ultrasounds, CAT scans, MRIs, radiology, and EKGs that are peformed in a doctors office
- **Laboratory:** Help getting blood or other tests done to find problems in your body
- **Medical Equipment and Supplies:** For assistance with diabetic medical equipment needed to maintain your health
- **Pharmacy:** Have your prescription medications covered

GAP insurance does **NOT** cover services such as:

Inpatient Services (emergency room visits, hospital stays)
Vision Services (exams, glasses)
Dental Services (exams, cleanings)
Transportation
Mammograms
Hearing aids

Magellan can help find services that are right for you.

Magellan offers other GAP services if you want more support with being healthy:

Care Coordination to help you understand your insurance or find services to help you

Recovery Navigation to get support from someone who has faced similar issues in the past

Warm Line for someone to listen and help you:
1-800-424-4520 Mon- Fri, 4 p.m.-10 p.m. Sat-Sun, 10 a.m.-11 p.m.

Magellan can help tell you which services are not covered. We are available to help meet your needs
Call Magellan to speak to a **GAP Care Manager: 1-800-424-4579**

Getting More Information

If you have questions about an eligibility application you can call **Cover Virginia**: 1-855-242-8282

You can also visit the Department of Medical Assistance Services (DMAS) website:
http://www.dmas.virginia.gov/Content_pgs/gap.aspx

Last year, Virginia Commonwealth University (VCU) partnered with DMAS to conduct a quality improvement study. This quality improvement study assessed the reasons for lower than projected enrollment rates for since the program's implementation in January 2015. To meet study objectives VCU representatives engaged in data collection through interviews with SMI screeners and administrators from 7 different sites who currently conduct SMI screenings for GAP. In Quarter One, VCU submitted the final deliverables for the study which includes a formal write up of the study as well as a diagram. This study helped DMAS to confirm areas for improvement related to the eligibility and enrollment process. Some recommendations, which are detailed below, fall in line with current GAP outreach initiatives while others are not possible due to budget constraints. A diagram detailing the study can be found in the appendix at the end of this report.

VCU recommendations for improving GAP recruitment are as follows:

VCU Recommendations for GAP Recruitment

Preparation

In order to avoid confusion among the broader healthcare system we suggest conducting a targeted marketing campaign aimed at entities servicing populations that are potentially eligible for GAP enrollment. Some such entities include homeless shelters, soup kitchens, unemployment agencies, housing agencies, jails, and other mental health treatment facilities. By broadening the marketing scope to areas outside of the medical community, this would also increase awareness of the program and help reduce the "missed" individuals who are not caught for potential screening.

Identification and screening

Provide incentive for screening sites to conduct clinical screenings and provide financial application assistance during the same visit. This would take some of the responsibility off of the applicants and allow less time to lapse between clinical screening and financial application, causing fewer applicants to "fall by the wayside."

Expand clinical criteria to allow for any person receiving an SMI diagnosis in the last year to be eligible for GAP. This would cut down on the fluctuation of applicants in and out of eligibility. Also, expand clinical criteria to include diagnoses for SUDs, anxiety disorders, and personality disorders.

Coordination and follow-up

Allow universal access to application enrollment status. Many applicants visit a screening site solely for the clinical screening but because they aren't an established patient, there's no easy way to check whether a person has been enrolled or not without using a backdoor method. By creating an easier way for sites to follow-up with a patient, this would allow recruiters to reduce the number of denied applications due to a simple typo or human error. Additionally, providing an easily recognizable reason for denial would allow sites to correct the error and potentially change an applicant's status from ineligible to eligible.

Since January 2015, Magellan has hosted weekly conference calls for GAP providers and beneficiaries. As the volume of questions from GAP providers decreased, providers were invited to join the general Magellan provider call and GAP was added to the agenda to allow for any GAP specific questions, comments or concerns. DMAS and Magellan staff hosts these calls and answer questions from the participants as well as provide updates and announcements as needed. A low number of GAP issues have been identified on these weekly calls.

Another avenue for outreach has been the email address for the public to make inquiries about GAP: BridgetheGAP@dmas.virginia.gov . This email inbox is monitored daily by DMAS GAP staff. Designed to address general information about the GAP plan and its policies, DMAS staff has been successful with supplying providers and members with electronic materials (such as the GAP supplemental manual and Medicaid memos) via email to increase awareness about the benefit plan. This quarter, most of the emails received came from providers; most inquires involved questions regarding a list of GAP providers and covered services. Additionally, providers are utilizing the email to request presentations and print materials to support the GAP.

DMAS' also maintains a GAP webpage on the DMAS website: http://www.dmas.virginia.gov/Content_pgs/gap.aspx. The webpage includes sections for individuals, providers and other stakeholders. The webpage has links to Cover Virginia and Magellan as well as other helpful information.

