

Virginia Department of Medical Assistance Services

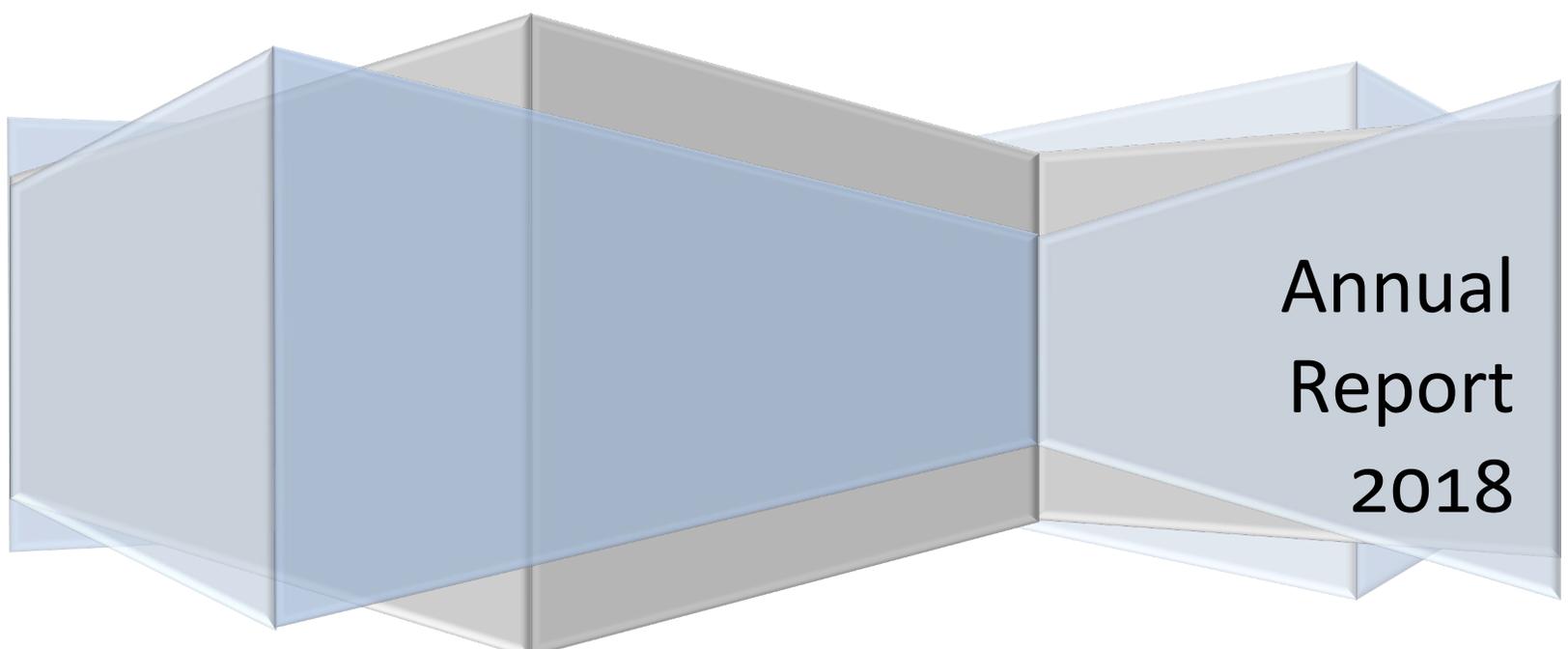
**The Virginia Governor's Access Plan
(GAP), Addiction and Recovery
Treatment Services (ARTS), and
Former Foster Care Youth (FFCY)
Delivery System Transformation**

Section 1115 Annual Report

Demonstration Waiver 1115

Project 11 – W- 00297/3

Demonstration Year: 4 (01/01/2018 – 12/31/2018)



**Annual
Report
2018**



Governor's Access Plan

INTRODUCTION

In September 2014, former 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 was a ten-step plan that expanded access to care, improved care for veterans and for individuals with serious mental illnesses (SMI), and enhanced 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 SMI. The initial GAP included 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 Substance Use Disorder (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 SUD 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) and amend the GAP demonstration waiver.

In May 2017, DMAS submitted an amendment to the GAP Demonstration Waiver to request approval to provide Medicaid coverage to former foster care youth (FFCY) who were enrolled in Medicaid and foster care in another state and who are now living in Virginia and are applying for Virginia Medicaid. Approval of the waiver amendment was received on September 22, 2017. Virginia's overall goal for the FFCY benefit is to serve foster care youth with the access to health services they need, with full Medicaid coverage.

In the 2018 Virginia General Assembly Session, Governor Northam proposed and the legislature approved DMAS pursuing Medicaid Expansion to provide health coverage for uninsured

Virginians. With Medicaid Expansion, the GAP program was no longer needed and the 1115 waiver was amended to request ending the GAP program and implement Medicaid Expansion.

This report highlights progress made during Quarter 4 of the fourth year of the GAP demonstration waiver and summarizes the year's work. This report is organized to reflect the GAP, ARTS, and FFCY components of the waiver.

BACKGROUND

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 waiver 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, and therefore addressing the severity of their condition. With treatment and support, 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.

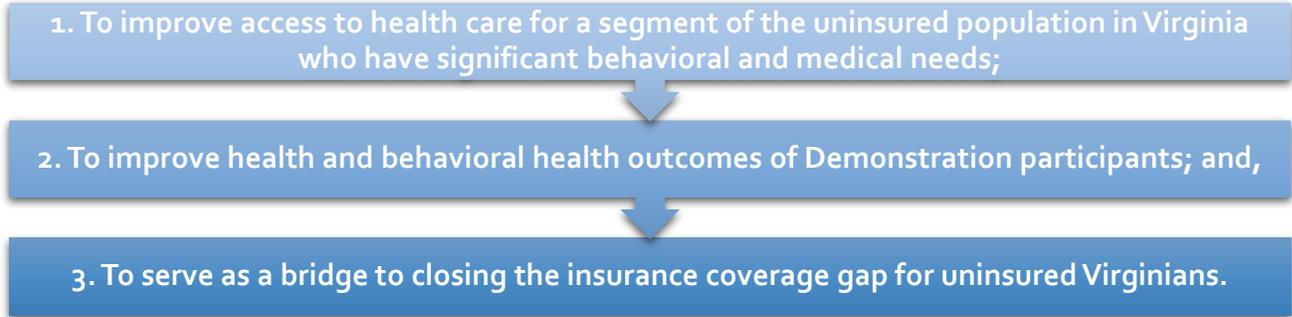
The implementation of the GAP demonstration waiver required DMAS to work with stakeholders and community mental health and healthcare providers, primary health care providers, Magellan of Virginia (the Behavioral Health Services Administrator) and DBHDS. To date, these partners continue to work together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

Magellan of Virginia administers all behavioral health services for members enrolled in Virginia's Medicaid and FAMIS fee-for-service programs. Specific to the GAP benefit plan, Magellan of Virginia also offers care coordination, a crisis line, and Recovery Navigator services to assist members with managing their behavioral health and primary healthcare needs.

For primary healthcare needs, DMAS relies on fee-for-service health care providers to serve members. These are primary care physicians, specialists and federally qualified health clinics (FQHCs) already enrolled as Medicaid providers. For services not covered by the GAP benefit plan, members rely on the indigent care providers in the local communities known as our "preferred pathways" providers. DMAS prefers they access these providers in lieu of the emergency rooms of hospitals. Identification, provision of training, and collaboration with these providers continued throughout 2018.

GOALS

The three key goals of the GAP waiver are to:



ELIGIBILITY AND BENEFIT INFORMATION

The GAP demonstration waiver’s current eligibility guidelines are as follows:

Figure 1: GAP Eligibility Requirements

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 100% of Federal Poverty Level (FPL) as of 10/1/17
Uninsured
Does not reside in long-term care facility, mental health facility or penal institution
Screened and meet GAP Serious Mental Illness (SMI) criteria

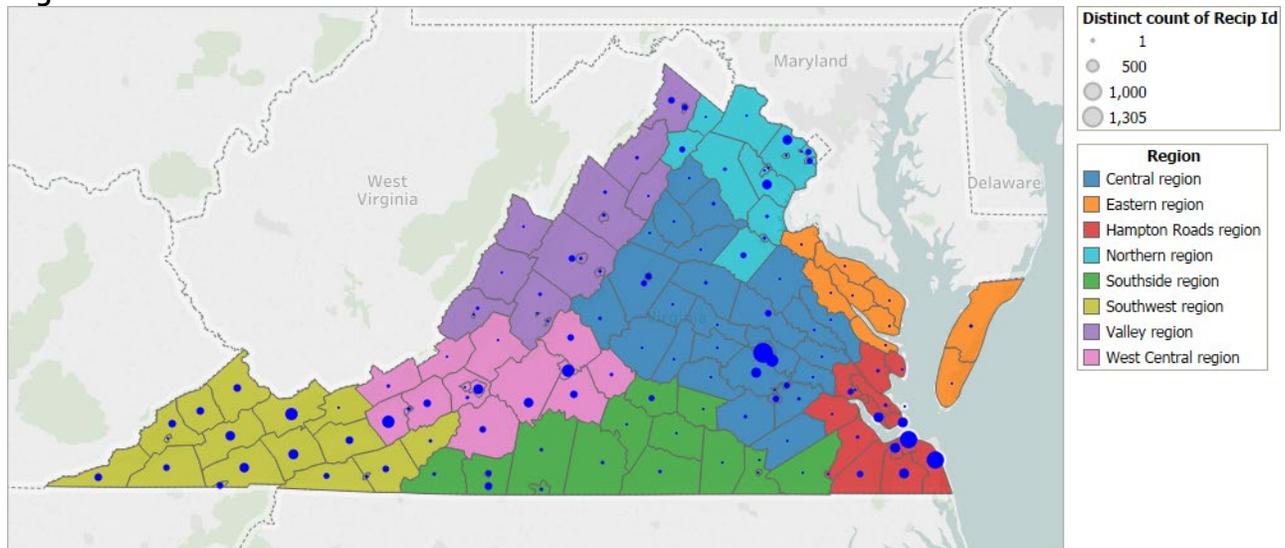
DMAS continued to see increased enrollment with the GAP continuing during Quarter 4. Individuals received information about the program and applied through their relationships with local entities. The partnerships between DMAS, the local Community Services Boards (CSBs) and Magellan of Virginia, in addition to a growing relationship with the FOHCs, are attributable to the continued success.

ENROLLMENT COUNTS FOR YEAR TO DATE

GAP MEMBER POPULATION

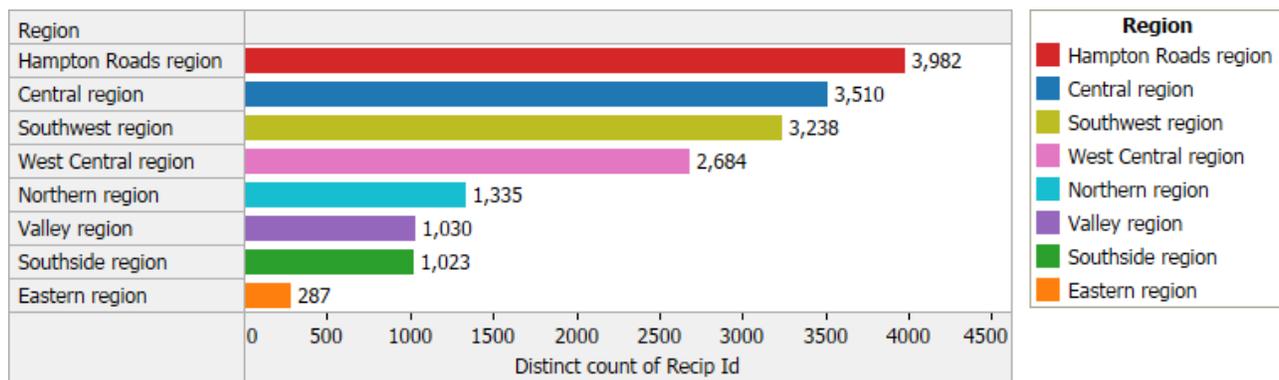
DMAS currently provides coverage to approximately 1.2 million Virginians enrolled in Medicaid. Approximately 1.12% of these beneficiaries are enrolled in GAP. In the following Figures and Tables, the population displayed includes GAP members categorized by location, race/ethnicity, gender, age group and primary diagnosis.

