

Virginia Department of Medical Assistance Services

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

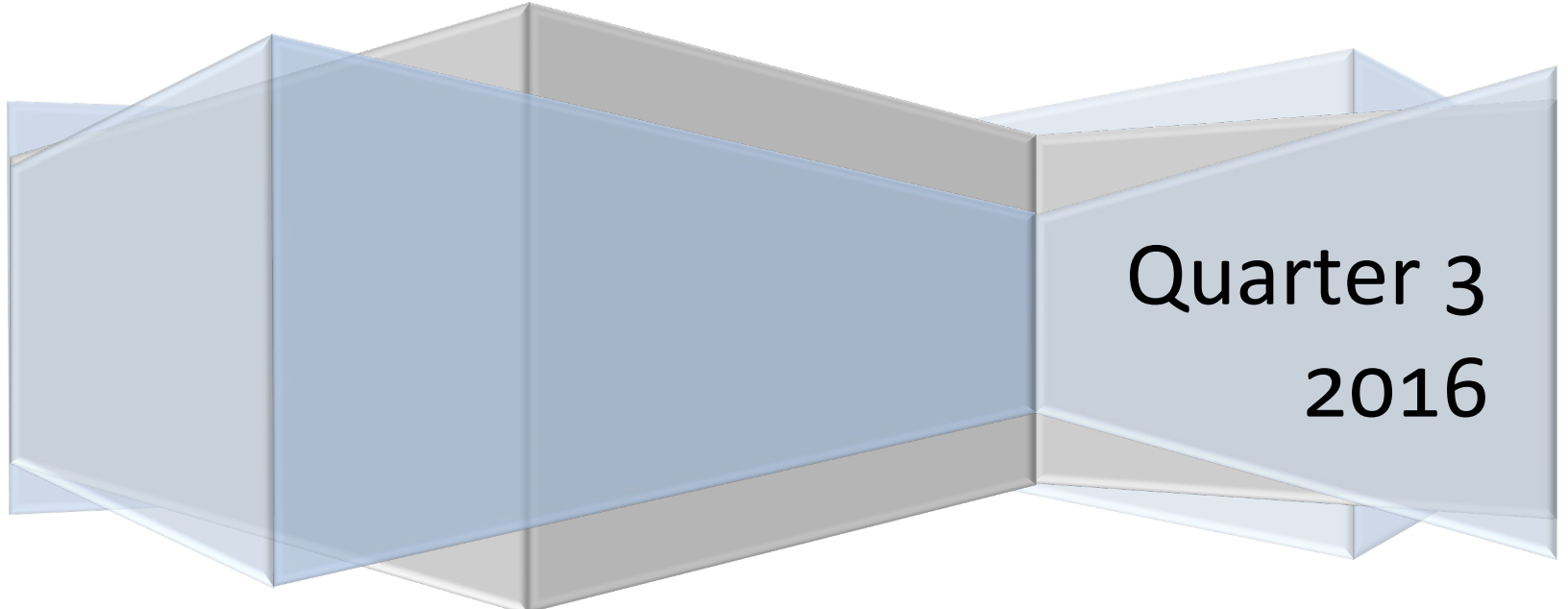
Section 1115 Quarterly Report

Project 11 – W- 00297/3

Demonstration Quarter: 3 (07/01/2016 – 9/30/16)

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

Approval Period: January 12, 2015 through December
31, 2019



**Quarter 3
2016**

Table of Contents

Introduction	2
Background	2
Goals.....	2
Eligibility and Benefit Information	3
Enrollment Counts	4
Outreach and Innovation Activities to Assure Access	6
Collection and Verification of Data	9
Operational/Policy/Systems/Fiscal Developmental Issues	13
Financial/Budget Neutrality Development Issues	13
Consumer Issues	13
Contractor Reporting Requirements	14
Recovery Navigation	14
Lessons Learned	17
Demonstration Evaluation	18
Conclusion	19
Enclosures/Attachments	19
State Contact(s)	19
Appendix	20



INTRODUCTION

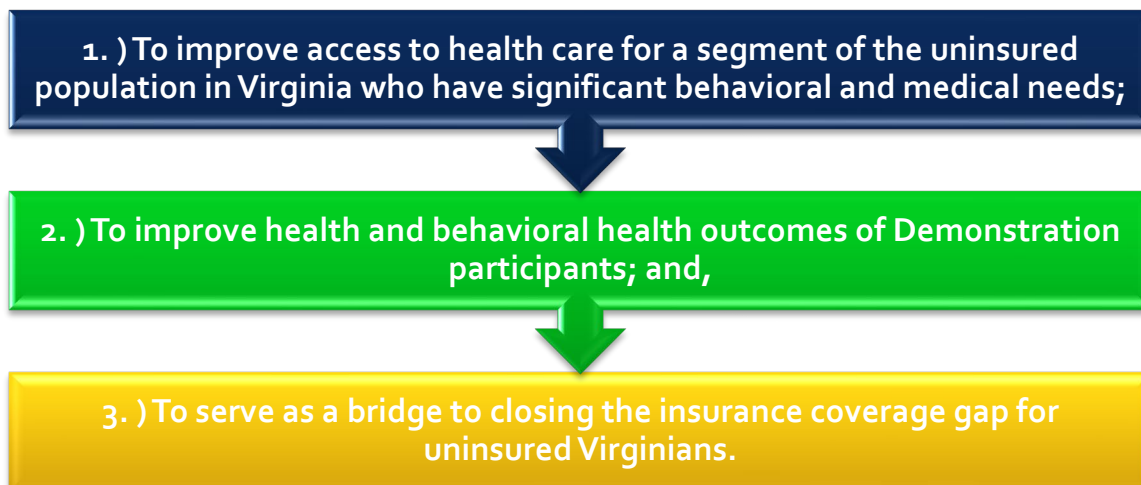
On June 20, 2014, Governor Terry McAuliffe declared, "I am moving forward to get Virginians healthcare." To that end, he charged Secretary of Health and Human Resources, Dr. Bill Hazel, to create a detailed plan, outlining opportunities and implementation targets to provide Virginians greater access to physical and behavioral health care. [A Healthy Virginia](#), was the outcome of the work of the Secretariat, and is a 10-step plan to expand healthcare services to over 200,000 Virginians. The Governor's Access Plan for the Seriously Mentally Ill (GAP) was the first step, aiming to offer a targeted benefit package to Virginians who had income less than 95% of the federal poverty level and met the criteria for having a serious mental illness (SMI). In cooperation with the Centers for Medicare and Medicaid Services (CMS), Virginia launched the GAP Demonstration on January 12, 2015.

