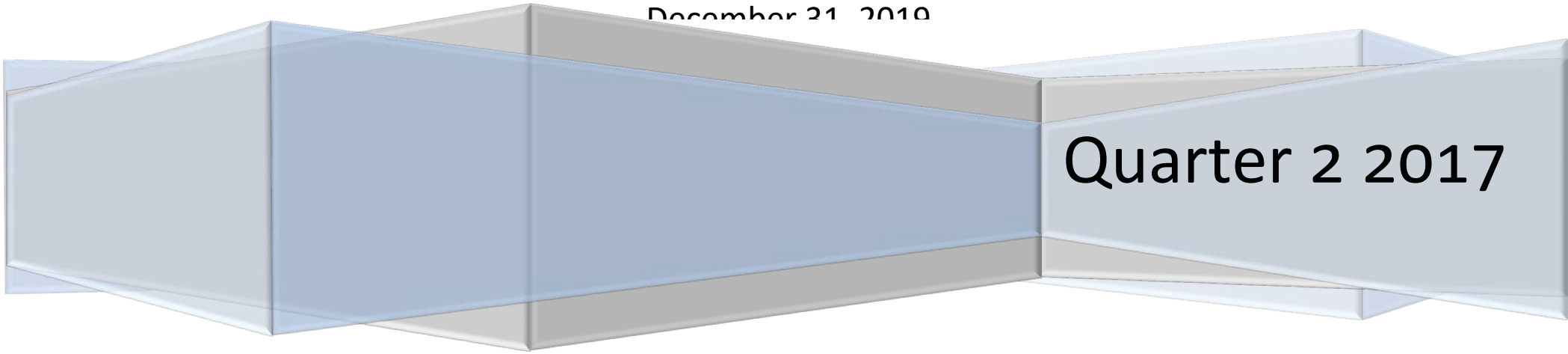
Virginia Department of Medical Assistance Services

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

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

Demonstration Waiver 1115
Demonstration Year: 3 (1/01/2017 – 12/31/2017) Demonstration Quarter: 2 (04/01/2017 – 06/30/2017) Approval Period: January 12, 2015 through December 31, 2019



INTRODUCTION

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

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

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

BACKGROUND

GAP

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

ARTS

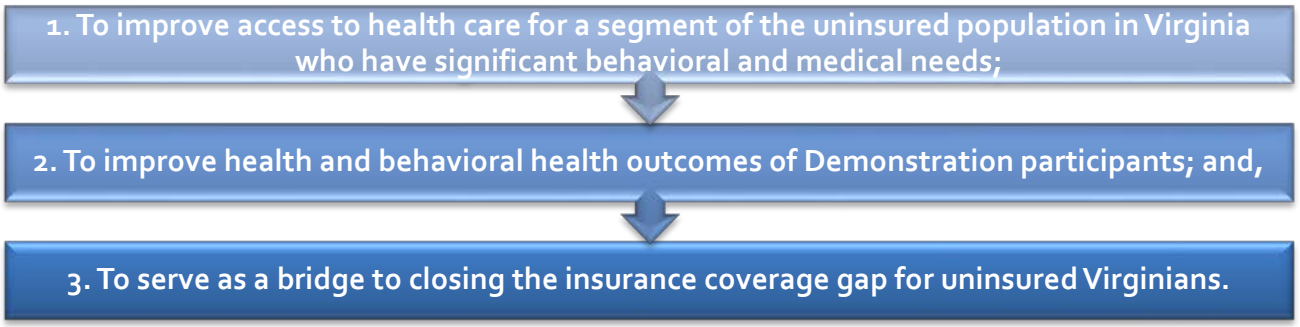
Virginia's 1.1 million members enrolled in Medicaid are disproportionately impacted by the substance use epidemic. DMAS identified over 220,000 members with a claim that included a substance use disorder (SUD) diagnosis in state fiscal year 2016. The financial impact is nearly as great as the human cost. Virginia spent $44 million on Medicaid members with a primary or secondary diagnosis of SUD who were admitted to hospitals or Emergency Departments in 2014. The Governor's Task Force on Prescription Drug and Heroin Addiction, due to the

overwhelming impact of substance use disorders for member's enrolled in Medicaid, made a recommendation to increase access to treatment for opioid addiction for Virginia's Medicaid members by increasing Medicaid reimbursement rates. Thus DMAS developed a large stakeholder and provider workgroup to work in collaboration to develop the comprehensive benefit for substance use disorder treatment services: ARTS, which implemented on April 1, 2017.

GOALS

GAP

The three key goals of the GAP Demonstration are to:



ARTS

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

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

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

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

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

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

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

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

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

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

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

ELIGIBILITY AND BENEFIT INFORMATION

GAP

The Virginia GAP Demonstration Waiver eligibility guidelines are as follows:

Figure 1

GAP Eligibility Requirements
Ages 21 through 64
U.S. Citizen or lawfully residing immigrant
Not eligible for any existing entitlement program
Resident of VA
Income below 80% of Federal Poverty Level (FPL)
Uninsured
Does not reside in long-term care facility, mental health facility or penal institution
Screened and meet GAP Serious Mental Illness (SMI) criteria

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

ARTS

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

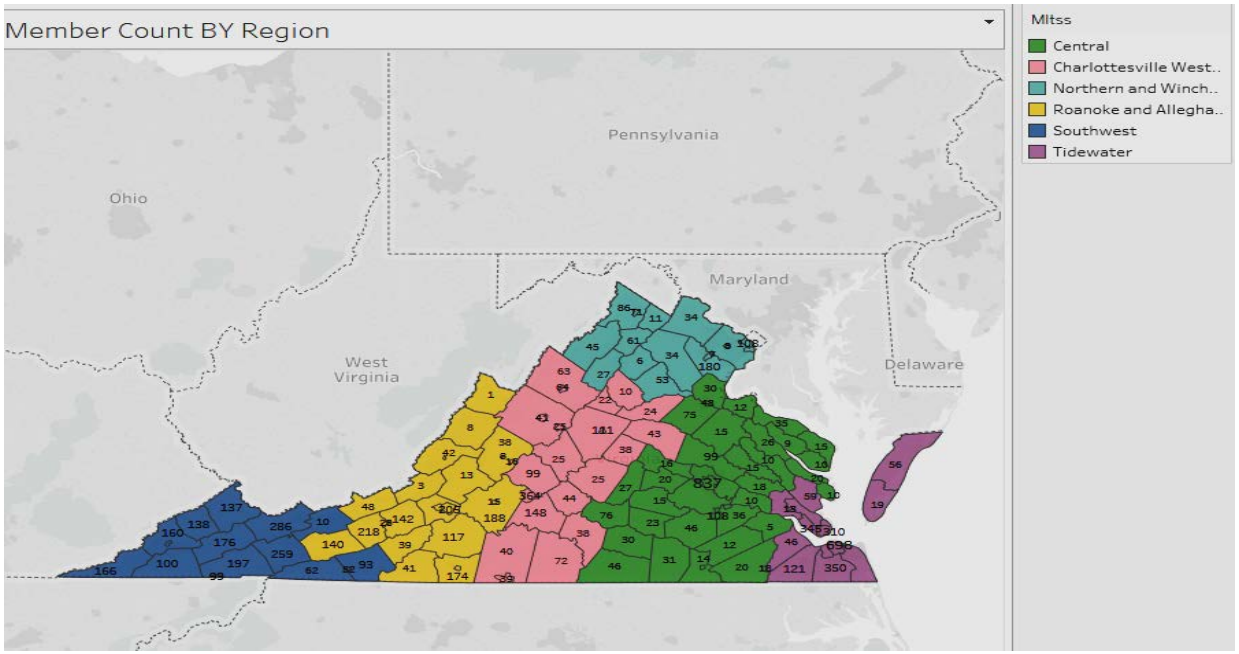
Expansion of the administration of community-based addiction and recovery treatment services	•Transition coverage through Medicaid and FAMIS Medallion Managed Care Organizations (MCOs) and the Commonwealth Coordinated Care (CCC) Medicare and Medicaid Plans (MMPs). •The DMAS contracted Behavioral Health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

ENROLLMENT COUNTS FOR QUARTER AND YEAR TO DATE

GAP Member Population

Department of Medical Assistance Services currently provides coverage to approximately 995,992 enrolled in Medicaid. Approximately 2% of these beneficiaries are enrolled in GAP. In the following Figures #2-8, the population displayed includes GAP members categorized by location, race/ethnicity, gender, age group and primary diagnosis.

Figure 2: GAP Enrollment, 3rd Quarter



The GAP Demonstration continues to steadily grow in membership. For the quarter ending on September 30, 2017 there were 11,730 individuals enrolled from 266 unique localities across the Commonwealth. The map shown in Figure 2 shows the location of members enrolled across the state of Virginia.

