

Governor's Access Plan (GAP) for the
Seriously Mentally Ill
Section 1115 Quarterly Report

Demonstration Year: 2 (1/01/2016 – 12/31/2016)

Demonstration Quarter: 2 (04/1/2016 – 6/30/16)

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) was the first step, aiming to offer a targeted benefit package to Virginians who had income less than 95% of the federal poverty level and met 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 healthcare, care coordination, and Recovery Navigation, individuals with SMI are often unnecessarily hospitalized, may be unable to find and sustain employment, struggle with finding affordable and available housing, become involved with the criminal justice system, and suffer with social and interpersonal isolation. The opportunities provided through the GAP demonstration are enabling persons with SMI to access both behavioral health and primary health services, enhancing the treatment they can receive, allowing their care to be coordinated among providers, therefore addressing the severity of their condition. With treatment and supports, individuals with SMI and co-occurring or co-morbid conditions are beginning to recover and live, work, parent, learn and participate fully in their community.

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 health 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 behavioral 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 line, and Recovery Navigator (peer support) services to assist members with managing their behavioral 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, members 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:

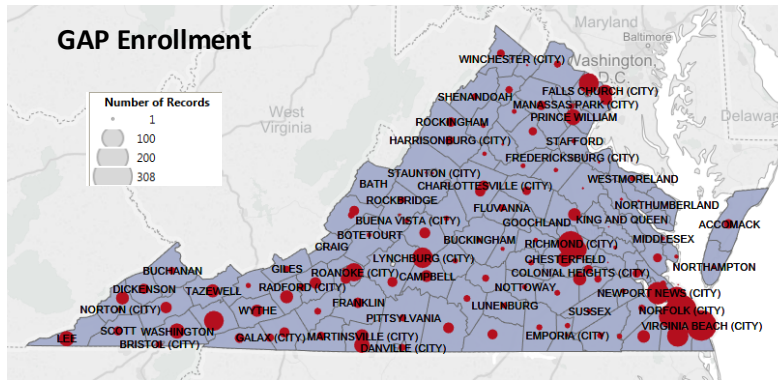
- Adult ages 21 through 64 years old;
- SMI criteria, including documentation related to the duration of the mental illness and the level of disability based on the mental illness;
- Not otherwise eligible for any state or federal full benefits program including: Medicaid, Children's Health Insurance Program, or Medicare;
- Household income that is below 80% percent of the Federal Poverty Level (FPL) plus a 5 percent income disregard (as of July 1, 2016);
- 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 Cover Virginia GAP Unit, were a successful output of the implementation planning approach. (Cover Virginia is the DMAS contract entity that processes the GAP applications and determines eligibility of the applicant.) Incremental growth in the amount of applications for eligibility into the program existed in the initial months of the program. It is likely that media attention and aggressive outreach efforts by local partners contributed to this outcome.

During Virginia's 2016 legislative session, members of the House and Senate came together during the budget conference process and agreed upon a proposal to increase the income eligibility limits for GAP from 60% to 80% (with a 5% disregard) effective 7/1/16. This change was ultimately approved by both chambers of the legislature and the Governor. As an action of the Virginia legislature, this process was public and received both formal and informal participation and monitoring by advocates, stakeholders, and state staff. Many advocates in Virginia voiced their approval of the decision to expand program eligibility requirements. In response to the change in eligibility, DMAS updated documents and informational fliers that highlighted the revised eligibility criteria as well as the benefits included in the GAP demonstration. These documents will be 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 June 30, 2016 there were 7,999 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 3/31/2016	Total Number of Enrollees Quarter Ending 6/30/2016	Members Enrolled Since 01/12/2015
GAP Members Enrolled	6,707	7,999	9,808

As shown in the table above, there were 9,808 unique members enrolled since the implementation of the demonstration; the difference between the unique enrollees and the currently enrolled may be associated with the change in the financial eligibility requirement and those who were did not successfully complete the renewal/re-enrollment process. In November 2015, Cover Virginia began the exparte renewal process, which allowed for electronic systematic verification of information to determine eligibility for members approaching their renewal (such as income). For members who were not able to be renewed systematically, they were contacted via mail with a paper renewal application. This process requires additional action by the member to verify the information on file, in addition to providing documentation to be reviewed with the application to determine eligibility. For failure to respond to the request for action, members have lost their coverage when they may have otherwise been found eligible if they had responded to Cover Virginia.

