

Virginia Department of Medical Assistance Services

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

Section 1115 Annual Report

Project 11 – W- 00297/3

Demonstration Waiver 1115

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

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Annual
2016

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INTRODUCTION

In September 2014, Governor McAuliffe announced a significant step toward providing health insurance to uninsured Virginians when he rolled out his plan, *A Healthy Virginia*. *A Healthy Virginia* is a ten step plan that expands access to care, improves care for veterans and for individuals with serious mental illnesses (SMI), and enhances value and innovation across our health system. The first step in the plan was the establishment of the Governor's Access Plan (GAP) for the Seriously Mentally Ill. GAP launched in 2015 to expand healthcare services in Virginia. GAP is a Medicaid plan that provides limited medical and behavioral health care coverage for low income individuals with Serious Mental Illness (SMI). It includes mental health and substance use disorder services, medical doctor visits, medications, access to a 24-hour crisis line, Recovery Navigation services (peer supports), and care coordination. January 1, 2016 through December 31, 2016 was the second year of the GAP Demonstration, this report highlights the progress, challenges, and lessons learned during Year Two of the Demonstration.

BACKGROUND

Without access to treatment and other supports such as healthcare, care coordination, and Recovery Navigation Services, 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, therefore addressing the severity of their condition. With treatment and supports, individuals with SMI and co-occurring conditions are beginning to recover and live, work, parent, learn and participate fully in their community.

The implementation of the GAP Demonstration required the Department of Medical Assistance Services (DMAS) to work with stakeholders and community mental health and healthcare providers, primary health care providers, Magellan of Virginia, the Behavioral Health Services Administrator (BHSA), and the Virginia Department of Behavioral Health and Developmental Services (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.

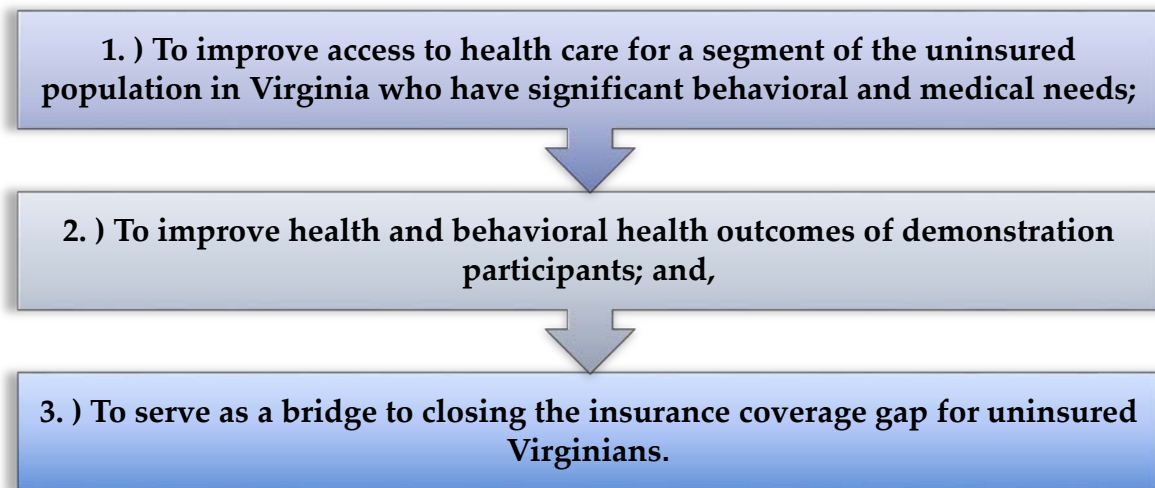
Magellan administers all behavioral health services for members enrolled in Virginia's Medicaid and FAMIS fee-for-service programs. Specific to the GAP benefit plan, Magellan also offers care coordination, a crisis line, and Recovery Navigator services to assist members with managing their mental health 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 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 as we prefer they access these providers in lieu of the emergency rooms of hospitals. We continue to identify and collaborate with these providers.

GOALS

The three key goals of the GAP Demonstration are to:

Figure 1



ELIGIBILITY AND BENEFIT INFORMATION

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

Figure 2

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) (as of 7/1/2016)
Uninsured
Does not reside in long-term care facility, mental health facility or penal institution
Screened and meet GAP Serious Mental Illness (SMI) criteria

Similar to 2015, DMAS has continued to see growing success with the demonstration. Individuals are receiving information about the program and applying through their relationships with local entities. The partnerships DMAS has with the local Community Services Boards (CSBs) and Magellan of Virginia, in addition to a valuable relationship with the Federally Qualified Health Centers (FQHCs), are attributable to the success of the demonstration.

During Virginia's 2016 legislative session, members of the House and Senate came together during the budget conference process and agreed upon a proposal to increase the income eligibility limits for GAP from 60% to 80%FPL effective July 1, 2016. This change was ultimately approved by both chambers of the legislature and the Governor. As an action of the Virginia legislature, this process was public and received both formal and informal participation and monitoring by advocates, stakeholders, and state staff. Many advocates in Virginia voiced their approval of the decision to expand program eligibility requirements. In response to the change in eligibility, DMAS updated documents and informational fliers that highlighted the revised eligibility criteria as well as the benefits included in the GAP demonstration. These documents are used across Virginia by CSBs and other local partners to ensure individuals are hearing about the program and are being supported in their application to the program.

ENROLLMENT COUNTS FOR GAP DEMONSTRATION

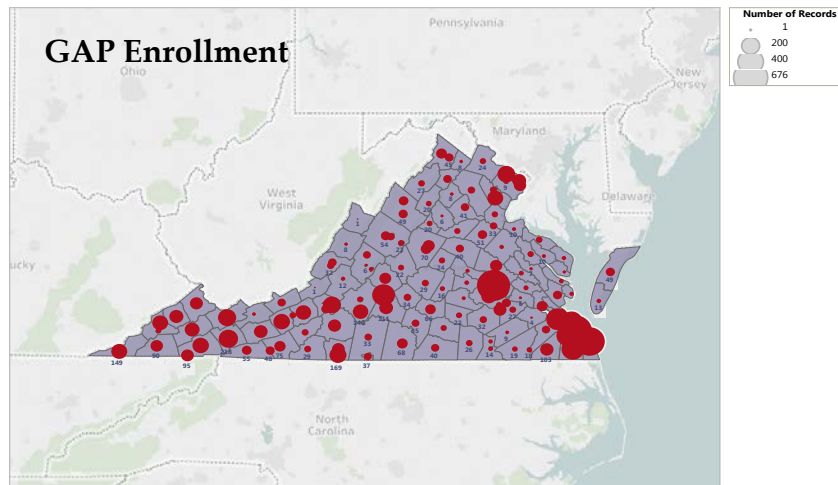


Figure 3

The GAP Demonstration continues to steadily grow in membership. For the Demonstration year ending December 31, 2016 there were 9,947 individuals enrolled from 266 unique localities across the Commonwealth. The map shown in Figure 3 shows the number 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.