Figure 3: GAP Members of the Commonwealth by Regions, 3rd Quarter

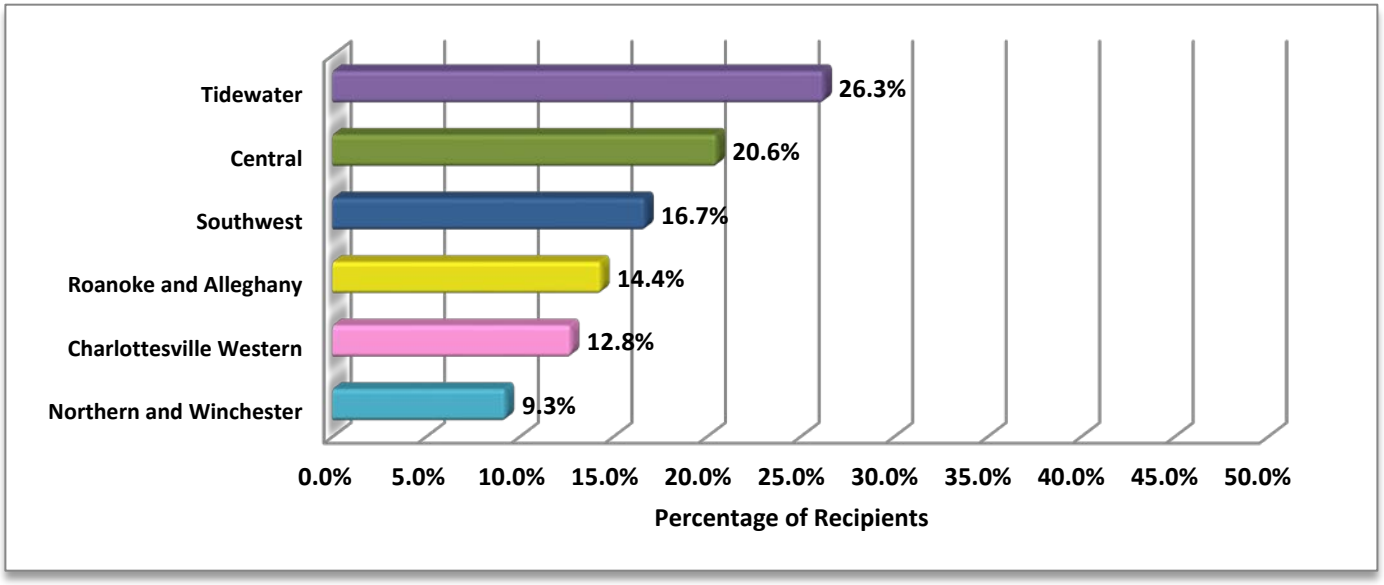


Figure 3 shows the geographic distribution of where GAP members reside, broken down by region in the 2nd quarter. As highlighted in Figure 3, the Tidewater region continues to house the largest concentration of GAP members at 3,081 with the Central (2,412 members) and Southwest (1,964 members) regions closely following.

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

Figure 4: GAP Enrollment, 3rd Quarter

Demonstration Population	Total Number of members Quarter Ending 6/30/2017	Total Number of members Quarter Ending 03/31/2017	Members Enrolled Since 01/12/2015
GAP Members Enrolled	11,730	10,821	15, 921

As shown in Figure 4, there have been 15, 921 unique members enrolled since the implementation of the Demonstration. The difference between the unique members' number and the currently enrolled number may be associated with the reduction and increase in the financial eligibility requirements in 2015 and 2016 as well as those that did not successfully complete the eligibility renewal/re-enrollment process.

Figure 5: GAP Members by Race and Ethnicity, Second Quarter

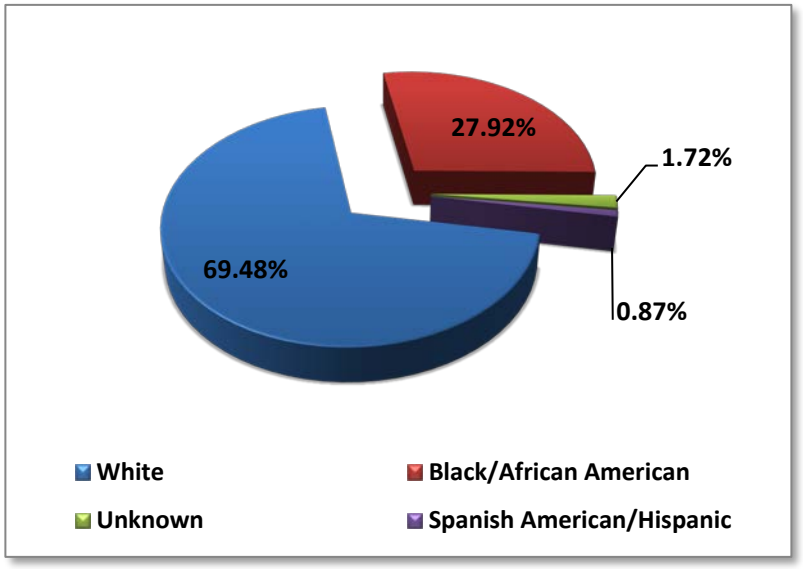
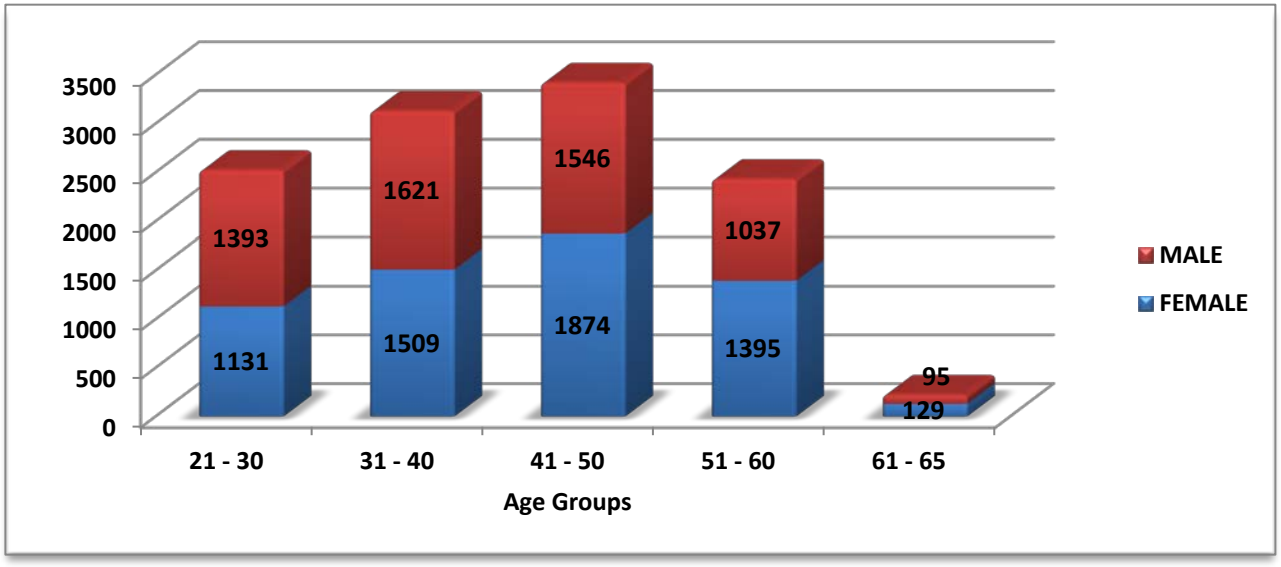


Figure 5 displays the distribution of the four primary race and ethnic groups of enrolled GAP members. Sixty-nine percent (69%) of the GAP population are White males and females, 27.9% of the GAP population is Black/African Americans, 1.72% did not identify their race and ethnicity and roughly 1% of the GAP population is Hispanic.

