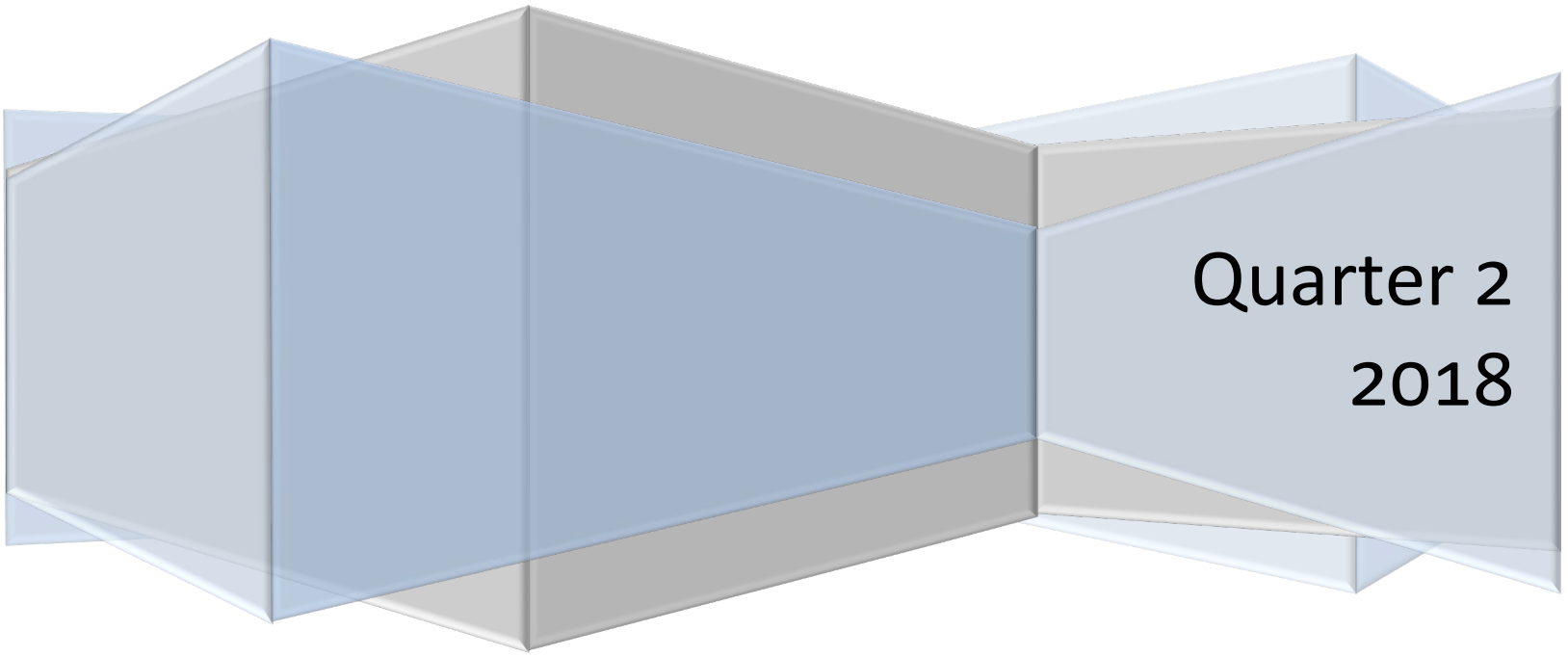
Virginia Department of Medical Assistance Services

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

Section 1115 Quarterly Report

Demonstration Waiver 1115
Project 11 – W- 00297/3

Demonstration Year: 4 (01/01/2018 – 12/31/2018)
Quarter 2 (04/01/2018-06/30/2018)
Approval Period (1/12/2015-12/31/2019)



Governor's Access Plan

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 was a ten-step plan that expanded access to care, improved care for veterans and for individuals with serious mental illnesses (SMI), and enhanced value and innovation across our health system. The first step in the plan was the establishment of the Governor's Access Plan (GAP) for the Seriously Mentally Ill. The GAP launched in 2015 to expand healthcare services in Virginia. GAP is a Medicaid plan that provides limited medical and behavioral health care coverage for low-income individuals with SMI. The initial GAP included mental health and substance use treatment services, medical doctor visits, medications, access to a 24-hour crisis line, recovery navigation (peer support) services, and care coordination.

In September 2014, addressing the prescription drug and heroin overdoses taking the lives of thousands of Virginians, Governor McAuliffe signed Executive Order 29 creating the Governor's Task Force on Prescription Drug and Heroin Abuse. Dovetailing with Virginia's concern, in July 2015, the Centers for Medicare and Medicaid Services (CMS) issued CMS State Medicaid Director letter, #15-003 to Medicaid Directors that highlighted new service delivery and funding opportunities for Medicaid members experiencing a 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) and amend the GAP waiver.

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

This report highlights progress made during Quarter 2 of the fourth year of the GAP Demonstration. This report is organized to reflect the GAP, ARTS, and FFCY components of the waiver.

BACKGROUND

Without access to treatment and other supports such as healthcare, care coordination, and recovery navigation, individuals with SMI are often:

- unnecessarily hospitalized,
- may be unable to find and sustain employment,
- struggle with finding affordable and available housing,
- become involved with the criminal justice system, and
- suffer with social and interpersonal isolation.

The opportunities provided through the GAP Demonstration are enabling persons with SMI to access both behavioral health and primary health services, enhancing the treatment they can receive, allowing their care to be coordinated among providers, and therefore addressing the severity of their condition. With treatment and support, individuals with SMI and co-occurring or co-morbid conditions are beginning to recover and live, work, parent, learn and participate fully in their community.

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

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

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

GOALS

The three key goals of the GAP Demonstration are to:

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

ELIGIBILITY AND BENEFIT INFORMATION

The Virginia GAP Demonstration Waiver current eligibility guidelines are as follows:

Figure 1: GAP Eligibility Requirements

GAP Eligibility Requirements
Ages 21 through 64
U.S. Citizen or lawfully residing immigrant
Not eligible for any existing entitlement program
Resident of VA
Income below 100% of Federal Poverty Level (FPL) as of 10/1/17
Uninsured
Does not reside in long-term care facility, mental health facility or penal institution
Screened and meet GAP Serious Mental Illness (SMI) criteria

