Governor's Access Plan (GAP) for the Seriously Mentally Ill

Section 1115 Quarterly Report

Demonstration Year: 1 (1/12/2015 – 12/31/2015)

Demonstration Quarter: 4 (10/1/2015 – 12/31/15)

Introduction

On June 20, 2014, Governor Terry McAuliffe declared, “I am moving forward to get Virginians healthcare.” To that end, he charged Secretary of Health and Human Resources, Dr. Bill Hazel, to create a detailed plan, outlining opportunities and implementation targets to provide Virginians greater access to physical and behavioral health care. A Healthy Virginia, was the outcome of the work of the Secretariat, and is a 10-step plan to expand healthcare services to over 200,000 Virginians. The Governor’s Access Plan for the Seriously Mentally Ill (GAP) is the first step, aiming to offer a targeted benefit package to Virginians who have income less than 60% (5% disregard) of the federal poverty level and meet the criteria for having a serious mental illness. In cooperation with the Centers for Medicare and Medicaid Services (CMS), Virginia launched the GAP demonstration on January 12, 2015.

Without access to treatment and other supports such as treatment, care coordination, and Recovery Navigation individuals with SMI are often unnecessarily hospitalized, may be unable to find and sustain employment, struggle with 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.

The three key goals of the GAP Demonstration are to:

1. Serve as a bridge to closing the insurance coverage gap for Virginians;
2. Improve access to health care for a segment of the uninsured population in Virginia who have significant behavioral and medical needs; and
3. Improve health and behavioral health outcomes of demonstration participants.

The implementation of the GAP demonstration required the Department of Medical Assistance Services (DMAS) to work with stakeholders and community mental health and healthcare providers, primary health care providers, Magellan of Virginia, the Behavioral Health Services Administrator, and the Department of Behavioral Health and Developmental Services (DBHDS). To date, these partners continue to work together to ensure a successful implementation of the program, and outreach and training efforts to ensure that individuals know the program exists, and that providers are ready and able to offer the care GAP members need.

Magellan of Virginia was awarded the contract to serve as DMAS’ Behavioral Health Service Administrator (BHSA). Magellan administers behavioral health services for members enrolled in Virginia’s Medicaid and FAMIS programs. Specific to the GAP benefit plan, Magellan offers care coordination, crisis and Recovery Navigator (peer support) services to assist members with managing their mental healthcare needs.

For primary healthcare needs, DMAS relies on the fee-for-service health care providers to assist members. These are primary care physicians, specialists and federally qualified health clinics enrolled as Medicaid providers. For services not covered by the GAP benefit plan, DMAS must rely on the indigent care providers in the local communities; we call these providers our “preferred pathways” as we prefer they access these providers in lieu of the emergency rooms of hospitals. We continue to identify and collaborate with these providers.

Eligibility and Benefits Information

As identified in the Special Terms and Conditions document, the Virginia GAP Demonstration eligibility guidelines are as follows:

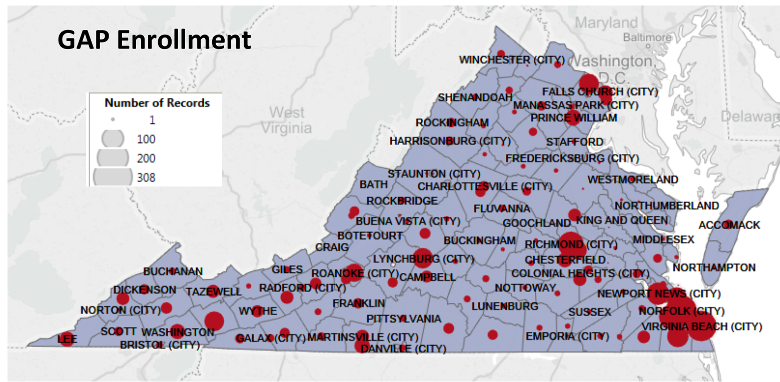
- Adult ages 21 through 64 years old;
- SMI criteria, including documentation related to the duration of the mental illness and the level of disability based on the mental illness;
- Not otherwise eligible for any state or federal full benefits program including: Medicaid, Children's Health Insurance Program, or Medicare;
- Household income that is below 60 percent of the Federal Poverty Level (FPL) plus a 5 percent income disregard (effectively 65 percent FPL);
- Uninsured; and,
- Not residing in a long term care facility, mental health facility, long-stay hospital, or penal institution.