Figure 6: Male and Female GAP Members by Age Group, Third Quarter



The age demographics of GAP members remain relatively equal across all eligible age groups with the exception of members over the age of 61. Figure 6 displays the distribution of GAP members by gender and age group, details age and gender demographics among the GAP member population. When comparing gender characteristics of the GAP member's population, there are more females enrolled in GAP than males (51.57% and 48.53%, respectfully) and the 41-50 age group remains the largest population of GAP members at 29.16%

Figure 7: GAP Members by Race/Ethnicity and Age Group, Third Quarter

Race and Ethnicity	Age Group				
	21 - 30	31 - 40	41 - 50	51 - 60	61 - 65
White	1624	2255	2377	1619	147
Black/African American	755	742	924	731	71
Unknown	53	56	51	36	3
Spanish American/Hispanic	39	25	22	13	2
Totals	**2471**	**3078**	**3374**	**2399**	**223**

Figure 7 displays the demographic of GAP population in the top four race and ethnic groups categorized by age group

Figure 8: Primary Diagnosis in the Third Quarter

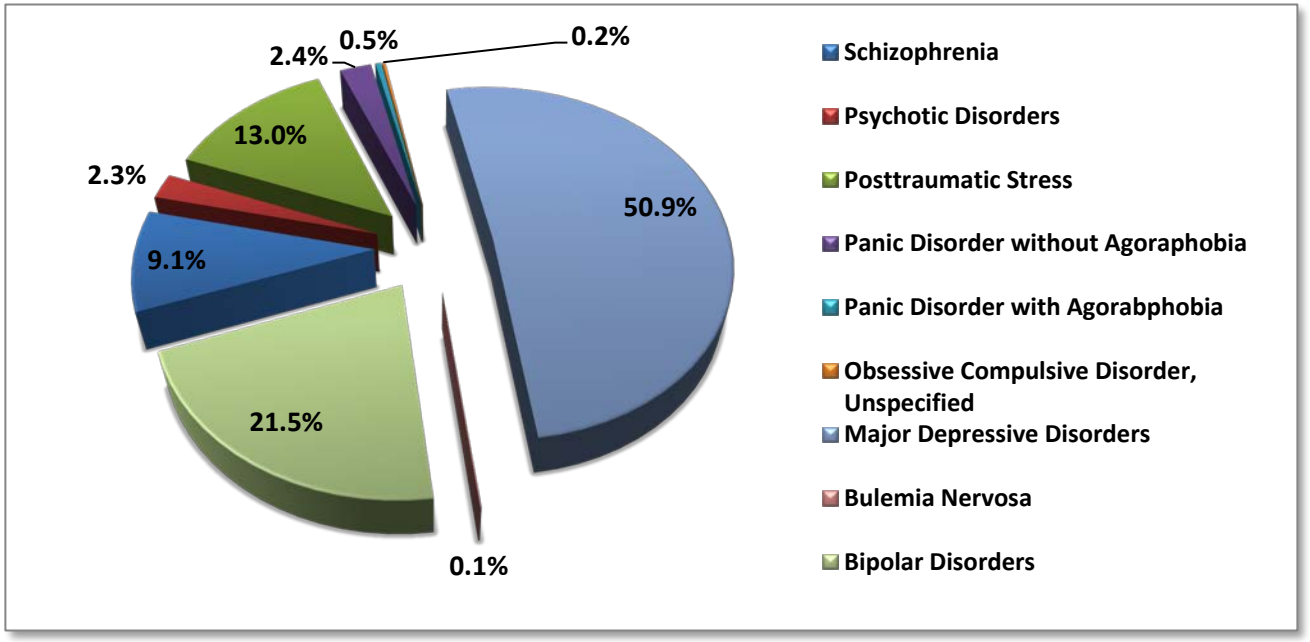


Figure 8 displays the distribution of GAP members by primary diagnosis during quarter 2. The primary diagnoses remain fairly equal from quarter 1 to quarter 2, with approximately fifty-one percent (50.9%) of the population screening positive for major depressive disorder, followed by twenty one (21.5%) of the population screening positive for Bipolar Disorder.

Cover Virginia Renewals

Of the **2,405** renewals due to Cover VA in quarter 2:	**2,140** were approved
	109 were cancelled due to ineligibity
	141 were cancelled due to member inaction

In November 2015, Cover Virginia began the exparte renewal process, which allowed for electronic systematic verification of information (such as income) to determine eligibility for members approaching their renewal. Figure 8 highlights the number of renewal approvals and cancellations completed in Quarter 2. There were 2,405 total renewals for the second quarter, 2,140 were approved and 109 cancelled due to ineligibility and 141 cancelled due to member inaction. In Quarter 2, 225 members were dis-enrolled, 135 due to renewal incomplete, 45 moved to Medicaid coverage, and 25 due to being over income limit.

The target population seems to be a transient community; therefore, many do not maintain a steady address or phone number. Cover Virginia's training for their Customer Service Representatives includes heavy emphasis on how to work with this vulnerable population. DMAS receives a monthly report from Cover Virginia of GAP members who need to submit additional information in order to complete their re-enrollment. Magellan has partnered with DMAS, and makes three attempts to call those members to encourage completion of the paper application/submit verification documentation in order to continue receiving GAP benefits; unfortunately, there is often no response or the phone number is out of service. In Quarter two, Magellan attempted to contact 135 members who were facing cancellation and were able to speak to only 47.

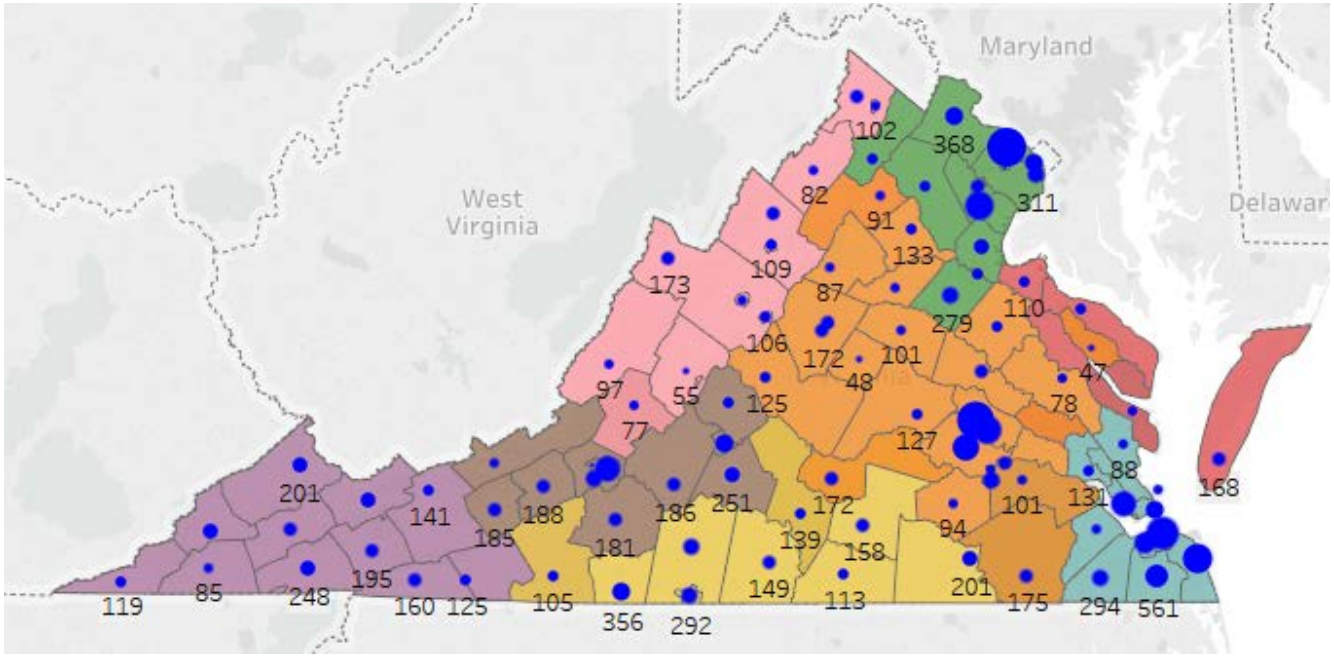
ARTS

The Department of Medical Assistance Services (DMAS) provides substance use disorder treatment services and co-occurring substance use and mental health disorder treatment services to all 1.1 million members enrolled in Medicaid, FAMIS, FAMIS MOMS and GAP.

The charts below show members who presented to a health encounter where DMAS received any of the following for this reporting period, April 1, 2017 to June 30, 2017:

- Members with a claim with a diagnosis of a substance use disorder (excluding tobacco use);
- Members with a claim for procedure code that is covered under the ARTS benefit.
- Members with a service authorization for an ARTS covered service.

Figure 9: Member Distribution with Substance Use Disorder



The next two charts below show members who presented with an alcohol or opioid use disorder to a health encounter where DMAS received any of the following for this reporting period: April 1, 2017 to June 30, 2017. These two diagnoses were the most prevalent diagnoses in this reporting period.