Figure 2: GAP Enrollment 2018



GAP membership continues to grow. At the end of year 4, (December 2018), there were 17,089 individuals enrolled from all across the Commonwealth. The map shown in Figure 2 shows the location of those enrolled members.

Figure 3: GAP Members of the Commonwealth by Region 2018



The figure above displays the geographic distribution of the GAP population, broken down by regions in Quarter 4. As highlighted in the figure, the Hampton Roads region continues to serve the largest concentration of GAP members at 3982 with the Central (3510 members) and Southwest (3238 members) regions closely following. These regions have remained the top three enrollment regions since the beginning of GAP.

Figure 4: GAP Enrollment 2018

Demonstration Population	Quarter Ending 12/31/2018	Quarter Ending 9/30/2018	Quarter Ending 6/30/2018	Quarter Ending 3/31/2018	Since 01/12/2015
GAP Members Enrolled	17,089	16,855	15,662	14,756	26,306

There have been 26,306 unique members enrolled since the implementation of the GAP. The difference between the unique members' number and the currently enrolled number may be related to those members that did not successfully complete the eligibility renewal/re-enrollment process or those that have moved to full Medicaid, or obtained other insurance coverage.

Figure 5: GAP Members by Age Group and Gender, 2018

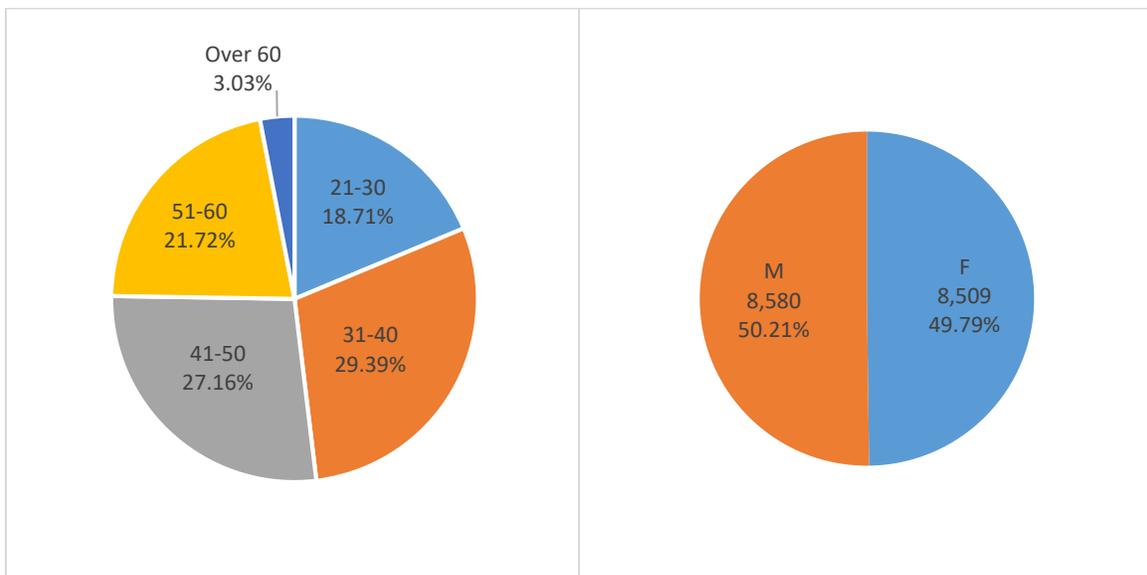


Figure 5 displays the distribution of GAP members by age group. The 31-40 age group remains the largest population of GAP members at 29.39% followed closely by the 41-50 age group at

27.16%. The age demographics of GAP members remain relatively equal across all eligible age groups with the exception of members over the age of 60, which only totals 3.03% of GAP population. These percentages have remained fairly stable since the beginning of the program.

Figure 5 also highlights gender distribution of GAP members. The gender distribution has remained consistent since across implementation with slightly more females than males. At the end of year 4, however, males are slightly higher with 8,580 followed closely by females at 8,509.

Figure 6: GAP Members by Race 2018

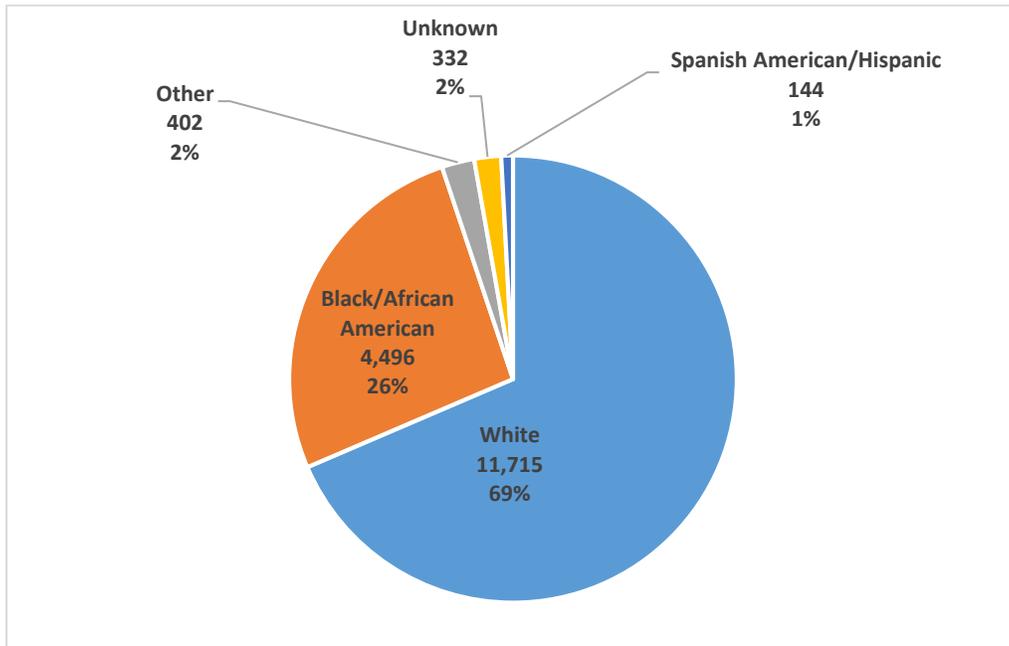


Figure 6 highlights the reported race of GAP members during application process in 2018. As noted in the figure above, the primary race selected was White followed by Black/African American. This has also remained a fairly stable breakdown since the beginning of the program.

Figure 7: Cover Virginia Renewals, 2018

Of the 14,070 GAP renewals due to Cover Virginia in Year 4:	11,872 were approved
	854 were cancelled due to ineligibility
	1,230 were cancelled due to member inaction

In November 2015, Cover Virginia began the ex parte renewal process, which allowed for electronic systematic verification of information (such as income) to determine eligibility for members approaching their renewal. Figure 7 highlights the number of renewal approvals and cancellations completed in 2018.

Magellan of Virginia partnered with DMAS and Cover Virginia to increase the completion of renewals by reaching out to each member not completing the ex parte process and remind them each month to respond to Cover Virginia.

These outreach efforts have proven effective assist in decreasing the member inaction component of the renewal process.

OPERATIONAL UPDATES

On June 7, 2018, Governor Northam signed the 2018 Virginia Acts of Assembly Chapter 2 (2018 Appropriations Act) authorizing DMAS to amend Virginia's Medicaid State Plan to expand coverage to newly eligible non-disabled, non-pregnant adults ages 19 to 64 with income up to 138 percent of the FPL, effective on January 1, 2019. Because it expanded Virginia's Medicaid program, the Commonwealth no longer requires the GAP program and has begun the process of ending the program as of March 31, 2019.

Most GAP members were enrolled automatically into this new program. Unfortunately, due to immigration/citizenship status and federal requirements, a very small number of GAP members were not eligible for the new program. These GAP members will maintain their GAP eligibility until March 31, 2019.

DMAS submitted to CMS a transition plan that was posted for public comment. As of this report, we have not received comment from CMS. See Attachment A for transition plan. DMAS staff continue to monitor the GAP members enrolled in Medicaid Expansion to ensure continuity of care as well as improved access to the more robust benefit plan. DMAS also continues to collaborate with DBHDS about the GAP members not eligible for Medicaid Expansion.

For most of 2018, there were limited significant operational, systems, or fiscal developmental issues to disclose. However, in the Quarter 4 the GAP program lost some momentum.

In 2017, DMAS implemented the Commonwealth Coordinated Care Plus managed care program and, beginning August 2018, implemented the Medallion 4.0 managed care program. Both programs include a strong focus on care coordination by licensed professionals including mental health professionals. This increase in workforce opportunities with the managed care organizations has elevated an already known workforce shortage of licensed professionals in Virginia for both direct service providers and for Magellan of Virginia. In addition, Magellan of Virginia has had changes in several leadership positions and in clinical staffing that has created the need for closer monitoring of the GAP program as well as the BHSA contract itself by DMAS staff.

In addition, this is the last year of the 5 year contract with Magellan. Due to lengthy and extremely complex administrative processes related to Expansion, an emergency procurement had to be implemented and DMAS re-contracted with Magellan for another 18 months. Due to the uncertainty with the original contract, Magellan had significant turnover and the GAP staffing decreased significantly; eventually they did not have any GAP care coordinators and the Recovery Navigators decreased to 3. Staffing shortages were not limited to just the GAP program as noted above and thus the processing of service authorizations was significantly delayed, causing delays in members accessing services. DMAS closely monitored the service



authorizations turnaround time and ultimately, had to request a corrective action plan from Magellan. DMAS continues to monitor this closely.

DMAS also learned that there was an issue with Magellan paying the SMI screeners in a timely manner. Magellan provided an overview of the issue, the number of providers impacted, and the volume of SMI screening claims. Magellan has begun correcting the claims errors and paying the providers as they correct the claims. Some issues were provider errors, but a large amount appear to be Magellan system glitches.

DMAS has increased its contact with the Magellan GAP lead and has reverted to weekly monitoring calls to address concerns and ensure the GAP transition plan is monitored adequately.

During the summer, DMAS' part time GAP employee resigned. Efforts to recruit a replacement were not successful so the duties have been assumed by the Manager. This has not been ideal as with the Expansion effort, all staff have been extremely busy. However, DMAS was able to recruit a new data analyst to replace the employee who resigned earlier in 2018. The new employee is quickly learning about GAP data and is working well with DMAS data analytics team.

PERFORMANCE METRICS

DMAS continues to see an increase in utilization of behavioral health services by the GAP population. In Quarter 4, Magellan received 3,235 SMI screenings for review and Cover Virginia processed 4,948 financial applications for coverage. In 2018 GAP members accessed preventive medical services, 1,617 GAP members accessed Crisis Intervention services and 917 members accessed Crisis Stabilization services. It is noteworthy that in 2018 year to date, 6679 GAP members utilized GAP case management services, which focuses on assisting individuals with accessing needed medical, behavioral health (psychiatric and substance use treatment), social, education, vocational, and other support services. A total of 11,332 GAP members have filled prescriptions for antidepressants in 2018; 7,297 filled prescriptions for antipsychotics, and 11,533 filled prescriptions for medical needs. This is an increase in utilization over previous quarters.