The GAP webpage received approximately 6,000 page views, of which approximately 4,900 were unique page views between January 1, 2017 and March 31, 2017. DMAS staff receives weekly reports and the GAP webpage is averaging between 450-500 views per week.

Cover Virginia's website (http://www.coverva.org/gap.cfm) includes a webpage dedicated to GAP and outlines the financial eligibility criteria and application process. It also includes a picture of the GAP ID card.

Magellan's website has a link for provider communication, http://magellanofvirginia.com/for-providers-va/communications.aspx , where they have posted notices to providers about GAP. They also have a training page for providers (http://www.magellanofvirginia.com/for-providers-va/training.aspx. They have also developed a GAP specific webpage, http://www.magellanofvirginia.com/for-members/governor's-access-program-(gap).aspx for members, their family members and advocates. DMAS requested that Magellan review the GAP webpage and consider updating it as it has not been updated in some time.

For additional outreach activities for the quarter please see the outreach appendix at the end of this report.

ARTS

DMAS has developed and is implementing a multi-faceted approach to educate members about the ARTS benefit available to them as well as various stakeholders, advocates, providers and health plans about ARTS. In preparation of the development of the enhanced substance use disorder benefit, DMAS developed a workgroup including the DHP, DBHDS, VDH, managed care organizations (MCOs), stakeholders and providers, to design a transformed model for addiction and recovery treatment which is based on the American Society of Addiction Medicine (ASAM) standards.

In addition, DMAS was in regular communication with Virginia's Executive Branch officials, including the Governor's Office, regarding progress and challenges developing the program. As well, efforts were made to inform Virginia's Legislative Branch, the General Assembly, via weekly correspondence. With the approval of the waiver in December 2016, DMAS has continued to provide outreach and education; some independently and some with our stakeholders or business partners.

In partnership with DBHDS and VDH, DMAS provided extensive training for providers and stakeholders on the ARTS benefit as well as best practices in working with individuals with substance use disorders. The trainings that have occurred starting in the Fall 2016 through this reporting period include:

12 DMAS "ARTS 101" in-person sessions across the Commonwealth

- Over **800** providers attended
- An additional **140** providers attended ARTS webinars

VDH Addiction Disease Management trainings

- Over **750** physicians, nurse practitioners, physician assistants, behavioral health clinicians, and practice administrators attended

DBHDS ASAM patient placement criteria training

- Over **500** providers attended

10 "ARTS provider manual trainings"

- Over **800** providers attended

DMAS also held three Provider Association stakeholder meetings including over 40 provider associations to provide feedback on the program development as well as informing their members of the ARTS benefit. DMAS also presented at numerous provider association conferences on the ARTS benefit including: Office of Children's Services /Comprehensive Services Act , Medical Society of Virginia, National Association of Social Workers – Virginia Chapter, Virginia Association of Community Services Boards, Virginia Association of Family Physicians, Virginia Association of Medication Assisted Recovery Programs, Virginia Association of Pharmacy and Virginia Network of Private Providers.

DMAS has scheduled weekly technical assistance conference calls for ARTS providers starting the first week in April 2017. DMAS, MCO and Magellan staff hosts these calls and answer questions from the participants as well as provided updates and announcements as needed. These calls will remain every week through the summer 2017.

Another avenue for outreach has been the email address for the public to make inquiries about ARTS: SUD@dmas.virginia.gov . This email inbox is monitored daily by DMAS staff. Most inquiries are from providers and the weekly average is 30 emails. DMAS reminds callers at each provider call and presentation conducted that this email address is for providers and members. DMAS has notified the public through public notices to use the email box to make recommendations about the project and to suggest outreach strategies as well.

Finally, an additional approach has been the DMAS established ARTS webpage on the DMAS website: http://www.dmas.virginia.gov/Content_pgs/bh-sud.aspx. The webpage includes specific sections for providers and other stakeholders as well as upcoming trainings, credentialing information, posting of the demonstration waiver and Special Terms and Conditions, as well as other helpful information.