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 individuals 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 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.

GOALS

The three key goals of the GAP Demonstration are to:



ELIGIBILITY AND BENEFIT INFORMATION

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

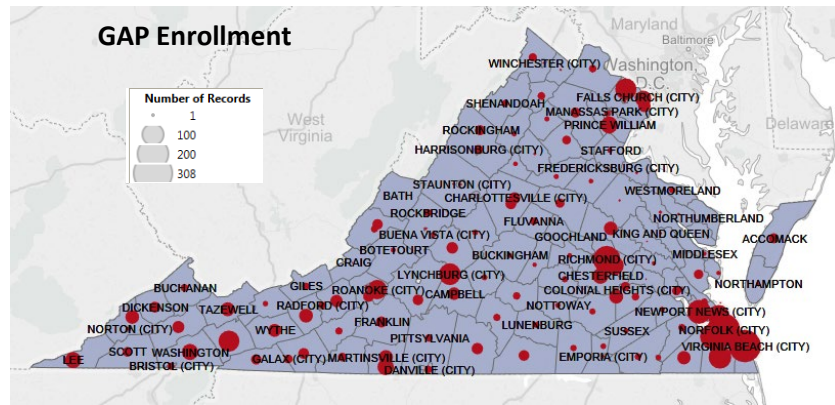
Figure 1

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)(*80%+5% disregard; as of April 2016)
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), Cover Virginia, and Magellan of Virginia, in addition to an ever growing relationship with the Federally Qualified Health Centers (FQHCs), are attributable to the success of the Demonstration.

ENROLLMENT COUNTS FOR QUARTER AND YEAR TO DATE

Figure 2



The GAP Demonstration continues to steadily grow in membership. For the quarter ending September 30, 2016 there were 9,059 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. As highlighted in the map, the Tidewater region houses the largest concentration of GAP members with the Central and Northern regions closely following.

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

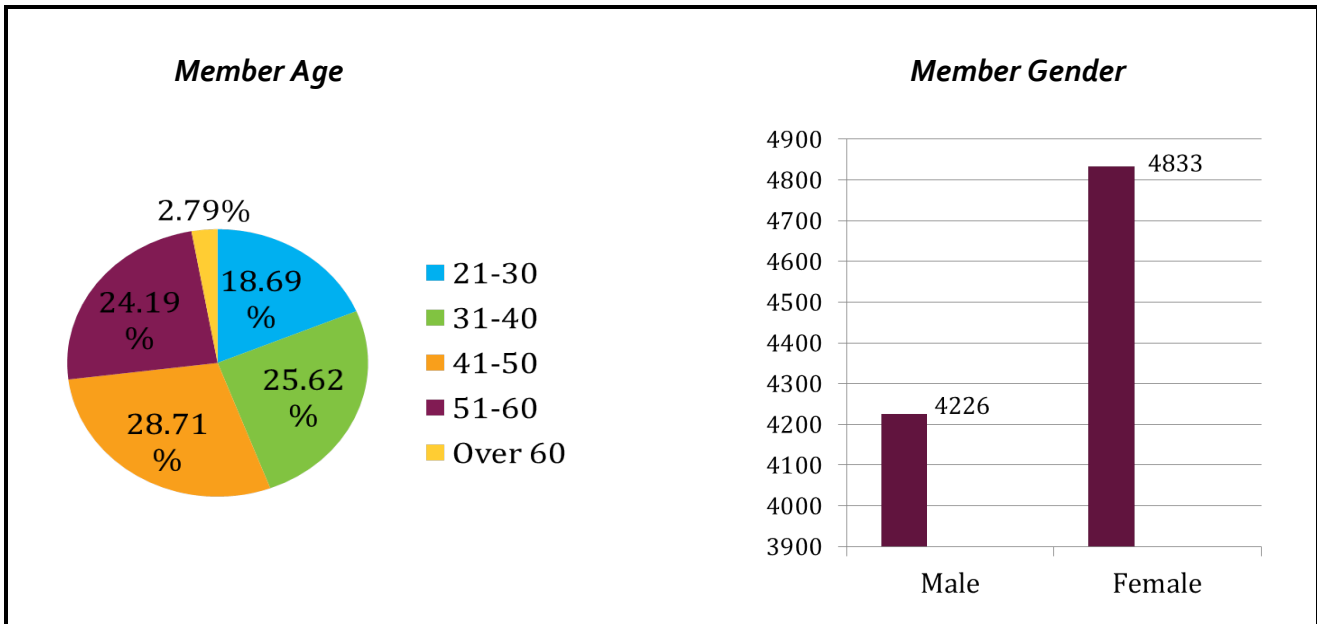
Figure 3

GAP Enrollment numbers for Quarter 3

Demonstration Population	Total Number of members Quarter Ending 6/30/2016	Total Number of members Quarter Ending 9/30/2016	Members Enrolled Since 01/12/2015
GAP Members Enrolled	7,999	9,059	11,329

Figure 4

GAP Member Demographics



The age demographics of GAP members are relatively equal across all eligible age groups with the exception of members over the age of 60. Figure 4, GAP Member Demographics, details age and gender demographics among the GAP member population. As you can see, there are more females enrolled in GAP than males and the 41-50 age group has the slightly largest population of GAP members.