In the summer of 2018, DMAS recorded a webinar and posted it on its GAP webpage. The webinar included an overview of the status of GAP and information about utilization of ARTS services since they had been added to the GAP benefit plan. As part of the annual public forum, DMAS maintained the webinar on the website for 45 days and requested public comment. Magellan also announced the webinar on provider calls. DMAS received minimal feedback which, consisted of encouragement to expand the benefit plan to include additional services.

OUTREACH/INNOVATION ACTIVITIES TO ASSURE ACCESS

In an effort to increase the completion of applications and care coordination with this transient population, DMAS and Magellan of Virginia focused on efforts to ensure members and providers are aware that GAP members have access to receive free cell phone service through the SafeLink program. Through Magellan of Virginia, GAP members can receive a free mobile phone, cellular



minutes, and health messaging services. With this phone, members receive additional access to care and support as well as health and reminder tips. This special version of the program is specifically for members of Virginia's Medicaid behavioral health program. During year 4, there were 1223 GAP members enrolled in SafeLink Wireless.

During Quarter 3, DMAS approved Magellan of Virginia's plan for use of a text message platform, CareMessage for the GAP population. The platform allows SafeLink wireless members who have opted to receive text messaging updates to provide recovery and resiliency tips from Care Message. In Quarter 4, due to staffing changes at Magellan and the 5 year contract ending, Magellan did not implement the message platform.

Magellan executed the outreach plan to target peer run centers, recovery groups, networking with other providers and professionals in the field and criminal justice facilities around the Commonwealth to increase awareness of the GAP program through Quarter 2 and some limited outreach in Quarter 3. However, the two most senior Recovery Navigators were recruited by the Medicaid MCOs and were successfully hired away from Magellan. They were the leads with outreach so the focus on outreach diminished. In Quarter 4, neither Magellan nor DMAS had the resources to conduct outreach. DMAS staff, however, did notify GAP members twice via mail about their eligibility for Expansion. See Transition and Warm Handoff Plan in Exhibits.

DMAS and Magellan of Virginia staff host a monthly provider call and answer questions from the provider network as well as provide updates and announcements. A low number of GAP issues continue to be identified on these monthly calls. GAP questions and responses are monitored by DMAS staff to ensure accurate information is disseminated.

Another avenue for outreach is 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 GAP. In Quarter 3, the majority of the emails received were from providers; most inquiries involved questions regarding covered medical services and procedure codes. In Quarter 4, the majority of emails received were related to the transition to Expansion.

DMAS also maintains a GAP webpage on the DMAS website: <http://www.dmas.virginia.gov/#/gap>. The webpage includes sections for members, providers and other stakeholders. The webpage has links to Cover Virginia, Magellan of Virginia, and other helpful information for individuals who may be interested in applying for GAP, current GAP members and providers. The transition plan to Expansion was posted for public comment and none was received; however informally The Department of Behavioral Health & Developmental Services (DBHDS) indicated that additional communication for members not eligible for expansion needed to be moved up/earlier than planned.

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 identification card. The Cover Virginia GAP webpage was removed at the end of year 4.

Magellan of Virginia’s website has a link for provider communication, <https://www.magellanofvirginia.com/for-providers/gap-information>, including updates and announcements to providers about GAP. During Quarter 1, the list of updated SMI eligible codes were posted for providers. Magellan has a dedicated page for training for GAP for providers as well, <https://www.magellanofvirginia.com/for-providers/training/training-pdfs-and-videos/gap-training/>. They have also developed a GAP specific webpage, <https://www.magellanofvirginia.com/for-members/governors-access-plan-gap> for members, family members and advocates. Announcements and updates can be found on this page as well as application instructions, covered services, and information about how to contact Magellan of Virginia for coordination of care and Recovery Navigation services.

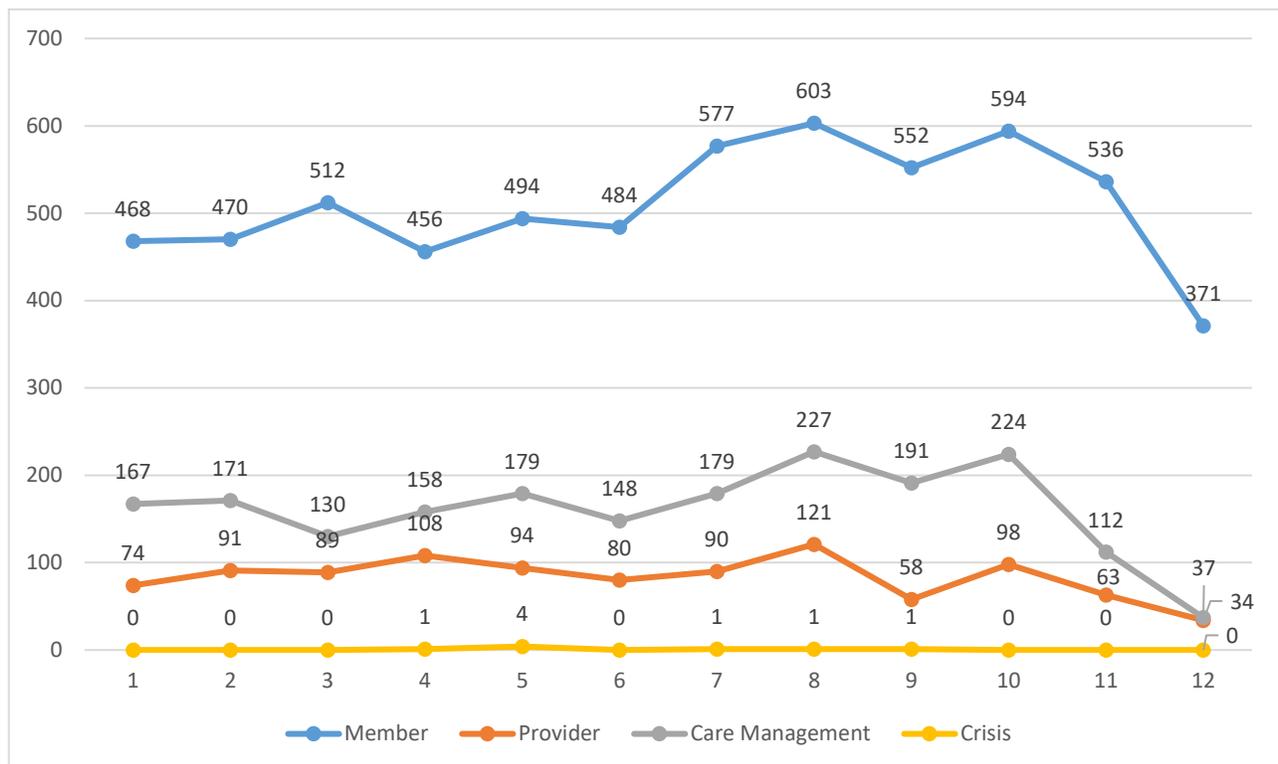
See 2018 outreach efforts located Attachment B.

COLLECTION & VERIFICATION OF UTILIZATION & ENROLLMENT DATA

DMAS collects and reviews data from contractors (Magellan of Virginia and Cover Virginia) and uses data from its Medicaid Management Information System (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 of Virginia Call Center provides monthly data to DMAS about calls received related to GAP.

Figure 8: Magellan of Virginia Call Center Data, 2018



It is noteworthy that there are significantly more contacts from GAP members than from providers. This has remained consistent since the implementation of GAP. Members are encouraged to contact Magellan of Virginia for physical and behavioral health care referrals and resources. This reflects the ongoing need for care coordination in order to assist members in finding referrals and accessing services.

BUDGET NEUTRALITY AND FINANCIAL REPORTING

The State provides, as Attachment C of this report, an updated budget neutrality workbook that includes established baseline and member month data that meets all the reporting requirements for monitoring budget neutrality.

CONSUMER ISSUES

DMAS continued to hear from members throughout 2018 that they are experiencing wait times to access appointments for SMI screenings, particularly in the Hampton Roads region and rural portions of the Commonwealth. DMAS continued to collaborate with Magellan of Virginia and investigate these allegations. Magellan of Virginia assists members with accessing other screening entities to avoid delays in the application process.

In the Quarter 4, DMAS staff called all the GAP applicants who had completed a financial application with Cover VA but not an SMI screening. Applicants were encouraged to go to the local community services board as soon as possible to complete a screening. This was an effort to ensure that all GAP applicants completed the eligibility determination process in order to be considered for the Medicaid Expansion program. As has been the experience with the GAP population throughout the demonstration, contact information was not always current. Authorized representatives were also attempted to be reached when a member had identified a representative.

DMAS did hear from some GAP members who are eligible for Medicaid Expansion. These members were excited to hear of the increased benefits and access to increased care coordination resources.

CONTRACTOR REPORTING REQUIREMENTS

DMAS receives reports from Magellan regarding care coordination, Peer Supports/Recovery Navigator Services, the warm line and routine utilization. DMAS receives weekly reports from Cover Virginia regarding the number of eligibility applications being processed. Throughout 2018, DMAS continued to receive all necessary reports from contractors. When additional clarification is needed regarding reporting requirements, Magellan of Virginia and DMAS hold conference calls and provide details to ensure data received is accurate and timely. Cover Virginia continues to meet contractual expectations.

RECOVERY NAVIGATORS

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

The Recovery Navigators provide in person outreach and education at crisis stabilization facilities operated by CSBs. GAP members are automatically referred for Recovery Navigation services when a crisis stabilization request is submitted. This has led to an increase in the ability for the Recovery Navigator to be able to initiate support while the member is still in the facility. They continue to assist with transition back into the community and ensure supports are in place to make discharge successful. This effort is in addition to their regularly scheduled outreach events.

In 2018, there was a monthly average of 159 members enrolled in Recovery Navigation Services. There was an average of 25 new members enrolled per month to Recovery Navigation with an average number of days in Recovery Navigation of 128. Throughout the life of the program, the Recovery Navigators had staffed a “warmline”, an evening and weekend support line. Of the supports delivered to GAP members by Recovery Navigators, emotional support, empathy, caring, concern, was the primary delivery type followed by informational, providing knowledge and information about skills and training. In Quarter 4, the Recovery Navigators requested to stop staffing the warmline due to the significant decrease in calls and due to the loss of Recovery Navigation staff. DMAS approved the Recovery Navigators not staffing the warmline, however, insisted that the warmline calls be seamlessly redirected to the Magellan after hours line staffed by licensed professionals.

DMAS gathers success stories and experiences of these navigators; below is one example narrated by a Recovery Navigator from earlier this year:

A 61-year-old male GAP member, with a diagnosis of Schizoaffective Disorder, PTSD and Alcohol Use Disorder was referred for Recovery Navigation following admission to a Crisis Stabilization Unit in March 2018. At that time, the member was experiencing increasing depressive symptoms and suicidal ideation. Until recently, the member had been doing well. However, the Recovery Navigator (RN) recently called the member to find him intoxicated and expressing suicidal ideation. The RN immediately got a GAP Care Manager (CM) on the line. The member reported he was wandering around his locality but was unable to give an exact location. The RN called the police to help locate the member for a wellness check while the CM stayed on the phone with the member. Based on updates from the CM, the police were eventually able to locate the member despite his shifting location. The police felt the member was stable enough to return home at that time and the member has since started an ARTS Partial Hospitalization program, which he is currently attending. an ARTS Partial Hospitalization program, which he is currently attending.

Figure 9: 8 Dimensions of Wellness

8 Dimensions of Wellness:	Emotional —Coping effectively with life and creating satisfying relationships
	Environmental —Good health by occupying pleasant, stimulating environments that support well-being
	Financial —Satisfaction with current and future financial situations
	Intellectual —Recognizing creative abilities and finding ways to expand knowledge and skills
	Occupational —Personal satisfaction and enrichment from one’s work
	Physical —Recognizing the need for physical activity, healthy foods and sleep
	Social —Developing a sense of connection, belonging, and a well-developed support system
	Spiritual —Expanding our sense of purpose and meaning in life

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 9 describes each dimension.