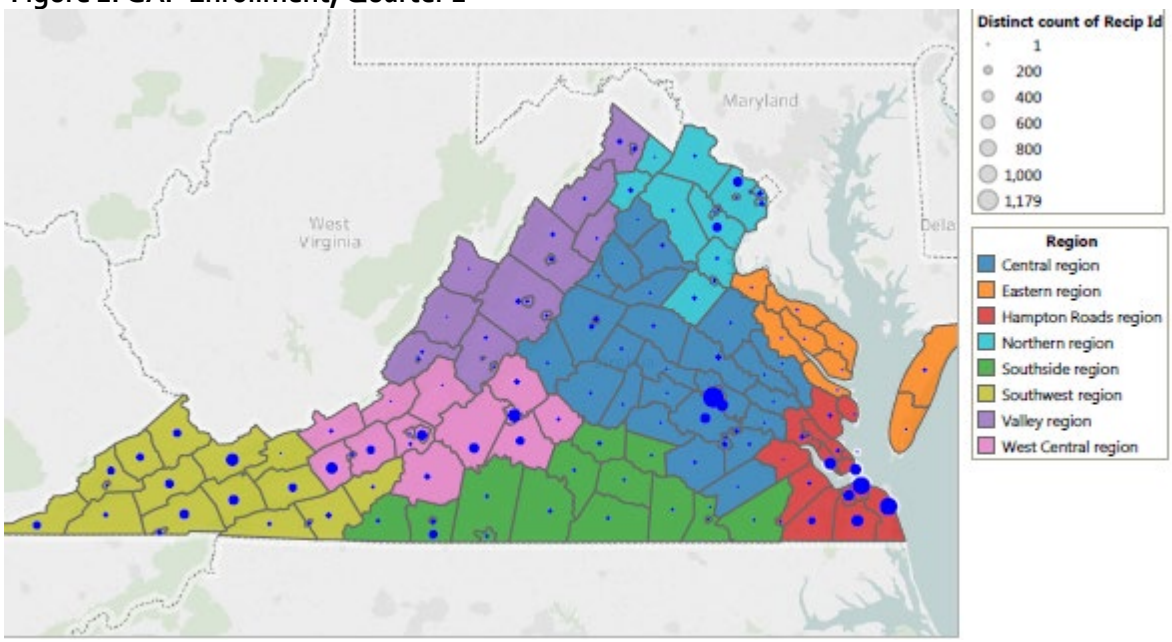
DMAS has continued to see increased enrollment with the GAP continuing during Quarter 2. Individuals are receiving information about the program and applying through their relationships with local entities. The partnerships DMAS has with the local Community Services Boards (CSBs) and Magellan of Virginia, in addition to a growing relationship with the FQHCs, are attributable to the continued success.

ENROLLMENT COUNTS FOR YEAR TO DATE

GAP MEMBER POPULATION

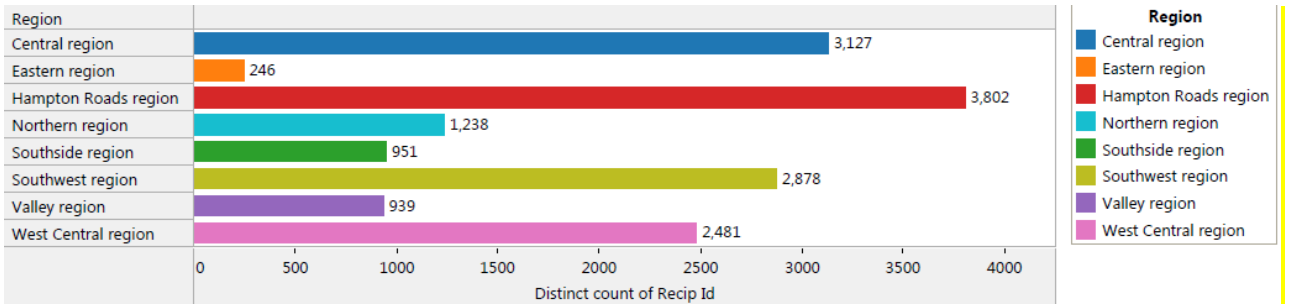
DMAS currently provides coverage to approximately 1.2 million Virginians enrolled in Medicaid. Approximately 1.12% of these beneficiaries are enrolled in GAP. In the following Figures and Tables, the population displayed includes GAP members categorized by location, race/ethnicity, gender, age group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

Figure 2: GAP Enrollment, Quarter 2



GAP membership continues to grow. In Quarter 2 (ending June 30, 2018), there were 15,662 individuals enrolled from 266 unique localities across the Commonwealth. The map shown in Figure 2 shows the location of those members enrolled.

Figure 3: GAP Members of the Commonwealth by Region, Quarter 2



The figure above displays the geographic distribution of the GAP population, broken down by regions in Quarter 2. As highlighted in the figure, the Hampton Roads region continues to serve the largest concentration of GAP members at 3,802 with the Central (3,127 members) and Southwest (2,878 members) regions closely following. These regions have remained the top three enrollment regions since the beginning of GAP.

Figure 4: GAP Enrollment, Quarter 2

Demonstration Population	Total Number of members Quarter Ending 6/30/2018	Total Number of members Quarter Ending 3/31/2018	Members Enrolled Since 01/12/2015
GAP Members Enrolled	15,662	14,756	22,409

There have been 22,409 unique members enrolled since the implementation of the GAP. The difference between the unique members' number and the currently enrolled number may be related to those members that did not successfully complete the eligibility renewal/re-enrollment process or those that have moved to full Medicaid, or obtained other insurance coverage.

