

November 10, 2015

Patrick Edwards, Project Officer  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Mail Stop S2-01-16  
Baltimore, Maryland 21244-1850

Dear Mr. Edwards,

Re: Project 11 – W- 00297/3 – Virginia Governor’s Access Plan for the Seriously Mentally Ill (GAP) Demonstration

Enclosed is the second quarterly report for the Governor’s Access Plan. It covers the 2nd quarter of the 1<sup>st</sup> demonstration year. The report provides operational information, program enrollment, and policy changes related to the waiver as specified in the Special Terms and Conditions.

Should you have any questions related to the information contained in this report, please contact Sherry Confer. She may be reached by phone at (804) 786-1002, or by e-mail at [sherry.confer@dmas.virginia.gov](mailto:sherry.confer@dmas.virginia.gov)

Sincerely,

Molly Huffstetler  
Senior Advisor for Special  
Projects, DMAS

Enclosure

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

Demonstration Year: 1 (1/12/2015 – 12/31/2015)

Demonstration Quarter: 2 (4/1/2015 – 6/30/15)

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

## 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) is the first step, aiming to offer a targeted benefit package to 20,000 Virginians who have income less than 100% of the federal poverty level and suffer from serious mental illness. In cooperation with the Centers for Medicare and Medicaid Services (CMS), Virginia launched the GAP demonstration on January 12, 2015.

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

The three key goals of the GAP Demonstration are to:

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

The implementation of the GAP demonstration required the Department of Medical Assistance Services (DMAS) to work with stakeholders and community mental health providers, primary health care providers, Magellan of Virginia, the Behavioral Health Services Administrator, and the Department of Behavioral Health and Developmental Services. To date, these partners continue to work together to ensure a successful implementation of the program, and outreach and training efforts to ensure that individuals know the program exists, and that providers are ready and able to offer the care GAP members need.

## Eligibility and Benefits Information

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

- Adult ages 21 through 64 years old;
- SMI criteria, including documentation related to the duration of the mental illness and the level of disability based on the mental illness;
- Not otherwise eligible for any state or federal full benefits program including: Medicaid, Children’s Health Insurance Program, or Medicare;

- Household income that is below 60 percent of the Federal Poverty Level (FPL) plus a 5 percent income disregard (effectively 65 percent FPL);
- Uninsured; and,
- Not residing in a long term care facility, mental health facility, long-stay hospital, or penal institution.

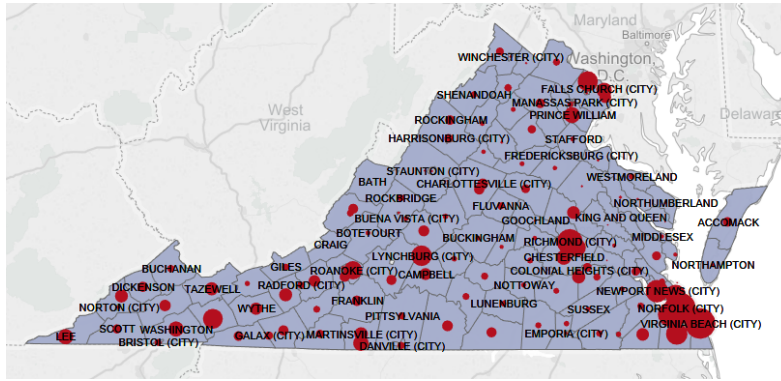
The Virginia legislature made a change to the GAP demonstration eligibility threshold, notably reducing the income eligibility threshold down to 60% FPL. In April, DMAS went through the formal amendment process, receiving public comment and entering into dialogue with CMS officials. On June 1, 2015, DMAS responded to CMS' approval, formally accepting and agreeing to the change in GAP eligibility.