PEER SUPPORTS: MENTAL HEALTH AND ARTS

GAP members began receiving Mental Health Peer Supports and ARTS in July 2017. These services are evidence-based services provided by certified, professionally qualified and trained Peer Recovery Specialists. Services are non-clinical, peer-to-peer activities that empower individuals to improve their health, recovery, resiliency, and wellness.

During 2018, there were no service authorizations for GAP members receiving Mental Health Peer Supports services, but there were 92 authorizations for ARTS Peer Support Services. There are four credentialed providers for this level of care in Magellan of Virginia's network for Mental Health Peer Support Services and 13 providers for ARTS peer supports. Four providers are credentialed to provide both levels of care. There are a total of 57 site locations between these providers.

GAP members are not able to receive both Recovery Navigation support and Peer Supports at the same time. If a GAP member elects to transition out of Recovery Navigation services through Magellan and receive Mental Health or ARTS Peer Support Services, the Recovery Navigator assists with the transition from the peer support navigation services provided by Magellan of Virginia. The transition period may last up to 30 consecutive calendar days and address discharge from Recovery Navigator

services and engagement in peer support services. Magellan of Virginia continues to monitor and track any members with service authorizations for this service and are receiving Recovery Navigation to ensure appropriate transition if needed.

LESSONS LEARNED

DMAS continues to evaluate how processes and procedures can be refined and strengthened. At this stage of GAP, significant progress has been made to increase the awareness and outreach of the benefit plan since implementation. Below are some lessons learned:

- Working with all stakeholder groups has been critical to the success of the program and DMAS believes the unified approach allowed for the program to have continued growth.
- Since implementation, DMAS has seen a low number of grievances or reconsiderations.
- Data exhibits high utilization of non-mental health medications among members. This shows that members are continuing to access both medical and behavioral health services, which is one of the three GAP Demonstration goals.
- This population is challenging to engage and maintain in services as evidenced by their low utilization of services, limited contact information, and relatively low call center volume. Consistent outreach and compassionate persistent care coordination is needed to help these members move toward recovery.

EVALUATION ACTIVITIES AND INTERIM FINDINGS

Robust analysis of service utilization, trends, and noteworthy data are reviewed by clinical staff to determine the need for further collaboration with contractors. When the ARTS services were added to the GAP benefit plan, CMS noted that a new evaluation design by an independent, external entity was required. The CMS independent evaluation required additional funding for DMAS to complete. Due to the delay in the signing of the budget by the Virginia General Assembly, the evaluation design draft was put on hold. In the interim, DMAS continued to review data and objectives related to the initial evaluation design. With the Medicaid expansion, CMS advised DMAS to follow the previously approved evaluation design which did not include the need for an external entity. DMAS is in communication with CMS clarifying some final details regarding the evaluation.

CONCLUSION

During 2018, DMAS focused on increasing access to healthcare for the population in Virginia with significant behavioral health and medical needs and is committed to recognizing how access to care impacts the members ability to live, work, and function successfully. DMAS encouraged Magellan to increase its efforts to enroll members in the Safelink program and to better report their care coordination efforts. DMAS has continued to see increased enrollment and growth in the GAP program, which allows more individuals to gain access to health care in Virginia. The program was anticipated to serve approximately 20,000 uninsured Virginians; by the end of year 4, the program had served over 26, 000 Virginians. DMAS is committed to continued



collaboration with its contractors and stakeholders to develop higher confidence in the data process as well as identify additional opportunities to better serve our members throughout the remainder of the program.

Addiction and Recovery Treatment Services

INTRODUCTION

In September 2014, to address 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, CMS issued the 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 DMAS to make changes to its existing substance use disorder treatment services. Under this authority, DMAS developed, in collaboration with the DBHDS, the (VDH, DHP, the managed care organizations 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 with the State's implementation of the system transformation of the SUD treatment services: Addiction and Recovery Treatment Services (ARTS).

BACKGROUND

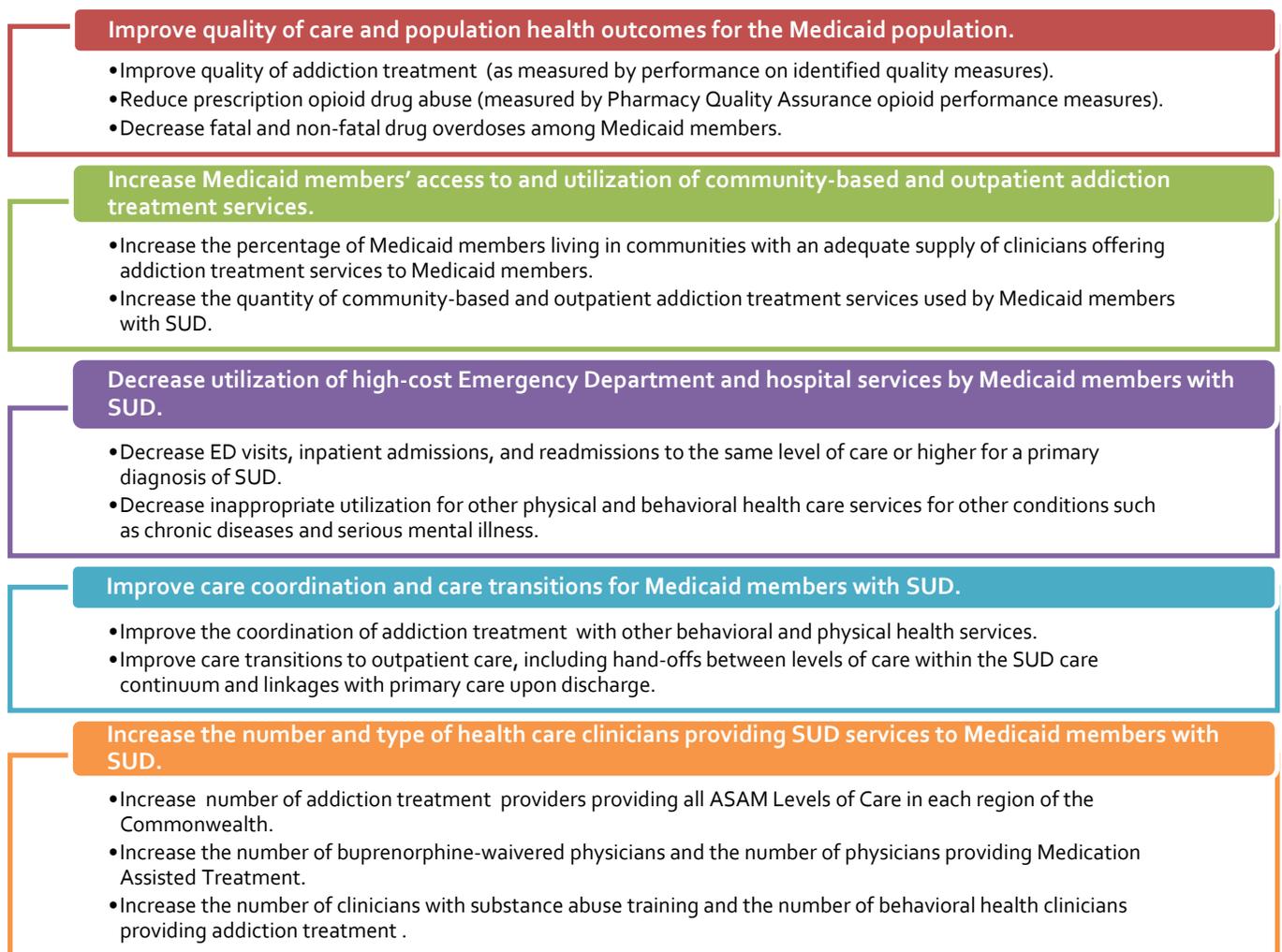
Virginia's 1.2 million members enrolled in Medicaid are disproportionately impacted by the substance use epidemic. Nearly 1,300 Virginians died from opioid overdoses in 2016, nearly doubling since 2011. Nationally, Medicaid members are four times more likely than people with private insurance to have ever used heroin or had pain reliever dependence. Medicaid members are also prescribed opioids at twice the rate of non-Medicaid members and are at three-to-six times the risk of prescription opioid overdose. 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. As part of the Governor's Task Force recommendations, DMAS developed a large stakeholder and provider workgroup to work in collaboration to develop the comprehensive benefit for substance use disorder treatment services: ARTS, which implemented on April 1, 2017. Even after ARTS implementation, Virginia continues to be impacted by the opioid epidemic. In 2017, VDH estimated that almost 1,538 individuals died as a result of drug overdoses involving fentanyl and/or heroin and prescription opioid overdoses; and approximately 10,164 individuals presented at an emergency department with either a heroin or opioid overdose. Preliminary statistics calculated to predict 2018 final

totals suggest that the total number of all fatal overdoses may actually decrease compared to 2017.

GOALS

Virginia’s overall goal for the ARTS benefit is to achieve the triple aim of improved quality of care, to offer a continuum of care across the benefit plan, improved population health, and decreased costs for the Medicaid population with SUD. DMAS’ specific objectives for this benefit are outlined below:

Figure 10: DMAS Specific Objectives for ARTS



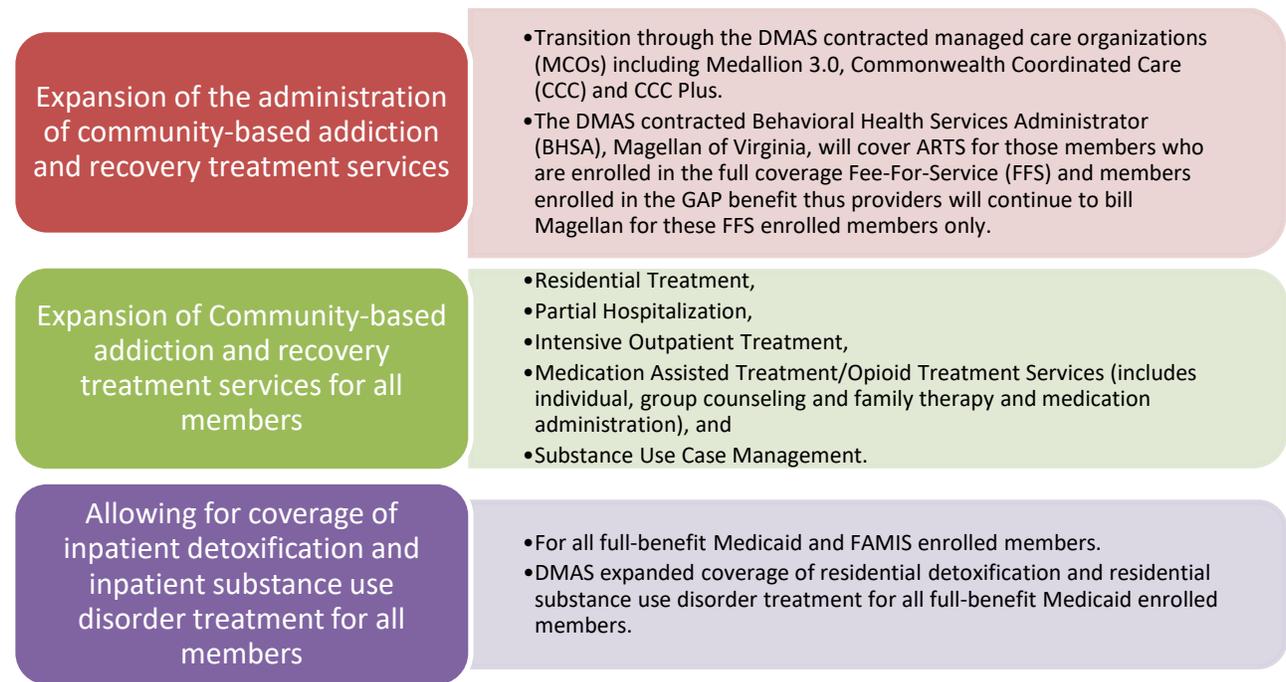
This report will provide an update on the goals of the Virginia ARTS program.

