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

Section 1115 Quarterly Report

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

Demonstration Quarter: 1 (01/1/2016 – 3/31/16)

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 Virginians who have income less than 95% of the federal poverty level and meet the criteria for having a 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 and healthcare providers, primary health care providers, Magellan of Virginia, the Behavioral Health Services Administrator, and the Department of Behavioral Health and Developmental Services (DBHDS). 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.

Magellan of Virginia was awarded the contract to serve as DMAS' Behavioral Health Service Administrator (BHSA). Magellan administers behavioral health services for members enrolled in Virginia's Medicaid and FAMIS programs. Specific to the GAP benefit plan, Magellan offers care coordination, crisis and Recovery Navigator (peer support) services to assist members with managing their mental healthcare needs.

For primary healthcare needs, DMAS relies on the fee-for-service health care providers to assist members. These are primary care physicians, specialists and federally qualified health clinics enrolled as Medicaid providers. For services not covered by the GAP benefit plan, DMAS must rely on the indigent care providers in the local communities; we call these providers our "preferred pathways" as we prefer they access these providers in lieu of the emergency rooms of hospitals. We continue to identify and collaborate with these providers.

Eligibility and Benefits Information

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

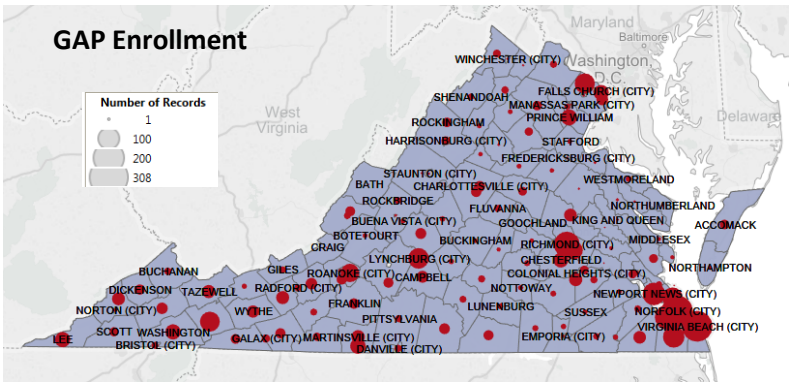
- Adult ages 21 through 64 years old;
- SMI criteria, including documentation related to the duration of the mental illness and the level of disability based on the mental illness;
- Not otherwise eligible for any state or federal full benefits program including: Medicaid, Children's Health Insurance 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 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) 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 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 Cover Virginia GAP Unit, 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. 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 May 15th, 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 revised 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. For the quarter ending March 31, 2016 there were 6,707 individuals enrolled from 266 unique localities across the Commonwealth.



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

Demonstration Population	Total Number of Enrollees Quarter Ending 3/31/2016	Members Enrolled Since 01/12/2015
GAP Members Enrolled	6,707	8,153

As shown in the table above, there were 8,153 unique members enrolled since the implementation of the demonstration; the difference between the unique enrollees and the currently enrolled may be associated with the change in the financial eligibility requirement and those who were did not successfully complete the renewal/re-enrollment process. In November 2015, Cover Virginia began the Exparte process, which allowed for electronic systematic verification of members' information to determine eligibility for members approaching their renewal (such as income). For members who were not able to be renewed systematically, they were contacted via mail with a paper renewal application; this required additional action on part of the member, to verify the information on file, in addition to providing documentation to be reviewed with the application to determine eligibility. For failure to respond, members have lost their coverage when they may have otherwise been found eligible.

Therefore, in efforts to decrease the number of members losing coverage from failure to act, DMAS has collaborated with Cover Virginia and Magellan to identify members who are approaching their coverage end date and contacting them to assist with completing the paper renewal applications.

This quarter DMAS contract monitors for Cover Virginia met with representatives from the Virginia Association of Community Services Boards to strategize how to increase enrollments as well as to avoid dis-enrollments due to failure of the members to respond to the annual eligibility review. Discussion centered on documentation required for income verification and some strategies were identified. The group continues to explore these avenues. Results will be reported in future reports.

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 DBHDS, DMAS business partners (Xerox/Cover Virginia and Magellan) and DMAS employees. DMAS GAP staff and Magellan's Recovery Navigators conducted presentations which included information about peer supports in general; the Recovery Navigators were well received and continue to provide outreach to promote GAP at the local level including homeless shelters and providers.