Figure 5: GAP Members by Age Group and Gender, Quarter 2

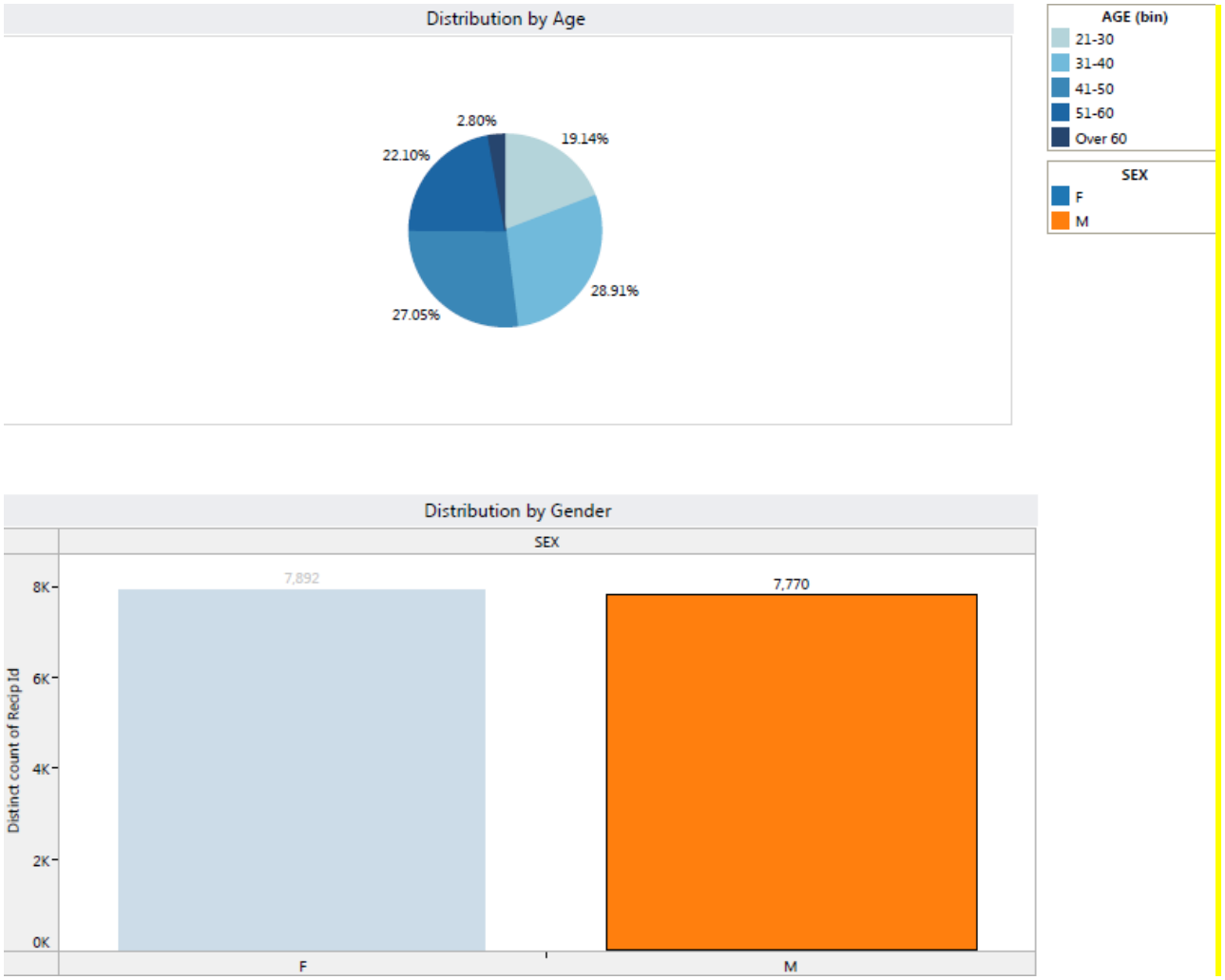


Figure 5 displays the distribution of GAP members by age group. The 31-40 age group remains the largest population of GAP members at 28% followed closely by the 41-50 age group at 27%. The age demographics of GAP members remain relatively equal across all eligible age groups with the exception of members over the age of 61, which only totals 2% of GAP population.

Figure 5 also highlights gender distribution of GAP members. The gender distribution has remained consistent since across implementation. During Quarter 2, females are slightly higher with 7,892 followed closely by males at 7,700.

Figure 6: GAP Members by Race, Quarter 2

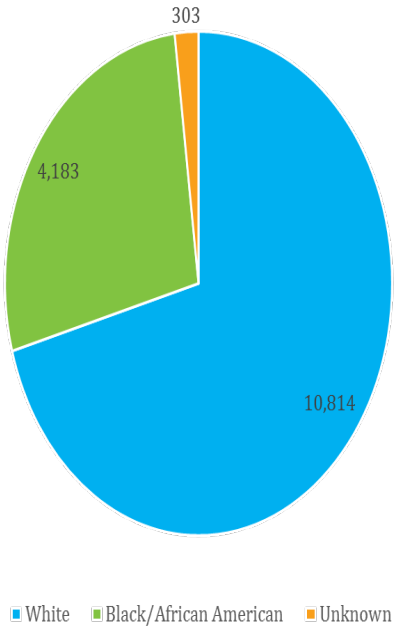


Figure 6 highlights the reported race of GAP members during application process in 2018. As noted in the figure above, the primary race selected was White followed by Black/African American.

Figure 7: Cover Virginia Renewals, Quarter 2

Of the **3,254** GAP renewals due to Cover Virginia in Quarter 2:	**2,833** were approved
	133 were cancelled due to ineligibity
	259 were cancelled due to member inaction

In November 2015, Cover Virginia began the ex parte renewal process, which allowed for electronic systematic verification of information (such as income) to determine eligibility for members approaching their renewal. Figure 7 highlights the number of renewal approvals and cancellations completed in Quarter 2. Overall, in Quarter 2, 87% of the renewals were approved.

Magellan of Virginia has partnered with DMAS and Cover Virginia to increase the completion of renewals by reaching out to each member not completing the ex parte process and remind them each month to respond to Cover Virginia. These outreach efforts have proven effective assist in decreasing the member inaction component of the renewal process.

OPERATIONAL UPDATES

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

In 2017, DMAS implemented the Commonwealth Coordinated Care Plus managed care program and, beginning August 2018, is implementing the Medallion 4.0 managed care program. Both programs include a strong focus on care coordination by licensed mental health professionals. This increase in workforce opportunities with the managed care organizations has created a workforce shortage for both direct service providers and for Magellan of Virginia. Magellan of Virginia has had a change in leadership positions and in clinical staffing that has created the need for closer monitoring of the GAP program by DMAS staff.

PERFORMANCE METRICS

DMAS continues to see an increase in enrollment for the GAP population. In Quarter 2, Magellan received 3,235 SMI screenings for review and Cover Virginia processed 4,948 financial applications for coverage. In 2018 year to date, 9,341 GAP members accessed preventive medical services. 709 GAP members have accessed Crisis Intervention services and 466 members have accessed Crisis Stabilization services. It is noteworthy that in 2018 year to date, 4,260 GAP members have utilized GAP case management services, which focuses on assisting individuals with accessing needed medical, behavioral health (psychiatric and substance abuse treatment), social, education, vocational, and other support services. A total of 8,255 GAP members have accessed/filled prescriptions for antidepressants in 2018, 5,247 members have accessed/filled prescriptions for antipsychotics, and 8,210 members have accessed/filled prescriptions for medical needs. This is an increase in utilization over previous quarters.

OUTREACH/ INNOVATION ACTIVITIES TO ASSURE ACCESS

DMAS continues to implement a multi-faceted approach to educate potential members, families, advocates, providers and other stakeholders about GAP. During Quarter 2, DMAS continued focusing on ongoing awareness of the program's benefits.

In an effort to increase the completion of applications and care coordination with this transient population, DMAS and Magellan of Virginia focused on efforts to ensure members and providers are aware that GAP members have access to receive free cell phone service through the SafeLink program. Through Magellan of Virginia, GAP members receive a free mobile phone, cellular minutes, and health messaging services. Members also receive additional access to care and support as well as health and reminder tips. This special version of the program is specifically for members of Virginia's Medicaid behavioral health program. During Quarter 2, there were 1,040 GAP members enrolled in SafeLink Wireless.

During Quarter 2, DMAS approved Magellan of Virginia's plan for use of a text message platform, CareMessage for the GAP population. The platform allows SafeLink wireless members who have opted to receive text messaging updates to provide recovery and resiliency tips from Care Message. There is a topic for platform to use for the remainder of 2018 scheduled.

DMAS continues to execute the outreach plan to target peer run centers, recovery groups, networking with other providers and professionals in the field and criminal justice facilities around the Commonwealth to increase awareness of the GAP program.

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

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

DMAS' also maintains a GAP webpage on the DMAS website: http://www.dmas.virginia.gov/#/gap. The webpage includes sections for members, providers and other stakeholders. The webpage has links to Cover Virginia, Magellan of Virginia, and other helpful information for individuals who may be interested in applying for GAP, current GAP members and providers. The GAP webpage received 8,441 page views during Quarter 2, of which 6,409 were unique page views between April 1, 2018 and June 30, 2018. The GAP webpage averages 540 views per week. This number has remained consistent since implementation.