Therefore, in efforts to decrease the number of members losing coverage from failure to respond, DMAS collaborated with Cover Virginia and Magellan to identify members who are approaching their coverage end date and contact them to assist with completing the paper renewal applications. Last quarter, DMAS' contract monitors for Cover Virginia met with representatives from the Virginia Association of Community Services Boards to strategize how to increase enrollments as well as to avoid dis-enrollments due to failure of the members to respond to the annual eligibility review. Discussion centered on documentation required for income verification and some strategies were identified. The group continues to explore these avenues. Additional

information about these strategies will be published in subsequent reports.

Outreach/Innovation Activities to Assure Access

DMAS outreach plan was originally submitted in March, 2015 with a resubmission to CMS on June 23, 2015. DMAS is implementing a multi-faceted approach to educate potential members, families, advocates, providers and other stakeholders about GAP. While a high level description of activities is provided below, specific details pertaining to the Outreach and Enrollment is found in the approved plan.

This quarter, DMAS continued Phase II of the GAP outreach plan focusing on increasing awareness of the demonstration. One way that this was accomplished was through the GAP Listening Tour. DMAS staff presented to providers, members and supporters alike about the GAP plan, its current enrollment and outreach efforts, and the enrollment/renewal process. The group presented to about 200 attendees statewide and feedback was gathered on the successes and difficulties experienced since the demonstration's implementation. Most stakeholders expressed appreciation for the benefit plan and how it has increased members' access to care and medications. Concern was also expressed about the limited coverage for outpatient medical procedures and the need to increase physicians' knowledge of the benefit plan and its covered services that go beyond behavioral health. The GAP team will use the feedback to shape outreach plans for the coming quarter.

DMAS is collaborating with the Virginia Department of Corrections (VADOC) to promote the demonstration and determine how they can be involved in assisting their members in obtaining GAP eligibility when the member is nearing release. It is vital that members who are eligible become enrolled prior to release to ensure quicker access to health care once they return to the community. GAP staff have met with the Attorney General's office and VADOC to identify resources, facilities and processes available to aid in conducting SMI screenings of "returning citizens" (VADOC's preferred term for individuals being released from their custody) prior to their release. A presentation was made at the Local and Regional Jail Re-entry Conference in May and the GAP team has scheduled a presentation for the VADOC Mental Health Professionals to occur in July. More information will be provided in the following report about this effort.

Virginia Commonwealth University (VCU) has partnered with DMAS to conduct a quality improvement study on GAP to include in CSB and federally qualified health clinic (FQHC) settings in the metro Richmond area. The goal is to collect data from GAP members about their perspective on the benefit plan and the enrollment process. A meeting was held in June with the CSBs to get a better understanding of how each entity assists applicants and members in order to frame the methodology for the study. CSB representatives agreed to assist in the data collection phase by interviewing members. With the study due to conclude in fall 2016, more information will be published as the study develops.

Since January 2015, Magellan has hosted weekly conference calls for GAP providers and beneficiaries. As the volume of questions from GAP providers decreased, providers were invited to join the general Magellan provider call and GAP was added to the agenda to allow for any GAP specific questions, comments or concerns. DMAS and Magellan staff hosts these calls and answer questions from the participants as well as provide updates and announcements as needed. The frequency and need of these calls is being evaluated by DMAS; however, the current schedule is as follows:

GAP Weekly Conference Calls		
Day of the Week	Time	Target Participants
Fridays	2:00pm – 3:00pm (folded into another Magellan weekly provider call 5/29/15)	GAP and other Fee-for-Service 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 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) to increase awareness about the benefit plan. This quarter, emails continue to 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). This shift of contacts coming from members more than providers is an indication that more potential members are learning of the GAP opportunity. Additionally, providers are utilizing the email account to request presentations and print materials to support the GAP.