Figure 10: Member Distribution with Alcohol Use Disorder

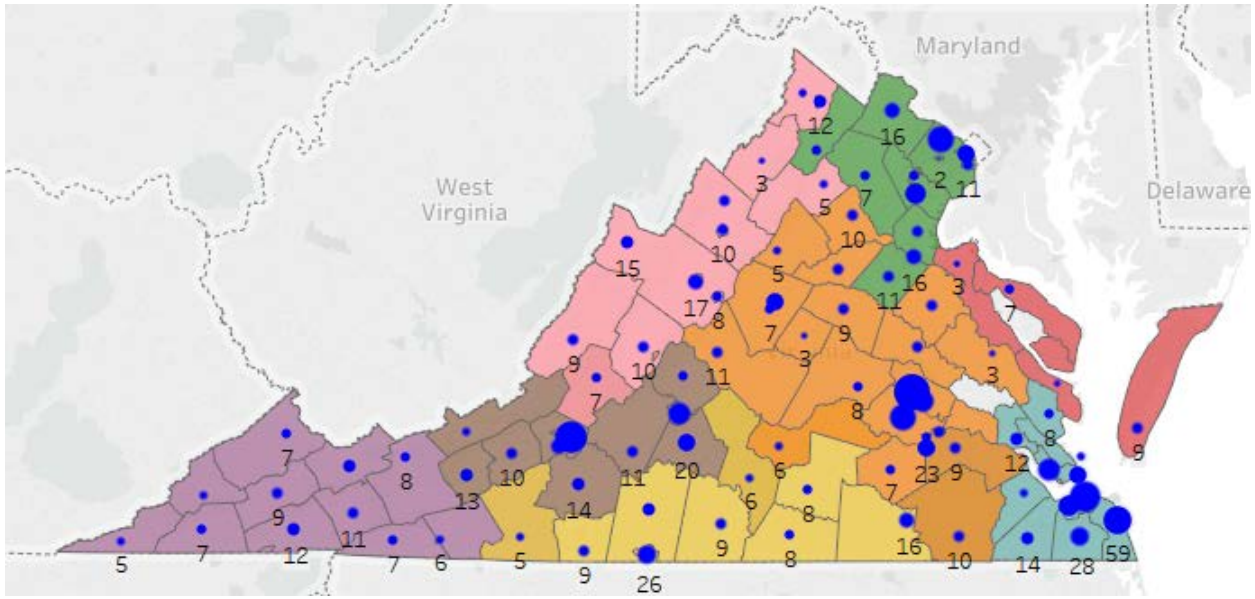
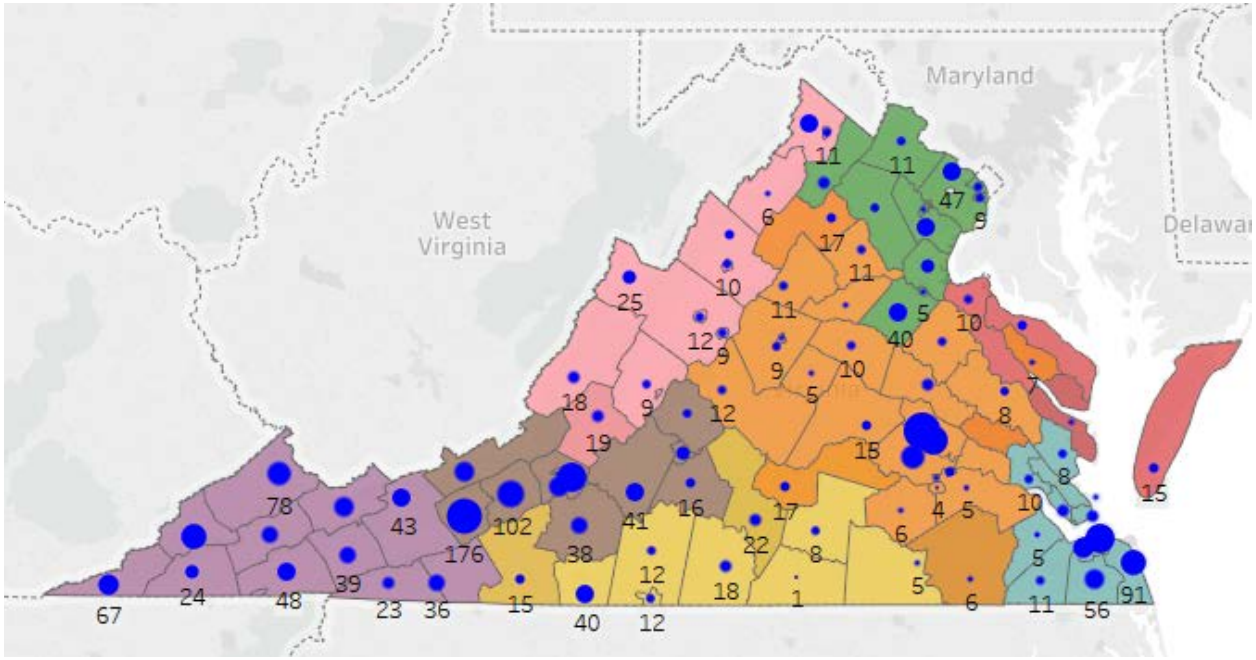
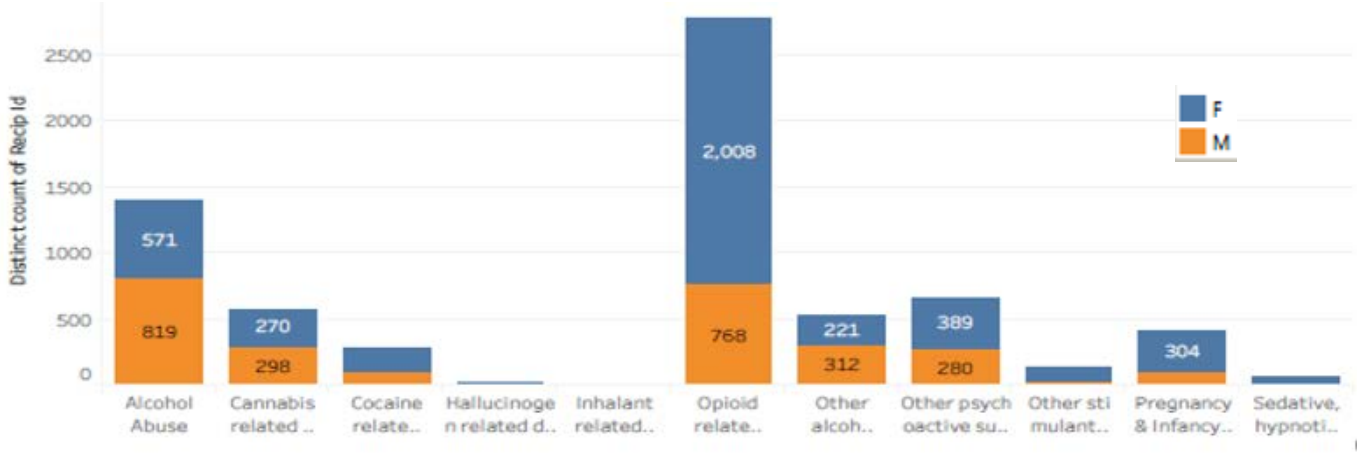


Figure 11: Member Distribution with Opioid Use Disorder



The next two charts below show member substance use diagnoses by gender and by age. Females and those ages 26-44 are more prevalent with opioid use disorder being the most predominant diagnosis in both categories.

Figure 12: Member Distribution by Substance Use Diagnosis and Gender


Distinct count of Recip Id
2500
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270
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768
221
312
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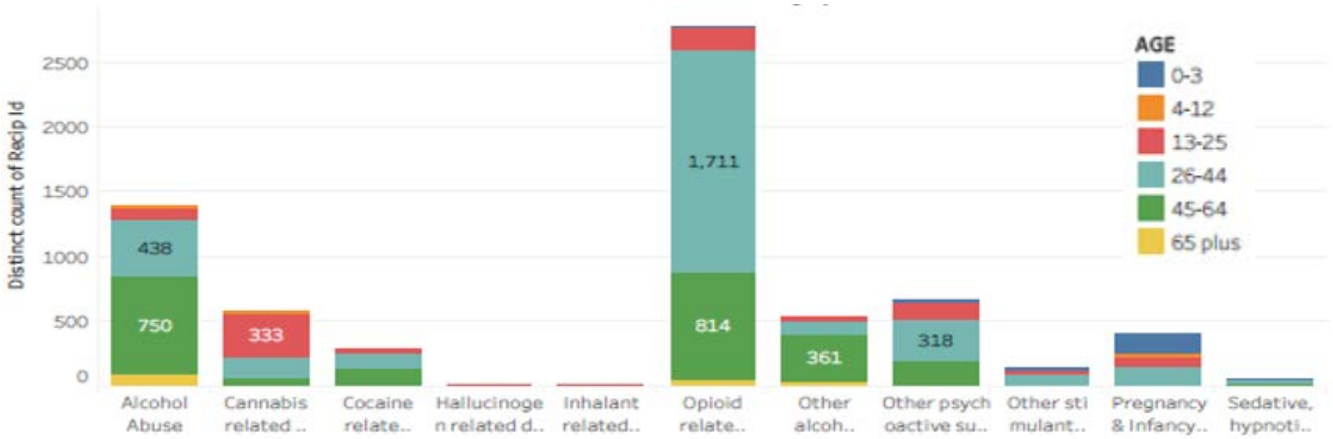
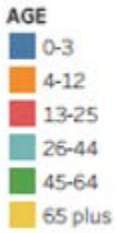
Alcohol Abuse
Cannabis related ..
Cocaine relate..
Hallucinogen related d..
Inhalant related..
Opioid relate..
Other alcoh..
Other psych oactive su..
Other stimulant..
Pregnancy & Infancy..
Sedative, hypnoti..