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

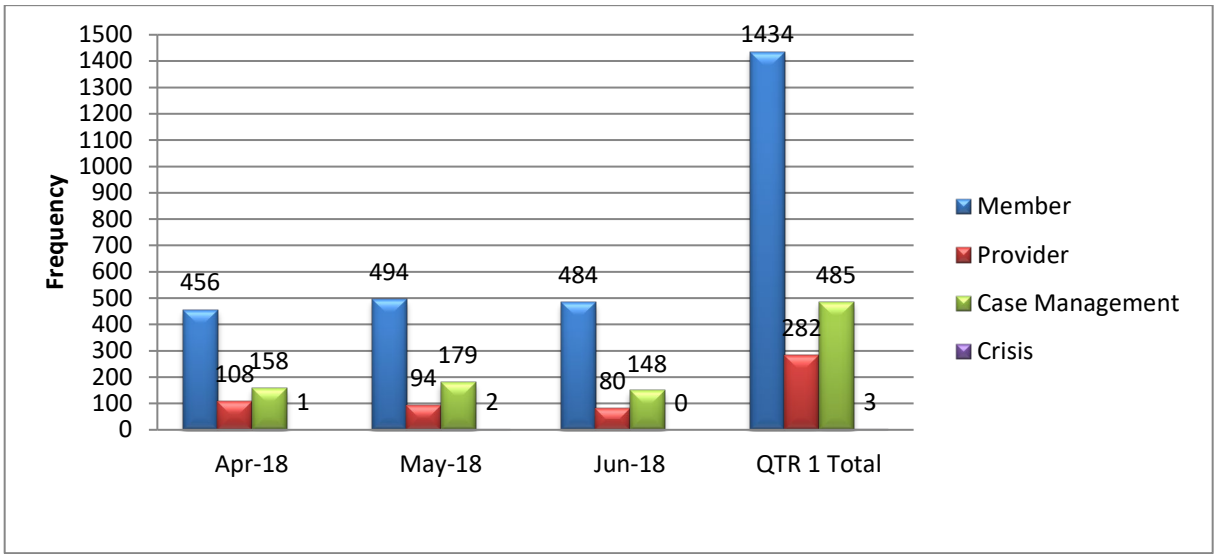
See additional outreach efforts located in Appendix A.

COLLECTION & VERIFICATION OF UTILIZATION & ENROLLMENT DATA

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

The Magellan of Virginia Call Center provides monthly data to DMAS about calls received related to GAP.

Figure 8: Magellan of Virginia Call Center Data, Quarter 2



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

BUDGET NEUTRALITY AND FINANCIAL REPORTING

The state provides, as Appendix B of this Report, an updated budget neutrality workbook for Quarter 2 that includes established baseline and member month data that meets all the reporting requirements for monitoring budget neutrality.

CONSUMER ISSUES

DMAS continues to hear from members that they are experiencing wait times to access appointments for SMI screenings, particularly in the Hampton Roads region and rural portions of the Commonwealth. DMAS continues to collaborate with Magellan of Virginia and investigate these allegations. Magellan of Virginia assists members with accessing other screening entities to avoid delays in the application process. Members have reported barriers to getting appointments with medical providers who are unsure of GAP coverage and limitations. DMAS has been working closely with Magellan of Virginia to ensure that provider referrals given to members are viable and verified prior to giving the provider contact information to members. DMAS reviews Magellan of Virginia during weekly conference calls.

CONTRACTOR REPORTING REQUIREMENTS

DMAS receives reports from Magellan regarding care coordination, Peer Supports/Recovery Navigator Services, the warm line and routine utilization. DMAS receives weekly reports from Cover VA regarding the number of eligibility applications being processed. During Quarter 2, DMAS continued to receive all necessary reports from contractors. When additional clarification is needed regarding reporting requirements, Magellan of Virginia and DMAS hold conference calls and provide details to ensure data received is accurate and timely.

During Quarter 1, DMAS changed a reporting requirement regarding the SMI component of the screening process from quarterly to monthly. Having access to this data monthly will allow DMAS to closely monitor Magellan of Virginia's screening process to ensure the individuals who are deemed clinically eligible are reviewed appropriately. DMAS began receiving the monthly file in Quarter 2 found no errors or issues with the monthly file or diagnosis categorization.

DMAS is exploring the use of predicative modeling tools to assist in identifying GAP members with the highest level of need. GAP staff learned about the Pharmacy Based Risk Adjustment Model. The model is used to capture high and low risk GAP members from pharmacy data (medication management and adherence) based on the cost of 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 both medical and mental health services in the GAP population. DMAS continues to consider whether this model will relate appropriately to the goals of the waiver.

RECOVERY NAVIGATORS

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

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

In Quarter 2, there were 318 total referrals to Recovery Navigation with an average of 167 members enrolled. There was an average of 42 new members enrolled per month to Recovery Navigation with an average number of days in Recovery Navigation of 109. There was a total of 48 calls in Quarter 2 to the "Warmline", an evening and weekend support line, staffed by the Recovery Navigators. Of the supports delivered to GAP members by Recovery Navigation, emotional support, empathy, caring, concern, was the primary delivery type followed by informational, providing knowledge and information about skills and training.

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

A 40 year old male GAP member with a diagnosis of Major Depressive Disorder and Anxiety has been enrolled in Recovery Navigation for the last eight months. At the time of the referral to Recovery Navigation, he was experiencing an increase in symptoms that led to a Crisis Stabilization admission. He was isolating from others, not completion activities of daily living, and having issues getting along with others. Since discharge from Crisis Stabilization, he has been working with a Recovery Navigator (RN) to identify coping strategies for his symptoms and activities that he finds enjoyable. The member and the RN have regular phone contact at least every two weeks. The member was able to identify and begin enjoying hobbies, caring for his animals, and spending time with his father. He has increased participation in community activities and verbalizes having hope for the future. He frequently thanks the RN for keeping in touch with him and caring. He has said, "Just knowing somebody cares enough to call helps a lot."

Figure 9: 8 Dimensions of Wellness

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

Recovery Navigators offer support framed around the eight dimensions of wellness. Wellness means overall well-being. It includes the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life. The Eight Dimensions of Wellness, as defined by Substance Abuse, Mental Health Services Administration (SAMHSA) may also help people better manage their condition and experience recovery. Figure 9 describes each dimension.

PEER SUPPORTS: MENTAL HEALTH AND ARTS

GAP members began receiving Mental Health Peer Supports and ARTS 7/1/2017. These services are evidence-based services provided by certified, professionally qualified and trained Peer Recovery Specialists. Services are non-clinical, peer-to-peer activities that empower individuals to improve their health, recovery, resiliency, and wellness.

During Quarter 2, there were no service authorizations for GAP members receiving Mental Health Peer Supports services, but there were 51 authorizations for ARTS Peer Support Services. There are 4 credentialed providers for this level of care in Magellan of Virginia's network for Mental Health Peer Support Services and 13 providers for ARTS peer supports. Four providers are credentialed to provide both levels of care. There are a total of 57 site locations between these providers.

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

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

LESSONS LEARNED

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

- Working with all stakeholder groups has been critical to the success of the program and DMAS believes the unified approach allowed for the program to have continued growth.
- Since implementation, DMAS has seen a low number of grievances or reconsiderations.
- Data exhibits high utilization of non-mental health medications among members. This shows that members are continuing to access both medical and behavioral health services, which is one of the three GAP Demonstration goals.

EVALUATION ACTIVITIES AND INTERIM FINDINGS

Robust data and analysis of service utilization, trends, and noteworthy data are reviewed by clinical staff to determine the need for further collaboration with contractors. The CMS independent evaluation required additional funding for DMAS to complete. Due to the delay in the signing of the budget by the Virginia General Assembly, the evaluation design draft was put on hold. In the interim, DMAS continued to review data and objectives related to the initial evaluation design.

CONCLUSION

During Quarter 2, DMAS continued to focus on increasing access to healthcare for the population in Virginia with significant behavioral health and medical needs and is committed to recognizing how access to care impacts the members ability to live, work, and function successfully. DMAS has seen increased enrollment in Quarter 2 and growth in the GAP program, which allows more individuals to gain access to health care in Virginia. DMAS is also committed to continued collaboration with its contractors and stakeholders to develop higher confidence in the data process as well as identify additional opportunities to better serve our members throughout the remainder of 2018.