DMAS' also maintains a GAP webpage on the DMAS website: http://www.dmas.virginia.gov/Content_pgs/gap.aspx. The webpage includes 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 also have a training page for providers (<http://www.magellanofvirginia.com/for-providers-va/training.aspx>). They have also developed a GAP specific webpage, [http://www.magellanofvirginia.com/for-members/governor's-access-program-\(gap\).aspx](http://www.magellanofvirginia.com/for-members/governor's-access-program-(gap).aspx) for members, their family members and advocates.).

Additional outreach for the quarter included:

- Virginia Summit on Criminal Justice and Behavioral Health – 4/16/16
- Medicaid and FAMIS Enrollment Summit- 4/11/16
- Virginia Association of Reimbursement Officers Conference (VARO) – 4/21/16
- Virginia Community Services Board Mental Health Council Meeting- 5/5/16
- GAP Listening Tour (Richmond)- 5/9/16
- GAP Listening Tour (Virginia Beach)- 5/11/16
- Recovery Action Focus Team (RAFT) Meeting – 5/12/16
 - The primary focus of this group is peer recovery services and the collaboration with advocates and agencies to increase awareness about available services for those who suffer from mental health and substance use disorders.
- GAP Listening Tour (Roanoke)- 5/24/16
- GAP Listening Tour (Abingdon)- 5/25/16
- Virginia Organization of Consumers Asserting Leadership Conference (VOCAL)- 5/25/16
- Virginia Veteran Homelessness Best Practices Summit- 6/8/16

- GAP Listening Tour (Fairfax)- 6/13/16
- Behavioral Health Advisory Council Meeting- 6/15/16

DMAS continues to seek opportunities to update the community about the demonstration's progress. Subsequent reports will include the results of the planned efforts scheduled.

Collection and Verification of Encounter Data and Enrollment Data

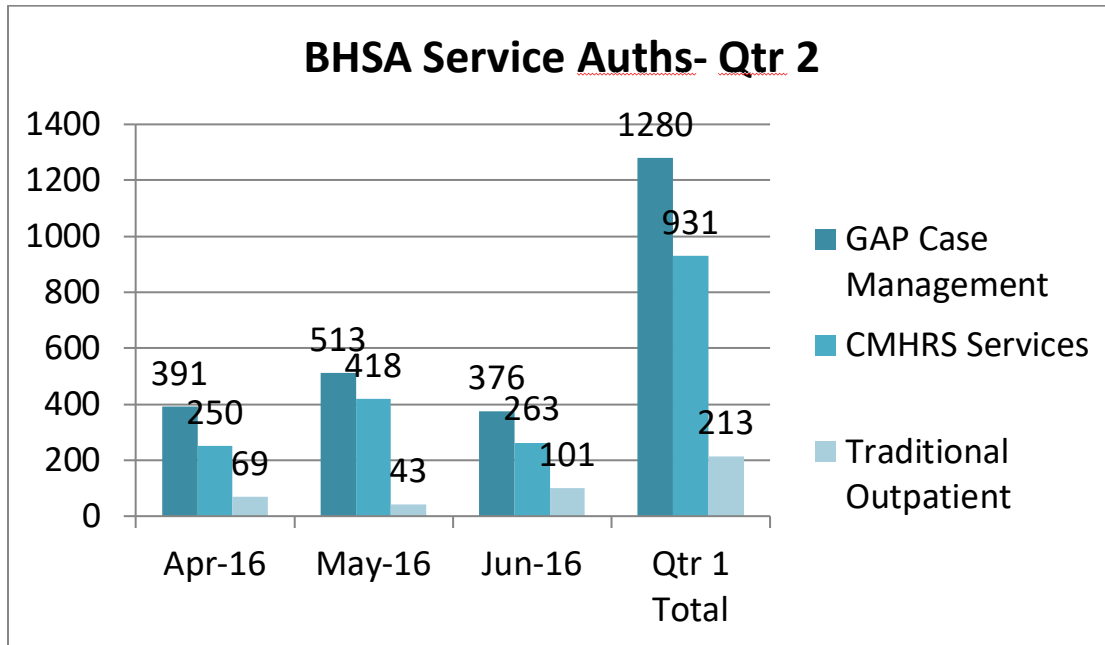
DMAS is utilizing its Fee-For-Service processes for data collection. Additionally, enrollment data is being provided through the Cover Virginia contract. DMAS staff has worked diligently to ensure that all contracts and data sharing agreements include specific data elements pertaining to not only GAP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