As shown in figure 3, there have been 11,329 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 change in the financial eligibility requirement and those who did not successfully complete the eligibility renewal/re-enrollment process. The CSBs have shared that they have screened everyone that they initially identified as a potential GAP member. They continue to be a valued partner and submit new screenings as requests arise. DMAS is reviewing the FOHC screenings to determine whether additional technical assistance is needed about GAP.

Figure 5

Of the 1,212 renewals due to Cover VA in quarter 3:	1,035 were approved
	88 were cancelled due to ineligibility
	83 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. For members whose eligibility was not renewed systematically, they were contacted via mail with a paper renewal application. This process requires additional action by the member to verify the information on file, in addition to providing documentation to be reviewed with the application to determine eligibility. Figure 5 highlights the number of renewal approvals and cancellations completed in Quarter 3. A total of 1,212 renewals were completed in Quarter 3.

One of the barriers that DMAS has encountered with the enrollment process and maintaining the enrollments is that the GAP population is very transient, therefore many do not maintain a steady address or phone number. 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 us and attempts to call those members to encourage members to complete the paper application/submit verification documentation in order to continue receiving GAP benefits; unfortunately there is often no response or the number is out of service.

OUTREACH/INNOVATION ACTIVITIES TO ASSURE ACCESS

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

This quarter, DMAS continued Phase II of the GAP outreach plan focusing on increasing awareness of the Demonstration. One way this was accomplished was through collaboration with various agencies to disseminate GAP information. Throughout quarter three, entities such as the Virginia Health Care Foundation, the Virginia Department of Health Professions, and the National Alliance on Mental Illness Virginia Chapter included GAP information on their website, newsletters, or client packets to assist in increasing public knowledge of the program.

DMAS is continuing collaborations with the Virginia Department of Corrections (VADOC) 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 quicker access to health care once they return to the community. GAP staff met with VADOC to identify resources, facilities and processes available to aid in conducting SMI screenings of "returning citizens" (VADOC's preferred term for inmates being released from their custody) prior to their release.

DMAS is collaborating with Magellan to provide VADOC and jail facilities with access to the SMI provider portal. Magellan provided DMAS staff with recommendations that would allow VADOC facilities to submit SMI screenings. DMAS staff is researching how these entities can be included as screeners and added into the DMAS regulations.

This quarter DMAS has been working diligently with Cover Virginia to develop non-Medicaid provider access to the Cover Virginia portal. This would allow VADOC and jail representatives the ability to complete GAP eligibility applications with the returning citizen online prior to their release. There are a number of different telephonic implications that occur within VADOC facilities. Implications such as limited access to telephones, telephone time limits, and number of call limitations all exist within these institutions. DMAS believes access to the web portal will assist with feasibility for the jails.

DMAS is in the process of finalizing contractual requirements with the Virginia Department of Behavioral Health and Developmental Service (DBHDS). Using their SSI/SSDI Outreach, Access and Recovery grant from the Substance Abuse and Mental Health Services Administration, DBHDS is providing funding for Cover Virginia to enhance its on-line GAP eligibility system. This enhancement will allow the GAP applicant/member to identify an additional party to receive correspondence from Cover Virginia about the GAP enrollment/re-enrollment. Cover Virginia hopes to have those enhancements completed in early 2017. We hope that this will positively impact the completion of applications and re-enrollment requirements as that contact may be able to better reach the individual and assist with application and renewal requirements.

Staff attended the Virginia Center for Behavioral Health and Justice Advisory Group's quarterly meeting in July. Staff also participated in the Center for Behavioral Health and Justice's Action Committee, Diversion and Re-Entry in September. Staff presented about GAP related work with VADOC. Members of the committee offered suggestions for good contacts regarding regional jails. DMAS staff will continue to participate on the Diversion and Re-Entry subcommittee to help increase awareness of GAP among criminal justice agencies. Staff has also been asked to present GAP information at the next Center Advisory Group quarterly meeting in October.

Figure 6 GAP Exhibit Board



This quarter a large number of presentations were made to both VADOC and jail facilities. DMAS developed an exhibit table (see Figure 6 above) for the GAP Demonstration which was showcased at the Virginia Sheriff's Association Annual Conference in September which included over 500 attendees. This exhibit table was also used at the Rustburg Correctional Facility's Resource Fair in September; staff disseminated GAP information directly to returning citizens prior to their pending release. Other presentations conducted this quarter include Riverside Regional Jail, the Virginia Regional Jail Superintendents' Meeting, and the VADOC's Annual Mental Health Services Training. DMAS will be displaying the exhibit board at additional

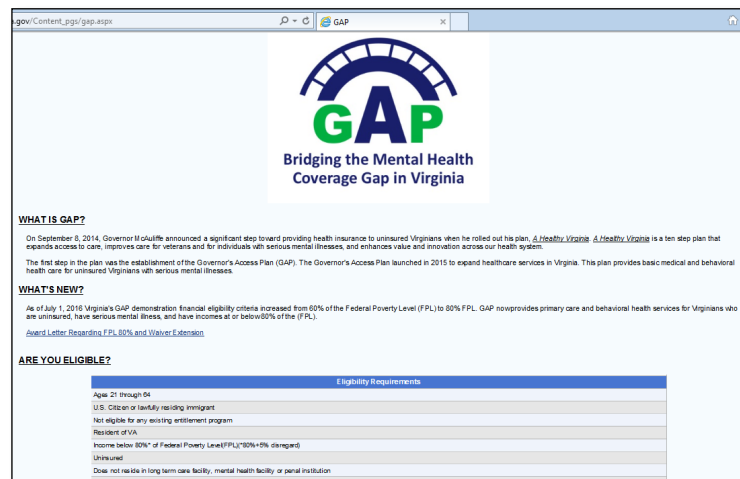
outreach events in quarter four. Details regarding those activities will be included in the next report.