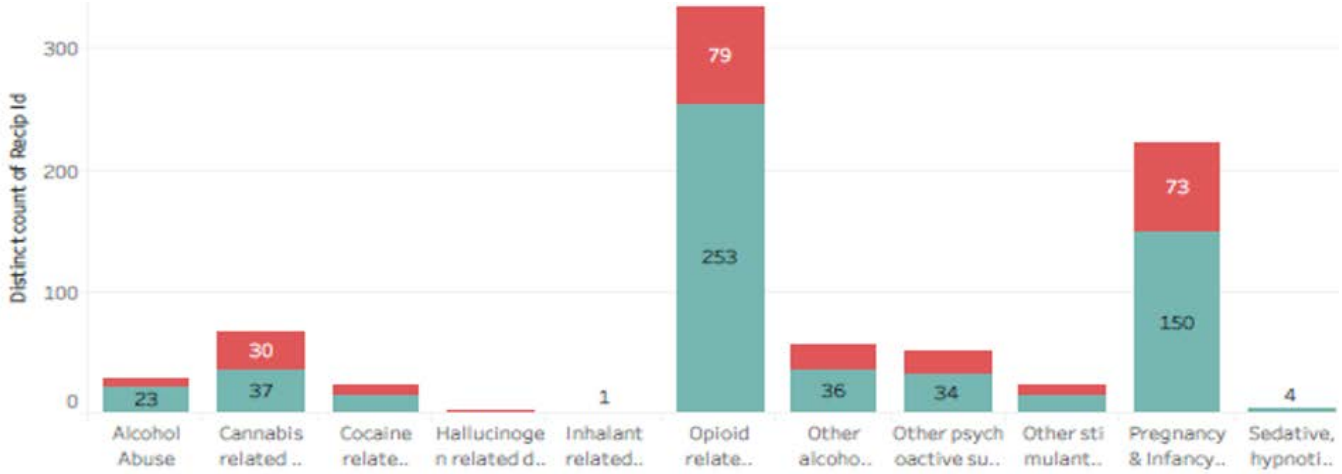
Figure 13: Member Distribution by Substance Use Diagnosis and Age



Pregnant women who meet the Medicaid or FAMIS/FAMIS MOMS eligibility requirements can be covered by Medicaid or FAMIS for the duration of their pregnancy and up to the end of the month following the 60th day postpartum. Pregnant women who are experiencing addiction are at a higher risk of their infant being born exposed to substances. The chart below shows the number of women who are pregnant by age and DMAS received a claim with a substance use diagnosis. The majority of pregnant members identified with substance use disorder are ages 26-44 and then following ages 13-25.

Figure 14: Pregnant Member Distribution by Substance Use Diagnosis




Distinct count of Recip Id
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Alcohol Abuse
Cannabis related ..
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Other alcoho..
Other psych oactive su..
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Pregnancy & Infancy..
Sedative, hypnoti..

OUTREACH/ INNOVATION ACTIVITIES TO ASSURE ACCESS

GAP

DMAS is implementing a multi-faceted approach to educate potential members, families, advocates, providers and other stakeholders about GAP. This quarter, DMAS continued Phase II of the GAP outreach plan focusing on increasing awareness of the Demonstration.

DMAS collaborated with Magellan to allow a federally qualified health center (FQHC), Central Virginia Health Services (CVHS), to provide SMI screenings at the Remote Area Medical (RAM) Mobile Clinic in Emporia, VA which will take place in June 2017. RAM provides medical care through mobile clinics in underserved, isolated, or impoverished communities. Most clinics provide general medical, dental, vision, preventive care, and education unless otherwise indicated such as veterinarian services. The CVHS staff was unable to complete SMI screenings as planned during the June 2017 RAM mobile clinic due to not being able to collect PHI from individuals per RAM guidelines. The social security number is required to submit a SMI screening for review. DMAS has a meeting set up for Quarter 3 to partner with RAM and FQHC to reduce barriers for this as a potential SMI screening opportunity in the future.

DMAS continued to focus on collaborating with the state prisons as well as local and regional jails to promote the Demonstration and determine how they can be involved in assisting their clients in obtaining GAP eligibility as the inmate is nearing release. It is vital that inmates who are eligible become enrolled upon release to ensure quick access to health care once they return to the community. GAP staff continued to work with Virginia Department of Corrections (VADOC) to develop strategies that would allow VADOC staff to conduct SMI screenings and submit applications for "returning citizens" (VADOC's preferred term for inmates being released from their custody) prior to their release. DMAS collaborated with VADOC and the Department of Health Professions (DHP) regarding credentialing and training for GAP SMI screeners. Most VADOC mental health staff members are non-licensed master's level employees but GAP regulations, reflecting guidance from DHP, require licensed mental health providers (LMHPs) to conduct the SMI screenings. DMAS staff identified an exception in the Board of Social Work regulations that allows non-licensed masters level social workers working for the Commonwealth to provide social work services. DHP confirmed that DOC and local/regional jails' masters-level clinicians, supervised by a licensed psychologist would meet the DHP regulation requirements that DMAS relies on for clinicians conducting the GAP SMI screenings. DHP also added that the supervision could also be done remotely via tele/video conferencing. This will allow the non-licensed masters level clinicians at VADOC and in the jails to conduct the SMI screenings. There were multiple conference calls with VADOC regarding how to coordinate screening during

Quarter Two. Magellan posted training for DOC officials on their webpage with directions and clarification regarding how to complete and submit a SMI screening in April 2017. This process was postponed during Quarter 2 due to the House Bill 2183 workgroup that was formed.

DMAS has been involved with House Bill 2183 Workgroup to assist with Department of Corrections / local and regional jails can decrease barriers to individuals who are incarcerated at time of release. The workgroup brainstormed ways to capture data at time of admit to jail / correctional facility and potentially using Compensation Board as a centralized location for data to be submitted. The workgroup focused on how to coordinate application and potential benefit start date at time of release to decrease time with no access to behavioral health or medical services after release. Workgroup will continue to meet in Quarter three and DMAS staff will continue to be involved.

In an effort to increase GAP member's renewal application completion process and care coordination with such a transient population, DMAS and Magellan have been working towards ensuring that GAP members have access to receive free cell phone service through the SafeLink program (VA TracFones). Through Magellan of Virginia, GAP members receive a free mobile phone, cellular minutes, and messaging services. Members also get 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. Currently, there are 1,234 GAP members with access to VA TracFones.

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

DMAS is working on an outreach plan to target homeless shelters, soup kitchens, unemployment agencies, housing agencies, jails, and other mental health treatment facilities as part of the VCU recommendation. The outreach will begin in Quarter three.

VCU recommendations for improving GAP recruitment are as follows:

VCU Recommendations for GAP Recruitment
Preparation

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

Identification and screening

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

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

Coordination and follow-up

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

Since January 2015, Magellan has hosted weekly conference calls for GAP providers and beneficiaries. As the volume of questions from GAP providers decreased, providers were invited to join the general Magellan provider call and GAP was added to the agenda to allow for any GAP specific questions, comments or concerns. DMAS and Magellan staff hosts these calls and answer questions from the provider network as well as provide updates and announcements as needed. A low number of GAP issues continue to be identified on these weekly calls. GAP questions and responses are monitored by DMAS staff to ensure accurate information is disseminated.

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

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

The GAP webpage received 5998 page views, of which 4,652 were unique page views between April 1, 2017 and June 30, 2017. DMAS staff receives weekly reports and the GAP webpage is averaging approximately 460 views per week.

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

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

ARTS

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

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

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

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

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

VDH Addiction Disease Management trainings

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

DBHDS ASAM patient placement criteria training

- Over **500** providers attended

10 "ARTS provider manual trainings"

- Over **800** providers attended

DMAS also held three Provider Association stakeholder meetings including over 40 provider associations to provide feedback on the program development as well as informing their members of the ARTS benefit. DMAS also presented at numerous provider association conferences on the ARTS benefit including: Office of Children's Services /Comprehensive Services Act , Medical Society of Virginia, National Association of Social Workers – Virginia Chapter, Virginia Association of Community Services Boards (CSBs), the CSB Mental Health and Substance Abuse Councils, Virginia Association of Family Physicians, Virginia Association of Medication Assisted Recovery Programs, Virginia Association of Pharmacy and Virginia Network of Private Providers. DMAS has also participated in several regional behavioral health summit meetings to promote the ARTS program and opportunities for providers to collaborate and expand services.