ELIGIBILITY AND BENEFIT INFORMATION

The ARTS benefit expanded 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 provided through the fee for service, Medallion 3.0 & Medallion 4.0 Managed Care, and Commonwealth Coordinated Care Plus (CCC Plus) Medicare/Medicaid Programs. All MCOs and Magellan of Virginia are covering the full range of ARTS services.

Figure 11: Full Range of ARTS Services



ENROLLMENT COUNTS FOR YEAR TO DATE

DMAS provides SUD treatment services and co-occurring substance use and mental health disorder treatment services to all 1.2 million¹ members enrolled in Medicaid, FAMIS, FAMIS MOMS and GAP.

DMAS contracted with Virginia Commonwealth University (VCU) to conduct an independent evaluation of the ARTS program. Highlights of the first 15 months of the programs implementation covering April 1, 2017 to July 1, 2018 are below.

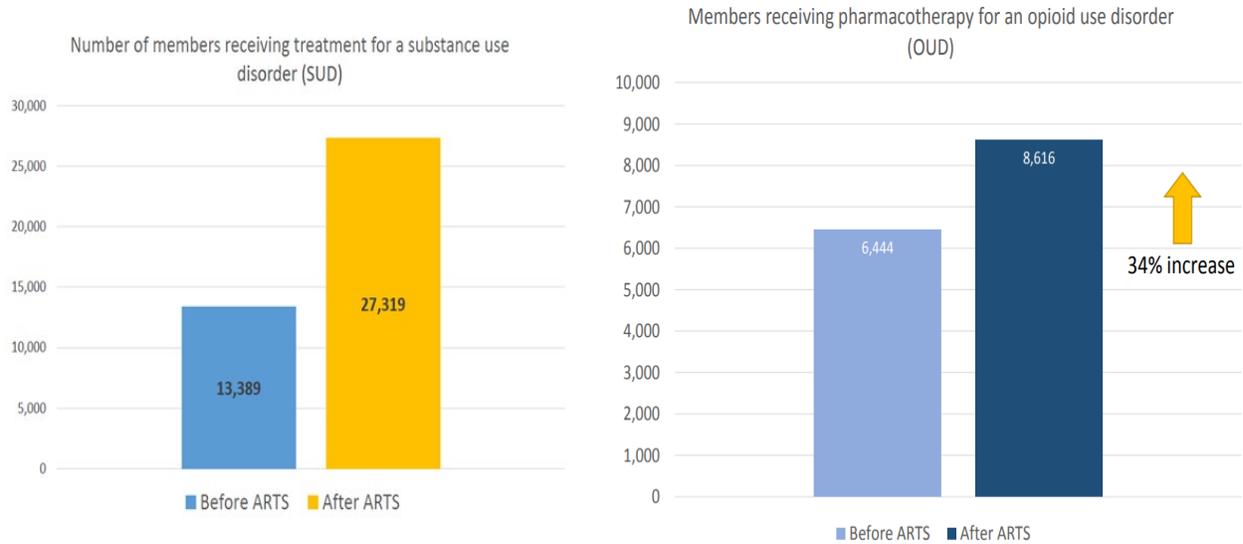
Key Findings

- The percent of Medicaid members with a substance use disorder (SUD) who received any treatment increased from 24 percent before ARTS to 44 percent during the first fifteen months of ARTS. (see Figure 12).

¹ DMAS Monthly average enrollment as of November 2018

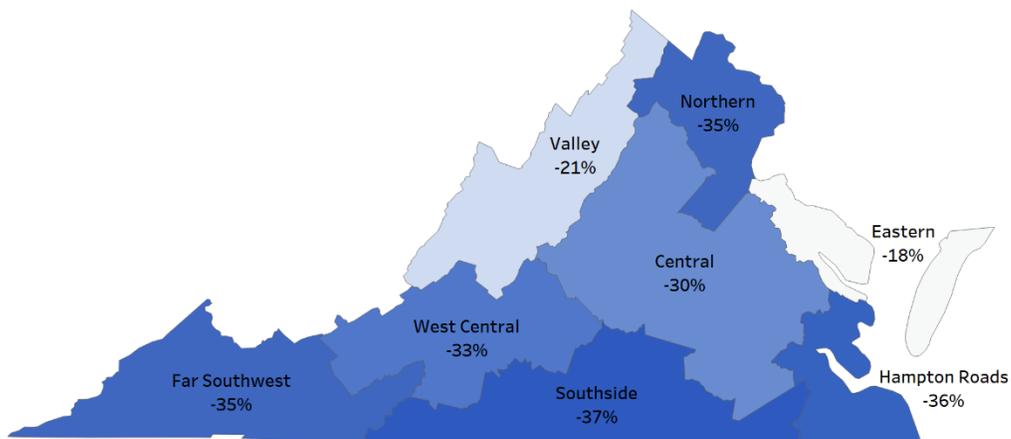
- The percent of Medicaid members with an opioid use disorder (OUD) who received any treatment increased from 45 percent before ARTS to 65 percent during the first fifteen months of ARTS.
- The number of opioid pain medications among Medicaid members has decreased by 28 percent during the first fifteen months of ARTS.

Figure 12: Members Receiving Treatment Services



The number of emergency department visits related to OUD per 1,000 Medicaid members with OUD decreased by one-third during the first fifteen months of ARTS.

Figure 13: Percent Change in Number of OUD-Related Emergency Department Visits per 1,000 Medicaid Members with OUD



DMAS continues to promote use and access of the Peer Services benefit which includes Peer and Family Support Services (Peer Services for Adults as well as for Parents/Caregivers of minors).

There has been concern noted that a barriers to provider utilizing this service may be due to the rate being too low. Peers have also noted that the cost and amount of hours needed for supervision is another barrier.

OPERATIONAL UPDATES

During 2018, post ARTS implementation, DMAS worked with the MCOs and Magellan of Virginia to ensure they are complying with operational, policy, systems and claims issues. Claims issues have significantly reduced over the year; however, some claims issues still exist. Those issues were related to systems errors, credentialing and providers not submitting claims appropriately. DMAS worked closely with providers and payers to ensure claims issues were addressed timely.

DMAS has been working on updates to the ARTS program regulations and provider manuals to strengthen service delivery across the provider networks. These updates will include alignment with other state agencies that provide licensing oversight, regulatory authority over licensed practitioners and physicians and regulatory authority over prescribing practices for Medication Assisted Treatment (MAT).

DMAS is working to update provider requirements for prescribing buprenorphine within the Preferred Office Based Opioid Treatment (OBOT) setting and is working with other state agencies and the Virginia Department of Health Professions Board of Medicine to ensure compliance with all state regulations across agencies.

ARTS care coordination remains an important role within the ARTS program and DMAS continues to promote and provide community trainings on the importance of the MCO ARTS care coordinators. DMAS conducted two trainings in 2018 that focused on care coordination and how to best utilize the ARTS care coordinators within the MCOs. DMAS is planning to modify the monthly ARTS care coordinator calls to ensure the use of best practices and allow for discussion of cases that may have been more challenging to allow for peer feedback.

DMAS continues to seek other ways to improve communications with the MCOs and Magellan of Virginia to ensure members are receiving the most appropriate services in a timely manner. DMAS added an ARTS Helpline designed to assist providers and members with questions and or concerns related to the ARTS program.

PERFORMANCE METRICS

Each MCO and Magellan of Virginia are to use, and expand as necessary, their existing quality improvement infrastructures, quality improvement processes and performance measurement data systems to ensure continuous quality improvement of ARTS. At a minimum, each MCO and Magellan of Virginia must have an Annual Quality Management Plan that includes their plan to monitor the service delivery capacity as evidenced by a description of the current number, types and geographic distribution of SUD services. Monitoring of performance will include determining and analyzing the root causes for performance issues. DMAS is working to modify the EQRO

contract to focus on ARTS quality metrics to ensure MCOs are compliance with meeting ASAM criteria.

DMAS continues to work with CMS as one of the six pilot states working with CMS to implement new quality metrics for the ARTS program. DMAS has submitted the final metrics protocol to CMS and is awaiting final approval to begin new reporting requirements. According to CMS once approved, DMAS will no longer be required to submit this report annually as the new reporting protocol will cover all reporting requirements.

COLLECTION & VERIFICATION OF UTILIZATION & ENROLLMENT DATA

DMAS collects monthly data from the MCOs and Magellan of Virginia on service authorizations and provider networks across all ASAM levels of care.

Figure 14: ASAM Levels of Care and Description

ASAM Level of Care	ASAM Description
4.0	Medically Managed Intensive Inpatient
3.7	Medically Monitored Intensive Inpatient Services (Adult) Medically Monitored High-Intensity Inpatient Services (Adolescent)
3.5	Clinically Managed High-Intensity Residential Services (Adults) / Medium Intensity (Adolescent)
3.3	Clinically Managed Population-Specific High-Intensity Residential Services (Adults)
3.1	Clinically Managed Low-Intensity Residential Services
2.5	Partial Hospitalization Services
2.1	Intensive Outpatient Services
0.5	SUD Case Management (Registration Only)

Figure 15: ARTS Provider Network Coverage

Increases in Medicaid Addiction Provider Network since April 1, 2017			
Addiction Provider Type	# of Providers before ARTS	# of Providers after ARTS	% Increase in Providers
Inpatient Detox (ASAM 4.0)	Unknown	103	NEW
Residential Treatment (ASAM 3.1, 3.3, 3.5, 3.7)	4	96	↑ 2300%
Partial Hospitalization Program (ASAM 2.5)	0	22	NEW
Intensive Outpatient Program (ASAM 2.1)	49	137	↑ 180 %
Opioid Treatment Program	6	39	↑ 550 %
Office-Based Opioid Treatment	0	103	NEW

DMAS continues to promote and use of the ARTS google map. This map lists all the providers who are in-network with the MCOs and Magellan of Virginia and is updated on a quarterly basis. This is a valuable resource for providers in locating network providers for the transition of care. The map is located:

<https://www.google.com/maps/d/viewer?mid=1px9XvltN7rXZ6vrTgXgPGIHTew&hl=en&ll=37.81633144363703%2C-80.57419543505449&z=6>

BUDGET NEUTRALITY AND FINANCIAL REPORTING

There are no financial/budget neutrality developmental issues to date noted for ARTS.

CONSUMER ISSUES

Members have not reported any new issues concerning access to care.

DMAS recognizes that there are still some gaps in services to include acute inpatient, substance use residential care level 3.1, partial hospitalization and OBOT coverage. DMAS continues to work with the MCOs and Magellan of Virginia to build in-network provider capacity. The below maps shows network adequacy as of November 2018.