Virginia Commonwealth University (VCU) has partnered with DMAS to conduct a quality improvement study. Enrollment rates for GAP have been lower than projected since the program's implementation in January 2015. This quality improvement study will assess the reasons for this less than optimal membership, as well as recommendations to increase enrollment. To meet study objectives VCU representatives will engage in data collection through interviews with screeners and administrators from 7 different sites who currently conduct SMI screenings for GAP. By the end of quarter three, almost all interviews were completed and VCU has begun drafting their analysis. VCU will meet with DMAS staff in December to present their findings. VCU will then draft their final report and submit the materials to DMAS upon completion of the presentation. The study is scheduled to conclude December 31, 2016 therefore more detailed information will be provided in subsequent reports.

Since January 2015, Magellan has hosted weekly conference calls for GAP providers and beneficiaries. As the volume of questions from GAP providers decreased, providers were invited to join the general Magellan provider call and GAP was added to the agenda to allow for any GAP specific questions, comments or concerns. DMAS and Magellan staff hosts these calls and answer questions from the participants as well as provide updates and announcements as needed. A low number of GAP issues have been identified on these weekly calls.

Another avenue for outreach has been the email address for the public to make inquiries about GAP: BridgetheGap@dmass.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 inquiries involved questions regarding covered services. Additionally, providers are utilizing the email to request presentations and print materials to support the GAP.

Figure 7



DMAS' also maintains a GAP webpage on the DMAS website: http://www.dmass.virginia.gov/Content_pgs/gap.aspx. The webpage includes sections for individuals, providers and other stakeholders. This page continues to be updated with the most

recent information as it becomes available. The webpage has links to Cover Virginia and Magellan as well as other helpful information.

Google analytics was recently been added to the GAP website. Between September 9, 2016 and September 30, 2016 the GAP webpage received 1,036 page views, of which 781 were unique page views. DMAS staff will begin receiving weekly reports regarding web analytics for the GAP webpage starting in quarter four.

Cover Virginia's website (<http://www.coverva.org/gap.cfm>) includes a webpage dedicated to GAP and outlines the financial eligibility criteria and application process.

Magellan's website has a link for provider communication, <http://magellanofvirginia.com/for-providers-va/communications.aspx>, where they have posted notices to providers about GAP. They also have a training page for providers (<http://www.magellanofvirginia.com/for-providers-va/training.aspx>). They have also developed a GAP specific webpage, [http://www.magellanofvirginia.com/for-members/governor's-access-program-\(gap\).aspx](http://www.magellanofvirginia.com/for-members/governor's-access-program-(gap).aspx) for members, their family members and advocates.).

For additional outreach activities for the quarter please see the outreach appendix at the end of this report.

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

COLLECTION & VERIFICATION OF UTILIZATION DATA & ENROLLMENT DATA

DMAS had difficulty gathering the required data for the evaluation report, specifically the GAP members' primary and co-morbid diagnoses. This was problematic with regard to the ability to accurately report information to highlight the spectrum of diagnoses and their correlation to co-morbid diagnoses and subsequently caused a delay in the completion of the evaluation report. DMAS collaborated with Magellan to identify the associated issues and provide additional files to use for further analysis. Therefore this quarter, DMAS revised the list of eligible SMI diagnoses. The list was cross referenced with the DSM IV, DSM V, ICD 9, and ICD 10 manuals to create a reference list for Magellan. This list is currently under review, awaiting confirmation of Magellan's system compatibility. Following confirmation, reporting will resume and will include the required data for the current evaluation report.

DMAS also discovered that there may be an opportunity to obtain inpatient data from local hospitals from Virginia Health Information (VHI). Originally, it was determined that Inpatient and Emergency Department data are not collected uniformly. However, DMAS continues to brainstorm internally about accessing VHI data. DMAS continues to work with DBHDS to

access state hospital data and will report the findings to CMS as soon as the information is available.

Beginning in the second quarter of 2016, DMAS began analyzing behavioral health service utilization more closely. With more data available it is a better opportunity to draw some informed conclusions about the program. This aligns with feedback from the evaluation panel as well as DMAS' Data Analytics team recommendations. Therefore the following charts highlight service utilization as it relates to crisis services (figure 9), case management (figure 10), and peer supports (figures 12 and 14).

DMAS continues to review behavioral health service authorizations from Magellan. Figure 8 reflects requests for traditional outpatient behavioral health services (individual, family, group therapies and psychiatric evaluations), GAP case management (low and high intensity) and non-traditional community behavioral health services (crisis intervention, crisis stabilization, psychosocial rehabilitation, intensive outpatient substance use treatment and opioid treatment) and are considered to be state plan option services.