The Department has continued to see growing success with the demonstration. Individuals are receiving information about the program and applying through their relationships with local entities. The partnerships DMAS has with the local Community Services Boards (CSBs), in addition to an ever growing relationship with the Federally Qualified Health Centers (FQHCs), and Magellan of Virginia have are attributable to the success of the initial months of the demonstration. Though there was a condensed time frame to develop and bring up the program, the diligent work of the Department and its community partners, translated into a successful program launch. The trainings offered via webinars and conference calls, materials put together by DMAS staff, and education to the CoverVirginia call center, were a successful output of the implementation planning approach. Incremental growth in the amount of applications for eligibility into the program existed in the initial months of the program; however, the month of April saw an explosive number of applications. It is likely that media attention and aggressive outreach efforts by local partners contributed to this outcome. With the legislative activity forcing change in eligibility as of July, there were incented efforts to ensure individuals were enrolled to secure eligibility for at least a year.

In response to the change in eligibility, DMAS prepared training documents and informational fliers that highlighted the eligibility criteria as well as the benefits included in the GAP demonstration. These documents were used across Virginia by CSBs and other local partners to ensure individuals are hearing about and being supported in their application to the program.

## **Enrollment Counts for Quarter and Year to Date**

The GAP demonstration continues to steadily grow in membership. As of June 30, 2015 there were 3,874 individuals enrolled from 137 unique localities across the Commonwealth.



The enrollment counts below are for unique beneficiaries for the identified time periods. Disenrollment can occur for a variety of reasons including change in eligibility status, such as an increase in income, or as part of a redetermination cycle, though that process will not occur for our members until January 2016.

Demonstration Population	Total Number of Demonstration Beneficiaries Quarter Ending 06/30/2015	Current Enrollees (01/12/2015 – 06/30/2015)	Disenrolled in Current Quarter
GAP Members Enrolled	2143	3874	30?

Of the 3, 874 GAP members, 496 have incomes between 65-00% of the FPL. DMAS is working to identify a strategy to ensure that these members receive some type of wrap around assistance once they become ineligible for coverage. As a result of the threshold GAP in the Patient Protection and Affordable Care Act, these individuals would not be eligible for a subsidy to purchase coverage in the Marketplace. In later months, as this strategy is refined, DMAS will communicate the plans to support these individuals.

### Outreach/Innovation Activities to Assure Access

DMAS outreach plan was originally submitted in March, 2015 and responded to CMS with a resubmission to CMS on June 23, 2015. DMAS has developed and is implementing a multi-faceted approach to educate potential members, family members, 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.

Prior to implementing the GAP, DMAS involved stakeholders in the development and planning of the waiver application and the project implementation. DMAS convened a GAP workgroup that was comprised of several subgroups, each addressing a specific component of the project. Those subgroups included the following: benefit plan, SMI screenings and eligibility, case

management/care coordination, data collection and analysis, outreach and education, peer supports/recovery navigation, claims, financial eligibility and enrollment, appeals, and evaluation.

These subgroups were comprised of people with lived experiences in mental or substance use disorders, family members of potential members, advocates, provider organizations, the Virginia Department of Behavioral Health and Developmental Services (DBHDS), DMAS business partners, (Cover VA and Magellan) and DMAS employees. Magellan’s Recovery Navigators attended each Town Hall and were available to talk with potential members who would prefer the one-to-one conversation rather than asking questions in the larger group. Comprised of two presentations per Town Hall, efforts are made to engage the audience in information relevant to their perspective. The Town Halls start with a presentation geared towards potential members and family members (eligibility criteria, how to apply, covered services, etc.); a second presentation was focused more directly on information that is more relevant to providers (service authorizations, claims, reimbursement rates, etc). DMAS (Behavioral Health and Cover VA contract monitors) and Magellan staff then facilitated a question and answer period after each presentation.

Town Hall registrants were emailed the presentations in advance. At each Town Hall, additional printed material was available, including a person-centered overview (GAP Basics) and a flyer (10 Points to Understanding the Governor’s Access Plan). As well, a provider focused GAP Fact Sheet was available at each of the Town Halls

DMAS hosted five (5) regional Town Halls across the State to educate stakeholders on the health care benefits and services offered through GAP. The Town Halls were designed with current and potential GAP beneficiaries, families, advocates and providers of behavioral and physical health care in mind and provided the opportunity for attendees to ask questions of presenters. DMAS worked with representatives from our community provider/advocacy groups (NAMI, VOCAL and VACSB) as well as Magellan and DBHDS staff to develop the presentations. Town Halls conducted included:

- Richmond – 52 attendees
- Tidewater – 45 attendees
- Roanoke – 38 attendees
- Abingdon – 22 attendees
- Fairfax – 9 attendees

Starting in January 2015, DMAS also hosts three weekly conference calls for GAP providers and beneficiaries. DMAS and Magellan staff host these calls and answer questions from the participants as well as provided updates and announcements as needed. The frequency and need of these calls is being evaluated by the department; however, the current schedule is as follows:

<b>GAP Weekly Conference Calls</b>		
<b>Day of the Week</b>	<b>Time</b>	<b>Target Participants</b>
Monday	11:00am – 12:00pm	GAP Screeners
Friday	9:00am – 10:00am Rescheduled to 11:00am-noon per callers and Navigators recommendation	GAP Members/Potential Members/Family/ Advocates
Friday	2:00pm – 3:00pm (folded into	GAP Providers

another Magellan weekly provider call 5/29/15)
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The Screener and Provider calls had been well attended and there were fewer questions each week. Because of the significant decrease in the number of attendees on these calls, the Screener Call has been discontinued and the Provider call has been wrapped into a weekly Provider call hosted by Magellan for all providers enrolled with them. This was effective May 29; callers were polled prior to discontinuing the screener call and combining the Provider Calls. They were in agreement.

Another avenue for outreach has been the email address for the public to make inquiries about GAP: [BridgetheGap@dmas.virginia.gov](mailto:BridgetheGap@dmas.virginia.gov) . This email inbox is monitored daily by DMAS behavioral health staff.

An additional approach has been the DMAS established GAP webpage on the DMAS website: [http://www.dmas.virginia.gov/Content\\_pgs/gap.aspx](http://www.dmas.virginia.gov/Content_pgs/gap.aspx). The webpage includes specific sections for individuals/families, providers and other stakeholders. The webpage has links to Cover Virginia and Magellan as well as other helpful information.

Cover Virginia's website (<http://www.coverva.org/gap.cfm> ) includes a webpage dedicated to GAP and outlines the financial eligibility criteria and application process. Cover Virginia's Facebook page posted an announcement about the GAP Town Halls on February 23 as well as the waiver launch on January 12.

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 are in the process of developing a GAP specific webpage.

Additional outreach includes:

- Presentation at VOCAL conference 5/20
- GAP update at RAFT (Recovery Action Focus Team) meeting 5/29
- Visited peer run center in Charlottesville to provide GAP info
- Presentation at Area Planning and Service Committee on Aging with Lifelong Disabilities in Greater Richmond conference on 6/1
- Presentation at Homeward conference 6/5 which focuses on providers who serve the homeless
- GAP conference call with South Western Virginia Mental Health Institute) SWVMHI and CSB reps from area re GAP challenges and successes

DMAS has hesitated to do aggressive outreach for potential members as the GAP project was under discussion at the legislative session. Now that we have the outcome of those discussions, we can proceed more confidently with member-focused outreach efforts. DMAS is developing an approach that will target specific categories of providers and agencies that provide services or support to the indigent population on a monthly basis. Each month a different type of entity will be the focus of our outreach efforts. Currently under development, DMAS will share specifics of this plan in the following quarterly report.

## **Collection and Verification of Encounter Data and Enrollment**

## **Data**

DMAS is utilizing their traditional Fee-For-Service process for data collection. Additionally, enrollment data is being provided through the CoverVirginia portal/contract. The Data Analytics Unit at the department has worked diligently with staff from the Integrated Care and Behavioral Services Division to ensure that all contracts and data sharing agreements include specific data elements pertaining to not only GAP members, but also their encounter data. These data levels and transmittal processes are still being refined and specifics will be included in later reports.

While DMAS is not currently aware of any data issues, it will closely review and validate the data submitted by the contracted entities. DMAS will work with the contractors to correct any issues that are discovered as part of the review and validation process. Additional information regarding these findings will be provided in future quarterly reports.