The Department 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 an ever growing relationship with the Federally Qualified Health Centers (FQHCs), are attributable to the success of the initial months of the demonstration. Though there was a condensed time frame to develop and bring up the program, the diligent work of the Department and its community partners, translated into a successful program launch. The trainings offered via webinars and conference calls, materials put together by DMAS staff, and education to the CoverVirginia call center, were a successful output of the implementation planning approach. Incremental growth in the amount of applications for eligibility into the program existed in the initial months of the program; however, the month of April saw an explosive number of applications. It is likely that media attention and aggressive outreach efforts by local partners contributed to this outcome. With the legislative activity forcing change in eligibility as of July, there were incented efforts to ensure individuals were enrolled to secure eligibility for at least a year.

In response to the change in eligibility, DMAS prepared training documents and informational fliers that highlighted the revised eligibility criteria as well as the benefits included in the GAP demonstration. These documents were used across Virginia by CSBs and other local partners to ensure individuals are hearing about and being supported in their application to the program.

Enrollment Counts for Quarter and Year to Date

The GAP demonstration continues to steadily grow in membership. For the quarter ending December 31, 2015 there were 6,198 individuals enrolled from 266 unique localities across the Commonwealth.



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

Demonstration Population	Total Number of Enrollees Quarter Ending 12/31/2015	Current Enrollees YTD (01/12/2015 – 12/31/2015)
GAP Members Enrolled	4944	6198

Of the 6,198 GAP members, 230 have incomes between 60-100% of the FPL. DMAS continues to explore strategies to ensure that these members receive some type of wrap around assistance once they become ineligible for coverage. As a result of the threshold GAP in the Patient Protection and Affordable Care Act, these individuals would not be eligible for a subsidy to purchase coverage in the Marketplace. DMAS is actively collaborating with Cover Virginia to plan for the annual re-enrollment process that begins in January 2015. We are also discussing with the CSBs how to transition GAP members who may be losing their GAP eligibility due to the spring 2015 financial eligibility changes. DMAS and Magellan are working on workflows for the Magellan care coordinators to address how to transition GAP members out of care coordination and Recovery Navigation Services upon GAP disenrollment.

Outreach/Innovation Activities to Assure Access

DMAS outreach plan was originally submitted in March, 2015 and responded to CMS with a resubmission to CMS on June 23, 2015. DMAS has developed and is implementing a multi-faceted approach to educate potential members, family members, 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 approved plan.

Prior to implementing the GAP, DMAS involved stakeholders in the development and planning of the waiver application and the project implementation. DMAS convened a GAP workgroup that was comprised of several subgroups, each addressing a specific component of the project. Those subgroups included the following: benefit plan, SMI screenings and eligibility, case management/care coordination, data collection and analysis, outreach and education, peer supports/recovery navigation, claims, financial eligibility and enrollment, appeals, and evaluation.

These subgroups were comprised of people with lived experiences in mental or substance use disorders, family members of potential members, advocates, provider organizations, the Virginia DBHDS, DMAS business partners, (Cover VA and Magellan) and DMAS employees. DMAS GAP staff and Magellan's Recovery Navigators conducted presentations which included information about peer supports in general; the Recovery Navigators were well received and continue to provide outreach to promote GAP at the local level including homeless shelters and providers.

This quarter, in preparation of the 2016 renewal/re-enrollment process, collaborative efforts with DMAS' Marketing and Enrollment division has resulted in the design of new materials for outreach. The GAP url (www.gap-va.org), GAP widget and electronic post cards were generated for dissemination to the behavioral health provider community. Additionally, Spanish and English posters were created as a means of reaching potential members who have corresponded with entities in the non-provider community; the mailing distribution list consisted of organizations such as food banks, shelters, free clinics, local charities and statewide law enforcement (county police stations and sheriff offices). Once the materials have been reviewed and approved, DMAS plans to initiate mailing at the beginning of the next quarter.