Figure 8

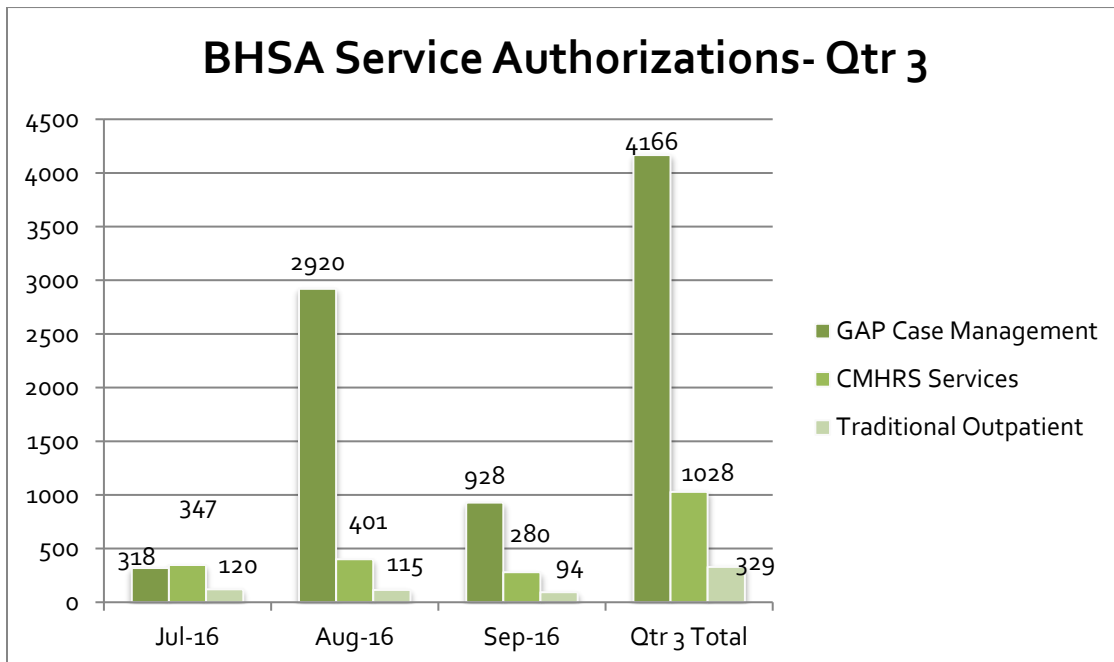
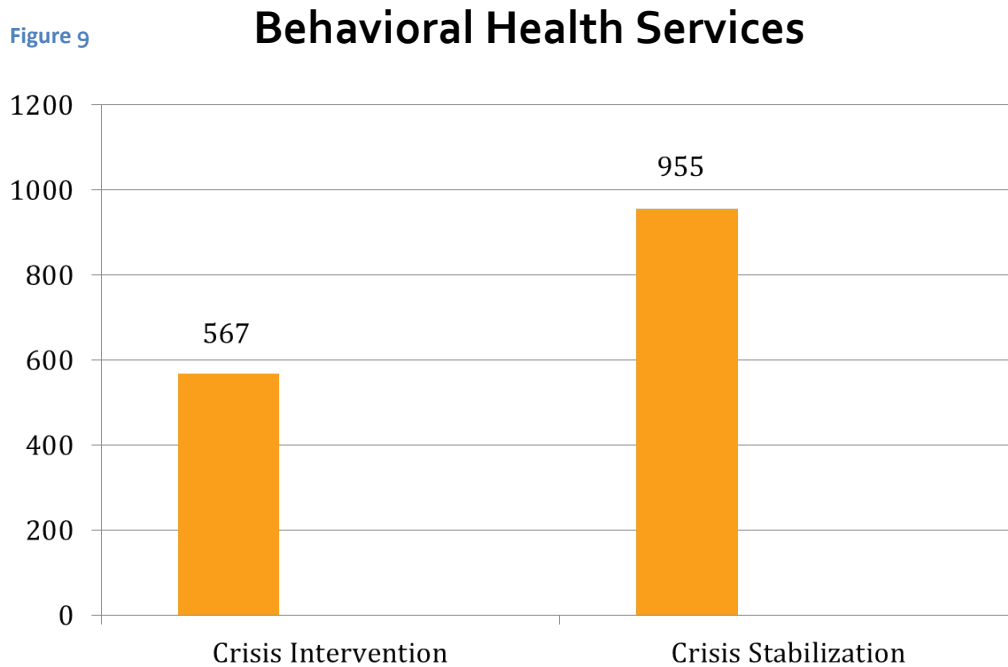


Figure 9 below illustrates the number of members who have utilized intensive behavioral health services. In 2016, of the 9,059 members, 567 (6.25%) received Crisis Intervention and 955 (10.5%) received Crisis Stabilization services. This is important because it appears a low percentage of members received intensive behavioral health intervention. However more information is needed to support this inference. The data above could be compared to emergency room and hospital data in order to determine true service utilization.



GAP Case Management is provided statewide by CSB case managers with consultation and support from Magellan care managers; this service does not include the provision of direct services. It is a two tiered service with the provision of either regular or high intensity case management and is focused on assisting individuals with accessing needed medical, behavioral health (psychiatric and substance abuse treatment), social, education, vocational, and other support services. Regular intensity GAP case management is billed if the minimum required activities of active GAP case management have been met. High Intensity GAP case management is billed for any month in which the regular intensity GAP case management requirements have been met. High intensity also requires a face-to-face contact with the individual during that month that takes place in a community setting outside of the case management office.