DMAS had difficulty gathering the required data for the evaluation report, specifically the GAP members' primary and co-morbid diagnoses. This was problematic with regard to the ability to accurately report information to highlight the spectrum of diagnoses and their correlation to co-morbid diagnoses and subsequently caused a delay in the completion of the evaluation report. DMAS collaborated with Magellan to identify the issues associated and provide additional files to use for further analysis. Much of the issue was related to the reports being based on claims, and providers had not all billed for the services and SMI screenings. The number of missing claims impacted being able to identify the needed diagnoses for the evaluation elements.

DMAS also discovered that there was a misunderstanding about the availability of the inpatient data from local hospitals being available from Virginia Health Information (VHI). Originally, we had been informed that Inpatient and Emergency Department data are not collected uniformly so there is no means to use the data for evaluation and reporting purposes. However, DMAS is contacting VHI again about the possibility of a data sharing agreement. DMAS continues to work with the Department of Behavioral Health and Developmental Services (DBHDS) to access state hospital data and will report the findings to CMS as soon as the clarification is available.

DMAS continues to review behavioral health service authorizations from the Magellan. The chart below 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.

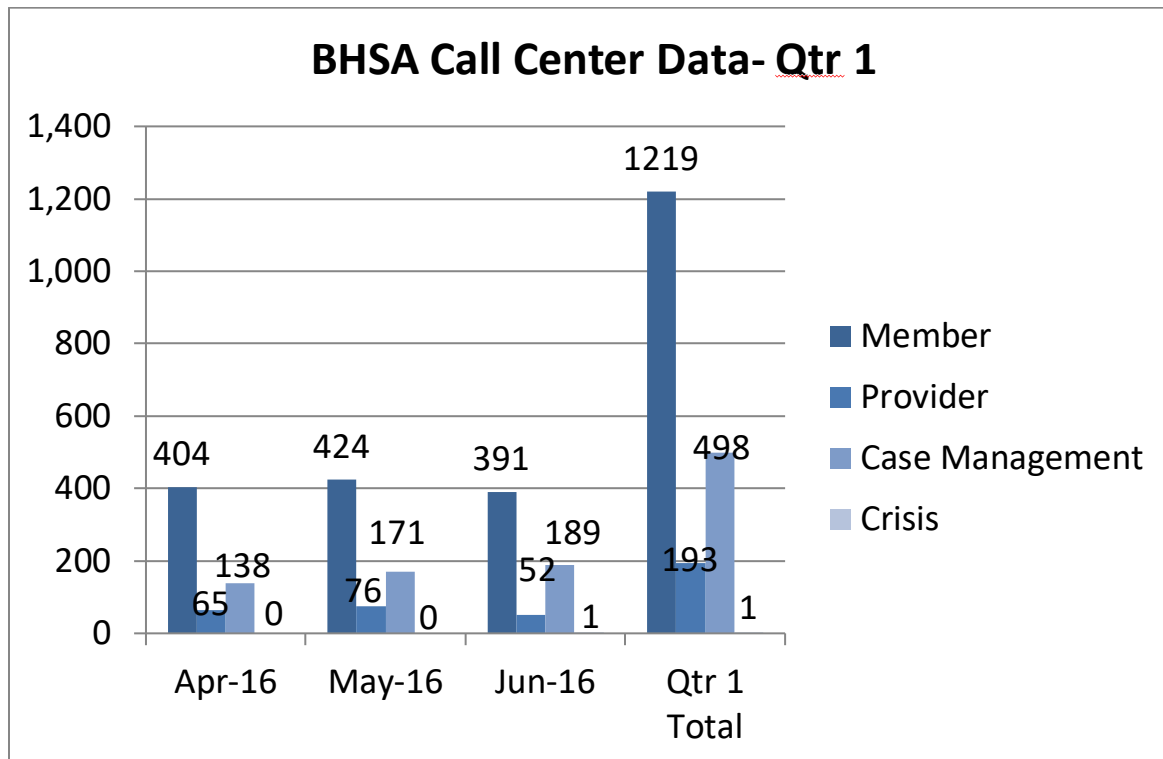
We are pleased to note that GAP members are receiving supportive behavioral health services in addition to medications. Subsequent reports will better reflect that data comparison. The chart below is for the 2nd quarter.