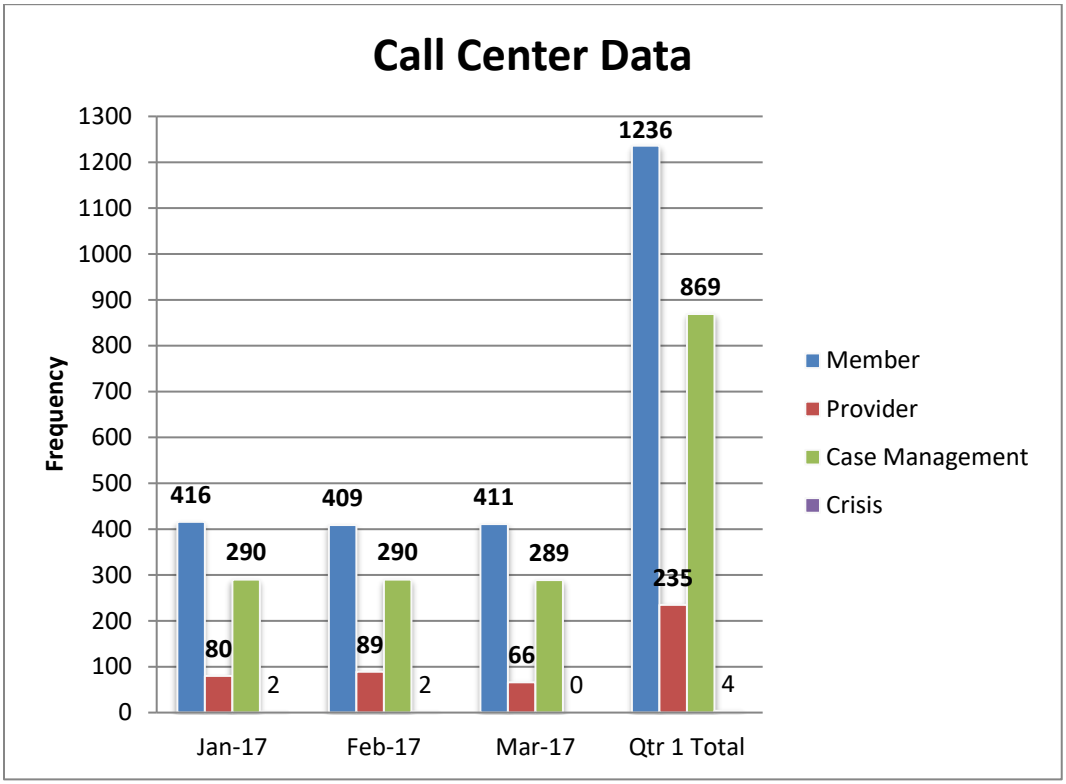
COLLECTION & VERIFICATION OF UTILIZATION DATA & ENROLLMENT DATA

GAP

DMAS collects and reviews data from contractors (Magellan and Cover Virginia) and uses data from its MMIS system. Weekly and monthly reports from the contractors are reviewed and analyzed and used for program monitoring, contract monitoring, training, outreach and DMAS reporting purposes.

The Magellan Call Center provides monthly data to DMAS about calls received related to GAP. The graph below reflects the types of calls they receive:

Figure 12



Each quarter, it is notable that there are more contacts from GAP members than from providers. It does appear that members are becoming more engaged in their treatment and service planning by attempting to access and use their benefits. Members may contact Magellan for physical health care referrals and resources, as well as behavioral health care resources. This reflects the need for care coordination in order to access services and demonstrates that the integrated model appears to be working.

ARTS

DMAS has contracted with an independent evaluation by academic researchers at VCU to evaluate if the delivery system transformation is effective in improving health outcomes and decreasing health

care costs and utilization. The researchers began analyzing baseline data for dates of service two years prior to April 1, 2017 (April 1, 2015 through March 31, 2017) for substance use disorder treatment services including: number of Medicaid members served and number of providers prior to ARTS implementation. An updated status of the baseline analysis will be reported on the next quarterly report.