Figure 4

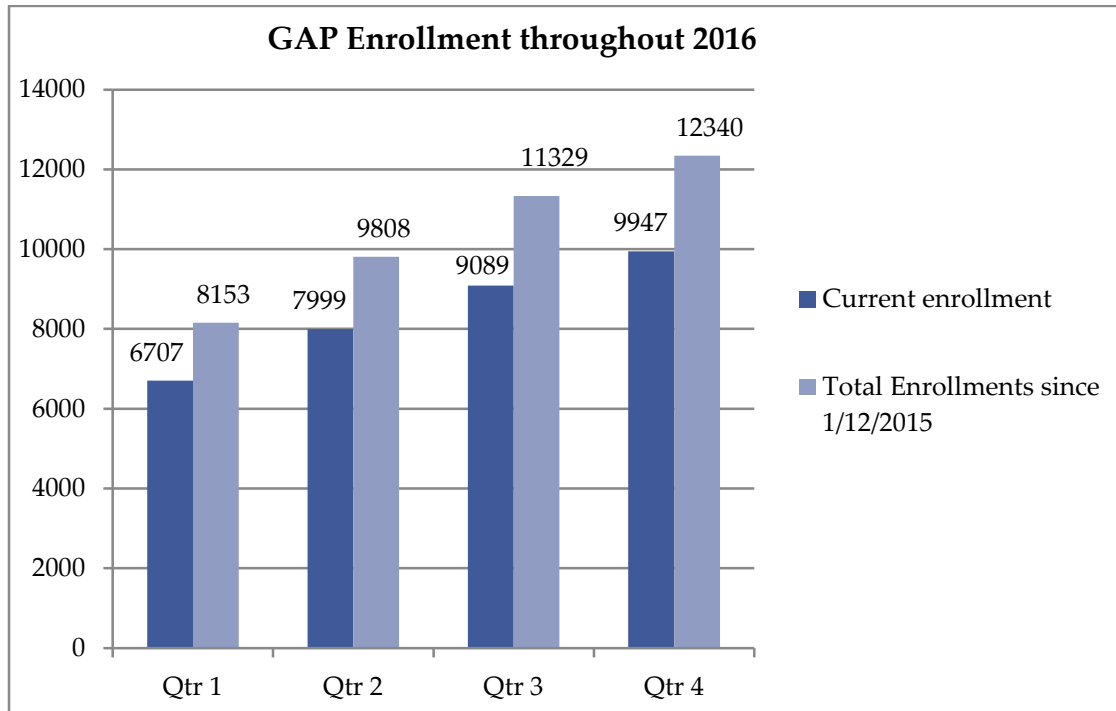


Figure 4 above highlights GAP enrollment throughout 2016. GAP has seen a consistent increase in enrollment throughout each quarter in 2016. Between January 1, 2016 and December 31, 2016, 3,749 new members were approved for GAP. Figure 5 below shows a summary that, as of December 31, 2016 there have been 12,340 unique members enrolled since the implementation of the demonstration. The difference between the total number of members and the total enrolled since inception may be associated with the change in the financial eligibility requirement and those who did not successfully complete the renewal/re-enrollment process.

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

Figure 5

GAP Enrollment numbers

Demonstration Population	Total Number of All Members* Year I	Total Number of All Members* Year 2	Members Enrolled Since 01/12/2015*
GAP Members Enrolled	7,999	9,947	12,340

(*includes those members who lost GAP eligibility over the course of the time period)

The age demographics of GAP members are relatively equal across all eligible age groups with the exception of members over the age of 60. The following chart (Figure 6), GAP Member Demographics, details age and gender demographics among the GAP member population. There are more females enrolled in GAP than males and the 41-50 age group has the slightly largest population of GAP members.