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

Another avenue for outreach has been the email address for the public to make inquiries about ARTS: SUD@dmas.virginia.gov . This email inbox is monitored daily by DMAS staff. Most inquiries are from providers and the weekly average is 30 emails. DMAS reminds callers at

each provider call and presentation conducted that this email address is for providers and members. DMAS has notified the public through public notices to use the email box to make recommendations about the project and to suggest outreach strategies as well.

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

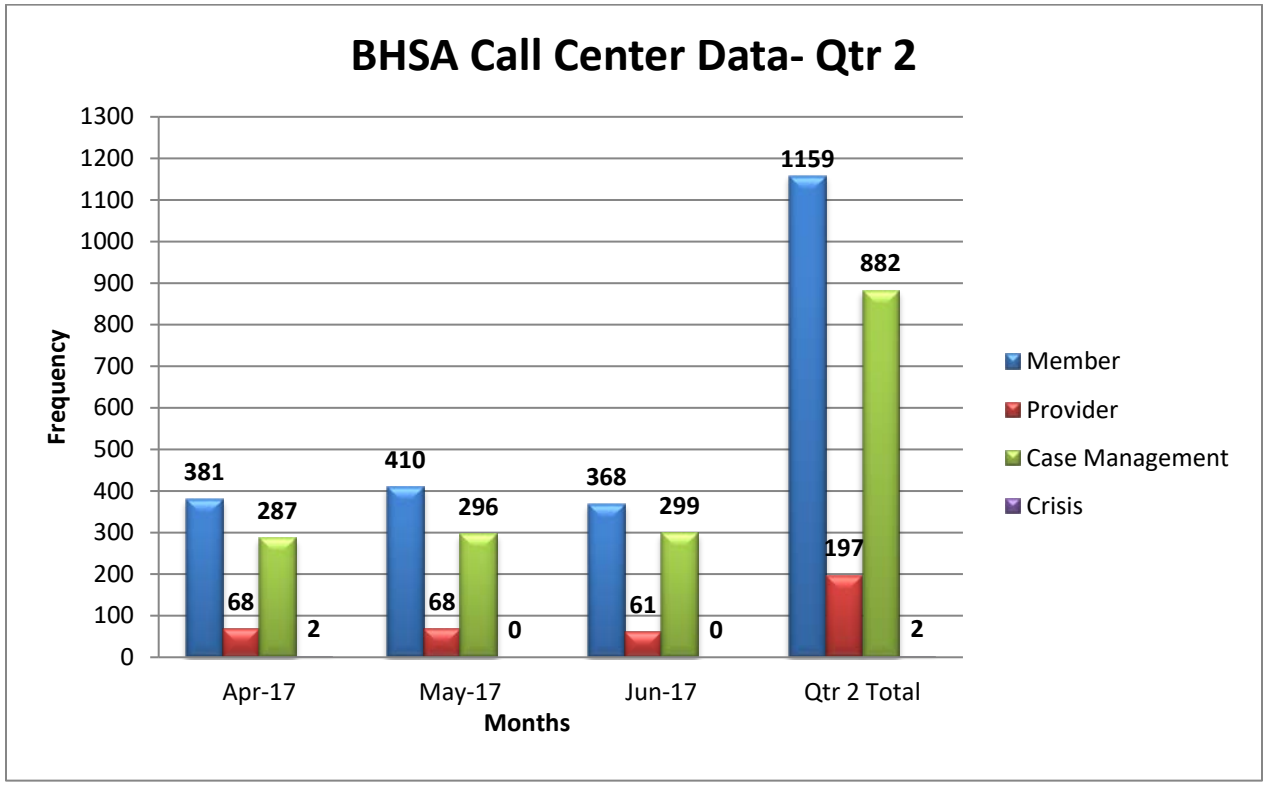
COLLECTION & VERIFICATION OF UTILIZATION DATA & ENROLLMENT DATA

GAP

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

The Magellan Call Center provides monthly data to DMAS about calls received related to GAP. Figure 12 below reflects the types of calls they receive:

Figure 15



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

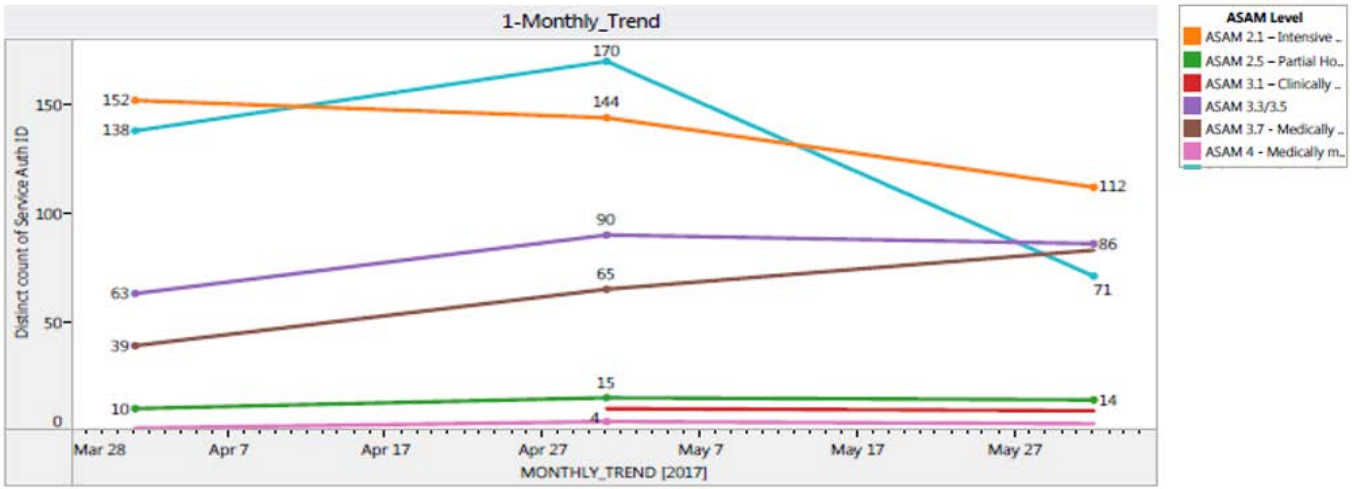
ARTS

DMAS has contracted with an independent evaluation by academic researchers at VCU to evaluate if the delivery system transformation is effective in improving health outcomes and decreasing health care costs and utilization. The researchers began analyzing baseline data for dates of service two years prior to April 1, 2017 (April 1, 2015 through March 31, 2017) for substance use disorder treatment services

including: number of Medicaid members served and number of providers prior to ARTS implementation. An updated status of the baseline analysis continues to be developed and will be reported on the next quarterly report.

DMAS has collected data submitted from the managed care organizations and the behavioral health services administrator on service authorizations for ARTS services. The next two tables show the service authorization requests and approval trends for the first three months of implementation*.