OPERATIONAL/POLICY/SYSTEMS/FISCAL DEVELOPMENT ISSUES

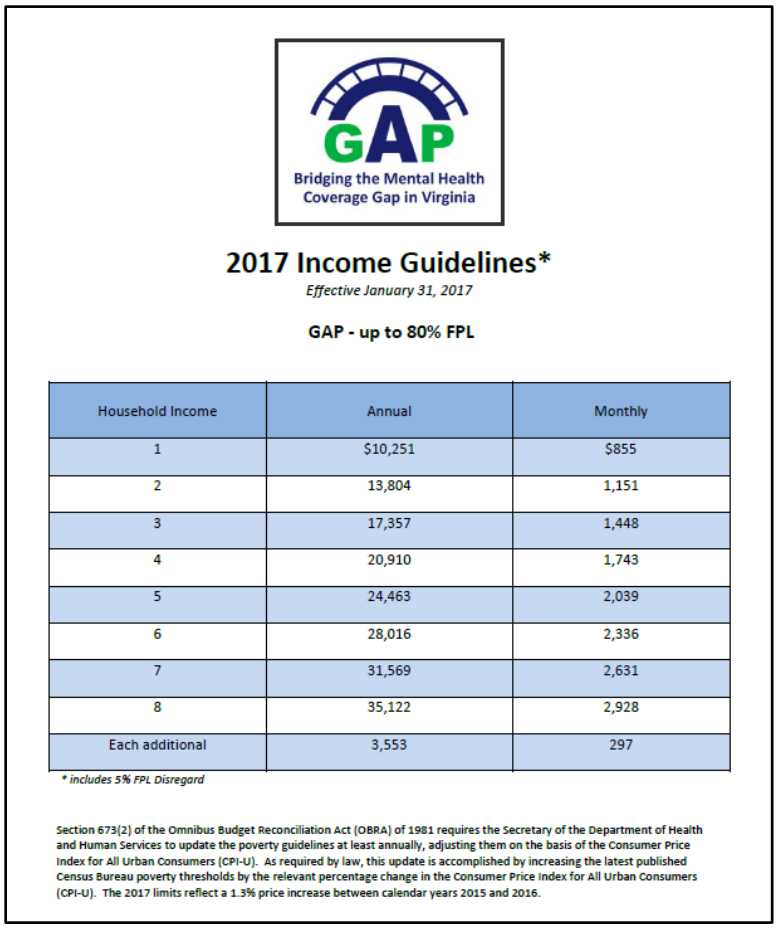
GAP

At the time of reporting, there are limited significant operational, systems, or fiscal developmental issues to disclose for the first quarter. Since the launch of the Demonstration, DMAS continues to ensure that all systems are working together for the success of the Demonstration.

DMAS staff welcomed a new GAP team member in February. The DMAS GAP team now consists of a new part-time Data Analyst. The Data Analyst will be working on GAP data and will assist with routine GAP and ad hoc reports.

Starting in January 2017 GAP membership card are now mailed every other Tuesday by Magellan instead of daily. DMAS staff worked with Magellan to develop an email blast for providers which detailed this change. The email blast informs providers on how to check member eligibility using the membership ID number listed on the approval letter as well as the usual Medicaid eligibility verification resources. DMAS also posted an announcement on the GAP webpage detailing this change.

Figure 13



GAP
Bridging the Mental Health Coverage Gap in Virginia

2017 Income Guidelines*

Effective January 31, 2017

GAP - up to 80% FPL

Household Income	Annual	Monthly
1	$10,251	$855
2	13,804	1,151
3	17,357	1,448
4	20,910	1,743
5	24,463	2,039
6	28,016	2,336
7	31,569	2,631
8	35,122	2,928
Each additional	3,553	297

** includes 5% FPL Disregard*

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 requires the Secretary of the Department of Health and Human Services to update the poverty guidelines at least annually, adjusting them on the basis of the Consumer Price Index for All Urban Consumers (CPI-U). As required by law, this update is accomplished by increasing the latest published Census Bureau poverty thresholds by the relevant percentage change in the Consumer Price Index for All Urban Consumers (CPI-U). The 2017 limits reflect a 1.3% price increase between calendar years 2015 and 2016.

DMAS staff developed an updated GAP income chart for 2017, shown above in Figure 12. This chart reflects the updated federal poverty level (FPL) for 2017. Staff also updated GAP educational flyers to include this change. Staff disseminated the updated flyers to Magellan and Cover Virginia so that they are providing potential applicants with accurate financial eligibility information.

The 2017 General Assembly passed significant funding measures to strengthen the mental health care system including $2 million in new funding to expand the GAP household income allowance to 100% of the FPL and to include Addiction, Recovery and Treatment Services' residential and partial hospitalization services in the demonstration waiver. Both items are effective for GAP member beginning October 1, 2017.

During Quarter 1, GAP Regulations finished the 60 day public comment period with one comment received. The one comment was actually in regards to ARTS so staff referred the commenter to that regulatory package. Changes related to General Assembly action will be incorporated as soon as possible.

ARTS

DMAS surveyed all health plans and Magellan of Virginia in March 2017 to describe their system readiness for implementation. At the time of reporting, there were no significant operational, policy, systems, or fiscal developmental issues to disclose. Prior to the launch of the demonstration, DMAS worked to finalize the ARTS reimbursement rates, ensure that the Medicaid Management Information System was updated to capture all fee-for-service and encounter claims for ARTS services for reporting purposes and DMAS created the technical specifications for the health plans and Magellan of Virginia to follow for monthly dashboard reporting . Call centers for Medicaid, the health plans and Magellan of Virginia were trained and the health plans updated the triage process to address members with concerns about substance use. Health plans also staffed an ARTS Care Coordinator which is a licensed practitioner to help field clinical concerns and questions as well as review the residential treatment services requests

FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT ISSUES

There are no financial/budget neutrality developmental issues to date noted for GAP nor ARTS.

CONSUMER ISSUES

GAP

DMAS is hearing anecdotally, that members are having difficulty locating specialty providers for their health conditions. While Magellan is available to assist in identifying Medicaid providers from the MMIS system, Magellan and members report that when contacted these providers state they are no longer taking Medicaid patients. DMAS is collaborating with Magellan regarding how to track these allegations so DMAS can investigate this concern further.

ARTS

At this time, there are no issues to report. DMAS is working with the health plans and Magellan of Virginia to ensure that any issues that may surface are documented and resolved.