This quarter, DMAS continued Phase II of the GAP outreach plan; with focus on increasing awareness of the demonstration and Cover Virginia's renewal/re-enrollment process, a training was facilitated; on 2/3, Magellan hosted the DMAS provided webinar training where screeners affiliated with the Community Service Boards (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, Cover Virginia and Magellan's Recovery Navigators have increased outreach to members to provide assistance with renewals.

In March, DMAS conducted a mailing to promote the GAP; the mailing distribution list consisted of organizations who serve the indigent population such as food banks, shelters, free clinics, local charities and statewide law enforcement (county police stations and sheriff offices). In addition to offering presentations, access to print materials and other educational resources were provided. The Department has also scheduled a GAP listening tour, designed to update GAP providers and other stakeholders statewide in the same fashion of the Town Halls. The listening tour will be a presentation-style delivery with discussion on GAP eligibility, enrollment, re-enrollment/renewal with the opportunity to capture feedback via a question and answer session. Scheduled to begin in April, DMAS will share specifics of this plan in the following quarterly report.

DMAS is also collaborating with the Department of Corrections (DOC) to promote the demonstration and gather feedback regarding the ability to provide assessments to those nearing their release date, in efforts to increase enrollment. GAP Manager has met with Attorney General's office and other personnel in the DOC to possible options; presentations have been requested for the Local and Regional Jail Re-entry Conference in May. Additional information will be provided in the subsequent report.

Since January 2015, Magellan has hosted weekly conference calls for GAP providers and beneficiaries. As the volume of questions from GAP providers decreased, were invited to join the general provider call, where 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 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:

GAP Weekly Conference Calls		
Day of the Week	**Time**	**Target Participants**
Fridays	2:00pm – 3:00pm (folded into another Magellan weekly provider call 5/29/15)	GAP and other Fee-for-Service Providers

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 nearly 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. This quarter, emails continue to come from members and their families in addition to potential members; inquiries ranging from general requests about the benefit plan (members) to requests for steps on how to submit a GAP application (potential members). We are pleased with this shift of contacts coming from members more than providers. We see this as an indication that more potential members are learning of the GAP opportunity. Additionally, providers are utilizing the email account to request presentations and print materials to support the GAP.

An additional approach has been the DMAS established GAP webpage on the DMAS website: http://www.dmas.virginia.gov/Content_pgs/gap.aspx. The webpage includes specific sections for individuals/families, 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. 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 have also developed a GAP specific webpage, http://www.magellanofvirginia.com/for-members/governor's-access-program-(gap).aspx for members, their family members and advocates. Lastly, a training page for providers has also been added (http://www.magellanofvirginia.com/for-providers-va/training.aspx).

Additional outreach for the quarter included:

- Advocacy Day at the General Assembly – 1/27
- Virginia Community HealthCare Association-2/10
- DBHDS SSI/SSDI Outreach Access and Recovery (SOAR) Staff Training – 2/25
    - This group facilitates outreach to the homeless population, in efforts to link them to services which increase access to healthcare and mental health services.
- Recovery Action Focus Team (RAFT) Meeting – 3/2
    - The primary focus of this group is peer recovery services and the collaboration with advocates and agencies to increase awareness about available services for those who suffer from mental health and substance use disorders.
- GAP presentation to Virginia Commonwealth University Psychology Undergraduates-2/29

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

Collection and Verification of Encounter Data and Enrollment Data

DMAS is utilizing their traditional Fee-For-Service processes for data collection. Additionally, enrollment data is being provided through the CoverVirginia portal/contract. DMAS staff has worked diligently 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.

DMAS has learned that there were discrepancies in data elements with regard to the enrollment numbers; the numbers reported by DMAS and Cover Virginia were incongruent, reporting a difference of a few hundred. After further research, it was determined that the process in which data was collected contained difference sources of data (i.e. eligibility versus claims data) in addition to the parameters used to identify which members would be included in the analysis (i.e. using the coverage cancel date versus end date). Both groups collaborated to identify the appropriate process and worked closely to share reports to ensure consistency, thereby eliminating the discrepancy.