Since January 2015, DMAS has hosted weekly conference calls for GAP providers and beneficiaries. DMAS and Magellan staff hosts these calls and answer questions from the participants as well as provided updates and announcements as needed. The frequency and need of these calls is being evaluated by the department; however, the current schedule is as follows:

GAP Weekly Conference Calls		
Day of the Week	**Time**	**Target Participants**
Fridays	9:00am – 10:00am Rescheduled to 11:00am-noon per callers and Navigators recommendation	GAP Members/Potential Members/Family/ Advocates
Fridays	2:00pm – 3:00pm (folded into another Magellan weekly provider call 5/29/15)	GAP Providers

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 behavioral health 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) to increase awareness about the benefit plan. The last quarter focused on redirecting misguided attempts from providers to receive information about claims and covered/non-covered services. This quarter, more emails have come from members and their families in addition to potential members; inquiries ranging from general requests about the benefit plan (members) to requests for steps on how to submit a GAP application (potential members). We are pleased with this shift of contacts coming from members more than providers. We see this as an indication that more potential members are learning of the GAP opportunity.

An additional approach has been the DMAS established GAP webpage on the DMAS website: http://www.dmas.virginia.gov/Content_pgs/gap.aspx. The webpage includes specific sections for individuals/families, providers and other stakeholders. This page continues to be updated with the most recent information as it becomes available. The webpage has links to Cover Virginia and Magellan as well as other helpful information. 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.

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 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. Lastly, a training page for providers has also been added (http://www.magellanofvirginia.com/for-providers-va/training.aspx).

Additional outreach for the quarter included:

- GAP presentation for VCU Community Providers – 11/11
- DBHDS Behavioral Health Advisory Council – 12/2
- GAP Stakeholder Meeting – 12/17

Feedback from the 12/17 GAP stakeholder meeting has highlighted the need for clarification regarding GAP's outreach efforts to providers and the eligibility renewal/re-enrollment process. As a result, DMAS has utilized the feedback to create a training that would provide a more in depth look into the re-enrollment process. Currently under development, DMAS will share specifics of this plan in the following quarterly report.

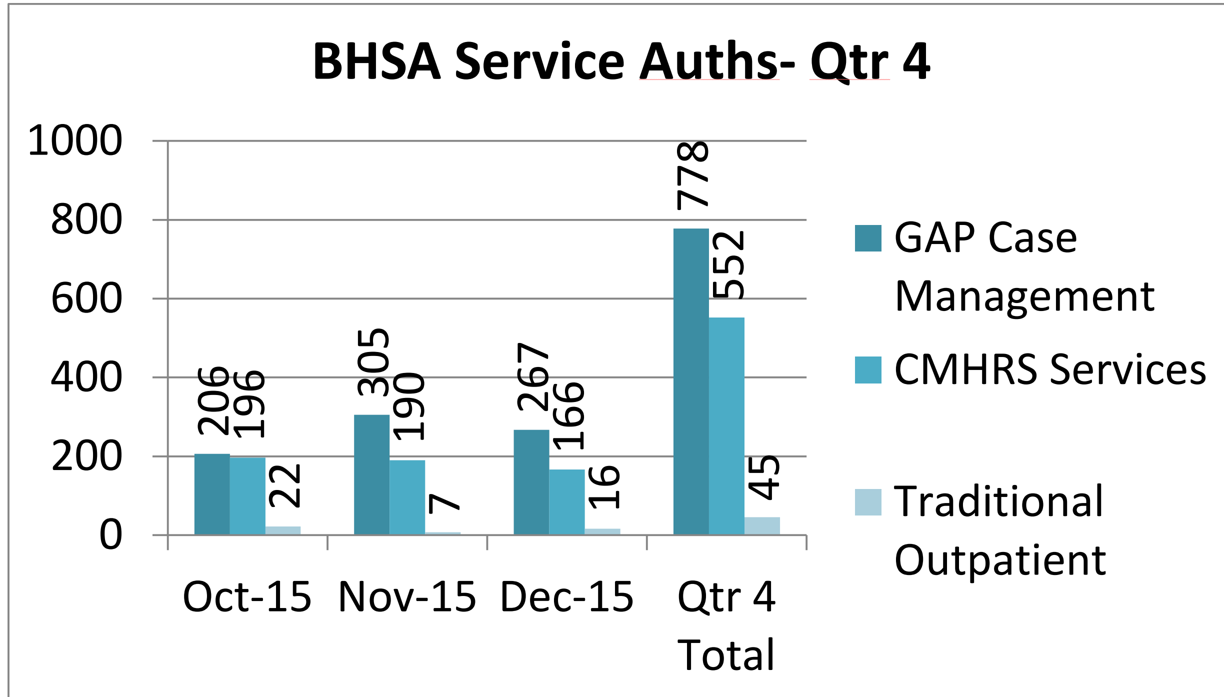
Collection and Verification of Encounter Data and Enrollment Data