Figure 16: ASAM Level 4.0 Acute Inpatient

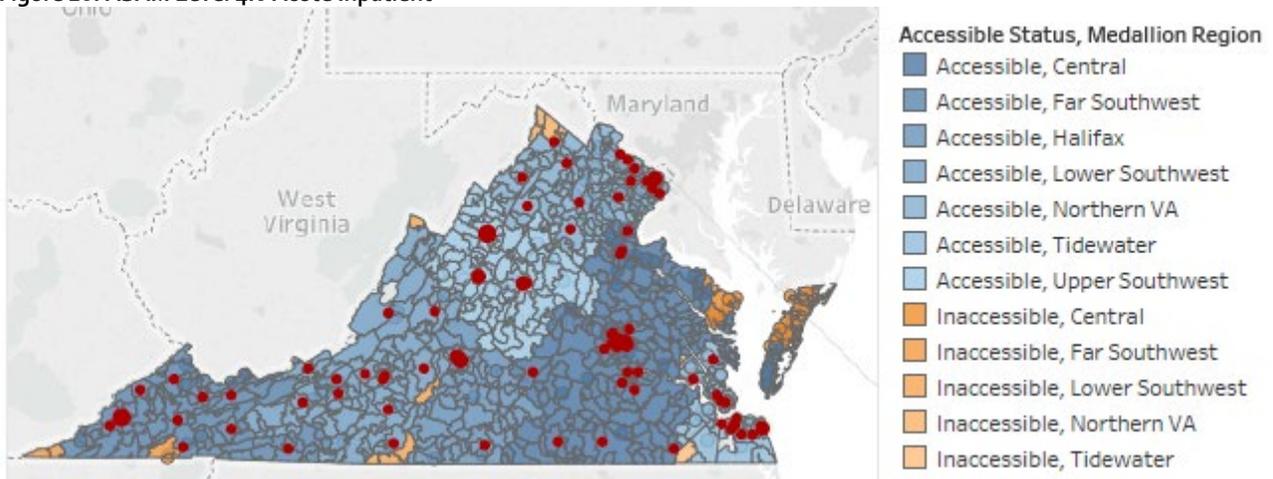


Figure 17: ASAM Level 3.1 Residential

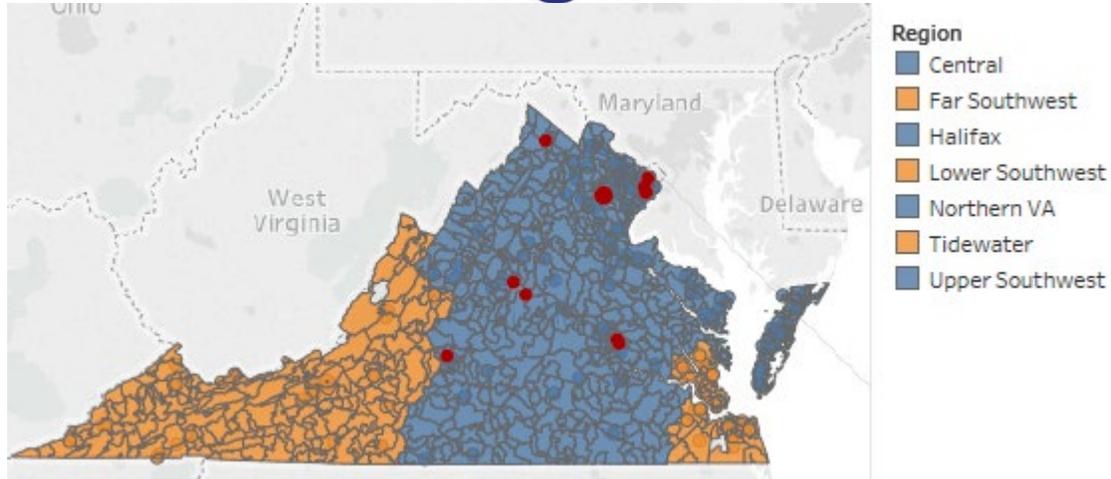


Figure 18: ASAM Level 3.3 & 3.5 Residential

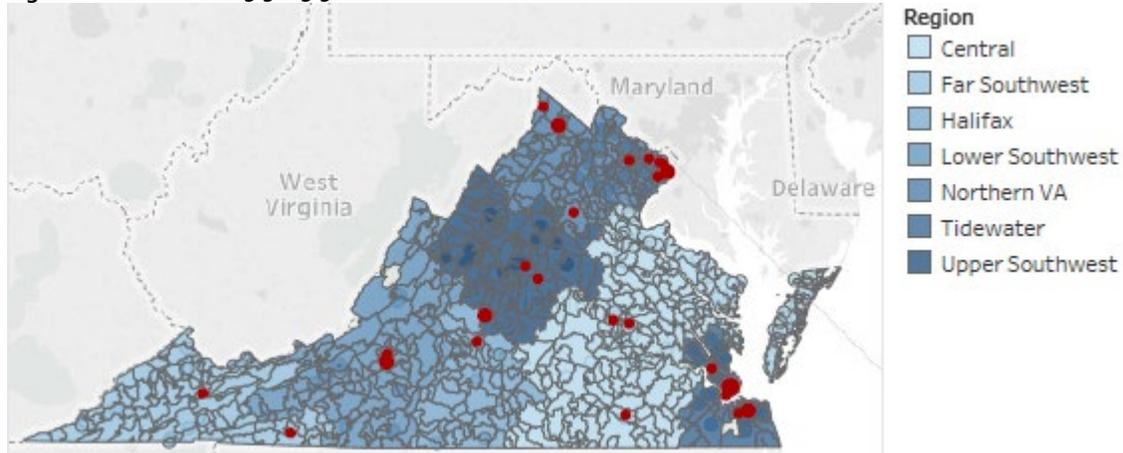


Figure 19: ASAM Level 3.7 Residential

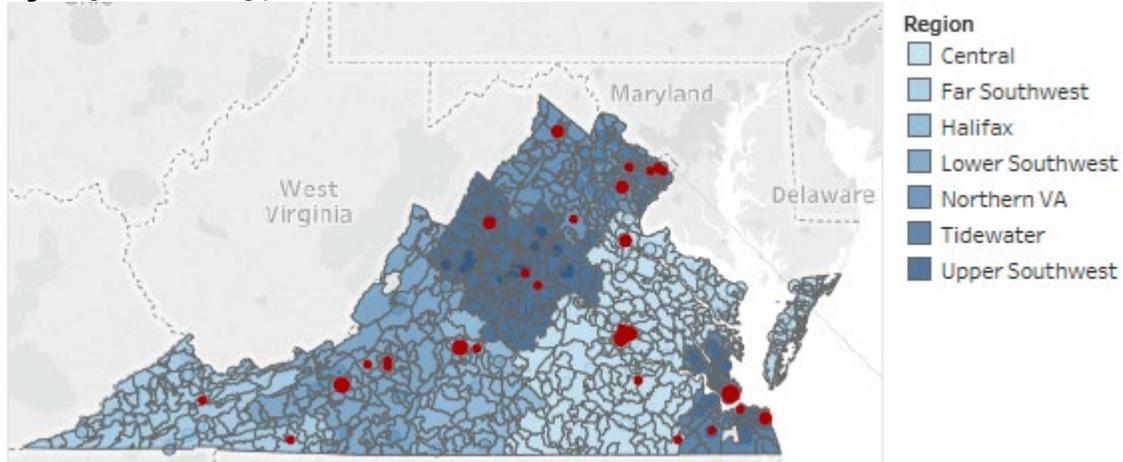


Figure 20: ASAM Level 2.5 Partial Hospitalization

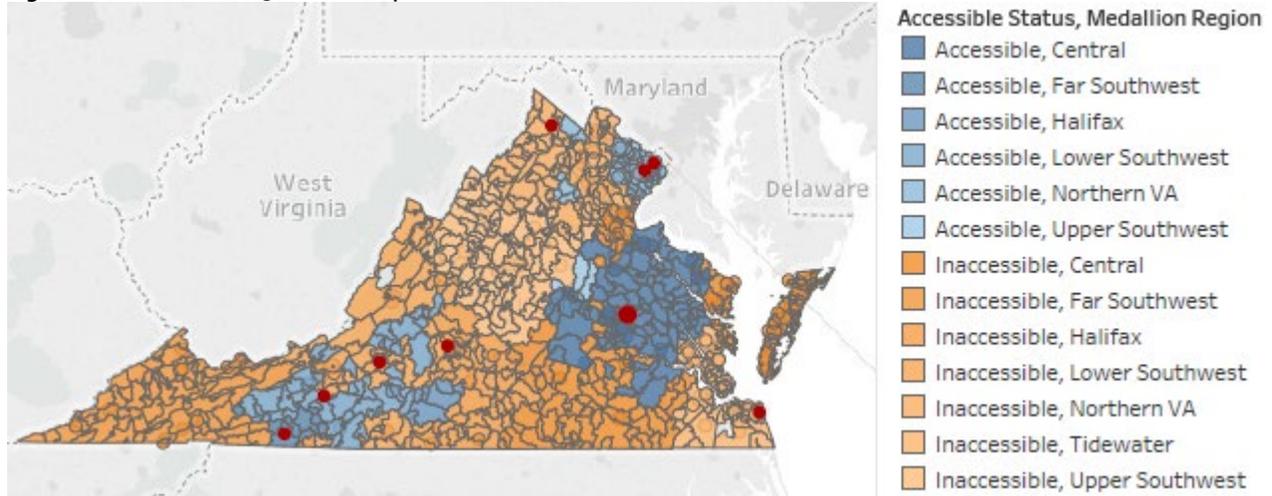


Figure 21: ASAM Level 2.1 Intensive Outpatient

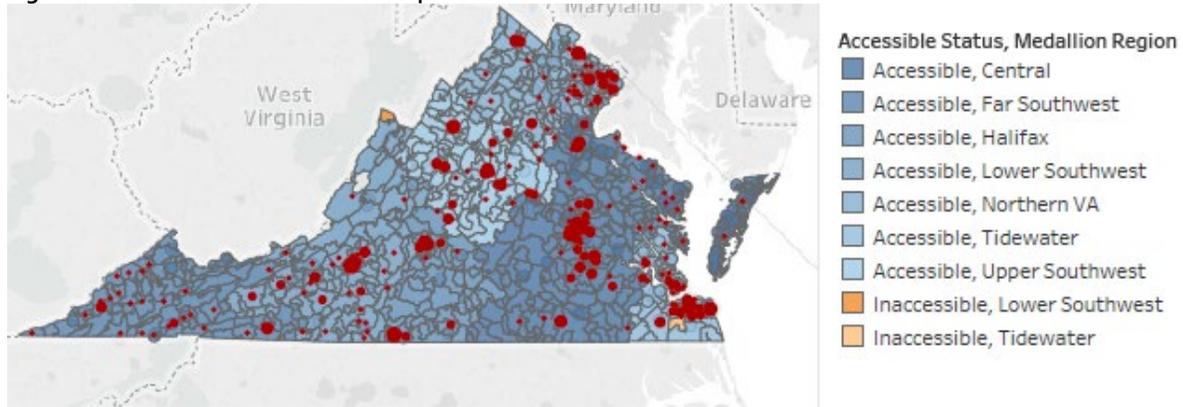
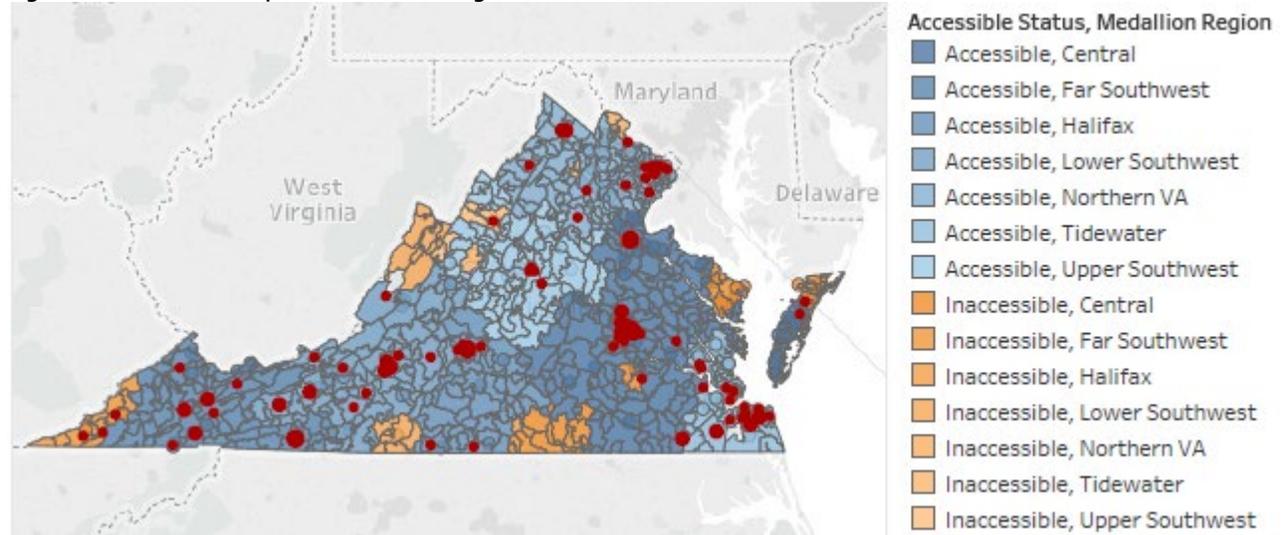


Figure 22: Office Based Opioid Treatment Programs



CONTRACTOR REPORTING REQUIREMENTS

The MCOs and Magellan of Virginia remain consistent with ensuring monthly reporting is submitted timely to DMAS. DMAS has been working on updating the ARTS Technical Manual, which houses the reporting specifications for the MCOs and Magellan of Virginia. DMAS is working to ensure that these reporting requirements are located in one location so that reporting is consistent across all payers.