Addiction and Recovery Treatment Services

INTRODUCTION

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

This report highlights progress made with the State's implementation of the system transformation of the SUD treatment services: Addiction and Recovery Treatment Services (ARTS).

BACKGROUND

Virginia's 1.2 million members enrolled in Medicaid are disproportionately impacted by the substance use epidemic. Nearly 1,300 Virginians died from opioid overdoses in 2016, nearly doubling since 2011. Nationally, Medicaid members are four times more likely than people with private insurance to have ever used heroin or had pain reliever dependence. Medicaid members are also prescribed opioids at twice the rate of non-Medicaid members and are at three-to-six times the risk of prescription opioid overdose. The financial impact is nearly as great as the human cost. Virginia spent $44 million on Medicaid members with a primary or secondary diagnosis of SUD who were admitted to hospitals or Emergency Departments in 2014. The Governor's Task Force on Prescription Drug and Heroin Addiction, due to the overwhelming impact of substance use disorders for member's enrolled in Medicaid, made a recommendation to increase access to treatment for opioid addiction for Virginia's Medicaid members by increasing Medicaid reimbursement rates. As part of the Governor's Task Force recommendations, DMAS developed a large stakeholder and provider workgroup to work in collaboration to develop the comprehensive benefit for substance use disorder treatment services: ARTS, which implemented on April 1, 2017. Even after ARTS implementation, Virginia continues to be impacted by the opioid epidemic. In 2017, VDH estimated that over 1,500

individuals died as a result of drug overdoses; nearly 80% involved prescription opioids, heroin, or fentanyl.

GOALS

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

Figure 1: DMAS Specific Objectives for ARTS

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 .

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

ELIGIBILITY AND BENEFIT INFORMATION

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

Figure 2: Full Range of ARTS Services

Expansion of the administration of community-based addiction and recovery treatment services	•Transition through the DMAS contracted managed care organizations (MCOs) including Medallion 3.0, Commonwealth Coordinated Care (CCC) and CCC Plus. •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 expanded coverage of residential detoxification and residential substance use disorder treatment for all full-benefit Medicaid enrolled members.

ENROLLMENT COUNTS FOR YEAR TO DATE

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

DMAS contracted with Virginia Commonwealth University (VCU) to conduct an independent evaluation of the ARTS program. Highlights of the first eleven months of evaluation outcomes covering April 1, 2017 to March 31, 2018 are below.

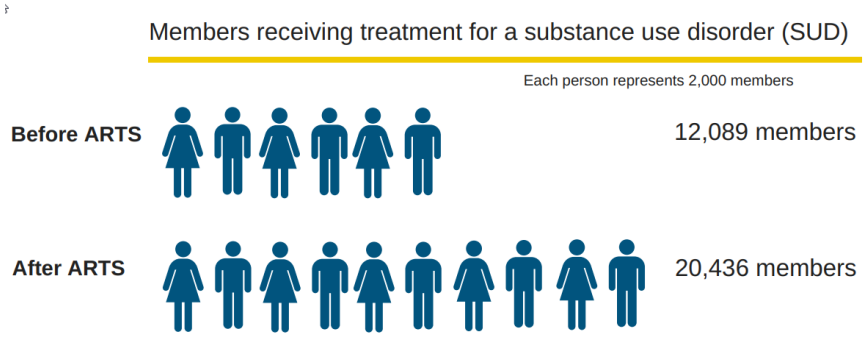
Key Findings

• The percent of Medicaid members with an opioid use disorder (OUD) who received any treatment increased from 46 percent before ARTS to 63 percent during the first year of ARTS.

• The percent of Medicaid members with a SUD who received any treatment increased from 24 percent before ARTS to 40 percent during the first year of ARTS (see Figure 3).

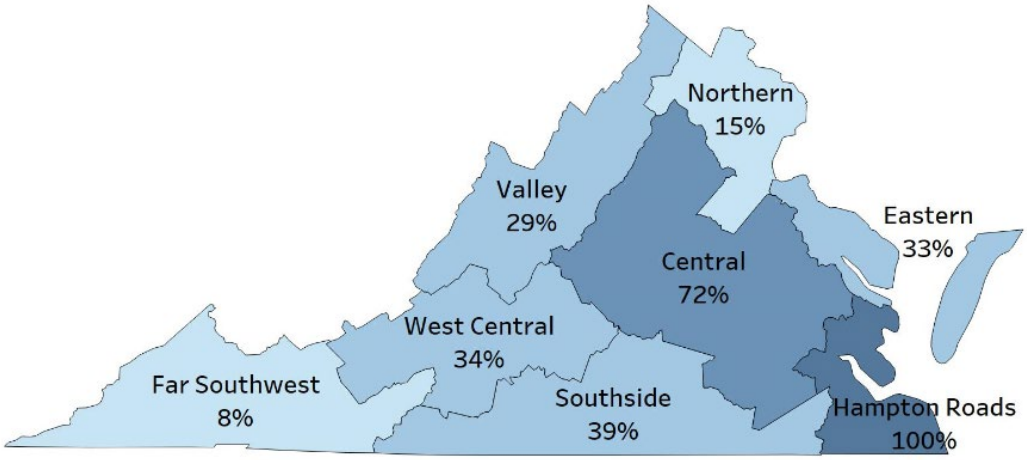
• The number of prescriptions for opioid pain medications among Medicaid members decreased by 27% during the first year of ARTS.

Figure 3: Members Receiving Treatment Services



Pharmacotherapy for OUD treatment increased in all regions of Virginia after ARTS implementation. During the first year of ARTS, the number of members receiving pharmacotherapy for OUD increased by 34%. Members receiving buprenorphine pharmacotherapy, the most widely prescribed medication for OUD, increased by 22%.

Figure 4: Member Receiving Pharmacotherapy for OUD



DMAS continues to work to increase member use and access of the Peer Services benefit which includes Peer and Family Support Services (Peer Services for Adults as well as for

Parents/Caregivers of minors). During the first year of ARTS, data shows only 539 claims paid for peer recovery services. Services are being utilized at a slower start that initially anticipated. There has been concern noted that a barrier may be that Peer Support Specialists must be certified through DBHDS as well as registered with the Department of Health Professions (DHP). DMAS continues to work with DBHDS, DHP, the Behavioral Health Services Administrator (Magellan of Virginia), and the managed care organizations to promote Peer Services.

OPERATIONAL UPDATES

During Quarter 2 of the second year post ARTS implementation, DMAS continued to monitor activity with the MCOs and Magellan of Virginia to determine if there were any significant operational, policy, systems, or fiscal developmental issues. There continued to be claim issues related to MCO claims processing and errors identified by providers and reported to DMAS. DMAS worked with the MCOs and Magellan of Virginia extensively to update systems to ensure appropriate claims processing as well as provide technical assistance to providers who were billing incorrectly. DMAS continued to promote the MCO ARTS Care Coordinators, who are licensed practitioners and Registered Nurses. These care coordinators field clinical concerns and assist with member transition to other levels of care as needed..

DMAS also implemented several initiatives this quarter to address the issue of members paying cash for evidenced based treatment, as well as initiating incentives for providers offering evidenced based medication assisted treatment. On April 10, 2018, DMAS issued a Provider Memorandum that addressed the problem of some Medicaid members being asked by their providers for cash or other items of monetary value in exchange for Medicaid covered SUD treatment services. This memo clearly stated this practice violates federal and state Medicaid regulations. DMAS clarified the only acceptance of payment to the provider may include deductibles or coinsurance/copayments.