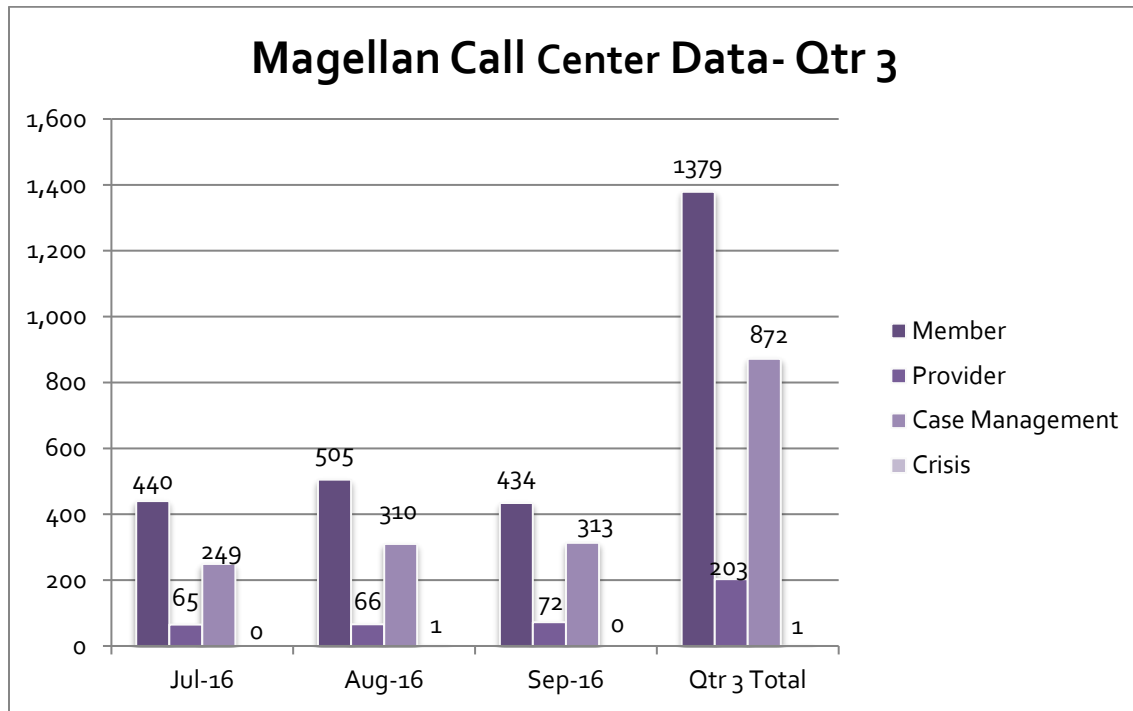
In the 1st quarter of 2016, DMAS concentrated on the number of members enrolled in GAP Case Management; of the 3,122 GAP Case Management Services authorized last year, the data suggested that about half of the 6,198 members were receiving case management. This was concerning because GAP case management is intended to be a key support in aiding GAP members to access both medical and behavioral services. DMAS worked with Magellan to

determine the possible cause of the low number and to enhance the workflow that will be used to increase the number of members who receive GAP Case Management this year.

Due to the remarkable spike in GAP Case management authorizations, DMAS is exploring the reporting in more detail as this seems to not be consistent with anecdotal impressions from Magellan and the CSBs and the workflow enhancements would not have generated this rate of increase in one month.

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

Figure 10



As in the last quarterly report, there is a continued increase in contacts from GAP members as opposed to 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.

OPERATIONAL/POLICY/SYSTEMS/FISCAL DEVELOPMENT ISSUES

At the time of reporting, there are limited significant operational, systems, or fiscal developmental issues to disclose for the 3rd quarter. Since the launch of the Demonstration, DMAS continues to ensure that all systems are working together for the success of the Demonstration.

The DMAS GAP team has expanded with the addition of a new Special Project Analyst who has experience interacting with the uninsured and low-insured who utilize public health services. The additional staff is expected to greatly increase the team's outreach efforts. Additionally, Magellan re-filled the final Recovery Navigator position located in the Tidewater area. This position was vacant for quite some time and DMAS is pleased that the position has been filled. Magellan is now again fully staffed for Recovery Navigation services.

The only policy issue to bring to light is the change in the financial eligibility for the GAP Demonstration. The reduction from 95% to 60% Federal Poverty Level (FPL) (plus 5% disregard) in spring 2015 was significant; since the reduction, the application rate had noticeably decreased, creating a gap between the projected and actual number of members enrolled in GAP. During the 2016 General Assembly Session the financial eligibility was increased from 60% to 80% FPL. This quarter, both the Proposed and Emergency GAP Regulations were revised to capture the changes from the 2016 General Assembly Session. Earlier this year, Magellan hosted a webinar training where screeners affiliated with the CSBs and other entities were provided detailed information on the eligibility renewal process and the importance of delivering assistance to members in efforts to avoid disenrollment. Additionally, attendees were encouraged to prepare for the increase in financial eligibility requirements, which was expected to impact the number of GAP applications and SMI screenings received. In quarter three, 2,424 applications were received.

Additionally, the General Assembly provided guidance on other avenues of program operations; DMAS was given direction to collaborate with the Virginia Department of Corrections (VADOC) and local/regional jails in efforts to increase outreach and GAP enrollment. For detailed information regarding collaborations with VADOC please see the outreach section of this report.

FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT ISSUES

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

CONSUMER ISSUES

DMAS is closely monitoring any issues pertaining to GAP members. Initially, members could initiate the application process for GAP by beginning with either the eligibility application component (Cover Virginia) or the SMI screening (Magellan). This caused confusion and miscommunication between the contractors, screeners and potential members. Although well

intentioned, this “no wrong door” 2-step eligibility process was a challenge to implement. However, DMAS was diligent in requiring clear, timely exchange of information and files and the confusion seems to have abated. There has been a decrease in the number of calls related to this issue.

CONTRACTOR REPORTING REQUIREMENTS

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

This quarter DMAS worked closely with Magellan to configure their system to distinguish GAP case management registrations from Medicaid mental health case management. The system change will allow the CSBs to submit a registration for GAP case management to include the modifier which distinguishes the level of intensity (high/low). Magellan’s system will allow the CSB to bill either level without the specific level identified on the registration. In August, Magellan released an email blast alerting providers of the need for the GAP specific modifiers on the registrations for case management services.

DMAS is using predicative modeling tools to assist in identifying GAP members with the highest level of need. These findings may prove to be beneficial to select individuals to target interventions (e.g. disease or case management). The ultimate goal is promote efficiency in care management through the use of available health risk predictive modeling tools. Upon reviewing predictive modeling data DMAS staff discovered that approximately 800 members have no claim for psychiatric evaluation or any medication in 2015. This is alarming, as members with SMI would be expected to have medications that aid in treatment of their diagnosed mental health condition. DMAS staff requested a report from Magellan to verify the number of members with no psychiatric evaluation or medication claim, staff also requested that the report identify the number of members who have received case management. DMAS requested a plan from Magellan to address how they will conduct outreach to the members who may or may not be receiving any psychiatric treatment for their serious mental illness. Additional information on this issue will be outlined in forthcoming reports.