CONTRACTOR REPORTING REQUIREMENTS

GAP

Last year, DMAS worked with Magellan to identify broad categories as well as some initial specific data elements to be reported. Broad categories included the following: care coordination, peer supports/Recovery Navigator Services, warm line and routine utilization. From Cover Virginia DMAS receives weekly reports to address the GAP eligibility applications being processed. This quarter DMAS continued to receive all necessary reports from contractors using the data elements detailed above. All reports were complete and on time.

DMAS intends to use predicative modeling tools to assist in identifying GAP members with the highest level of need. Those findings may prove to be beneficial to select individuals to target interventions (e.g. disease or case management). The ultimate goal is promote efficiency in care

management through the use of available health risk predictive modeling tools. An initial data run was completed last year and new data runs will be scheduled throughout Demonstration Year 3.

ARTS

DMAS developed revisions of its contract requirements for the health plans and Magellan of Virginia, Medicaid state plan, state regulations and provider manuals, to establish standards of care for ARTS that incorporate industry standard benchmarks from the ASAM Criteria for defining medical necessity criteria, covered services and provider qualifications.

The health plans and Magellan of Virginia contracts were modified to incorporate ASAM requirements into provider credentialing and networking, utilization management and service coordination processes to ensure that service provision is reviewed based on the ASAM Criteria and that care coordination structures match the ASAM Criteria.

The health plans and Magellan of Virginia focused this reporting period on credentialing and enrolling network providers licensed within the scope of practice as defined by Virginia state licensure authorities. The health plans and Magellan of Virginia utilized, as required by contract, a standardized provider credentialing checklist developed by DMAS for Opiate Treatment Programs (OTPs) and Office Based Opioid Treatment (OBOT) providers, Intensive Outpatient Programs (ASAM Level 2.1), Partial Hospitalization Programs (ASAM Level 2.5) and Residential Treatment Services (ASAM Level 3.1, 3.3, 3.5, and 3.7) that align with the ASAM Criteria. State licensure requirements for Outpatient Services (ASAM Level 1.0), OTP, Intensive Outpatient (ASAM Level 2.1), and Partial Hospitalization (ASAM Level 2.5) currently align with ASAM Criteria. The DMAS contractor performed site visits to Residential Treatment providers to ensure that the health plans and Magellan of Virginia credentialing for the Residential Services (ASAM Levels 3.1 through 3.7) aligns with ASAM Criteria. DMAS also formed a physician review panel to review the applications for OBOT providers to ensure they meet the ASAM Criteria. DMAS notified the health plans and Magellan of Virginia of those residential treatment providers and OBOT providers who were approved to finalize their credentialing process.

This reporting period, each health plan and Magellan of Virginia submitted their ARTS Network Development Plan describing current ARTS network and their plan to develop a more comprehensive network for each ASAM level of care in each region. Also, each health plan and Magellan of Virginia submitted an ARTS Network Readiness Plan describing its ARTS services network by region and specifying which ASAM levels of care will have adequate numbers of providers and which levels of care will require further provider development. The table below represents the current network by ASAM Level of Care and change in numbers of Medicaid enrolled providers.

Addiction Provider Type	# of Providers before ARTS	# of Providers after ARTS	% Increase in Providers
Inpatient Detox (ASAM 4.0)	Unknown	86	**NEW**
Residential Treatment (ASAM 3.1, 3.3, 3.5, 3.7)	4	65	**1525%**
Partial Hospitalization Program (ASAM 2.5)	0	11	**NEW**
Intensive Outpatient Program (ASAM 2.1)	49	57	**16%**
Opioid Treatment Program	2	34	**1600%**
Office-Based Opioid Treatment Provider	0	34	**NEW**

DMAS is working to complete the final comparison of the networks submitted in March 2017 by region to verify that each health plan and Magellan of Virginia have developed the most comprehensive networks possible. This analysis is taking extensive work to compare the network submissions as national provider identifier (NPI) numbers varied as well as spelling of addresses and names of providers varied from the DBHDS Office of Licensing lists. DMAS is working with the health plans and Magellan of Virginia to identify invalid submissions and correct for next submission in May 2017.

In addition to the network submission, DMAS required each provider of ARTS residential services to be assessed to meet the provider competencies and capacities described in the ASAM Criteria for the requisite level or sublevel of care prior to participating in the Virginia Medicaid program under the ARTS demonstration. The following processes will be implemented to verify that ARTS residential treatment service providers deliver care consistent with the ASAM Criteria:

- All DBHDS-licensed residential treatment services will provide a self-attestation to DMAS as comporting with ASAM Level 3.1, 3.3, 3.5 and/or 3.7.
- DMAS will contracted with a vendor, Westat, Inc., who has extensive expertise in the ASAM Criteria to conduct site visits to verify the self-attestation and certify residential treatment providers as ASAM Level 3.1, 3.3, 3.5 and/or 3.7 programs based on site visits.
- Providers recieved site visit reports from Westat, Inc. verifying that their programs meet ASAM criteria for Level 3.1, 3.3, 3.5, and/or 3.7 that in turn was also shared with the health plans and Magellan of Virginia as a requirement to become credentialed as residential treatment providers.