DMAS also updated the policy for Preferred Office Based Opioid Treatment (OBOT) providers and credentialing status with Medicaid MCOs or Magellan of Virginia. DMAS determined that there were several providers who were recognized by DMAS as a Preferred OBOT that were delaying to follow through with credentialing with the MCOs and Magellan of Virginia. Thus, these Preferred OBOTs were charging members cash for these services while in this period of not being credentialed with a Medicaid MCO or Magellan of Virginia. DMAS issued a letter to all recognized Preferred OBOTS on March 3, 2018 stating that they had to, at a minimum, submit a clean and complete credentialing application with at least one MCO or Magellan of Virginia, no later than May 1, 2018 or their temporary Preferred OBOT status will be revoked. The Preferred OBOTS that did not submit an application by the deadline will lose any existing ability to receive enhanced ARTS reimbursements in addition to losing the waiver of the buprenorphine prior authorization. If the Preferred OBOT provider has not completed the credentialing process with at least one MCO or Magellan of Virginia by July 1, 2018, they will lose ability to receive enhanced reimbursement and the buprenorphine prior authorization waiver.

PERFORMANCE METRICS

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

This quarter, DMAS has been working to ensure that we have one standardized way across all the MCOs and Magellan of Virginia to report on the following metrics:

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge
- Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence
- Timely Transmission of Transition Record
- Use of Opioids at High Dosage in Persons Without Cancer (PQA)
- Use of Opioids from Multiple Providers in Persons Without Cancer (PQA)
- Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (PQA)
- 180 day readmission rate for residential treatment for SUDs
- Fourteen day readmission rate among Medicaid beneficiaries for inpatient treatment for SUDs
- Alcohol Screening and Follow-up for People with Serious Mental Illness
- Continuity of Pharmacotherapy for Opioid Use Disorder

DMAS is working with the MCOs and Magellan of Virginia to have these metrics updated in their Technical Reporting manuals.

COLLECTION & VERIFICATION OF UTILIZATION & ENROLLMENT DATA

DMAS has collected data submitted from the MCOs and Magellan of Virginia on network and service authorizations for ARTS services. The Special Terms and Conditions (STCs) require the state to report for residential levels of care, at least one sublevel level of care is required to be available to recipients upon implementation within each MCO and Magellan of Virginia network. The STCs also require DMAS to report the following: members' who have been identified at risk and needing to be locked in to a specific prescriber for buprenorphine; number of appeals and grievances; number of ARTS Service Authorizations; call center statistics and provider network changes that impact member access to care. This data is collected from the MCOs and Magellan of Virginia on a monthly basis.

DMAS continues to work with the MCOs in collecting monthly data on service authorizations across all ASAM levels of care. DMAS will provide an update of the services authorizations in the next quarterly report due to data quality issues in this reporting period.

Table 1: ASAM Levels of Care and Description

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

The MCOs and Magellan of Virginia are providing outreach and training to providers regarding ASAM Criteria to further improve appropriateness of authorization requests.

Due to data quality issues with the MCOs this quarter, DMAS will report on service authorization requests verses the number authorized during the next quarter.

BUDGET NEUTRALITY AND FINANCIAL REPORTING

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

CONSUMER ISSUES

Members continue to have concerns surrounding timely access to in-network providers for buprenorphine prescriptions. The MCOs and Magellan of Virginia will continue to work with members if there are no in-network providers available to ensure that members still have access to needed buprenorphine prescriptions through out-of-network prescribers. DMAS is working with the MCOs and Magellan of Virginia to ensure that any issues identified are documented and resolved.

CONTRACTOR REPORTING REQUIREMENTS

DMAS developed revisions of its contract requirements for the MCOs 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 MCOs and Magellan of Virginia continued to utilize, as required by contract, a standardized provider credentialing checklist developed by DMAS for Opioid Treatment Programs (OTPs) and Preferred OBOT providers, Intensive Outpatient Programs (ASAM Level 2.1), Partial Hospitalization Programs (ASAM Level 2.5) and Residential Treatment Services (ASAM Level 3.1, 3.3, 3.5, and 3.7) that align with the ASAM Criteria. The 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. Licensing does not align with Residential Levels of Care thus DMAS has contracted with a vendor to perform site visits to determine if the provider is meeting the particular ASAM Criteria for the Level of Care they are applying for. The DMAS vendor currently contracted to perform the ASAM site visits for residential treatment providers completed two (2) provider applications for ASAM level of care certification this quarter.

Service Authorizations forms were recently updated to reflect the changes for providers within 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) levels of care. The changes include provider documentation addressing a member's access to medication-assisted treatment (MAT).

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

Figure 5: ARTS Providers by ASAM Level of Care

Addiction Provider Type	# of Providers before ARTS	# of Providers after ARTS
Inpatient Detox (ASAM 4.0)	Unknown	75
Residential Treatment (ASAM 3.1, 3.3, 3.5, 3.7)	4	92
Partial Hospitalization Program (ASAM 2.5)	0	16
Intensive Outpatient Program (ASAM 2.1)	49	136
Opioid Treatment Program	2	39
Office-Based Opioid Treatment Provider	0	88

DMAS updated the provider information within the ARTS google maps. DMAS will continue to work to update the google map on a monthly basis. The map is located: https://www.google.com/maps/d/viewer?mid=1px9XvltnM7rXZ6vrTgXgPGIHTew&hl=en&ll=37.816331443637 03%2C-80.57419543505449&z=6

LESSONS LEARNED

DMAS continues to allow providers to give feedback to help improve access and care within the ARTS program. DMAS continues to receive positive feedback from providers, the MCOs and Magellan of Virginia on the transparency, outreach and willingness to engage feedback for a successful implementation and resolution of any concerns. DMAS has received inquiries from others states wanting to learn how Virginia successfully implemented the ARTS program. DMAS continues to receive positive feedback from community leaders and members who have provided and utilized ARTS services. DMAS continues to be recognized nationally for implementing a successful, evidenced based, full continuum SUD delivery system.

During this reporting period, DMAS continued to receive several claims and networking issues reported by providers. DMAS worked with individual providers, MCOs and Magellan of Virginia to ensure all claims issues were addressed timely. Reported issues include untimely claims processing, claims denial for ARTS related codes that were not programed correctly by the MCOs, providers attempting to bill prior to becoming credentialed with the MCO and MCO misunderstanding of billing requirements for some urine drug screens in certain settings. DMAS worked closely with the MCO to ensure systems updates were made and provided education to providers on billing methods to help reduce claim denials.

DMAS continues to monitor the DMAS SUD mailbox daily for provider issues and works with providers on an individual basis to help resolve those issues. DMAS is currently planning a quarterly ARTS provider stakeholder meeting later this year. This quarterly meeting will allow opportunities for providers, stakeholders and MCOs to identify issues and strategize for program improvements. DMAS values working with stakeholders who are able to provide first-hand knowledge of how services are utilized in the community. This knowledge allows DMAS to ensure regulations and requirements are operationalized effectively from the provider's. This has allowed DMAS to review the manual to ensure that service requirements not only meet regulatory standards but also can be appropriately operationalized in community settings.

EVALUATION ACTIVITIES AND INTERIM FINDINGS

DMAS continues to meet regularly with the Virginia Commonwealth University (VCU) research team as they finalize the ARTS first comprehensive annual report. This will include an analysis on provider access for members with OUD as well as any SUD. VCU completed its' draft of the 12 month evaluation. The final evaluation results will be shared with CMS as well as posted on the DMAS website at: http://www.dmas.virginia.gov/#/artsresources.