GAP Member Demographics

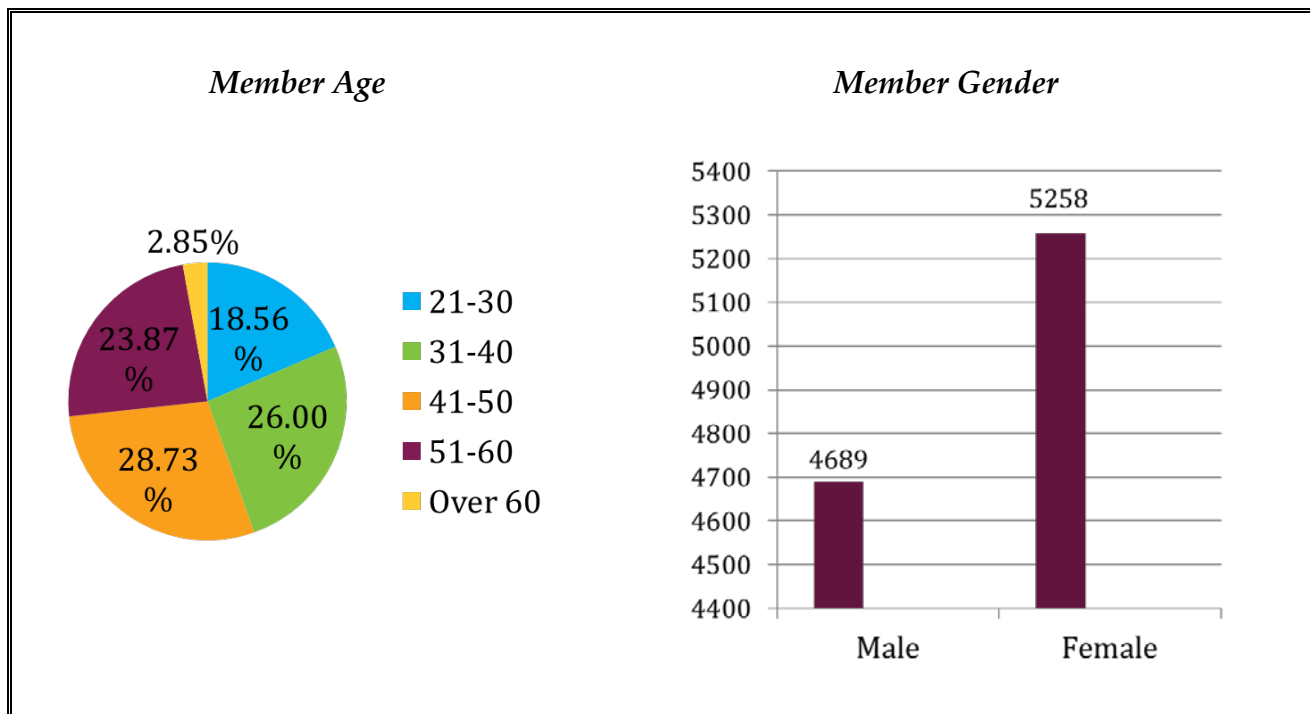
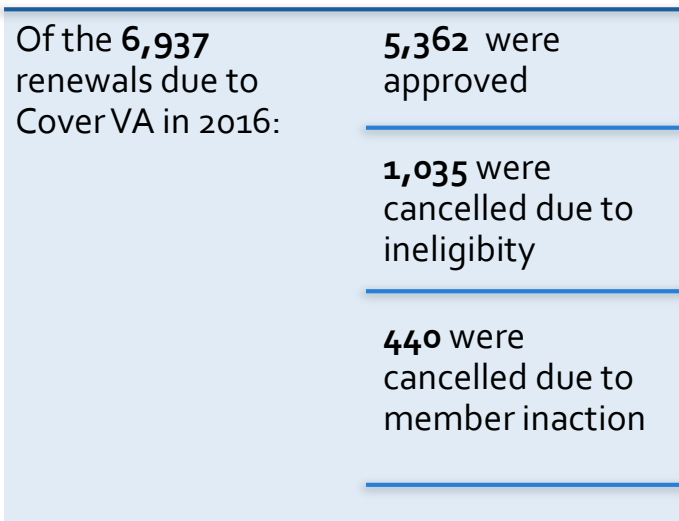


Figure 6

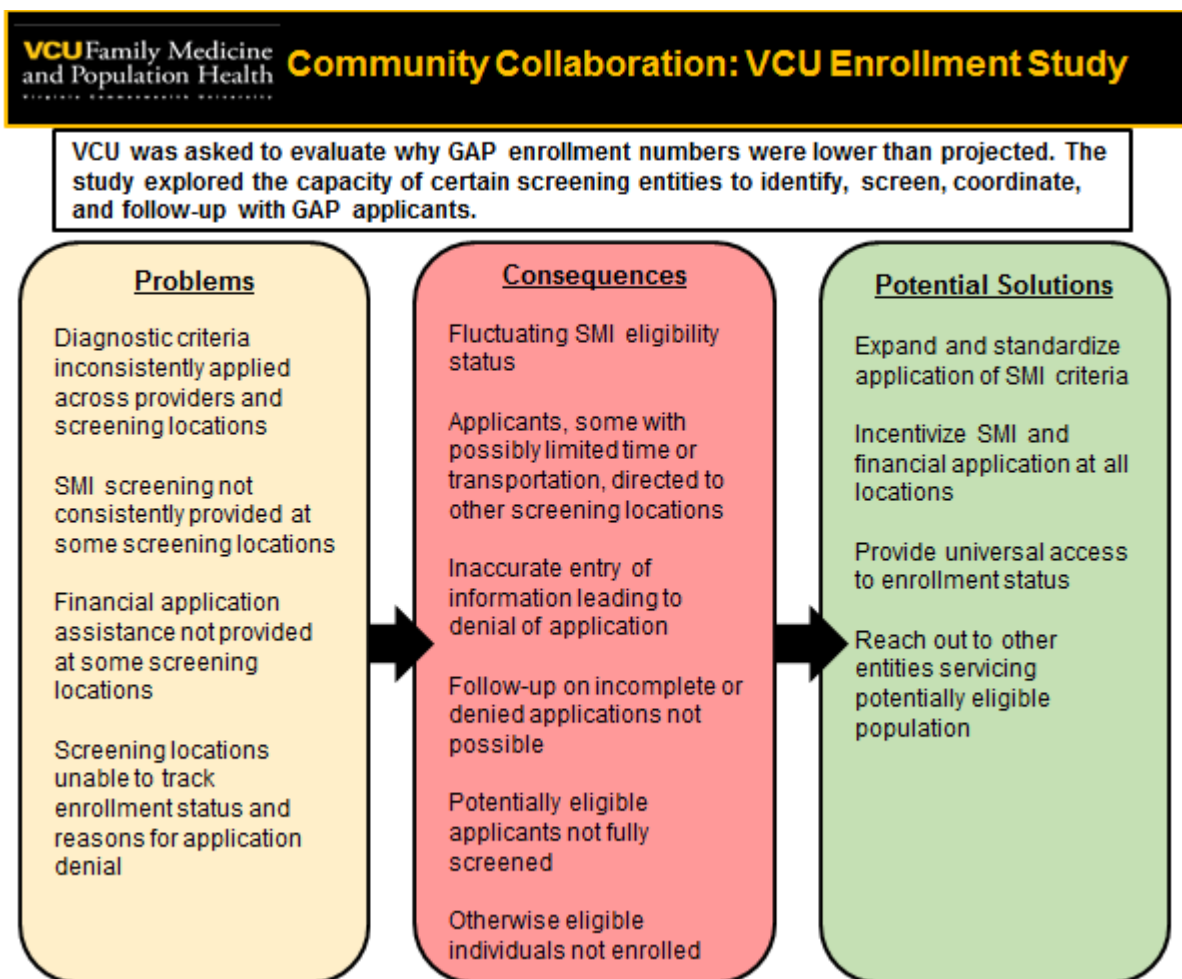
In November 2015, Cover Virginia began the exparte renewal process, which allowed for electronic systematic verification of information (such as income) to determine eligibility for members approaching their renewal. Renewals are processed two months prior to coverage end date. Exparte processing occurs on the 1st- 19th of each month. Members whose eligibility is not renewed systematically are sent a paper renewal application on the 20th of the month. This process requires additional action by the member to verify the information on file and provide documentation to be reviewed with the application to determine eligibility. Figure 7, details the number of renewals completed by Cover Virginia in 2016. Cover Virginia reports that approximately 85% of all renewals remain eligible for the GAP program. The most common reason for cancellations is being approved for a higher level of Medicaid coverage.