The table below shows a comparison of Westat, Inc. completed on-site surveys with full ASAM certifications and well as those who received conditional certifications requiring plan of correction by ASAM Level 3 Categories as of 3/31/2017:

ASAM Level 3 Categories	No. Completed On-Site Surveys	No. Full Certification	No. Conditional Certification with POC	Total Certifications based on Surveys
3.7	31	27	4	31
3.5	24	20	4	24
3.3	5	4	1	5
3.1	14	7	7	14
Totals:	74	58	16	74

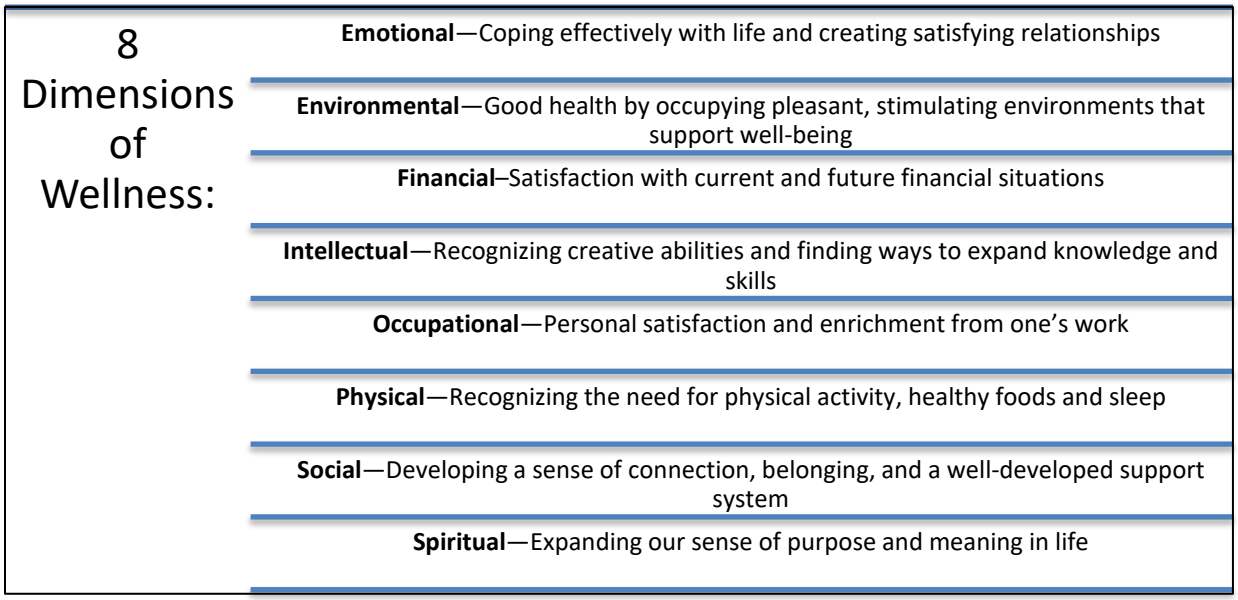
RECOVERY NAVIGATORS

GAP

The Recovery Navigators have continued efforts to deliver outstanding supports to our GAP members. Since inception, DMAS has only received positive feedback regarding their efforts. There are 5 Navigators positions located around the state: Northern Virginia/Central Virginia, Roanoke/Lynchburg, Far Southwest Virginia, and two in Tidewater.

The Recovery Navigators are providing outreach and education at residential crisis stabilization facilities operated by community services board. GAP members being discharged from the facilities are given information about the care coordination services available from Magellan as well as information about Recovery Navigation services. Whether the GAP member requests Recovery Navigation services or not, they are also provided with information about peer run centers and supports available in their home communities. Recovery Navigation data for Quarter One is currently under review as it is a manual complication of data.

Figure 14



Recovery Navigators offer support framed around the eight dimensions of wellness. Wellness means overall well-being. It includes the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life. The Eight Dimensions of Wellness, as defined by Substance Abuse, Mental Health Services Administration (SAMHSA) may also help people better manage their condition and experience recovery. Figure 14 describes each dimension.

ARTS

Not applicable.

LESSONS LEARNED

GAP

DMAS continues to consider how processes and procedures can be refined and strengthened. At this stage of the Demonstration, DMAS believes that significant progress has been made to increase the awareness of the benefit plan since the implementation of the Demonstration. Working with all stakeholders has been critical to the success of the program and DMAS believes the unified approach allowed for the program to survive legislative action other than a reduction in eligibility. Since implementation DMAS has seen a low number of grievances or reconsiderations for the GAP Demonstration. Data from the Demonstration exhibits high utilization of non-mental health medications among members. This is rewarding because it shows that members are accessing both medical and behavioral health services, which is one of the GAP Demonstration goals.