DMAS will begin its first Project ECHO Learning Collaborative for the Preferred OBOT providers in collaboration with VDH. Project ECHO will be used as the platform to hold ongoing Learning Collaboratives with clinical staff of Preferred OBOT providers and OTP providers. The sessions will target the Medicaid Preferred OBOT providers for didactic sessions and case studies. The first Learning Collaborative begins July 19, 2018 and will be held bi-weekly.

DMAS, VDH, and the American Society of Addiction Medicine (ASAM) are collaborating for a virtual "live" course through Project ECHO that will cover all medications and treatments for opioid use disorder, and provides the required education needed to obtain the waiver to prescribe buprenorphine. This course will be available for physicians, nurse practitioners, and physician assistants interested in seeking their waiver to prescribe buprenorphine in the treatment of opioid use disorders. This online session will deliver the required live portion of the total training hours. Following the training, participants who have successfully completed their course may apply to the Substance Abuse and Mental Health Services Administration (SAMHSA) to obtain their waiver. DMAS will target these trainings to prescribers in Federally Qualified Health Centers (FQHCs), Rural Health Clinics, Residential Treatment Settings and health systems. The first training is scheduled for July 6, 2018.

DMAS is working in collaboration with VCU to host a webinar for the Fall 2018 for the FQHCs to discuss how to become a Preferred OBOT. FQHCs will be encouraged to send teams of behavioral health coordinators, medical directors, clinicians, administrators, and reimbursement staff who can use the content from the toolkit that VCU is developing along with presentations to help them implement ARTS Preferred OBOTs.

CONCLUSION

DMAS is one year into the implementation of ARTS program. DMAS continues to work with providers, MCOs and Magellan of Virginia to identify issues and foster the lines of communication between the providers, MCOs and Magellan of Virginia. DMAS continues to be committed to improve the ARTS Network and work with stakeholders to increase access to care as well as expand evidenced-based, nationally recognized MAT in all ASAM Levels of Care. DMAS is also committed to implementing the new CMS metrics and measurements for upcoming reports.

Former Foster Care Youth

INTRODUCTION

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

BACKGROUND

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

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

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

GOALS

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

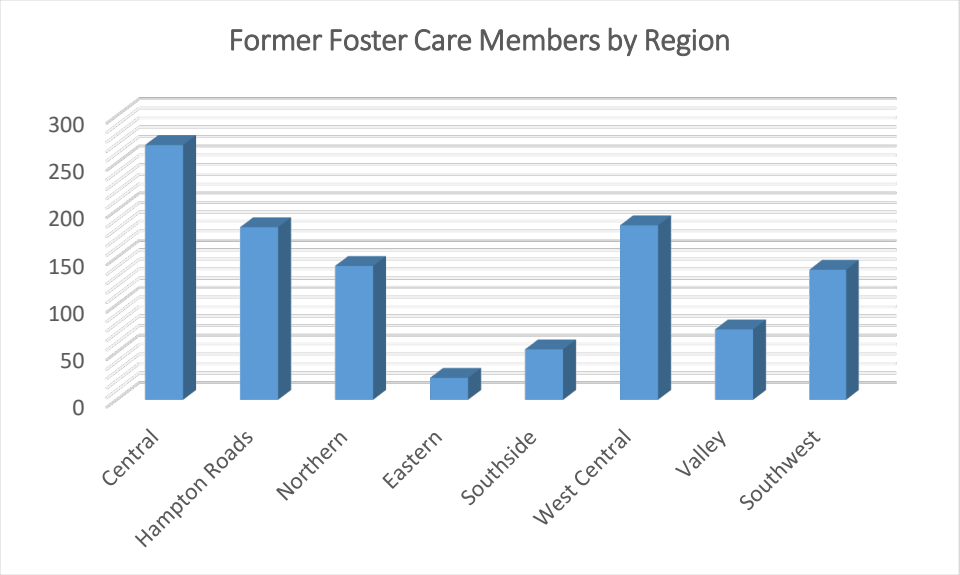
The goals of the FFCY demonstration are: (1) to increase and strengthen coverage of former foster care youth who were in Medicaid and foster care in a different state and (2) to improve or maintain health outcomes for these youth.

ELIGIBILITY AND BENEFIT INFORMATION

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

ENROLLMENT COUNTS FOR YEAR TO DATE

Figure 1: Member Enrollment by Region



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

OPERATIONAL UPDATES

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

PERFORMANCE METRICS

By implementing the demonstration, Virginia anticipates increasing healthcare coverage for former foster care youth, while improving health outcomes. The evaluation design for the

Demonstration is pending review by CMS. The evaluation addresses three questions:

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

COLLECTION & VERIFICATION OF UTILIZATION & ENROLLMENT DATA

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

BUDGET NEUTRALITY AND FINANCIAL REPORTING

The state provides, as Appendix B of this Report, an updated budget neutrality workbook for Quarter 2 Demonstration Year 2018 that includes established baseline and member month data that meets all the reporting requirements for monitoring budget neutrality.

CONSUMER ISSUES

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

CONTRACTOR REPORTING REQUIREMENTS

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

RECOVERY NAVIGATORS

The FFCY demonstration does not utilize Recovery Navigators.

LESSONS LEARNED

This demonstration was approved in September 2017. There is nothing to report at this time.

EVALUATION ACTIVITIES

No evaluation activities have taken place and there are no interim findings. The evaluation will cover the September 2017 to December 2019 time period, representing the start and end dates of the demonstration.

CONCLUSION

The demonstration was implemented as a measure to continue Medicaid coverage for former foster care youth who received their services in another state but who are now living in Virginia. This group was formerly covered in Virginia under the State Plan; the change in the authority mechanism did not necessitate any changes to the application process for these individuals or how they receive Medicaid coverage. The evaluation design is still under review; it is anticipated that utilization and enrollment data will support that the goals of improved health outcomes and increased access to care are being met for this population.

ENCLOSURES

- Appendix A- GAP Outreach Chart
- Appendix B- GAP, ARTS, and FFCY Budget Neutrality Reports
- Appendix C- ARTS 12 month first year Highlights- VCU Evaluation

STATE CONTACT(S)

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Appendix A GAP Outreach Chart – Quarter 2 2018

DATE	EVENT	AUDIENCE	ITEM	FOCUS: GAP	FOCUS: Peer Support	#ATTENDED	COMMENTS	PRESENTER
4/3/2018 & 4/4/2018	Warmline Training Summit - Blacksburg	Certified Peer Recovery Specialists	Approved Flyers	Yes	Yes	34	Presented to CPRS' about GAP Warmline and education on GAP and Recovery Navigation. Shared flyers outlining the application process for GAP, Recovery Navigation, the Warmline, and SafeLink Wireless.	Magellan
4/12/2018 & 4/13/2018	Virginia Department of Health Second Annual Population Health Forum	Providers in Virginia	Approved Flyers	Yes	Yes	125	Forum provided two days of education regarding health inequities in the Commonwealth and how providers can improve assessments, paperwork, and policies to be more inclusive of LBGTQ population. Discussed GAP benefit plan with providers and VDH staff for networking.	DMAS
4/17-4/19/2018	Virginia Commonwealth University:	Peer organizations, provider	Approved Flyers	Yes	Yes	250	Training provided three days of education	Magellan