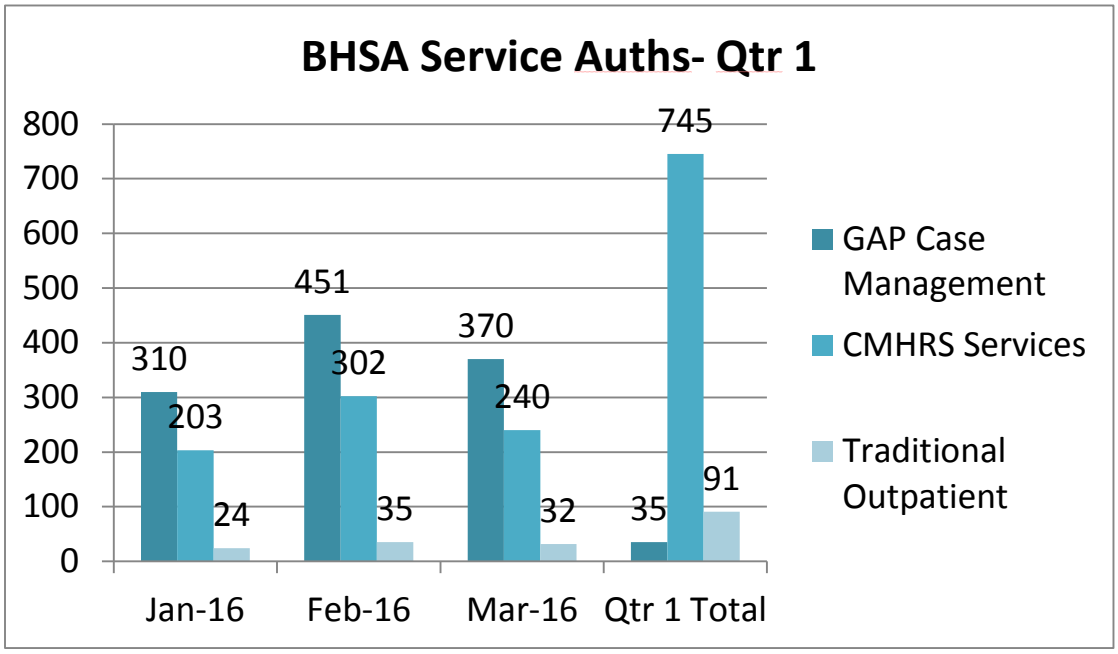
DMAS has had difficulty gathering the required data for the evaluation report due to CMS, specifically the GAP members primary and co-morbid diagnoses. The data file used to extract that information was incomplete, as there were missing and incomplete fields which either listed an incorrect/ineligible diagnosis code, or had no diagnosis listed at all. 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. Also, it has delayed the completion of the evaluation report. Therefore to remedy this issue, DMAS has collaborated with Magellan to identify the issues associated and correct the files in order to use for reanalysis. Results of this collaboration will be shared in the subsequent report.

DMAS has also discovered that there was a misunderstanding about the availability of the inpatient data from local hospitals being available from VHI. Apparently Inpatient and Emergency Department data are not collected uniformly so there is no means to use the data for evaluation and reporting purposes. Therefore, DMAS will continue to work with DBHDS on whether state hospital data is available and will report the findings to CMS as soon as the clarification is available.

However we have been reviewing behavioral health service authorizations from the BHSA. The chart below 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 (which are described in the Community Mental Health Rehabilitative Services provider manual) and are considered to be

state plan option services.

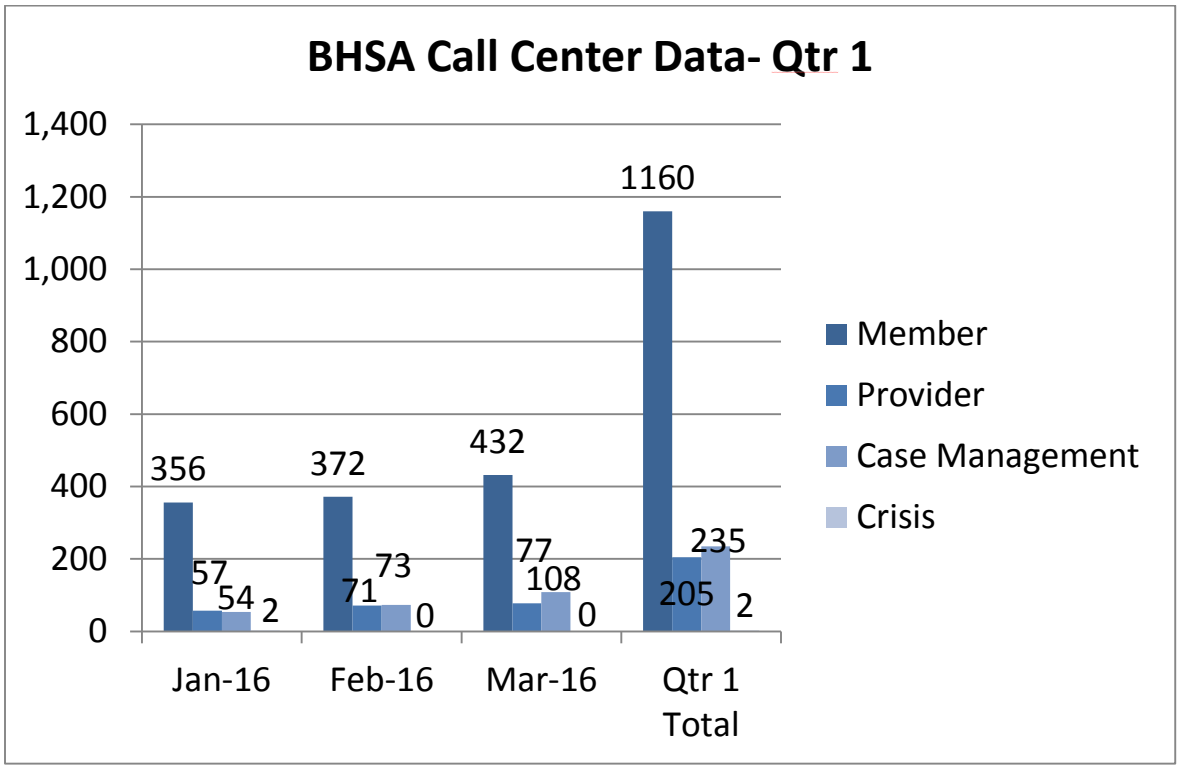
We are pleased to note that GAP members are receiving supportive behavioral health services in addition to medications. Subsequent reports will better reflect that data comparison. The chart below is just for the 1st quarter.