Figure 7



During Demonstration Year Two, Virginia Commonwealth University (VCU) 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 assessed the reasons for less than optimal patient recruitment, as well as recommendations to increase enrollment. To meet study objectives VCU representatives engaged in data collection through interviews with screeners and administrators from seven different sites who conduct SMI screenings for GAP. This study helped identify areas for improvement related to the eligibility and enrollment processes. VCU recommendations include additional outreach, incentivizing clinical and financial screenings done at the same time/place, universal access to enrollment status throughout the enrollment process by SMI screeners and providers, and case management to track incomplete/denied applications. Some recommendations fall in line with current GAP outreach initiatives while others are not possible due to budget constraints. VCU representatives presented their findings to DMAS in December and will also submit a formal written report that details their findings. Figure 8 below highlights the quality improvement study.

Figure 8



OUTREACH/ INNOVATION ACTIVITIES TO ASSURE ACCESS

DMAS implemented a multi-faceted outreach approach to educate potential members, families, advocates, providers and other stakeholders about GAP. While a high level description of activities is provided below, additional outreach activities conducted throughout the demonstration year are detailed in the appendix at the end of this report.

In Year 2 of the GAP Demonstration, DMAS continued Phase II of the GAP outreach plan by increasing awareness of the demonstration. One way this was accomplished was through collaboration with various agencies to disseminate GAP information. 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 websites, in newsletters, or in client packets to assist in increasing public knowledge of the program. Additionally in the spring, Magellan hosted webinar training to screening entities and providers about detailed information on the eligibility renewal process and the importance of assisting members in efforts to avoid disenrollment. Cover Virginia and Magellan's Recovery Navigators also increased outreach to members to provide assistance with renewals.

This year DMAS conducted a mailing to promote the GAP. The mailing distribution list consisted of charitable organizations that serve the indigent population such as food banks, shelters, free clinics, as well as law enforcement entities (county police stations and sheriff offices). In addition to offering presentations, access to print materials and other educational resources were provided. DMAS also conducted a GAP Listening Tour in the second quarter of the demonstration year. The Listening Tour was designed to update providers and other stakeholders across the state about GAP activities. The Listening Tour consisted of an informative presentation on GAP eligibility, enrollment, re-enrollment /renewal and provided the audience with an opportunity to provide feedback through a question and answer session. The Listening Tour schedule was as follows:

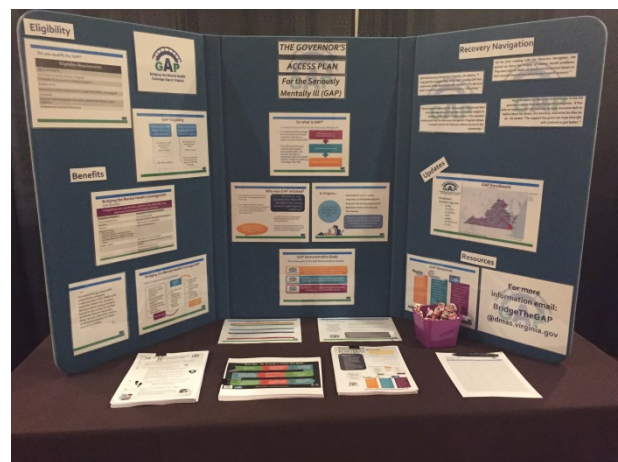
- ❖ GAP Listening Tour (Richmond) - 5/9/16
- ❖ GAP Listening Tour (Virginia Beach) - 5/11/16
- ❖ GAP Listening Tour (Roanoke) - 5/24/16
- ❖ GAP Listening Tour (Abingdon) - 5/25/16
- ❖ GAP Listening Tour (Fairfax) - 6/13/16

Starting in Quarter Two, DMAS focused on increasing GAP outreach to Virginia prisons and jails. To initiate this project, GAP staff met with the Attorney General's Re-Entry Coordinator's office and the Virginia Department of Corrections (VADOC) to promote the demonstration and determine how to assist inmates nearing release in obtaining GAP eligibility. 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. DMAS collaborated 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 has been working diligently with Cover Virginia and Magellan to allow access to the GAP application portal and the SMI provider portal for entities who are not Medicaid providers. There are a number of different barriers to telephonic usage within penal institutions such as limited access to telephones, telephone time limits, and number of call limitations. This would allow VADOC and jail representatives the ability to complete GAP eligibility applications and SMI screenings with the returning citizen online rather than having to use a telephone to apply prior to their release. In quarter four DMAS and Cover Virginia finalized the on-line system changes for this initiative.

While system changes were in development, DMAS continued increasing outreach to returning citizens by hosting GAP presentations at VADOC and jail facilities. DMAS also developed an exhibit table (Figure 9) for the GAP Demonstration which was showcased at the Virginia Sheriff's Association Annual Conference in September 2016 which included over 500 attendees. The exhibit table was also used at the Rustburg Correctional Facility's Resource Fair and the Dillwyn Reentry Resource Fair. At both events, staff disseminated GAP information directly to returning citizens prior to their pending release. Other presentations conducted this year include the Local and Regional Jail Re-entry Conference, Riverside Regional Jail, Richmond City Sherriff's Office, the Virginia Regional Jail Superintendents' Meeting, and the

Figure 9 GAP Exhibit Board



VADOC's Annual Mental Health Services Training. DMAS staff regularly attended the Behavioral Health and Justice Center's Advisory Group meetings which were held quarterly in 2016. Staff also participated in the Center for Behavioral Health and Justice's action committee, Diversion and Re-Entry. 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 in the upcoming year to continue increasing awareness of GAP among criminal justice agencies.

With much thanks to funding provided by the Virginia Department of Behavioral Health and Development Service (DBHDS), additional Cover Virginia web portal enhancements were initiated. Using a portion of DBHDS' *Cooperative Agreement to Benefit Homeless Individuals* from the Substance Abuse and Mental Health Services Administration, Cover Virginia enhanced its on-line GAP eligibility system to allow the GAP applicant/member to identify an additional party to receive correspondence from Cover Virginia about the GAP enrollment/re-enrollment. This "authorized representative" will receive the same notifications about information needed to complete initial applications as well as re-enrollment requirements. DMAS believes this will positively impact the completion of applications and re-enrollment requirements as that contact may be able to better reach the individual.