In accordance with the expected hospital utilization data, DMAS continues to work with the evaluation panel and partners to identify the best pathway to securing this type of data. Inpatient and Emergency Department data are not collected uniformly and the entities are attempting to identify the best and most meaningful data collection process for both evaluation and reporting purposes. DMAS will continue to work with these partners and will report the findings to CMS as soon as the information is available. To date, the most promising information is that DMAS will have access to State hospital data, the Department is working to identify specific requests of hospitals to realize a greater opportunity for response from the hospital systems.

## **Operational/Policy/Systems/Fiscal Developmental Issues**

At the time of reporting, there are no significant operational, systems, or fiscal developmental issues to disclose. The policy change in eligibility has previously been disclosed. Since the launch of the demonstration, DMAS continues to ensure that all systems are working together for the success of the demonstration. Call centers remain engaged, trained and fully staffed, protocols have been refined, and triage processes are in place for situations in question.

The only policy issue to bring to light is the reduction in the eligibility threshold for the GAP demonstration. The reduction from 100% to 60% FPL ( plus 5% disregard) is not insignificant. DMAS is keenly aware of the impact this will have on demonstration participants and to that end, and as described earlier in the document, the Department is working to identify solutions to support these individuals who will lose eligibility and fall in the coverage gap.

## **Financial/Budget Neutrality Development Issues**

There are no financial/budget neutrality developmental issues to date. Examination of policies and discussions with CMS partners concluded that despite legislative action and reduction in eligibility, budget neutrality did not need to be recalculated.

## **Consumer Issues**

DMAS is closely monitoring any issues pertaining to GAP members. Initially, the opportunity



to apply for GAP at either the eligibility application component (CoverVA) or with the SMI screening (CSB/FQHC) caused confusion and miscommunication between the contract vendors, screeners and potential members. However, the Department contract monitors were diligent in requiring clear, timely exchange of information and files and the confusion seems to have abated. Although well intentioned, the so-called “no wrong door” 2-step eligibility process was a challenge to implement.

A GAP member/potential member phone call is scheduled the 2<sup>nd</sup> Friday of every month for members to voice concerns/recommendations about GAP services and processes. That call is staffed by Magellan and DMAS staff. Originally, it was a weekly call, but due to the lack of response, it has been scaled back to monthly.

## **Contractor Reporting Requirements**

During this quarter, DMAS worked with Magellan of Virginia the BHSA 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 are working on developing a monthly report to address the GAP eligibility applications being processed. In addition, DMAS is in discussion with the Virginia Department of Behavioral Health and Developmental Services to ascertain what data may be available about this shared GAP population.

## **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 the Department did well in preparing for the processes and implementation of such a significant program. DMAS continues to believe that it is imperative to have a unified and strategic approach for legislative involvement. Working with all stakeholders is critical to the success of the program and we believe the unified approach allowed for the program to survive legislative action other than a reduction in eligibility.

There continues to be substantial value in the work of Recovery Navigators and DMAS believes this to be a significant benefit of the GAP demonstration. DMAS is working to gather success stories and experiences of these navigators and will share this information in subsequent reports.

Magellan of Virginia is working now to train and hire more Navigators.

## **Demonstration Evaluation**

DMAS requested and received approval from CMS to consider the utilization of an expert evaluation panel. DMAS has a trusted relationship with [Dr. Len Nichols](#) and his affiliates and they have agreed to serve as the lead evaluator. Serving with him will be another nationally recognized data expert, [Dr. Peter Aiken](#). DMAS has also has a panel member who is an expert in the field of Mental Health. This position is held by a Psychiatrist from Virginia Commonwealth University Health System, [Dr. Bela Sood](#) and additional support is provided by DMAS’ sister state agency, the Department of Behavioral Health and Developmental Services (DBHDS) The current demonstration evaluation timeline is below:

- Submission of evaluation design to CMS – 30 days upon receiving feedback from draft submission (Due March 9, 2015), received feedback Summer of 2015 and offered resubmission Fall 2015
- Final CMS approval of evaluation design – Fall/Winter 2015
- Evaluation updates to CMS as specified in Section XI of the Special Terms and Conditions Agreement.

## **Enclosures/Attachments**

N/A

## **State Contact(s)**

If there are any questions about the contents of this report, please contact one of the following people listed below.

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