RECOVERY NAVIGATORS

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. In the 1st quarter, due to

requests for Recovery Navigator services, one of the two Central Virginia positions was re-assigned to the Tidewater area. This is appropriate as there is a larger concentration of GAP members in the Tidewater area than in other areas of the state.

The Recovery Navigators are providing outreach and education at residential crisis stabilization facilities operated by community services board. GAP members being discharged from the facilities are given information about the care coordination services available from Magellan as well as information about Recovery Navigation services. Whether the GAP member requests Recovery Navigation services or not, they are also provided with information about peer run centers and supports available in their home communities. Reporting formats and timelines have been finalized with Magellan. The Figure 11 shows one element of the reporting developed with Magellan.

Figure 11 Recovery Navigation Services Enrollees

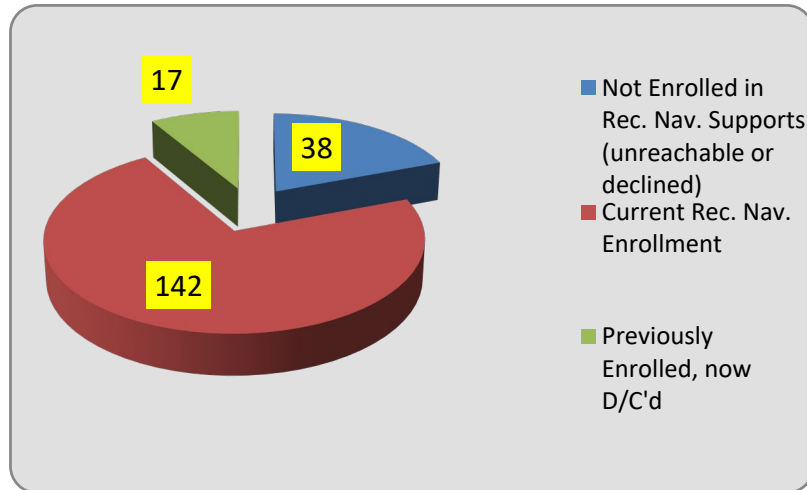


Figure 11 reflects the Recovery Navigation Service enrollment as of September 2016; there were 142 GAP members enrolled in services. Additionally, there were 38 members who were referred, but either the Navigators could not reach the member or the member declined the service. GAP members are averaging about 120 days in Navigation Services.

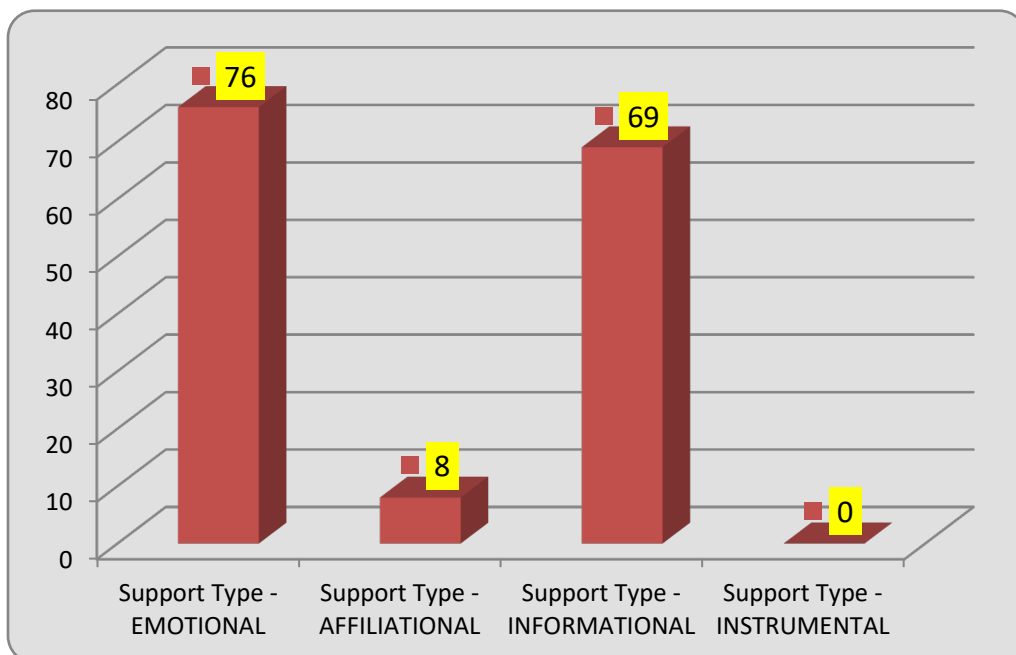
Figure 12

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 may also help people better manage their condition and experience recovery. Figure 12 describes each dimension. The table below, Figure 13, illustrates the type of supports members received from Recovery Navigators, with emotional and informational being the most utilized support.

Figure 13 Recovery Navigation Service Supports



LESSONS LEARNED

DMAS is always prepared to consider how processes and procedures can be refined and strengthened. At this stage of the Demonstration, DMAS believes that significant progress has been made to increase the awareness of the benefit plan since the implementation of the Demonstration. Working with all stakeholders is critical to the success of the program and we believe this 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 is rewarding because it shows that members are accessing both medical and behavioral health services, which is one of the GAP Demonstration goals.

There continues to be substantial value in the work of Recovery Navigators and DMAS believes this to be a significant benefit of the GAP Demonstration. DMAS gathers success stories and experiences of these navigators; below is one account narrated by a Recovery Navigator:

A 51 year old male GAP member was referred to Recovery Navigation Services in March of 2015 while in crisis stabilization. After repeated attempts to engage the member in services, he did not follow through. Despite ongoing outreach attempts, he cycled in and out of crisis stabilization units and psychiatric hospitalizations until September 2015. After his discharge from acute hospitalization in September, he began working with his Recovery Navigator. Through working with his Recovery Navigator, he has become more positive about his future and appears interested in community referrals and resources. He was immediately linked to housing resources and began working on applying for housing and obtaining his driver's license. While the focus in the beginning was on addressing his immediate needs in order to stabilize him in the community, he also began to address long-term recovery goals, including developing his Wellness Recovery Action Plan (WRAP). He was also referred to case management services at the local CSB to further assist him in managing his symptoms. Recently, when talking with his Recovery Navigator, he stated that he "isn't doing too bad."