The MCOs and Magellan of Virginia are required to report on ARTS specific measures on a monthly basis. Reporting requirements are for the following ASAM levels of care: Opioid Treatment Programs (OTPs) and Preferred 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. Monthly reporting requirements include reporting on new service authorizations for the month, both approved and denied; call center statistics, appeals and grievances, patient utilization management program (PUMS) outcomes; and provider network adequacy updates. DMAS will capture the roll up of call center statistics, appeal and grievances and PUMS during the annual report.

DMAS is working on updates to some of the PUMS requirements, which would remove the automatic lock in of members on buprenorphine and allow MCOs more flexibility to case manage at risk members who received buprenorphine as a treatment option. DMAS is working to update appeals and grievances reporting requirements so that more detail on the types of appeals and resolutions are captured.

LESSONS LEARNED

DMAS continues to welcome provider feedback to help improve access and care within the ARTS program. Throughout the second year of the ARTS program DMAS has received positive feedback from providers, community leaders, members as well as the MCOs and Magellan of Virginia on the transparency of the ARTS program. Other states have continued to reach out to DMAS for assistance with implementing 1115 Waivers and rate setting questions for their states substance use disorder treatment programs. DMAS has been recognized nationally for implementing a successful, evidenced based, full continuum SUD delivery system.

DMAS continues to utilize our SUD mailbox for providers and member issues and works to resolve each issue. To further provide providers and members with a way to reach out to DMAS for ARTS related concerns, DMAS has set up an ARTS help line. DMAS has worked with stakeholders to evaluate SUD services and gain a better knowledge of potential barriers to access. DMAS values working with stakeholders who are able to provide first-hand knowledge of how services are utilized in the community. This knowledge allows DMAS to ensure regulations and requirements are operationalized effectively from the provider's standpoint.

DMAS plans to initiate a Peers Stakeholder work group in order to evaluate why utilization of Peers Service has not significantly increased since those services were implemented. DMAS



completed trainings with the FQHCs. The trainings discussed how to become a Preferred OBOT, the benefits of the OBOT model and how to initiate the process to become an OBOT with DMAS.

DMAS hosted a total of seven Project ECHO Learning Collaboratives for the Preferred OBOT providers in collaboration with VDH. Project ECHO is the platform being used to hold ongoing Learning Collaboratives with clinical staff of Preferred OBOT providers and OTP providers. DMAS has completed its own usage agreement with the University of Mexico who owns the Project ECHO platform and will be able to host independent collaboratives in 2019.

DMAS completed the first quality review for OBOTs under the ARTS Program. These reviews are designed to offer technical assistance to providers to assist in enhancing service delivery with providers and develop incentives for value based payments within these providers setting. DMAS collaborated with the MCOs and Magellan of Virginia to get feedback on the quality review measurement areas and will continue to communicate outcomes of those reviews with providers.

EVALUATION ACTIVITIES AND INTERIM FINDINGS

DMAS will be collaborating with other universities on evaluation and research opportunities that will help conduct studies on SUD and the ARTS program.

DMAS continues to hold biweekly evaluation meeting with Virginia Commonwealth University (VCU). VCU has completed the 15 month ARTS program evaluation and Opioid Policy Brief. DMAS is working with VCU to determine deliverables for next year of their contract. DMAS website at: <http://www.dmas.virginia.gov/#/artsresources>.

CONCLUSION

DMAS continues to work with providers, MCOs and Magellan of Virginia to identify issues and foster the lines of communication between the providers, MCOs and Magellan of Virginia. DMAS continues to be committed to improve the ARTS Network and work with stakeholders to increase access to care as well as expand evidenced-based, nationally recognized MAT in all ASAM Levels of Care.

DMAS is committed to increasing MAT access with FQHCs and CBSs to reduce OUD deaths across the state and working with criminal justice system to ensure MAT access upon release.

Former Foster Care Youth

INTRODUCTION

Individuals in foster care face a number of challenges after they are released from state custody, including access to health care. The “Former Foster Care Child Under Age 26 Years” Medicaid covered group provides an opportunity for this population to continue receiving Medicaid coverage until age 26, allowing these individuals time to transition into managing the responsibilities of living independently.

BACKGROUND

On March 23, 2010, the Affordable Care Act (ACA) was signed into law, making a number of changes to Medicaid eligibility effective January 1, 2014. To further the overall goal of expanding health coverage, the ACA included section 2004, which added a new mandatory Medicaid covered group at section 1902(a)(10)(A)(i)(IX) of the Act to provide an opportunity for former foster care youth to obtain Medicaid coverage until age 26 from the state responsible for the individual’s foster care. DMAS initially received approval from CMS to cover former foster care youth who received their foster care and Medicaid in Virginia, as well as former foster care youth who received their foster care and Medicaid from another state but who are now living in Virginia.

In November 2016, CMS notified states that they could no longer cover the former foster care youth who received their services from another state but are now living in Virginia under the State Plan. States who wished to continue covering this population could do so under a Section 1115 Demonstration waiver.

In May 2017, DMAS submitted an amendment to the GAP Demonstration Waiver to request approval to provide Medicaid coverage to former foster care youth who were enrolled in Medicaid and foster care in another state and who are now living in Virginia and are applying for Virginia Medicaid. Approval of the waiver amendment was received on September 22, 2017. DMAS staff are currently identifying next steps to ensure continued enrollment and improved health outcomes for these individuals.

GOALS

Virginia’s overall goal for the FFCY benefit is to provide former foster care youth with the access to health services they need, through the GAP Demonstration Waiver.

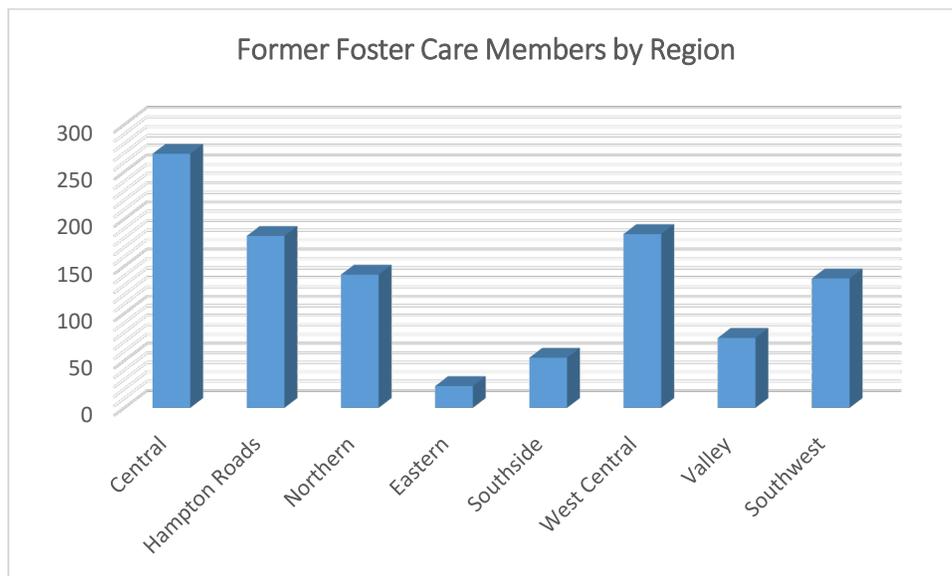
The goals of the FFCY demonstration are: (1) to increase and strengthen coverage of former foster care youth who were in Medicaid and foster care in a different state and (2) to improve or maintain health outcomes for these youth.

ELIGIBILITY AND BENEFIT INFORMATION

Individuals eligible in this demonstration group are those former foster care youth who: (1) were in the custody of another state or American Indian tribe, (2) were receiving foster care and Medicaid services until discharge from foster care upon turning age 18 or older, (3) are not eligible in a mandatory Medicaid coverage group, and (4) are under the age of 26. All individuals in the Former Foster Care Child Under Age 26 covered group receive the full Medicaid benefit package, including long-term supports and services, if medically necessary.

ENROLLMENT COUNTS FOR YEAR TO DATE

Figure 23: Member Enrollment by Region



The figure above displays the geographic distribution of the Former Foster Care population, broken down by regions in the 2nd quarter. As highlighted in the figure, the Central region continues to house the largest concentration at 269 with the West Central (184 members) and Hampton Roads (182 members) regions closely following.

OPERATIONAL UPDATES

The waiver amendment to add the former foster care youth from out of state was approved in September 2017. Since approval, there have been no policy or administrative difficulties in operation for this piece of the demonstration waiver. There have been no challenges or issues.

PERFORMANCE METRICS

By implementing the demonstration, Virginia anticipated increasing healthcare coverage for former foster care youth, while improving health outcomes. The design for evaluating the demonstration was approved by CMS in October 2018. The evaluation covered the September 2017 to December 2019 time period, representing the start and end dates of the demonstration. The evaluation addressed three questions:

1. Does/did the demonstration provide Medicaid coverage to former foster care individuals?
2. How do/did former foster care individuals in the demonstration use Medicaid-covered healthcare services?
3. What do/did health outcomes look like for individuals in the demonstration?

COLLECTION & VERIFICATION OF UTILIZATION & ENROLLMENT DATA

The evaluation evaluated administrative data (enrollment, claims, and encounters) available in the MMIS at the end of the first (fall 2018) and second (winter 2020) demonstration years. The evaluation was conducted using existing administrative data and no prospective data (e.g., beneficiary surveys, interviews, focus groups, or other quantitative or qualitative data) was collected due to resource limitations. The evaluation did not include pretest (or baseline) data because DMAS only has access to data on individuals in the demonstration after they receive Medicaid coverage.

BUDGET NEUTRALITY AND FINANCIAL REPORTING

The state provides, as Appendix B of this Report, an updated budget neutrality workbook for Quarter 4 Demonstration Year 2018 that includes established baseline and member month data that meets all the reporting requirements for monitoring budget neutrality.

CONSUMER ISSUES

Benefits are provided through the state's fee-for-service and managed-care delivery systems. No complaints or issues have been identified to date. There have been no appeals filed related to this population.

CONTRACTOR REPORTING REQUIREMENTS

No contracts needed to be amended when the FFCY component was added to this waiver. These individuals were previously covered under the Medicaid State Plan; therefore, no changes needed to be made when the waiver was approved.