There continues to be substantial value in the work of Recovery Navigators and DMAS believes this to be a significant benefit of the GAP Demonstration. DMAS gathers success stories and experiences of these navigators; below is one account narrated by a Recovery Navigator:

A 51 year old female GAP member enrolled in Recovery Navigation in September 2016 after connecting with Magellan through the Warm Line. Her husband of nearly 30 years passed away approximately two years ago. After his death, she began to develop severe anxiety and bouts of depression. She currently is having financial difficulties and is actively trying to prevent foreclosure of her home.

Her Recovery Navigator has been able to link her with a local peer run center. The Recovery Navigator was able to assist the member in getting linked with peer counseling in Spanish, which has been a good source of comfort for her. Part of her anxiety stemmed from her feeling hopeless in regard to helping her sons; who have had mental health challenges after the death of their father. Her Recovery Navigator has been able to provide support in helping locate resources for them as well. He is also assisting the member with rebuilding her support network by sharing his own personal recovery experience. The Recovery Navigator also introduced the member to the Wellness Recovery Action Plan (WRAP), which she has found to be extremely helpful. Together they have begun working on developing her own personal wellness plan, identifying her triggers, and establishing wellness tools. Her Recovery Navigator has been able to help facilitate care coordination to ensure that she is getting assistance addressing her housing concerns. He has also been a source of encouragement and a listening ear as the member shared her grief of losing her husband.

The member has expressed on several occasions that she is very "grateful" for GAP and the coverage it has given her. She has stated that she would likely be in the hospital without it. She has expressed that she is very grateful for the Recovery Navigation component of GAP, which has provided her with much needed support, resources, and understanding. She has been working hard on her WRAP plan and has recently begun exploring options for employment. She has also been able to find and utilize community resources that she was unaware existed prior to GAP, such as the peer run center and NAMI. She has expressed that she is more optimistic about her future than she was last year at this time.

ARTS

DMAS has received positive feedback from providers and the health plans on the transparency, outreach and willingness to engage feedback for a successful implementation. DMAS, for the first time, posted the draft provider manual for public comment period and received a wealth of information to make the program requirements clearer for providers. DMAS also worked with DBHDS Office of Licensing to expedite the modifications of licenses so that providers wanting to become part of the health plans and Magellan of Virginia ARTS Network were able to obtain these licenses timely in order to be credentialed at time of implementation.

At this early stage of the demonstration, it is difficult to evaluate the impact of the Department's preparations and processes for the implementation of such a significant program. The next quarterly report will allow for appropriate time to consider 'lessons learned' in a meaningful way. At this point,

DMAS has certainly gained perspective on how important it is to have a unified and strategic approach for legislative involvement. Working with all stakeholders, including the Governor's office, in advocating for the program has proved to be both challenging, and yet effective.

DEMONSTRATION EVALUATION

GAP

DMAS is using an expert panel to advise us about our evaluation and data resource/usages. The expert panel consists of Dr. Len Nichols, Dr. Peter Aiken, and Dr. Bela Sood. Additional support was provided by DMAS' sister state agency, the Department of Behavioral Health and Developmental Services (DBHDS) with both data analysis and community mental health services. However, in the state budget reductions that position was eliminated and the employee was laid off.

Due to the issues with data collection and analysis, the evaluation panel did not meet this quarter. The panel has been on hiatus while staff works on resolving the reporting issues.

ARTS

DMAS received approval from CMS in the demonstration approval to contract with VCU, via the Department of Health Behavior and Policy, to conduct a baseline analysis of substance use disorder service utilization and costs prior to the implementation of the Medicaid covered ARTS benefit on April 1, 2017. This baseline analysis will establish utilization and costs for two years prior to the effective date of the ARTS benefit. VCU, via the Department of Family Medicine and Population Health, will conduct pre and post surveys of attendees of the VDH Addiction Disease Management trainings to measure baseline characteristics for providers attending ARTS training sessions and assess their planned addiction services.

In accordance with paragraph 79 of the waiver Special Terms and Conditions (STCs), the State will submit a draft evaluation design to CMS within 120 days for the demonstration amendment award (due April 14, 2017). DMAS is working with VCU to finalize the draft evaluation to CMS. DMAS will review CMS feedback once received and work with the VCU expert panel to amend the design and submit a revised draft to CMS within 60 days of receiving CMS' comments, according to the conditions outlined in paragraph 79 of the STCs.

CONCLUSION

GAP

This quarter DMAS made great progress with the VADOC initiative. Now that VADOC officials are trained, DMAS is looking forward to finalizing credentialing requirements so that officials may begin submitting screenings and applications for returning citizens prior to their release. DMAS is committed to increasing access to healthcare to the criminal justice system's returning citizens with significant behavioral health and medical needs and recognize how access to care impacts recidivism. DMAS is also committed to continued collaboration with its contractors to develop higher confidence in the data process as well as identifying additional opportunities to better serve our members throughout Demonstration Year 3.