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@dmas.virginia.gov. This email inbox is monitored daily by DMAS GAP staff. Designed to address general information about the GAP plan and its policies, DMAS staff has been successful with supplying providers and members with electronic materials (such as the GAP supplemental manual and Medicaid memos) to increase awareness about the benefit plan. Most of the emails came from providers; most inquires involved questions regarding covered services. Additionally, providers are utilizing the email account to request presentations and print materials to support the GAP.

DMAS' also maintains a GAP webpage on the DMAS website: http://www.dmas.virginia.gov/Content_pgs/gap.aspx; which is shown in figure 10 and 11. Significant changes were made to the GAP webpage in 2016. Feedback was received from Virginia Commonwealth University researchers and stakeholders regarding navigating the GAP webpage. Staff added charts to serve as a quick reference tool for potential members. Staff also incorporated a "How to Apply" section as well as a "What's New" section to the webpage which includes announcements that detail current GAP activities. A link to the DMAS Pharmacy Formulary was also added to assist providers. 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. During Demonstration Year 2 Google analytics were added to the GAP website. Between September 9, 2016 and December 31, 2016 the GAP webpage received 6,627 page views, of which 5,206 were unique page views.

Figure 10

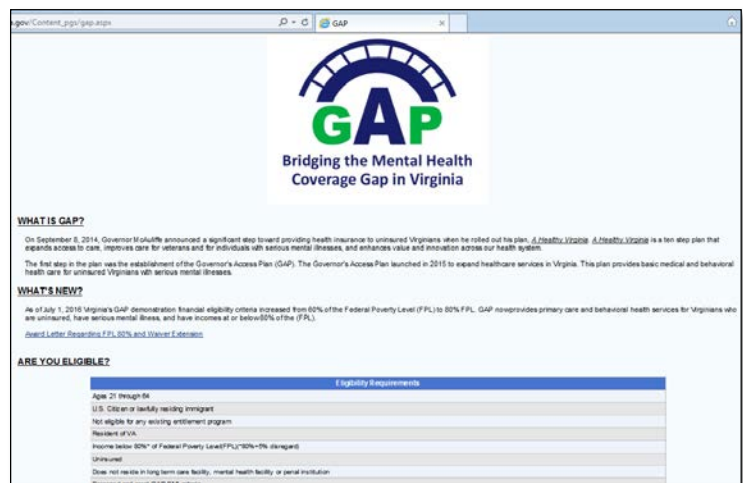


Figure 11

HOW TO APPLY?

Applying for GAP Medicaid is a 2 step process. You can start at either step.

1. Completing a GAP eligibility application with Cover Virginia;
 - To start the application process contact Cover Virginia #1-855-869-8190
2. Having a GAP SMI Screening done at your local Community Services Board (CSB) or a participating Federally Qualified Health Center (FQHC);
 - Find the nearest SMI screening provider by calling 1-800-424-GAP9

NEED ADDITIONAL HELP?

For comments or questions, please email BridgetheGAP@dmas.virginia.gov

Questions about eligibility, eligibility renewals, and application process contact Cover Virginia #1-855-869-8190

Questions about the nearest SMI screening provider, covered services, or accessing providers contact Magellan #1-800-424-GAP9

INFORMATION FOR PROVIDERS

The GAP Formulary is the same formulary used for Medicaid. The formulary can be accessed here: [Virginia Preferred Drug List-Fee for Service](#)

Medical Services – For information on medical services that require authorization under GAP, refer to the DMAS website, Service Authorization section, at the following link: [Service Authorization](#) or access KEPRO's web portal at <http://dmas.kepro.com>

[GAP Fact Sheet – revised 7/1/16](#)

[Training: GAP Member Annual Eligibility Renewal](#)

[GAP Amendment – Resulting from 2015 General Assembly Budget Action](#)

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://www.magellanofvirginia.com/for-providers-va/gap-information-training-communication.aspx>), where they have posted notices and training to providers about GAP. They Magellan 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)) which they are updating.

To review additional outreach activities performed this year please see the Outreach Appendix at the end of this report.

COLLECTION & VERIFICATION OF UTILIZATION DATA & ENROLLMENT DATA

During the 2nd year of the Demonstration, DMAS reviewed behavioral health service utilization more closely and explored opportunities for increased data analysis. With more data available DMAS has a better opportunity to draw some informed conclusions about the program which aligns with feedback from the evaluation panel as well as DMAS’ Data Analytics team recommendations. Therefore the following charts highlight service utilization. We are pleased to note that GAP members are receiving supportive behavioral health services in addition to medications.

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

The Magellan Call Center provides monthly data to DMAS about calls received related to GAP. The table below reflects the types of call they received throughout 2016:

Figure 12

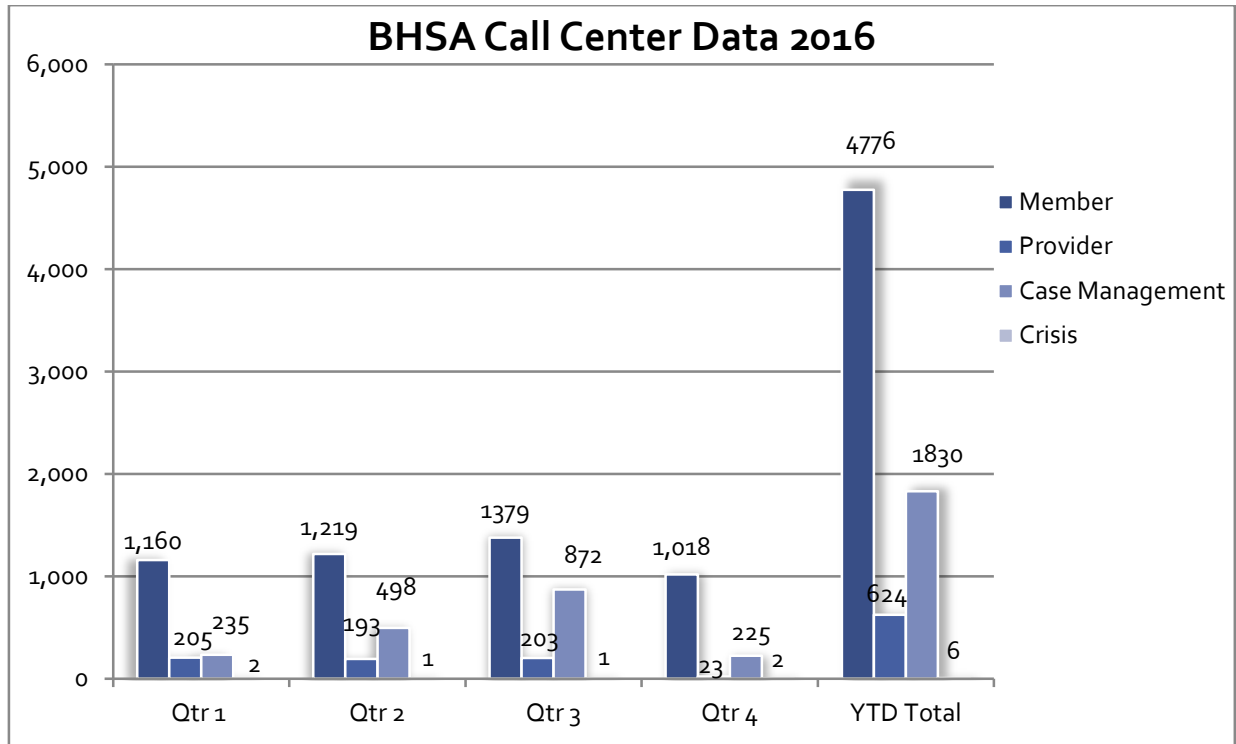


Figure 12 shows there continues to be an increase in contacts from GAP members. This shows that members are becoming more engaged in their treatment and service planning by attempting to access and use their benefits. Members may contact Magellan for physical health care referrals and resources, as well as behavioral health care resources.

OPERATIONAL/POLICY/SYSTEMS/FISCAL DEVELOPMENT ISSUES

There are limited significant operational, systems, or fiscal developmental issues to disclose at the end of demonstration year two. Since the launch of the demonstration, DMAS continues to ensure that all systems are working together for the success of the demonstration.

This year the DMAS GAP team expanded with the addition of a new part-time Special Project Analyst who has experience interacting with the uninsured and low-insured who utilize public health services. The additional staff has already had a positive impact on 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. Magellan is now fully staffed for Recovery Navigation services.

In December, the Centers for Medicare and Medicaid Services approved an amendment to the 1115 Demonstration Waiver through December 31, 2019. This demonstration has been renamed “The Virginia Governor’s Access Plan (GAP) and Addiction and Recovery Treatment Services (ARTS) Delivery System Transformation.” This amendment authorizes the state to strengthen Virginia’s substance use disorder (SUD) delivery system to improve the care and health outcomes for Virginia Medicaid beneficiaries with SUD. The ARTS demonstration is a comprehensive statewide, evidence-based strategy to combat substance use disorders. In addition, Virginia will add coverage for peer support services under the state plan to support long term recovery. For the original GAP benefit plan, this increases the reimbursement rate for the GAP covered SUD services and includes peer supports as a provider service instead of an administrative function of Magellan. The ARTS transformation will go in effect April 1, 2017 and peer supports will be effective July 1, 2017.

FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT ISSUES

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

CONSUMER ISSUES

DMAS is closely monitoring any issues pertaining to GAP members. Initially, the opportunity to initiate the application process for GAP included either the eligibility application component (Cover Virginia) or with the SMI screening (CSB/FQHC) caused confusion and miscommunication between the contract vendors, screeners and potential members. However, DMAS contract monitors were diligent in requiring clear, timely exchange of information and files and the confusion has abated.

One of the barriers that DMAS has encountered with the enrollment process and maintaining the enrollments is that the GAP population is very transient and is difficult to locate. 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.

Outreach efforts to contact members about re-enrollment needs have been challenging as many of the phone numbers used for the initial application or no longer working numbers or go unanswered. 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.

In quarter four, both the Proposed and Emergency Administrative Regulations were approved by the Office of the Governor and published on the Virginia Regulatory Town Hall. A public comment period is open on the Virginia Regulatory Town Hall website from December 26, 2016 through February 24, 2017 for the Proposed Regulations. The GAP Regulations and education materials were revised to capture the changes from the 2016 General Assembly Session. These

changes include moving the household income limitation from 60% of Federal Poverty Level to 80%. DMAS has been operating under authority from the Virginia General Assembly's budget language in order to implement the change July 1, 2016. In addition; the Emergency Regulations recognize the Department of Corrections and local and regional Jails as SMI screening entities. Information regarding the GAP Regulations and public comment periods are listed on the GAP webpage.

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. Cover Virginia submits weekly reports with data that tracks the GAP eligibility applications being processed. DMAS continues to receive all necessary reports from contractors using the data elements noted. Reports were complete and on time.

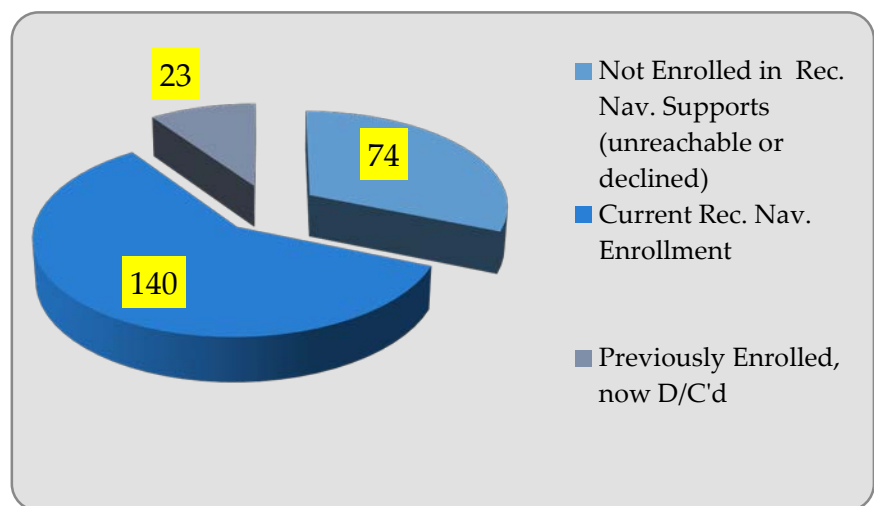
DMAS intends to use a predicative modeling tool to assist in identifying GAP members with the highest level of need. These findings may prove to be beneficial to select individuals to target interventions (e.g. disease or case management). The ultimate goal is promote efficiency in care management through the use of available health risk predictive modeling tools. An initial data run was completed in Year 2 as a baseline and new data runs are scheduled for Year 3.