Figure 16 ARTS Service Authorization Trends by ASAM Level of Care



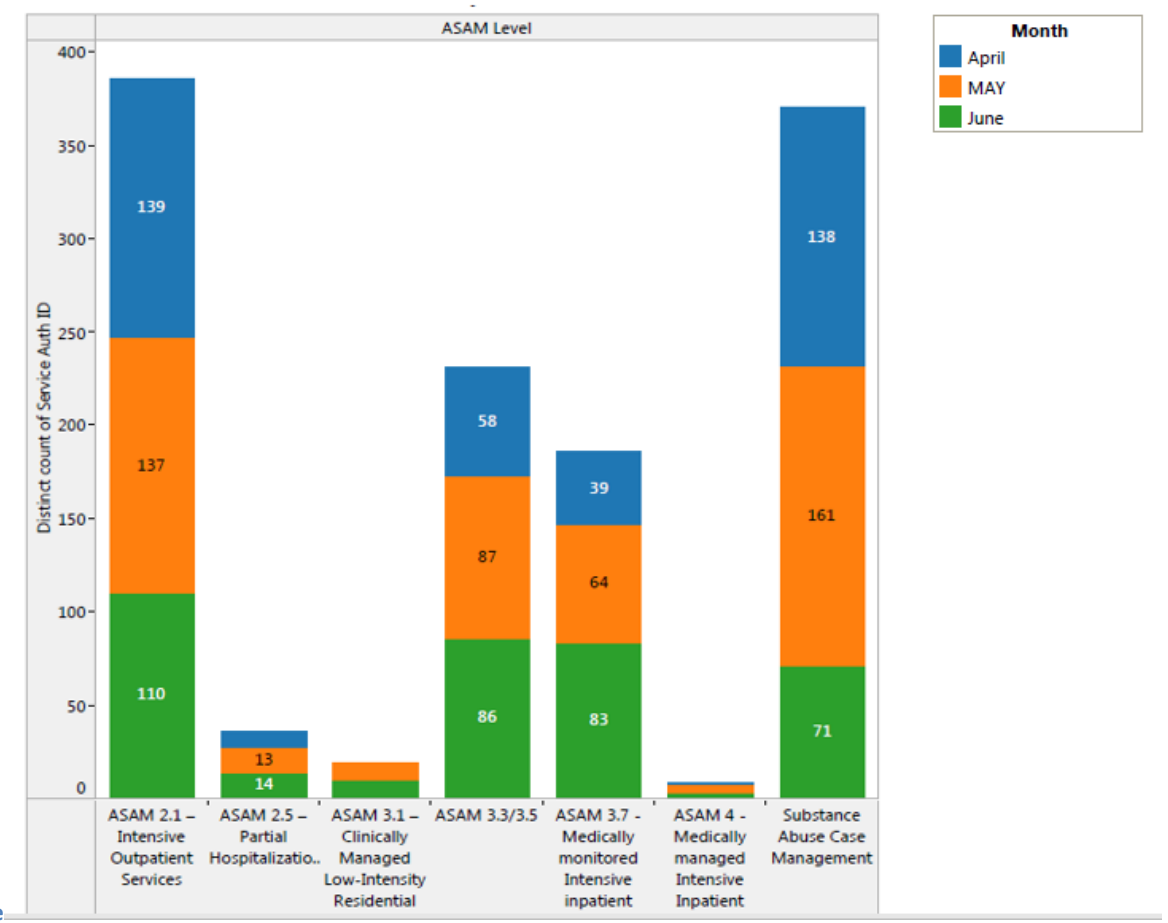


Figure 17 ARTS Service Authorization Totals by ASAM Level of Care

*Data from the Commonwealth Coordinated Care plans are not captured in these results.

OPERATIONAL/POLICY/SYSTEMS/FISCAL DEVELOPMENT ISSUES

GAP

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

DMAS staff members welcomed a new GAP Staff member in May after the position was not filled for a month. The DMAS GAP team filled the part-time Outreach Specialist position. Due to lapse in staffing in this role, planned outreach was delayed. The Outreach Specialist will be working on provider and community outreach to increase education and awareness of GAP in Virginia and has planned presentations and outreach for Quarter 3. In addition, the full time staff dedicated to GAP was out on extended medical leave. Some momentum for the project was lost this quarter.

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

During Quarter Two, DMAS staff revised the GAP Regulations to account for program changes mandated by the 2017 General Assembly. Changes are: increasing the eligibility from 80 – 100% of the Federal Poverty Level; adding partial day hospitalization and residential treatment services for substance use disorder, and; changing Recovery Navigation, provided by the BHSA, to a Peer Support Services provided by licensed private providers. The Final proposed packaged has now been submitted to the Office of the Attorney General for review. DMAS is also working with the Centers for Medicare and Medicaid to amend the waiver to reflect these requested changes.

ARTS

During Quarter Two, the first three months of ARTS implementation, DMAS monitored activity with health plans and Magellan of Virginia to determine if there were any significant operational, policy, systems, or fiscal developmental issues. There were no issues identified by the health plans or Magellan of Virginia initially. Through the ARTS weekly technical assistance calls and the SUD email box, providers notified some issues with the service authorization process and claims denials for what they determined as covered services. DMAS notified the health plans and Magellan of Virginia of these concerns and since have identified and corrected most system issues related to the service authorizations. Magellan of Virginia continues to work on system updates to correct claims denying incorrectly and adjust these claims as

system is corrected. DMAS continues to promote the health plans ARTS Care Coordinators, who are licensed practitioners, to help field clinical concerns and questions.

DMAS worked with the ARTS Stakeholder Workgroup to create several clarification documents to assist providers. One of these documents being developed is to notify the providers of the required staff to perform the multidimensional assessment, development of the individual service plan and completion of the service authorization form. Another document being developed is notifying providers how the health plans and Magellan of Virginia respond for service authorization notifications. These will be posted online on the ARTS webpage as soon as they are complete.

DMAS also received feedback from providers and the health plans that there were discrepancies in determining the ASAM Level of Care consistently. This creating some frustration especially among residential treatment providers in working with the health plans. The main issue raised from providers was lengths of stay for pregnant women placed in residential treatment due to a court order. Prior to ARTS, Medicaid paid long term treatment in residential settings for pregnant women. DMAS will be working with the judicial system to help educate the judges on evidenced based treatment for pregnant women in the community setting, to lower the rate of court ordered residential treatment. DMAS will also be scheduling a meeting later this summer to bring the residential treatment providers and health plans ARTS Coordinators together to discuss ASAM Criteria and how to best meet the needs of the pregnant members.

Another common provider concern reported were the lengths of stay approvals for intensive outpatient and partial hospitalization programs. Prior to ARTS, there were no service authorization requirements for intensive outpatient services. This was a significant change for current providers. DMAS worked with the health plans and Magellan of Virginia to develop an average length of stay for initial requests. This is to help with consistency across health plans and Magellan of Virginia for the initial approvals for these levels of care however ultimately is the ARTS Care Coordinator decision based on the information submitted on the provider request and the ASAM multidimensional assessment support that Level of Care.

FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT ISSUES

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

CONSUMER ISSUES

GAP

DMAS is hearing anecdotally, that members are experiencing wait times to access appointments for SMI screenings and barriers to getting appointments from providers who are unsure of what GAP is. DMAS is collaborating with Magellan and following up with these allegations so DMAS can investigate this concern further. Magellan continues assist members with accessing other screening entities to avoid delays in the application process.

ARTS

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

CONTRACTOR REPORTING REQUIREMENTS

GAP

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

DMAS in exploring using predicative modeling tools to assist in identifying GAP members with the highest level of need. GAP staff were introduced to the Pharmacy Based Risk Adjustment Model Medicaid Rx risk model. The model can be used to capture high and low risk GAP Recipients from pharmacy data (medication management and adherence) based on cost of the medications. Pharmaceutical cost data offers a detailed, longitudinal record of utilization, diagnoses, procedures, and prescriptions across the full range of health care settings. Results of analyses could potentially give insight to and suggest higher levels of medical vulnerability and need for coordination of health and mental health services in the GAP population.

ARTS

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

The health plans and Magellan of Virginia contracts were modified to incorporate ASAM requirements into provider credentialing and networking, utilization management and service coordination processes to ensure that service provision is reviewed based on the ASAM Criteria and that care coordination structures match the ASAM Criteria. The health plans and Magellan of Virginia contracts also added the requirement for dashboard reporting. This reporting period focused on finalizing the credentialing process with ARTS providers licensed within the scope of practice as defined by Virginia state licensure authorities. The health plans and Magellan of Virginia continued to utilize, as required by contract, a standardized provider credentialing checklist developed by DMAS for Opiate Treatment Programs (OTPs) and Office Based Opioid Treatment (OBOT) providers, Intensive Outpatient Programs (ASAM Level 2.1), Partial Hospitalization Programs (ASAM Level 2.5) and Residential Treatment Services (ASAM Level 3.1, 3.3, 3.5, and 3.7) that align with the ASAM Criteria. State licensure requirements for Outpatient Services (ASAM Level 1.0), OTP, Intensive Outpatient (ASAM Level 2.1), and Partial Hospitalization (ASAM Level 2.5) currently align with ASAM Criteria.

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

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

The DMAS vendor performed 87 site visits to Residential Treatment providers to assess their capacity to provide services as defined in the ASAM Criteria. The chart below shows the outcome of the site visits. The contract ended June 30, 2017 and DMAS is seeking a new vendor.

ASAM Level 3 Category	Applications	Full Certifications	Conditional Certification	Provider withdrew Application
3.7	36	35	1	0
3.5	29	30	1	0
3.3	6	5	0	1
3.1	15	9	0	6
Totals	87	79	2	7

DMAS's physician review panel continues to review the applications for OBOT providers to ensure they meet the ASAM Criteria. There are 38 OBOT providers approved during this reporting period. DMAS notified the health plans and Magellan of Virginia of those residential treatment providers and OBOT providers who were approved to finalize their credentialing process.

