

July 8, 2015

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

Dear Mrs. Lepore,

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

Enclosed is the quarterly report for the Governor’s Access Plan. It covers the 1<sup>st</sup> 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: 1 (1/12/2014 –  
3/31/2014)

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

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 95 percent of the Federal Poverty Level (FPL) plus a 5 percent income disregard (effectively 100 percent FPL);

- Uninsured; and,
- Not residing in a long term care facility, mental health facility, or long-stay hospital.

At this time, the Virginia legislature has made a change to the GAP demonstration eligibility threshold, notably reducing the income eligibility threshold down to 60% FPL. DMAS has not made a formal request to CMS, at this time, as we are awaiting direction from the Governor who has the opportunity to Veto this measure, if he deems it necessary. DMAS will continue to engage CMS as this further develops and will include any final decisions and subsequent amendment requests.

The demonstration has had a successful launch, which is the outcome of significant partnerships, most notably with the local Community Services Boards (CSBs). Additionally, the Department is working diligently to strengthen the relationship with the Federally Qualified Health Centers (FQHCs), also key community centers for many potential GAP eligible Virginians. Though the GAP demonstration was developed, approved, and launched in a condensed timeframe, DMAS worked to ensure that appropriate infrastructure and operational processes were in place. At this time, the demonstration has not been underway long enough to adequately report on the success of this planning and implementation approach. Future quarterly reports will include more information about the status of these protocols.

DMAS has prepared training documents and informational fliers that highlight the eligibility criteria as well as the benefits included in the GAP demonstration. These documents are being 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 March 31, 2015 there were 1731 individuals enrolled from 125 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.

<b>Demonstration Population</b>	<b>Total Number of Demonstration Beneficiaries Quarter Ending 03/31</b>	<b>Current Enrollees (01/12 - 03/31)</b>	<b>Disenrolled in Current Quarter</b>
GAP Members Enrolled	1731	1731	0

## **Outreach/Innovation Activities to Assure Access**

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 plan will be further discussed in the formal Outreach plan that will be submitted to CMS.

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.

In addition, DMAS was in nearly daily communication with Virginia's Executive Branch officials, including the Governor's Office, regarding progress and challenges facing the project. As well, efforts were made to inform Virginia's Legislative Branch, the General Assembly, via weekly correspondence. With the implementation of the waiver January 12, 2015, DMAS has continued to provide outreach and education; some independently and some with our stakeholders or business partners.

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>
Mondays	11:00am – 12:00pm	GAP Screeners
Fridays	9:00am – 10:00am Rescheduled to 11:00am-noon per callers and Navigators recommendation	GAP Members/Potential Members/Family/ Advocates
Fridays	2:00pm – 3:00pm (folded into another Magellan weekly provider call 5/29/15)	GAP Providers

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. Most inquiries are coming from providers and the weekly average is now about 5-7 emails. Initially, the volume was about 15-20 per day. This decrease in volume could be a result of the implementation of the weekly calls and/or the initiation of posting the “Frequently Asked Questions” documents. DMAS reminds callers at each provider call and presentation conducted that this email address is for providers and members. We have begun asking the public to use the email box to make recommendations about the project and to suggest outreach strategies as well.

Finally, an additional approach has been the DMAS established 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.

## **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 engage the hospital association as well as the Virginia Health Information (VHI) entity 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.

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

At the time of reporting, there are no significant operational, policy, systems, or fiscal developmental issues to disclose. Prior to the launch of the demonstration, DMAS worked to ensure that all systems were prepared for any possible surge of application or inquiry. Call centers were fully staffed, protocols defined, and triage processes were in place in the event they were needed. Additionally, DMAS staff provided sensitivity training for call center staff, to ensure they were prepared to appropriately interact with GAP applicants and enrollees. The preparations made by DMAS staff prepared both the department, local stakeholders/partners, and contractors for the launch of the program.

The only policy issue to bring to light is one previously highlighted in the report. The Virginia legislature has included in its budget a reduction in the eligibility threshold for the GAP demonstration. The reduction from 100% to 60% FPL is not insignificant; however, for the time period covered by this report, the Governor has not determined whether or not he will Veto the action by the legislature. To that end, the Department is in conversations with CMS about how best to proceed if this change does go forward; however, systems and operational changes will be deployed only in the event of a formalized and approved waiver amendment. Any changes will be noted and processes described in the subsequent report.

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

There are no financial/budget neutrality developmental issues to date. Preliminary examination of potential issues, resulting from legislative action, concludes that the budget neutrality will not need to be recalculated if the eligibility change occurs. DMAS will confirm this with CMS if the Governor sustains the action of the legislature.

## **Consumer Issues**

DMAS is closely monitoring any issues pertaining to GAP members. At this time, there are no issues to report; however, DMAS is actively working with Xerox, the CoverVirginia call center contractor, CSBs and Magellan to ensure that any issues that may surface are documented and resolved.

## **Contractor Reporting Requirements**

As previously discussed, the detailed reporting requirements required of CoverVirginia and Magellan of Virginia are being finalized. All parties are working closely to ensure that the reporting is user friendly and beneficial for the Department's analytical needs. Specifics of the finalized agreements will be discussed in future reports.

## **Lessons Learned**

DMAS is always prepared to consider how processes and procedures can be refined and strengthened. At this early stage of the demonstration, it is difficult to evaluate the impact of the Department's preparations and processes for the implementation of such a significant program. The second quarterly report will allow for appropriate time to consider 'lessons learned' in a meaningful way. At this point, DMAS has certainly gained perspective on how important it is to have a unified and strategic approach for legislative involvement. Working with all stakeholders, including the

Governor's office, in advocating for the program has proved to be both challenging, and yet effective.

## **Demonstration Evaluation**

DMAS has secured approval from CMS to engage an expert evaluation panel, including 2 psychiatrists, a nationally respected health economist (who will serve as the Principal Investigator), and a Data expert from Virginia Commonwealth University. DMAS is working now to convene this panel and begin discussions as to how best to develop an evaluation framework. In accordance with paragraph 49 of the waiver Special Terms and Conditions (STCs), the State submitted a draft of its initial evaluation design to CMS in March. CMS is awaiting CMS comments but will review CMS feedback, work with the expert panel to amend the design and will submit a revised draft according to the conditions outlined in paragraph 50 of the STCs.

## **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.

Sherry Confer  
Special Projects Manager  
[Sherry.Confer@dmas.virginia.gov](mailto:Sherry.Confer@dmas.virginia.gov)

Molly Huffstetler  
Senior Advisor for Special Projects  
[Molly.huffstetler@dmas.virginia.gov](mailto:Molly.huffstetler@dmas.virginia.gov)