In the 1st quarter, DMAS concentrated on the number of members enrolled in GAP Case Management; of the 3,122 GAP Case Management Services authorized last year, the data suggested that about half of the 6,198 members were receiving case management. We found this troubling as a goal of the demonstration is to illustrate the benefit of the integration of medical and behavioral services for GAP members. GAP case management was intended to be a key support in aiding GAP members to access services. DMAS worked with Magellan to determine the possible causes of the low number and to enhance the workflow that will be used to increase the number of members who receive GAP Case Management.

Magellan's plan to increase enrollment in GAP Case Management consisted of efforts to increase collaboration with the CSBs, to finalize a tool that will be used to evaluate GAP cases' need for case management and to schedule regular trainings with Magellan GAP Care Managers on their process to ensure that referrals and contacts are occurring between the GAP Care Managers and the providers/members. Compared to the number enrolled in GAP Case Management last quarter (1,133), there was a slight increase seen this quarter (1,280). In discussion with Magellan, this could be contributed to reported waiting lists at some of the CSBs for services. Magellan will increase collaboration with CSBs to identify and develop plans to address the number of members waiting for assistance. Additionally, DMAS will continue to monitor efforts to increase members enrolled in GAP Case Management and provide additional information in the following quarterly report.

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 last quarter's report, we notice the continued increase in contacts from GAP members as opposed to providers. We see that members are becoming more engaged in their treatment and service planning as well as attempting to access and use their benefits. Members may contact the Magellan 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 second quarter of the 2nd year of the demonstration, DMAS 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 aligning 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 limited significant operational, systems, or fiscal developmental issues to disclose for the 2nd 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 change in the financial eligibility for the GAP demonstration. The reduction from 95% to 60% FPL (plus 5% disregard) in spring 2015 was significant; since the reduction, the application rate had noticeably decreased, creating a gap

between the projected and actual number of members enrolled in GAP. During this year's General Assembly Session the financial eligibility was increased from 60% to 80% of the federal poverty level. As a result, there was increased advocacy from many stakeholders in support of this change. Additionally, the General Assembly provided guidance on other avenues of program operations; DMAS was given direction to collaborate with the Virginia Department of Corrections (VADOC) and local/regional jails in efforts to increase outreach and GAP enrollment. Initial meetings with VADOC have addressed the feasibility of completing applications for those inmates who are nearing their release date. Progress on these efforts will be documented in the following report.

DMAS actively collaborated with Cover Virginia about the annual re-enrollment process that began in November 2015, in anticipation of the January and February 2016 eligibility renewals. There were also discussions 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 developed workflows for the Magellan care coordinators to address how to transition GAP members out of care coordination and Recovery Navigation Services upon GAP disenrollment. More information will be provided in subsequent reports.

Financial/Budget Neutrality Development Issues

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

Consumer Issues

DMAS is closely monitoring any issues pertaining to GAP members. Initially, the opportunity to initiate the application process for GAP included either the eligibility application component (Cover Virginia) 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, DMAS 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.