RECOVERY NAVIGATORS

The FFCY demonstration does not utilize Recovery Navigators.

LESSONS LEARNED

There is nothing to report at this time.

EVALUATION ACTIVITIES

The evaluation covers the September 2017 to December 2019 time period, representing the start and end dates of the demonstration. The design for evaluating the demonstration was approved by CMS in October 2018. Interim evaluation findings will be available in early 2019 and will be submitted to CMS in a separate document. The evaluation will cover the September 2017 to December 2019 time period, representing the start and end dates of the demonstration.

CONCLUSION

The demonstration was implemented as a measure to continue Medicaid coverage for former foster care youth who received their services in another state but who are now living in Virginia. This group was formerly covered in Virginia under the State Plan; the change in the authority mechanism did not necessitate any changes to the application process for these individuals or how they receive Medicaid coverage.

ENCLOSURES

- Attachment A GAP Transition Plan
- Attachment B GAP Outreach
- Attachment C Waiver Budget Neutrality

STATE CONTACT(S)

If there are any questions about the GAP, ARTS, FFCY related contents of this report, please contact:

Ke'Shawn Harper
ARTS/Behavioral Health Senior Policy Specialist
Keshawn.Harper@dmas.virginia.gov

ATTACHMENT A- GAP PROGRAM TRANSITION PLAN & WARM HANDOFF

On June 7, 2018, Governor Northam signed the 2018 Virginia Acts of Assembly Chapter 2 (2018 Appropriations Act) authorizing the Department of Medical Assistance Services (DMAS) to amend Virginia's Medicaid State Plan to expand coverage to newly eligible non-disabled, non-pregnant adults ages 19 to 64 with income up to 138 percent of the FPL, effective on January 1, 2019. Because it will have an expanded Medicaid program, the Commonwealth no longer requires the Governor's Access Plan (GAP) program and has begun the process of ending the program.

Most GAP members will be enrolled automatically into this new program. Unfortunately, due to immigration/citizenship status and federal requirements, a very small number of GAP members will not be eligible for the new program. In addition, with this new program, the GAP program will be ending March 31, 2019. DMAS is committed to ensuring that GAP members are provided resources to assist with the transition.

Please find below a tentative timeline of activities required for the GAP Waiver to sunset.

September 2018

- Mailed GAP member letters (9/10/18 & 9/12/18)
 - notification letter to members eligible for Virginia Medicaid Expansion
 - notification letter to members not eligible for Virginia Medicaid Expansion; services to continue until 3/31/19; included information on Federal Market Place and support for linkage to providers serving the uninsured
- Waiver amendment was posted for public comment (9/20/18)
- DMAS and Department of Behavioral Health and Developmental Services (DBHDS) will initiate process to transition GAP members not eligible for Expansion to the Community Services Boards (CSBs)
- Contractors training their staff on Medicaid Expansion included GAP transition plans
- Cover Virginia providing DMAS monthly spreadsheet of non-eligible members which is then shared with contractors for transition planning

October 2018

- Notification to SMI Screening entities and stakeholders of the sunset and next steps
- "Warm Handoff" details identified/discussed with stakeholders to ensure member transition flows smoothly and needs are met for GAP members to MCOs (see below)
- DMAS and DBHDS will continue process to transition GAP members not eligible for Expansion to the CSBs
- 10/31/18 (by midnight) last day to submit GAP eligibility application to Cover VA
- Post transition plan, FAQs, warm handoff plan



November 2018

- Any new GAP applicant will be informed about and referred to the Federal Market Place applying for Medicaid Expansion by Cover Virginia
- Inform and train MCO care coordinators to GAP membership needs/characteristics/nuances
- "Warm Handoff" details finalized for GAP members to MCO
- DMAS and DBHDS will continue process to transition GAP members not eligible for Expansion to CSBs
- 11/15/18 2nd "heads up" letter to GAP members about Medicaid Expansion eligibility
- Medicaid Memo posting to Town Hall public notification end of GAP program

December 2018

- 12/15/18 last day (by midnight) to provide Cover Virginia any required supporting documentation to demonstrate eligibility for previously submitted application
- 12/15/18 last day (by midnight) to submit SMI screenings to Magellan for applications submitted to Cover Virginia as of 11/1/18.
 - **Please do not fax or mail SMI evaluation screenings to Cover Virginia, they must go through Magellan.**
 - **Any SMI screening or supporting documentation submitted to Magellan after midnight 12/15/18 will not be processed. Claims will not be paid for incomplete submissions.**
- GAP members will receive a letter notifying them that they will be transitioning to full Medicaid effective 1/1/19-"Notice of Action" letter from Cover Virginia (no later than 12/15/18)
- Medicaid identification (ID) letter mailed-will include Medicaid ID Card (12/19/18)
- Managed Care Organizations (MCO) Assignment letter mailed-individuals will be assigned to an MCO which they will have 90 days to change, if desired (12/27/18-12/31/18)
- MCO ID Card and Welcome packet mailed to members by MCO (no later than 1/1/19)
- DBHDS alerted community services boards (CSB) of potential members who may need followup in March 2019

January 2019

- **1/1 Eligible GAP members enrollment in MCO effective**
- Magellan of Virginia/KePRO service authorizations will be honored for 30 days to ensure continuity of care
- Service auth files (electronic) from contractors (Magellan, Kepro) to CCC Plus MCOs
- DMAS to closely monitor "Warm Handoff" of eligible members to MCOs
- DMAS and DBHDS addressing needs of GAP members not eligible for Expansion



February 2019

- DMAS to send letter to GAP members not eligible for Expansion reminding them that their services/supports will be ending within 60 days. Letter will include notification of closest CSB and intake procedures.
- Reminder to providers and remaining members that the waiver is ending March 31, 2019; will include notification to refer GAP members to CSBs for follow up care
- DMAS to closely monitor "Warm Handoff" of eligible members to MCOs and determine need for further monitoring

March 2019

- DMAS and DBHDS final transition of GAP members not eligible for Expansion to preferred pathway providers
- March 31, 2019 last date of service for GAP; claims eligible for payment through March 31, 2020

April 2019

- Any service authorization requests received will be rejected by Magellan of Virginia and KePRO.
- No claims for any dates of service delivered after 3/31/19 will be paid.

March 31, 2020

- Last day to file claims for services delivered prior to 3/31/19
- GAP regulations and manual will sunset

GAP "WARM HANDOFF" TO CCC PLUS

CCC Plus and Medallion 4 Steering Committee (MCOs, DMAS, CSBs, DBHDS)

October 15-overview of transition plan and warm handoff plan

Magellan clinical and Recovery Navigators

October 30-overview of the CCC Plus care coordination model and Medicaid Expansion covered services

CCC Plus Care Coordination and Maximus

November 1 9:30-10:30 IC staff to provide CCC Plus MCO care coordinators training on Recovery & Resiliency

- Incorporating SAMHSA 8 Dimensions of Wellness as GAP Recovery Navigators use them
- Considering the Temple University Community Participation Measures

November 8 9:30-10:30 AM- CCC Plus MCO care coordinators and Maximus contract representatives **Member Focused training** on GAP members by BHS GAP staff. CCC Plus staff to handle opening/hosting the webinar.



- GAP SMI criteria and what that means
- Case studies
- Challenging care coordination example
- Recovery Navigation- peer support services, Community Participation Measures and how they are used, warm line experiences, social issues (trauma, homelessness, etc.)

November 15 9:30-10:30AM CCC Plus MCOs care coordinators (and Maximus contract representatives) **GAP Service Utilization training** by DMAS BH staff. CCC Plus staff to handle opening/hosting the webinar.

- Data driven presentation
- BH and physical health-integrated care model

November 19 11:00AM – noon **CCC Plus Overview** provided by CCC Plus representatives to BHSA GAP staff so they can share info with GAP members about new program/benefits

December 1 Magellan to submit data regarding **intensive MH and ARTS services utilization** to DMAS for forwarding to CCC Plus MCOs-CCC Plus technical staff to collaborate with Magellan/MCOs regarding file layout/exchange. Magellan to submit to DMAS list of GAP members receiving **Recovery Navigation Services** and summary of recovery oriented services/peer supports being provided.

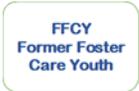
CCC Plus Stakeholder October update: Integrated Care staff will include a reminder about GAP-needs the program ending announcement posted so link to GAP webpage has information

CCC Plus member Calls for January- GAP members can participate as new Expansion members



ATTACHMENT B- GAP OUTREACH 2018

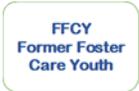
DATE	EVENT	AUDIENCE	ITEM	FOCUS: GAP	FOCUS: Peer Support	#ATTENDED	COMMENTS	PRESENTER
2/8/2018	Jail Outreach	Returning citizens in re-entry program	Approved Flyers	Yes	Yes	12	Spoke to a group of inmates in a re-entry program who are about to be released. I offered information about applying for GAP and covered Recovery Navigation & Warmline.	Magellan
2/15/2018	Cornerstone CSU	Met with new staff and explained Recovery Navigation	Approved flyers	Yes	Yes	3	Spoke with new staff members and explained what recovery navigation is and what recovery navigators offers members	Magellan
2/19/2018	VCU Psychology Class Presentation	VCU Psychology Class	GAP	x	X	35	Presented on GAP Basics, eligibility, benefit package, and recovery navigation	DMAS
3/5/2018	Jail Outreach - Danville	Returning citizens in re-entry program	Approved Flyers	Yes	Yes	5	Spoke to a group of inmates in a re-entry program who are about to be released. I	Kevin Bagby



							offered information about applying for GAP and covered Recovery Navigation, Warmline & SafeLink Wireless.	
3/29/2018	Dept. of Corrections Resource Fair - Green Rock Correctional Unit	Returning citizens in Correctional Facility	Approved Flyers	Yes	Yes	130 +	Presented to 2 groups of inmates about GAP and then staffed a table and fielded questions and handed out flyers to those interested in applying for GAP. We were able to educate many guys on how to apply, and offered them the CSB name to connect to upon discharge. Also handed out SafeLink Wireless flyers.	Kevin Bagby & Tomeka Martin
4/3 & 4/4	Warmline Training Summit - Blacksburg	Certified Peer Recovery Specialists	Approved Flyers	Yes	Yes	34	Presented to CPRS' about our GAP Warmline and had an opportunity to educate them all on GAP	Kevin Bagby



							and Recovery Navigation. I shared flyers outlining the application process for GAP, Recovery Navigation, the warmline, and SafeLink Wireless. One of the audience was a GAP recipient and unaware of the services available to her. She is taking the information back to Norfolk and disseminating amongst her fellow GAP members she interacts with, and several others in attendance took flyers to pass along to members and potential members.	
4/18/2018	Community Outreach	Louisa County Reentry	Approved Flyers	Yes	Yes	20	Shared flyers with the Louisa County re-entry council and talked about GAP and Recovery Navigation.	Magellan
4/24/2018	Virginia Health Care Foundation Resilience Roundtable	Private and public providers and area nonprofits dedicated to Trauma	Approved Flyers	Yes	Yes	4	Spoke with 4 providers at the symposium and provided more detailed information on GAP and	Magellan



		Informed Care					Recovery Navigation	
4/26/2018	Dept. of Corrections Resource Fair - Coffeewood Correctional Center	Returning citizens in Correctional Facility	Approved Flyers	Yes	Yes	100+	Spoke to a group of inmates in a re-entry program who are about to be released. I offered information about applying for GAP and covered Recovery Navigation, Warmline& SafeLink phone.	Magellan
4/24/2018	Hampton Roads Disability Board Conference							
4/24/2018	Virginia Health Care Foundation						Networking and education at the Resiliency Roundtable	
5/1/2018	VACSB Conference							