DMAS is utilizing their traditional Fee-For-Service process for data collection. Additionally, enrollment data is being provided through the CoverVirginia portal/contract. DMAS staff has worked diligently to ensure that all contracts and data sharing agreements include specific data elements pertaining to not only GAP members, but also their encounter data. These data levels and transmittal processes are still being refined and specifics will be included in later reports.

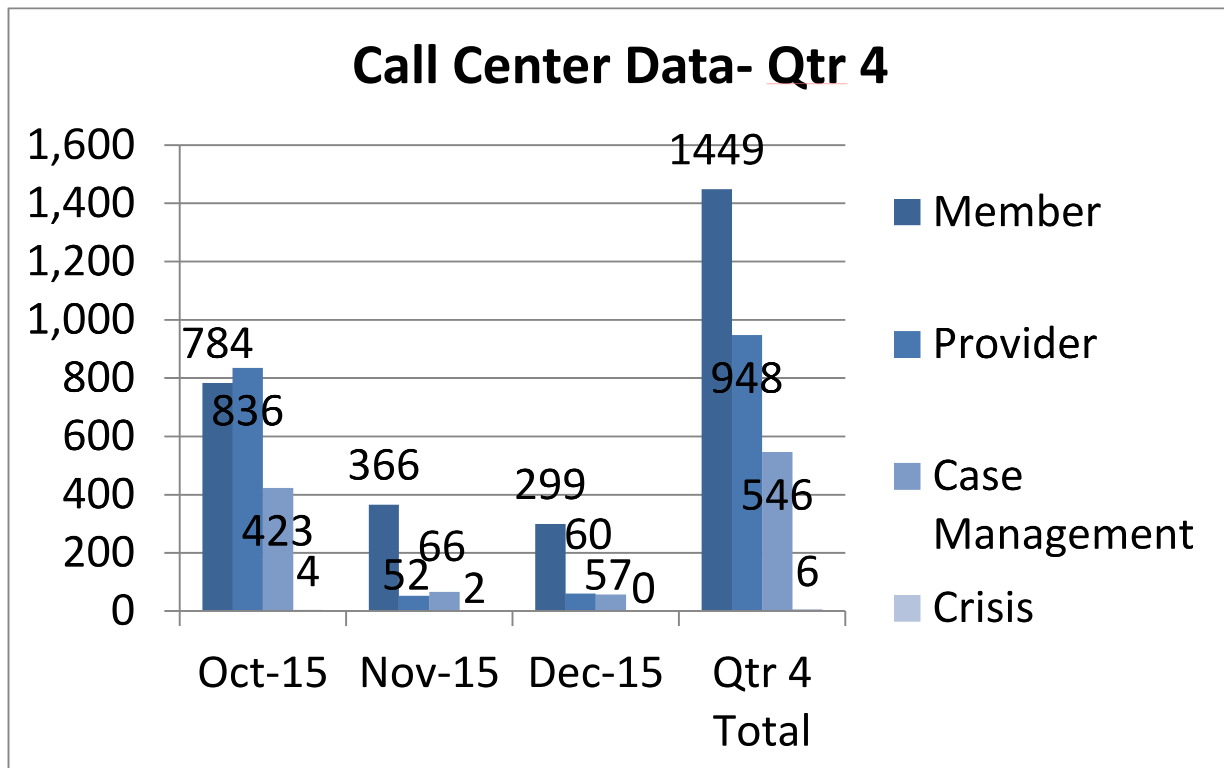
DMAS has learned that there was a misunderstanding about the availability of the inpatient data from local hospitals being available from VHI. Apparently Inpatient and Emergency Department data are not collected uniformly so there is no means to use the data for evaluation and reporting purposes. DMAS will continue to work with DBHDS on whether state hospital data is available and will report the findings to CMS as soon as the clarification is available.