This reporting period, each health plan and Magellan of Virginia submitted their ARTS Network Development Plan describing current ARTS network and their plan to develop a more comprehensive network for each ASAM level of care in each region. Also, each health plan and

Magellan of Virginia submitted an ARTS Network Readiness Plan describing its ARTS services network by region and specifying which ASAM levels of care will have adequate numbers of providers and which levels of care will require further provider development.

The table below represents the current network by ASAM Level of Care and change in numbers of Medicaid enrolled providers for this reporting period.

Addiction Provider Type	# of Providers before ARTS	# of Providers after ARTS	% Increase in Providers
Inpatient Detox (ASAM 4.0)	Unknown	83	**NEW**
Residential Treatment (ASAM 3.1, 3.3, 3.5, 3.7)	4	79	**1850%**
Partial Hospitalization Program (ASAM 2.5)	0	14	**NEW**
Intensive Outpatient Program (ASAM 2.1)	49	88	**80%**
Opioid Treatment Program	2	35	**483%**
Office-Based Opioid Treatment Provider	0	36	**NEW**

DMAS is working to complete the final list of network providers for posting on the Virginia Department of Health website using google maps. This will be a valuable resource for providers in locating network providers for the transition of care.

RECOVERY NAVIGATORS

GAP

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

The Recovery Navigators are providing outreach and education at residential crisis stabilization facilities operated by community services board. GAP members being automatically referred for Recovery Navigation services at time of crisis stabilization request to increase ability for the recovery navigator to be able to initiate support while member is still in the facility and assist with transition back into the community.

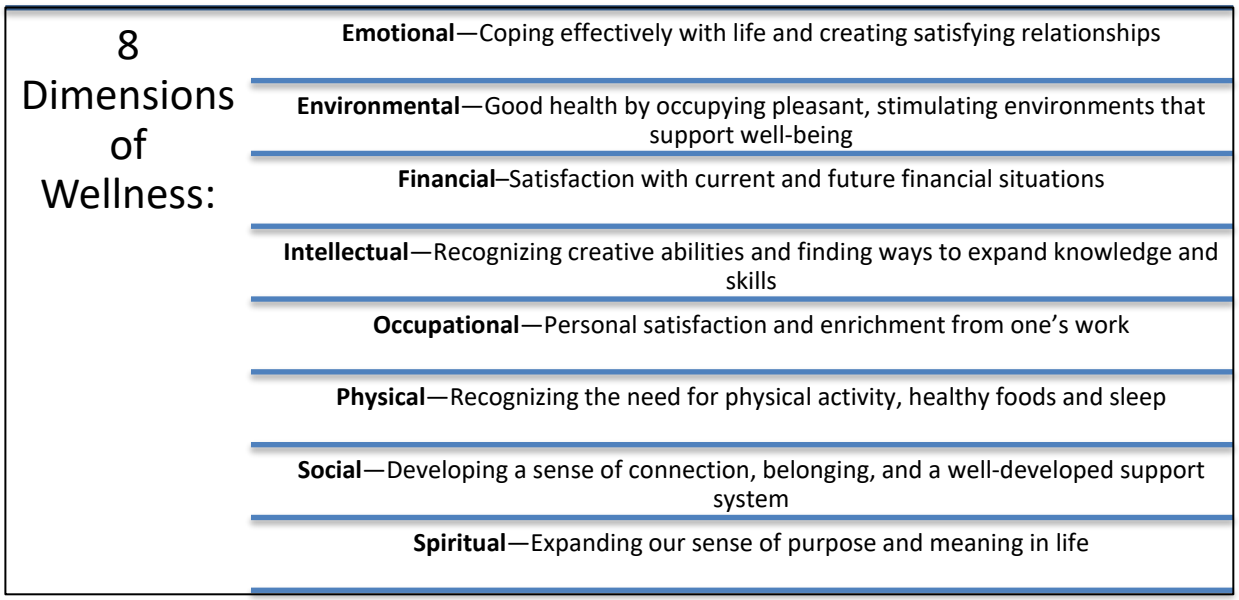
In Quarter 2, there were an average 138 members enrolled in Recovery Navigation. There is an average of 29 calls to the Warmline, an evening and weekend support line each month, which is staffed by the Recovery Navigators.

DMAS gathers success stories and experiences of these navigators; below is one account narrated by a Recovery Navigator from Quarter 2:

A 29-year-old male GAP member was enrolled in Recovery Navigator in December 2015. At that time, he presented with symptoms of depression and anxiety and was initially very shy and timid. During his meetings with the Recovery Navigator, he explored his interests in his community and barriers to getting involved. He also shared a personal goal of speaking in public because his anxiety was always a major barrier for him.

The Recovery Navigator worked with the member on his Wellness Recovery Action Plan (WRAP). The member set short and long term goals and identified his relapse triggers. Over the past few months, the member has become a Certified WRAP Facilitator, a Certified Peer Recovery Specialist (CPRS) and was just named Executive Director of a Peer run Wellness Center. He is also working part time as a CPRS. He has completed public speaking activities without anxiety and has completed other goals he set for himself such as paying off fines he owed, getting a library card, reinstating his driver's license and getting a vehicle. He has now been successfully discharged from Recovery Navigation having met all his goals.

Figure 14



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

Recovery Navigator: Recently Special Projects will attempt to incorporate the use of the Temple University Collaborative Participation Survey results to assist in capturing the promotion of recovery and quality of life is a major focus of recovery navigation transformation efforts. Due to the increasing interest in enhancing community participation as a facilitator of recovery, the baseline and follow-up assessment will examine the community participation of GAP members and the relationship between various types of participation and recovery, quality of life and meaning of life activities. The Temple University Collaborative Participation Survey strives to a) target obstacles that prevent people with serious mental illness from being full members of their communities; b) develop the supports GAP members need to enhance the prospects for community integration; and develop strategies to avoid future crisis. DMAS will pursue this with Magellan in order to access appropriate data.

ARTS

ARTS does not cover Peer Navigators but is covering Peer Support Services for individuals with a substance use disorder or co-occurring mental health and substance use disorder. DMAS is working with the health plans and Magellan of Virginia to finalize the Peer Support Services program. DMAS finalized the Peer Support Services regulations and submitted to the Virginia Town Hall for public comment and to begin processing. DMAS also completed several provider trainings and a specific training for the health plans on Peer Support Services.

LESSONS LEARNED

GAP

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

ARTS

DMAS continues to receive positive feedback from providers and the health plans on the transparency, outreach and willingness to engage feedback for a successful implementation and resolution of any concerns. DMAS posted an update to the provider manual after receiving additional publics comments after the initial public comment period was over. The goal is to make the program information as clear as possible for providers. DMAS learned there was some confusion about the types of licenses need by ASAM Level of Care so worked with DBHDS Office of Licensing to create a document with specific licensing numbers to crosswalk to the ASAM Level of Care.

During this reporting period, DMAS received several claims and networking issues reported by providers. One lesson learned is that more work was needed pre-implementation with the health plans and Magellan of Virginia for testing system readiness to ensure most issues are caught prior to implementation. DMAS relied on self-reports that the systems were tested and functioning appropriately.

DMAS continues to have the weekly technical assistance calls as well as the monthly stakeholder meetings to allow opportunities for providers, stakeholders and health plans to have opportunities to identify issues and strategize for program improvements. DMAS has learned the value in working with all stakeholders, including the Governor's office, in advocating for the program as this has proved to be both challenging, and yet effective.

DEMONSTRATION EVALUATION

GAP

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

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

ARTS

DMAS continues to meet regularly with the Virginia Commonwealth University (VCU) research team to conduct a baseline analysis of substance use disorder service utilization and costs prior to the implementation of the Medicaid covered ARTS benefit on April 1, 2017. This baseline analysis will establish utilization and costs for two years prior to the effective date of the ARTS benefit. VCU, via the Department of

Family Medicine and Population Health, is conducting pre and post surveys of attendees of the VDH Addiction Disease Management trainings to measure baseline characteristics for providers attending ARTS training sessions and assess their planned addiction services.

In accordance with paragraph 79 of the waiver Special Terms and Conditions (STCs), the State submitted a draft evaluation design to CMS on April 7, 2017. DMAS will review CMS feedback once received and work with the VCU expert panel to amend the design and submit a revised draft to CMS within 60 days of receiving CMS' comments, according to the conditions outlined in paragraph 79 of the STCs.

CONCLUSION

GAP

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

ARTS

DMAS successfully implemented the ARTS program. During the first three months of implementation, DMAS continued to work with providers, health plans and Magellan of Virginia to work through identified issues and helping to foster the lines of communication between the providers and the health plans. DMAS is also committed to finalizing the review of the ARTS Network and working with stakeholders to increase access to areas in need of providers.

FORMER FOSTER CARE MEMBERS

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

ENCLOSURES

N/A

STATE CONTACT(S)

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

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