RECOVERY NAVIGATORS

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

The Recovery Navigators are providing outreach and education at residential crisis stabilization facilities operated by community services boards. GAP members being discharged from the facilities are given information about care

Figure 13 Recovery Navigation Services Enrollees



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.

Figure 13 reflects the Recovery Navigation Service enrollment as of December 2016; there were 140 GAP members enrolled in services. Additionally, there were 74 members who were referred, but either the Navigators could not reach the member or the member declined the service. GAP members are averaging about 127 days in Navigation Services.

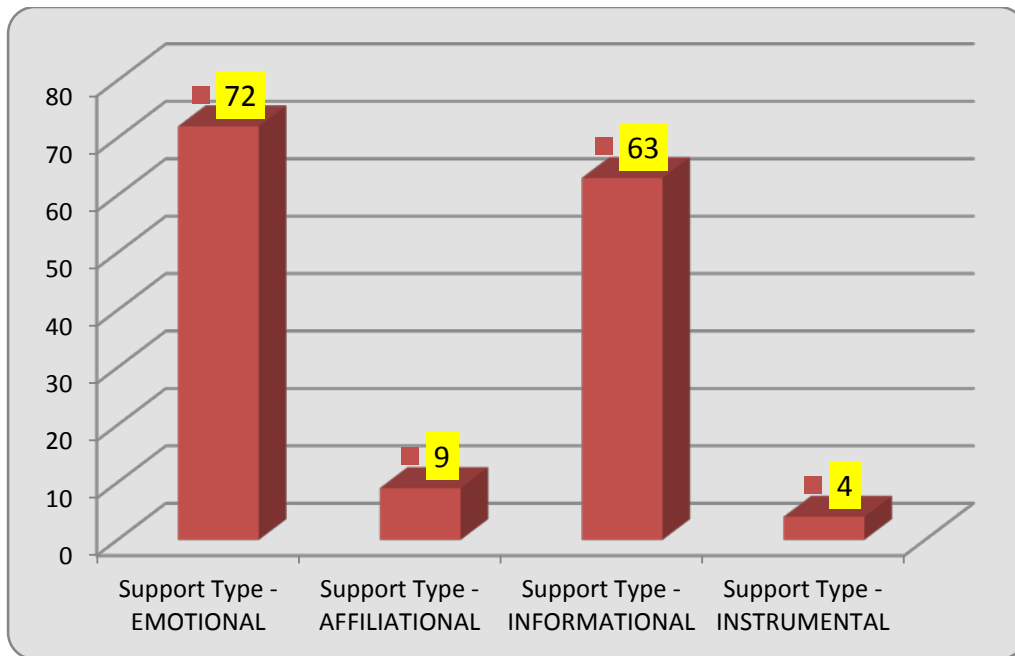
Figure 14

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 14 describes each dimension. The table below, Figure 15, illustrates the type of supports members received from Recovery Navigators, with emotional and informational being the most utilized support.

Figure 15

Recovery Navigation Service Supports



DEMONSTRATION EVALUATION

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

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.

While the DMAS staff addresses data and reporting concerns, the evaluation panel met very little this year.

LESSONS LEARNED

DMAS continues to consider how processes and procedures can be refined and strengthened. At this stage of the Demonstration, DMAS believes that significant progress has been made to increase the awareness of the benefit plan since implementation. 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.

Many of the lessons learned in 2016 involve operational aspects of the program. (1) After reviewing the location of GAP members enrolled across the state of Virginia, as well as reviewing peer support services, DMAS and Magellan discovered the need to address additional peer support demands in the Tidewater region. To address peer support service needs in the Tidewater region, one of the Central Virginia positions was reassigned to the Tidewater area. (2) Providing targeted outreach proved to be very difficult for the DMAS GAP Team due to limited workforce resources. Implementing the prison/jail initiative involved a lot of time and effort, which impacted the daily operations of the DMAS GAP team. In an effort to increase outreach, while maintaining operations the DMAS GAP team expanded with the addition of a part-time Special Projects Analyst in Year 2. (3) In working with Cover Virginia, DMAS noticed there were a significant number of members who were dis-enrolled due to lack of information submitted to Cover Virginia. To address this issue Magellan agreed to provide additional outreach to these members prior to their termination in an effort to assist with submitting the documentation needed to complete reenrollment and continue receiving GAP benefits. Additionally, Cover Virginia's system enhancement that allows authorized representatives to receive correspondence about the GAP enrollment/re-enrollment will also assist with this effort.

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

One of our GAP members recognized his Peer Recovery Navigator for the tremendous support he has received over the last 6 months. In fact, he insists that he would not have made it without his Peer Recovery Navigator. He describes this support as life-saving. This 22 year old male has been an active GAP member since November 2015. He came into services following a suicide attempt by attempting to shoot himself. After his discharge from the hospital, this member remained hopeless and depressed with frequent thoughts of suicide. His depression was compounded by multiple life stressors including financial problems, social isolation, and conflicts with his family. His Peer Recovery Navigator focused on helping this member feel heard and understood. The Navigator shared his own experiences and healing journey as a framework for understanding the recovery process. Soon, the member and Peer Recovery Navigator were developing a WRAP (recovery) plan, identifying community supports, and formulating coping skills and a safety plan to address his depression. After revealing his family and childhood trauma, the Peer Recovery Navigator responded by helping to decrease this member's sense of isolation through making positive community connections. Through the help and support of his Magellan GAP Care Manager and his Navigator, this member has been able to find part-time employment, participate in peer groups in his community, start outpatient therapy

and engage in medication services at his CSB, and utilize crisis services as needed to manage his depression without requiring the need for hospitalization. He also calls Recovery Navigator warm line for support. He has even started community college classes and pursued his long-term interest of enrolling in mixed martial arts classes. This member admits that every day is a battle for him. He shares, "there is a part of me that is actively trying to be successful, and another part that says to kill myself." However, he states that he has been more optimistic about life. "The most important thing to me is getting my mental health on track;" and knowing that means he does not have to travel this road alone.