ARTS

This first reporting period, in preparation for a successful ARTS implementation, DMAS worked extensively with various state agencies, provider associations, stakeholders, the health plans and Magellan of Virginia. This included numerous trainings totaling close to 3,000 providers receiving training on ARTS, ASAM Criteria and best practices of treatment of members experiencing substance use and co-occurring disorders. This reporting period required significant outreach, working with DBHDS Office of Licensing, health plans and Magellan of Virginia to ensure providers were obtaining licenses expeditiously and getting credentialed timely to ensure readiness for implementation. DMAS is committed to finalize the review of the ARTS Network and working with stakeholders to increase access to areas in need of providers.

FORMER FOSTER CARE MEMBERS

In December 2016, CMS convened a conference call to facilitate a discussion on the section 1115 demonstration strategy to provide Medicaid coverage to former foster care youth who were enrolled in Medicaid and foster care in another state, and are now applying for Medicaid in the state in which they now live using section 1115 Medicaid demonstration authority. After additional consultation with CMS during this quarter, DMAS opted to amend the GAP Demonstration Waiver. DMAS intends to submit the waiver amendment in the next Quarter.

ENCLOSURES

Appendix A GAP Outreach Spreadsheet
Appendix B Budget Neutrality Worksheet

STATE CONTACT(S)

If there are any questions about the contents of this report, please contact:

Sherry Confer
Special Projects Manager
Sherry.Confer@dmas.virginia.gov

GAP
Bridging the Mental Health Coverage Gap in Virginia

ARTS
Addiction and Recovery Treatment Services

Appendix A -Outreach Chart

DATE	EVENT	AUDIENCE	ITEM	FOCUS: GAP	FOCUS: Peer Support	#ATTENDED	COMMENTS	PRESENTER
1/23/2017	Stand Down Event	Low income veterans	GAP Flyer	yes	no	unknown	Disseminated GAP flyers to the Dept. of Veterans Affairs to share at their Stand Down event in Washington D.C.	DMAS Staff
3/3/2017	NAMI Virginia e-Newletter	NAMI VA	Announcement	yes	no	approx. 4300	Announced the Final 2017 legislative updated that included the GAP FPL increase to 100%	NAMI VA staff
3/7/2017	Email	Virginia Hospital & Healthcare Association	Website link and documents	yes	no	unknown	Shared GAP information with the Virginia Hospital and Healthcare Association	DMAS Staff
3/10/2017	SMI Screener and Application Training	VADOC Officials	Training presentation	yes	no	90	Trained VADOC Mental Health staff on how to conduct and submit GAP SMI screenings and applications for returning citizens	DMAS, Cover VA, and Magellan staff
3/15/2017	Meeting with Chesterfield County Sherriff's Office	Chesterfield County Sherriff's Office	GAP information	yes	yes	1	Discussed conducting GAP screenings and applications at the Chesterfield County Jail	DMAS and Magellan staff

Appendix B – Budget Neutrality Worksheet

DEMONSTRATION WITH WAIVER (WW) BUDGET REPORT: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	Budget Neutrality DY 3 Full year estimate	1/4 of Full Year Estimate	DEMONSTRATION YEAR 3 (CALENDAR YEAR 2017) QUARTER 1 January 2017	February 2017	March 2017	TOTAL QUARTER	
Non-LTC Disabled Adults with SMI							
Pop Type:	**Medicaid**						
Eligible Member Months	851,621	212,905	76,669	77,495	77,629	231,793	With the proposed 1115 Demonstration waiver, individuals served through the GAP program are assumed to be diverted from obtaining a disability determination and thereby qualifying for full-Medicaid benefits under current Virginia eligibility levels.
PMPM Cost	$ 2,200.19	$ 2,200.19	$ 1,978.24	$ 2,041.34	$ 2,261.96	$ 2,094	
Total Expenditure	$ 1,873,728,326	$ 468,432,081	$ 151,669,354	$ 158,193,664	$ 175,593,675	**$ 485,456,692**	
GAP Population							
Pop Type:	**Expansion**						
Eligible Member Months	137,517	34,379	9,947	10,086	10,467	30,500	The 1115 Demonstration waiver initially provided a limited coverage benefit to individuals with severe mental illness at or below 60% FPL. It was expanded to include those at or below 80% FPL as of July 1, 2016 and is proposed to increase to 100% FPL October 1, 2017.
PMPM Cost	$ 450.53	$ 450.53	$ 351.98	$ 417.22	$ 393.18	$ 389.01	
Total Expenditure	$ 61,955,975	$ 15,488,994	$ 3,501,099	$ 4,208,042	$ 4,115,467	$ 11,864,745	