GAP services have provided opportunities for this member to improve his overall well-being and enjoyment in day-to-day life. He has been able to improve symptom management of his Bipolar Disorder and access community supports. Furthermore, he attributes recovery navigation in helping him improve medication management, coping skills, and his social support system. He emphasized, "GAP helped me a lot and I have a better quality of care now." He said that he still has his bad days but he "...gets through them a lot better now." He identifies that trying to stay busy and working in small durations helps him feel like he has a purpose in life and helps manage his mental health symptoms. He continues to utilize other GAP resources, including Care Coordination and the Warmline.

DEMONSTRATION EVALUATION

DMAS requested and received approval from CMS to use an expert evaluation panel instead of hiring an outside entity to conduct the evaluation.

The expert panel consists of Dr. Len Nichols, Dr. Peter Aiken, and Dr. Bela Sood. DMAS has a trusted relationship with Dr. Len Nichols of George Mason University and his affiliates and they have agreed to serve as the lead evaluator. Dr. Peter Aiken of Virginia Commonwealth University is a nationally recognized data expert. Lastly, a well-known Psychiatrist from Virginia Commonwealth University Health System, Dr. Bela Sood, is an expert in the field of Mental Health. Additional support is provided by DMAS' sister state agency, the Department of Behavioral Health and Developmental Services (DBHDS) with both data analysis and community mental health services.

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.

CONCLUSION

DMAS is very proud of the progress made in the 3rd quarter of 2016. DMAS continues to work on outreach strategies and develop collaborative relationships with entities that may be serving potential GAP members in an effort to increase enrollments. DMAS hopes to make substantial progress with VADOC and jail facilities in quarter four, specifically with the Cover Virginia and Magellan portal enhancements. This effort is expected to increase access to healthcare to returning citizens with serious mental illness will help enable them to successfully transition back into society. DMAS is committed to collaborating with its contractors to develop higher confidence in the data process as well as identifying additional opportunities to better serve our members. Working with our contractors, the providers, and the Recovery Navigators, we are learning how the GAP Demonstration project is positively impacting our members' lives.

ENCLOSURES

Outreach Spreadsheet

STATE CONTACT(S)

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

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Appendix-Outreach Chart

DATE	EVENT	AUDIENCE	ITEM	FOCUS: GAP	FOCUS: Recovery Navigators	#ATTENDED	COMMENTS	PRESENTER
7/5/2016	GAP Income Update; Email blast	Virginia Health Care Foundation	Email	Yes	No	unknown		DMAS Staff
7/5/2016	GAP Income Update; Email blast	CHIPAC	Email	Yes	No	unknown		DMAS Staff
7/5/2016	GAP Income Update	Coverva.org Visitors	Website posting	Yes	No	unknown		DMAS Staff
7/14/2016	DOC Annual Mental Health Services Training Meeting	DOC BH providers	Presentation	Yes	No	140		DMAS Staff
7/15/2016	Phone Call and Email	Department of Health Professions	Website link and documents	Yes	No	1	Added Gap information to "Announcement" page of website	DMAS Staff
7/29/2016	Riverside Regional Jail GAP Presentation	Riverside Regional jail staff	presentation, handouts	Yes	No	15		DMAS Staff
8/2/2016	Email	Virginia Health Care Foundation	Website posting	Yes	no	unknown	To be listed under the "insurance" section of the website	DMAS Staff
8/2/2016	Email	Virginia Health Care Foundation	quarterly newsletter	Yes	no	unknown		VHCF staff

8/2/2016	Email	Virginia Health Care Foundation	VCHF presentation at semi-annual mental health roundtable	yes	no	unknown		VHCF staff
8/2/2016	Email	Virginia Health Care Foundation	presentation at semi-annual mental health roundtable	yes	no	unknown		VHCF staff
8/2/2016	Email	Virginia Health Care Foundation	12 sign up now training sessions	yes	no	unknown	Conducted annually across the state.	VHCF staff
8/2/2016	Email	Virginia Health Care Foundation	Sign up now tool kits	yes	no	unknown	A part of training session; information included In kit	VHCF staff
8/2/2016	Email	Virginia Health Care Foundation	Learning modules	yes	no	unknown	A part of training session; information included In kit	VHCF staff
8/8/2016	NAMI September e-newsletter	NAMI VA	GAP update blurb	yes	yes	approx. 4300	members, stakeholders, and anyone who signs up for it	DMAS Staff
8/8/2016	NAMI September Program Coordinator E-newsletter	NAMI VA	GAP update blurb	yes	yes	unknown	(volunteer) Program Coordinators	DMAS Staff
8/24/2016	Housing Virginia's Most Vulnerable	Virginia Housing Alliance	Presentation	yes	no	65		DMAS staff

	Conference							
9/9/2016	Virginia Quality Healthcare Network Summer Event	Virginia Quality Healthcare Network	Presentation	yes	no	40		DMAS Staff
9/11-9/13	Virginia Sherriff Association Annual Conference Exhibit	VA Sheriffs Association	exhibit table	yes	yes	500+		DMAS Staff
9/16/2016	Virginia Regional Jail Superintendents Meeting	VA Regional jail officials	presentation	yes	No	20		DMAS Staff
9/30/2016	Annual Resource Fair	Rustburg Correctional Facility/ DOC	exhibit table	yes	No	Approx. 50	Disseminated GAP information directly to returning citizens	DMAS staff & Magellan Navigator