CONCLUSION

DMAS is proud of the progress made in Demonstration Year Two. Thanks to expanded eligibility requirements, more individuals with SMI will be able to access health care. 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. While DMAS is excited about finalizing system enhancements to the GAP eligibility portal, DMAS continues to work with contractors to develop credentialing requirements that will allow VADOC/jail officials to submit GAP SMI screenings. Throughout 2016, DMAS identified ways to better serve GAP clients and implemented changes that would positively affect members and the services they receive. Through the work of our Recovery Navigators, we see the impact of GAP on our members. DMAS is committed to continued collaboration among contract partners to develop a better data transmittal process as well as identifying additional opportunities to provide quality care services to our members. We are looking forward to continuing our efforts in Demonstration Year Three!

ENCLOSURES

Outreach Spreadsheet

STATE CONTACT(S)

If there are any questions about the contents of this report, please contact:
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	Justice and Behavioral Health							
4/11/2016	Medicaid and FAMIS Enrollment Summit	Providers and Health Plans	Print Materials	no	no	330+		DMAS Staff
4/21/2016	VARO Conference	Reimbursement officers, providers	Presentation	Yes	No	40+		DMAS Staff
5/2/2016	Attorney General's Local and Regional Jail Re-entry Conference	Judicial System Representatives	Presentation	Yes	No			DMAS Staff
5/5/2016	Virginia Community Services Board MH Council Meeting	MH providers and organizations	Presentation	Yes	No	60		DMAS Staff
5/9/2016	GAP Listening Tour- Richmond	Providers, Members, Advocates	Presentation	Yes	No	30		DMAS Staff
5/11/2016	GAP Listening Tour - Virginia Beach	Providers, Members, Advocates	Presentation	Yes	No	57		DMAS Staff
5/11/2016	RAFT Meeting	Consumers/Advocates	Update	Yes	Yes	10		DMAS Staff
5/24/2016	GAP Listening Tour - Roanoke	Providers, Members, Advocates	Presentation	Yes	No	22		DMAS Staff
5/25/2016	GAP Listening Tour - Abingdon	Providers, Members, Advocates	Presentation	Yes	No	18		DMAS Staff
5/25/2016	VOCAL	Providers,	Presentation	Yes	Yes	20		DMAS Staff

	Conference	Members, Advocates						
5/2016	MH Orientation	Refugee and Resettlement Orgs	Presentation	Yes	No			DMAS Staff
6/8/2016	Virginia Veteran Homelessness Best Practices Summit	Veterans, veteran providers, and advocates	Presentation	Yes	No	100+		DMAS Staff
6/13/2016	GAP Listening Tour (Fairfax County)	Providers, Members, Advocates	Presentation	Yes	No	16		DMAS Staff
6/15/2016	Behavioral Health Advisory Council	BH providers, advocates, consumers	Meeting	No	NO	15		DMAS Staff
6/27/2016	Meeting with VCU and CSBs on QI Study	BH providers	Meeting	Yes	No	6		DMAS Staff
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	No	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	NAMI VA	GAP update blurb	yes	yes	unknown	(volunteer) Program Coordinators	DMAS Staff

	Coordinator E-newsletter							
8/24/2016	Housing Virginia's Most Vulnerable Conference	Virginia Housing Alliance	Presentation	yes	no	65		DMAS staff
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
10/6/2016	Conference call	First step monitoring	Meeting	yes	no	4	First step monitoring regularly services the jails, pretrial, probation, parole, and clients directly. They will assist in disseminating GAP information to potentially eligible clients	DMAS staff
10/12/2016	Center Advisory Group meeting	Center for Behavioral Health and	Presentation	yes	no	19	VARJ: Will begin including GAP flyers in resource packets for returning	DMAS staff

		Justice					citizens; Also suggested providing GAP information to sentencing advocates and attorneys	
10/14/2016	Richmond Sheriff's Office GAP Presentation	Richmond's Sheriff's Office	Presentation	yes	no	20	Will begin including GAP flyers in resource packets for returning citizens	DMAS Staff
10/15.2015	NAMI Walks	Mental health community, advocates, and their friends and families	Exhibit board	yes	yes	over 1000		DMAS Staff
10/26/2016	Community Care Coordination Collaborative	Care Coordinators/ Sentara RMH Medical Center	Presentation	yes	no	16		DMAS staff
10/31/2016	Virginia Commonwealth University	Students	Presentation	yes	no	unknown	The class' intention is to encourage undergraduate students to pursue public service as a career.	DMAS Staff
11/1/2016	DHP Webpage Announcement	Medical Providers/ Dept. of Health Professions	Announcement/Webpage links	yes	no	unknown	Added Gap information & webpage links to "Announcement" page of website	DMAS staff
11/7/2016	Re-entry class at the Amherst Adult Detention Center	Returning citizens slated for release at Amherst Adult Detention Center which is ran but Blue Ridge Regional Jail Authority	the 10 Key Points and Recovery Navigation flyers; Question & answer period	Yes	Yes	unknown (varies)	Ongoing; These are 6 week classes with a few weeks between each session. Kevin attends one class within that 6 week period.	Magellan staff

11/7/2016	PLUS Program offered by Virginia Department of Corrections District 13 - Probation and Parole	Probationers (in the Lynchburg area) who are already in the community	the 10 Key Points and Recovery Navigation flyers; Question & answer period	Yes	Yes	unknown (varies)	Ongoing; There is no set time frame for these, Kevin goes when he receives requests. (10/12/16; 12/7/16; 2/1/17).	Magellan Staff
11/2/2016	Blue Ridge Reentry Council meeting	Blue Ridge Reentry Council	Presentation	yes	yes	26		Magellan/DMAS staff
11/10/2016	Dillwyn Reentry Resource Fair	Dillwyn Correctional Facility/ returning citizens	Presentation	yes	yes	approx. 50	Disseminated GAP information directly to returning citizens	Magellan/DMAS staff
11/15/2016	2016 Project Homeless Connect	Homeless citizens and agencies that serve the homeless	Exhibit table	yes	no	approx. 31 received information	Disseminated GAP information directly to homeless individuals	DMAS Staff
11/16/2016	VHCF Webpage information	Virginia Health Care Foundation website visitors	Webpage information and links	yes	no	unknown	Added GAP information to website: <ul style="list-style-type: none"> • Looking for Help > Mental Health Care • Looking for Help > Health Insurance > State Sponsored Health Insurance > Adults 	DMAS staff
11/29/2016	Harrisonburg Community Health Center	Harrisonburg Community Health Center	Presentation	yes	no	5		DMAS Staff