However we have been reviewing behavioral health service authorizations from the BHSA. This chart reflects requests for traditional outpatient behavioral health services (individual, family, group therapies and psychiatric evaluations), GAP case management (low and high intensity) and non-traditional community behavioral health services (which are described in the Community Mental Health Rehabilitative Services provider manual) and are considered to be state plan option services.

We are pleased to note that GAP members are receiving supportive behavioral health services in addition to medications. Our report next quarter will better reflect that data comparison. The chart below is just for the 4th quarter. Our year-end report will reflect how many members total are receiving these supportive behavioral health services.



The Magellan call center provides monthly data to DMAS about calls received related to GAP. The table below reflects the types of calls they receive:



Similar to the BridgetheGAP email inbox, we are seeing an increase in contacts from GAP members as opposed to providers. We see that as members becoming more engaged in their treatment and service planning as well as attempting to access and use their benefits. Members may contact the BHSA for referrals for physical health care referrals and resources as well as behavioral health care resources.

Although we are pleased to see a very low number of crisis related calls, we are monitoring this. GAP does not cover inpatient or emergency room services so we want to be sure members are aware of the crisis resources available to them.

DMAS providers have a year from the date of service to submit claims. Starting in the first quarter of the 2nd year of the demonstration we will begin reviewing utilization more closely and exploring opportunities for increased data analysis. With more data available it is a better opportunity to draw some informed conclusions about the program. This is in align with feedback from the evaluation panel as well as DMAS' Data Analytics team recommendations.

Operational/Policy/Systems/Fiscal Developmental Issues

At the time of reporting, there are no significant operational, systems, or fiscal developmental issues to disclose for the 4th quarter. Since the launch of the demonstration, DMAS continues to ensure that all systems are working together for the success of the demonstration. Call centers remain engaged, trained and fully staffed, protocols have been refined, and triage processes are in place for situations in question.

The only policy issue to bring to light is the reduction in the eligibility threshold for the GAP demonstration. The reduction from 100% to 60% FPL (plus 5% disregard) is not insignificant; since the reduction, enrollment numbers have noticeably decreased, creating a gap between the projected and actual number of members enrolled in GAP. DMAS is keenly aware of the impact this will have on demonstration participants and to that end and as described earlier in the document, the Department is working to identify solutions to support these individuals who will lose eligibility and fall in the coverage gap.

Financial/Budget Neutrality Development Issues

There are no financial/budget neutrality developmental issues to date. Examination of policies and discussions with CMS partners concluded that despite legislative action and reduction in eligibility, budget neutrality did not need to be recalculated at this time.