	From Research to Recovery	organizations, Peers					regarding history and what is occurring now across Commonwealth and US regarding peer run organizations. Discussed GAP benefit plan with providers and DBHDS staff for networking.	
4/18/2018	Community Outreach – Marion, Virginia	Peers, community members, Southwest Virginia Regional Consumer Empowerment Council, Southwest Virginia Clubhouse directors, members and staff of the local Community Service Boards	Approved Flyers	Yes	No	60	Meeting with peers, members of the community, clubhouse directors and CSB staff to discuss and help plan the annual mental health awareness day on May 17, 2018 in Abingdon Virginia. This event is sponsored by the Community Service Board in Wytheville, Virginia. Was able to represent GAP and discuss resources available to have on hand during this event.	Magellan
4/18/2018	Louisa County Reentry	Community Outreach	Approved Flyers	Yes	Yes	20	Shared flyers with the Louisa County re-entry council and	Magellan

							talked about GAP and Recovery Navigation.	
4/24/2018	Virginia Health Care Foundation Resilience Roundtable	Private and public provides and area nonprofits dedicated to Trauma Informed Care	Approved Flyers	Yes	Yes	100	Attended symposium and networking events and provided more detailed information on GAP and Recovery Navigation	Magellan/ DMAS
4/26/2018	Dept. of Corrections Resource Fair - Coffeewood Correctional Center	Returning citizens in Correctional Facility	Approved Flyers	Yes	Yes	100+	Spoke to a group of inmates in a re-entry program who will be released back into community. Reviewed and offered information about applying for GAP and covered Recovery Navigation, Warmline& SafeLink phone.	Magellan
5/4/2018	VACSB Conference	VACSB and CSB Board members, CPRS, providers, DMAS, DBHDS, state officials, community stakeholders	Approved Flyers	Yes	Yes	300+	Attended conference and networking events and provided more detailed information on GAP and Recovery Navigation	Magellan
5/10/2018	Jail Outreach - Amherst	Returning citizens in re-entry program	Approved Flyers	Yes	Yes	12	Spoke to a group of inmates in a re-entry program who will be released soon. Provided education and	Magellan

							offered information about applying for GAP and covered Recovery Navigation & Warmline.	
5/23/2018	VOCAL Conference	Statewide conference for peers and CPRS in recovery	Approved Flyers	Yes	Yes	150	Attended conference and networking events and provided more detailed information on GAP and Recovery Navigation	Magellan

APPENDIX B: GAP, ARTS, and FFCY Budget Neutrality Reports

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

ELIGIBILITY GROUP	Budget Neutrality DY 3 Full year estimate	1/4 of Full Year Estimate		DEMONSTRATION YEAR 4 (CALENDAR YEAR 2018) QUARTER 2 April 2018	May 2018	June 2018	TOTAL QUARTER
Non-LTC Disabled Adults with SMI							
Pop Type:	Medicaid						
Eligible Member Months	971,771	242,943		73,517	71,554	72,110	217,181
PMPM Cost	$ 2,200.84	$ 2,200.84		$ 2,042.57	$ 1,976.85	$ 1,955.55	$ 1,992.02
Total Expenditure	$ 2,138,712,488	$ 534,678,122		$ 150,163,620	$ 141,451,533	$ 141,014,762	$ 432,629,915
GAP Population							
Pop Type:	Expansion						
Eligible Member Months	189,301	47,325		14,756	15,088	15,495	45,339
PMPM Cost	$ 417.82	$ 417.82		$ 379.98	$ 378.87	$ 387.38	$ 382.14
Total Expenditure	$ 79,093,744	$ 19,773,436		$ 5,607,055	$ 5,716,343	$ 6,002,509	$ 17,325,906
Former Foster Care Transfers from Out of State							
Pop Type:	Expansion						
Eligible Member Months	830	208		68	67	67	202
PMPM Cost	$ 508.28	$ 508.28		$ 466.04	$ 512.10	$ 610.30	$ 529.17
Total Expenditure	$ 421,869	$ 105,467		$ 31,691	$ 34,310	$ 40,890	$ 106,892
SUD Waiver Services Recipients							
Pop Type:	Expansion						
Eligible Member Months	879	220		116	212	108	436
PMPM Cost	$ 2,656.06	$ 2,656.06		$ 3,557.57	$ 4,628.71	$ 3,357.32	$ 4,028.79
Total Expenditure	$ 2,334,675	$ 583,669		$ 412,678	$ 981,286	$ 362,591	$ 1,756,554

With the proposed 1115 Demonstration waiver, individuals served through the GAP program are assumed to be diverted from obtaining a disability determination and thereby qualifying for full-Medicaid benefits under current Virginia eligibility levels.

The 1115 Demonstration waiver initially provided a limited coverage benefit to individuals with severe mental illness at or below 60% FPL. It was expanded to include those at or below 80% FPL as of July 1, 2016 and has increased to 100% FPL as of October 1, 2017.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

ADMINISTERING MEDICAID AND THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM IN VIRGINIA

Highlights from the First Year of ARTS

The Department of Medical Assistance Services contracted with Virginia Commonwealth University (VCU) to conduct an evaluation of the Addiction and Recovery Treatment Services (ARTS) program. Below are the major findings from a report published by the VCU evaluation team about changes in access to and utilization of addiction treatment services during the first year of ARTS.

More Medicaid members with substance use disorders are receiving treatment

- The percent of Medicaid members with a substance use disorder who received any treatment increased from 24 percent before ARTS to 40 percent during the first year of ARTS.

	Before ARTS Apr 2016 – Mar 2017	After ARTS Apr 2017- Mar 2018	Percent Change
Total number of members with a substance use disorder (SUD)	49,440	50,857	3%
Members with SUD receiving any SUD treatment	12,089	20,436	69%
Percent receiving SUD treatment	**24%**	**40%**	**64%**

More Medicaid members with opioid use disorders are receiving treatment

- The percent of Medicaid members with an opioid use disorder who received any treatment increased from 46 percent before ARTS to 63 percent during the first year of ARTS.

	Before ARTS Apr 2016 – Mar 2017	After ARTS Apr 2017- Mar 2018	Percent Change
Total number of members with an opioid use disorder (OUD)	17,914	20,712	16%
Members with OUD receiving any OUD treatment	8,322	12,980	56%
Percent receiving OUD treatment	**46%**	**63%**	**35%**

Fewer emergency department visits related to opioid use disorders

- The number of emergency department visits related to opioid use disorders decreased by 25 percent during the first ten months of ARTS.
- This compares with a 9 percent decrease in emergency department visits for all Medicaid members.

	Before ARTS Apr 2016-Jan 2017	After ARTS Apr 2017-Jan 2018	Percent Change
ED visits related to opioid use disorders	**5,016**	**3,756**	**-25%**
Total ED visits for all Medicaid members	786,698	714,743	-9%

Fewer prescriptions for opioid pain medications

- The number of prescriptions for opioid pain medications among Medicaid members decreased by 27 percent during the first year of ARTS.

	Before ARTS Apr 2016-Mar 2017	After ARTS Apr 2017-Mar 2018	Percent Change
Total number of prescriptions for opioid pain medications	549,442	399,790	-27%
Number of prescriptions for opioid pain medications per 10,000 members	**3,811**	**2,761**	**-28%**

- The number of prescriptions for opioid pain medications per 10,000 Medicaid members varies widely across Virginia regions.