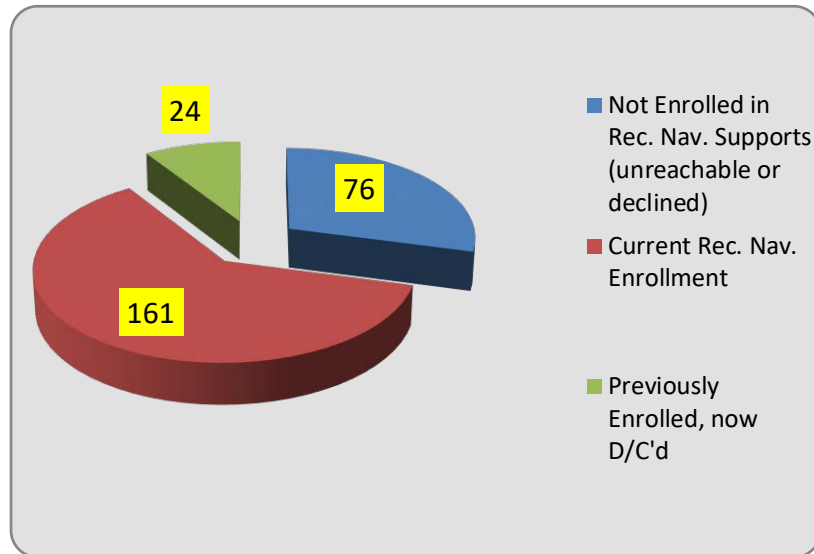
Recovery Navigators

The Recovery Navigators have continued efforts to deliver outstanding supports to our GAP members. We have had no complaints or negative feedback about their efforts. There are 6 Navigators positions, 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. Currently, there is a vacant Navigator position and DMAS is monitoring Magellan's progress in filling that position.

The Recovery Navigators are providing outreach and education at residential crisis stabilization facilities operated by community services board. GAP members being discharged from the facilities are given information about the Care coordination services available from Magellan as well as information about Recovery 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.

Reporting formats and timelines have been finalized with Magellan. The table below is one element of the reporting we are developing with Magellan:



The above table reflects the Recovery Navigator Services as June 2016; there were 161 GAP members enrolled in services. Additionally, there were 76 members who were referred but either the Navigators could not reach the member or the member declined the service. GAP members are averaging about 113 days in Navigator Services.

Contractor Reporting Requirements

Last year, DMAS worked with Magellan to identify broad categories as well as some initial specific data elements to be reported. Broad categories included the following: care coordination, peer supports/Recovery Navigator Services, warm line and routine utilization. From Cover Virginia we receive weekly reports 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. Reporting requirements and timelines were finalized and appear to be working well. Completeness of data from reports run from the various systems has been inconsistent this quarter and has raised questions about how the reports are run and from what sources using what parameters. DMAS staff are actively pursuing resolution to these issues.

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 significant progress has been made to increase 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 gathers success stories and

experiences of these navigators; below is one account narrated by a Recover Navigator:

“A 41 year old GAP member was referred for Recovery Navigation in April of 2016. He was experiencing significant mood lability exacerbated by financial struggles and multiple stressors. Lack of employment and inability to pay bills were resulting in depression and a sense of being overwhelmed. At his first meeting with his Recovery Navigator, he opened up about his history of mental health problems. They were able to make an emotional connection based on their common experiences and journey toward recovery. The Recovery Navigator emphasized the member’s strength and courage in confronting his struggles and willingness to overcome obstacles. In later conversations, this member shared feelings related to the loss of his mother. He was able to recognize the deep impact that the loss had made on his personal and emotional health, especially as it relates to handling his current financial stressors.

Since April, the member developed his WRAP plan, which included identifying several triggers and wellness tools. He has responded well to using his WRAP plan to structure his recovery. To help with life stressors and financial burdens, he has been linked with multiple community resources. He has been very grateful for the support offered and that acknowledges how GAP has been extremely helpful in keeping his life afloat at the moment. This member emphasized that the Recovery Navigation Program allows a support system to meet you where you are in the community. With the Recovery Navigation Program, he shares, “I truly feel like someone cares about me”. Having GAP has made many things possible for this member. “I’m not sure what I would do without having insurance,” he states.”

Demonstration Evaluation

DMAS requested and received approval from CMS to use 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.

Initially, the team met face-to-face weekly to discuss the metrics that would be analyzed such as service utilization for example. The team then moved to bi-weekly via teleconference to review the components of the evaluation plan. DMAS is fortunate to have these experts volunteering and offering their expertise to the project.

Meetings with the evaluation panel were few in number this quarter due to the issues with data collection and analysis. The panel has been on hiatus while staff works on resolving the reporting issues.

Conclusion

DMAS continues to work on outreach strategies and to develop collaborative relationships with entities that may be serving potential GAP members in an effort to increase enrollments. DMAS also is using the data to review service needs and opportunities for care coordination. Working with our contract partners, the providers, and the Recovery Navigators, we are learning how the GAP demonstration project is positively impacting our members' lives.

Enclosures/Attachments

N/A

State Contact(s)

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