Consumer Issues

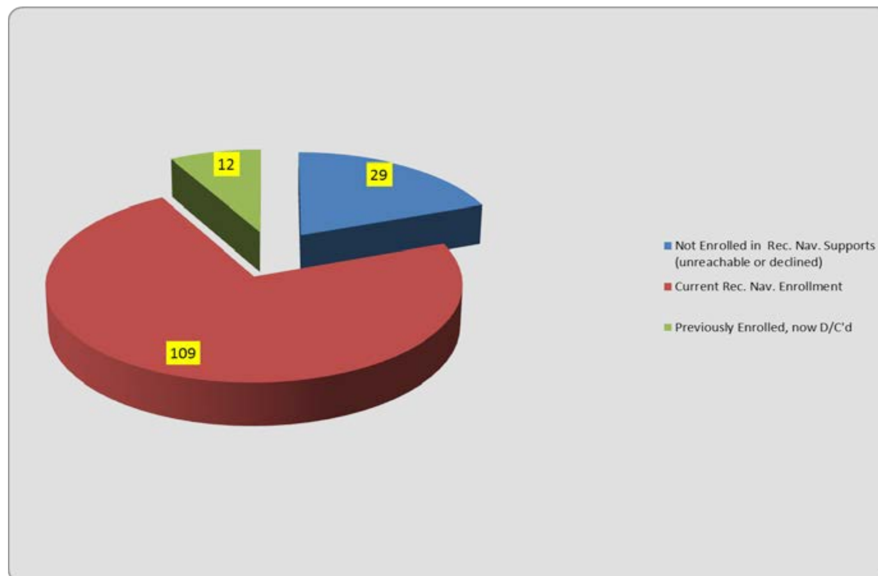
DMAS is closely monitoring any issues pertaining to GAP members. Initially, the opportunity to apply for GAP at either the eligibility application component (CoverVA) or with the SMI screening (CSB/FQHC) caused confusion and miscommunication between the contract vendors, screeners and potential members. Although well intentioned, the so-called "no wrong door" 2-step eligibility process was a challenge to implement. However, the Department contract monitors were diligent in requiring clear, timely exchange of information and files and the confusion seems to have abated. There has been a decrease in the number of calls related to this issue.

Recovery Navigators

The Recovery Navigators are doing good work thus far. We have had no complaints or negative feedback about their efforts. There are 6 Navigators, located around the state: Northern Virginia, two in Central Virginia, Tidewater, Roanoke/Lynchburg and Far Southwest Virginia. In the last quarter due to requests for Recovery Navigator services, one of the two Central Virginia positions was re-assigned to the Tidewater area. This is appropriate as there is a larger concentration of GAP members in the Tidewater area than in other areas of the state.

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 the BHSA as well as information about Recovery Navigator services. Whether the GAP member requests Recovery Navigator services or not, they are also provided with information about peer run centers and supports available in their home communities.

We are working with the BHSA to finalize reporting formats and timelines. The table below is one element of the reporting we are developing with the BHSA:



The above table reflects the Recovery Navigator Services in December. At the end of December 2015, there were 109 GAP members enrolled in services. Over the course of the year, there have been 29 members who were referred but either the Navigators could not reach the member or the member declined the service. GAP members are averaging about 83 days in Navigator Services.

Contractor Reporting Requirements

During this quarter, DMAS worked with Magellan of Virginia the BHSA 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 we are working on developing a monthly report to address the GAP eligibility applications being processed. In addition, DMAS is in discussion with the Virginia Department of Behavioral Health and Developmental Services to ascertain what data may be available about this shared GAP population.

Lessons Learned

DMAS is always prepared to consider how processes and procedures can be refined and strengthened. At this stage of the demonstration, DMAS believes that the Department continues to do well in increasing the awareness of the benefit plan since the implementation of the demonstration. Working with all stakeholders is critical to the success of the program and we believe the unified approach allowed for the program to survive legislative action other than a reduction in eligibility.

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 is working to gather success stories and experiences of these navigators and will share this information in subsequent reports.

Demonstration Evaluation

DMAS requested and received approval from CMS of the utilization of an expert evaluation panel instead of hiring an outside entity. DMAS has a trusted relationship with Dr. Len Nichols of George Mason University and his affiliates and they have agreed to serve as the lead evaluator. Serving with him will be another nationally recognized data expert, Dr. Peter Aiken of Virginia Commonwealth University. DMAS has also has a panel member who is an expert in the field of Mental Health held by a Psychiatrist from Virginia Commonwealth University Health System, Dr. Bela Sood and additional support is provided by DMAS' sister state agency, the Department of Behavioral Health and Developmental Services (DBHDS) with both data analysis and community mental health services.

The evaluation panel has been highly engaged in both face-to-face meetings and conference calls. They have been instrumental in recommendations and guidance about the evaluation metrics as well as offering resources and information about research practices. DMAS is fortunate to have these experts volunteering and offering their expertise to the project.

Enclosures/Attachments

N/A

State Contact(s)

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

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