This quarter, 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 suggests that about half of the 6,198 members were receiveing case management. We found this troubling as a goal of the demonstration is to illustrate the benefit of the integration of medical and behavioral services for GAP members. GAP case management was intended to be a key support in aiding GAP members to access services. Therefore, DMAS has reached out to Magellan in efforts to learn of the implications behind the low number and to enhance the workflow that will be used to increase the number of members who receive GAP Case Management.

Magellan presented their GAP project plan to address the concerns; the plan consisted of efforts to increase collaboration with the CSBs in relation to GAP case management and care coordination, the finalization of the tool that will be used to evaluate GAP cases and regularly scheduled trainings with Magellan GAP Care Managers (GCMs) as it relates to their process to ensure that referrals and contacts are occurring between the GCMs and the providers/members. DMAS will continue to monitor efforts to increase members enrolled in GAP Case Management and provide additional information in the following quarterly report.

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:



Similar to last quarter's report, we notice the continued increase in contacts from GAP members as opposed to providers. We see that members are becoming more engaged in their treatment and service planning as well as attempting to access and use their benefits. Members may contact the BHSA for referrals for physical health care referrals and resources as well as behavioral health care resources.

Although we are pleased to see a very low number of crisis related calls, we are monitoring this. GAP does not cover inpatient or emergency room services so we want to be sure members are aware of the crisis resources available to them.

DMAS providers have a year from the date of service to submit claims. Starting in the second quarter of the 2nd year of the demonstration we will begin reviewing utilization more closely and exploring opportunities for increased data analysis. With more data available it is a better opportunity to draw some informed conclusions about the program. This is in align with feedback from the evaluation panel as well as DMAS' Data Analytics team recommendations.

Operational/Policy/Systems/Fiscal Developmental Issues

At the time of reporting, there is limited significant operational, systems, or fiscal developmental issues to disclose for the 1st quarter. 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 95% to 60% FPL (plus 5% disregard) is not insignificant; since the reduction, the application rate has noticeably decreased, creating a gap between the projected

and actual number of members enrolled in GAP. During this year's General Assembly Session, there was discussion of increasing the FPL from 60% to 80%. As a result, there was increased advocacy from many stakeholders in support of this change. Until the budget is finalized, this remains under consideration. Additionally, the General Assembly provided guidance on other avenues of program operations; DMAS was given direction to collaborate with the Department of Corrections (DOC) and local/regional jails in efforts to increase GAP enrollment. Initial meetings have addressed the possibility of administering assessments to the newly released and those who are nearing their release date. Progress on these efforts will be documented in the following report.

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. DMAS has actively collaborated with Cover Virginia to plan for the annual re-enrollment process that began in November 2015, in anticipation of the January and February 2016 eligibility renewals. There were also discussions with the CSBs how to transition GAP members who may be losing their GAP eligibility due to the spring 2015 financial eligibility changes. DMAS and Magellan developed workflows for the Magellan care coordinators to address how to transition GAP members out of care coordination and Recovery Navigation Services upon GAP disenrollment. More information will be provided in subsequent reports.

Financial/Budget Neutrality Development Issues

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

Consumer Issues

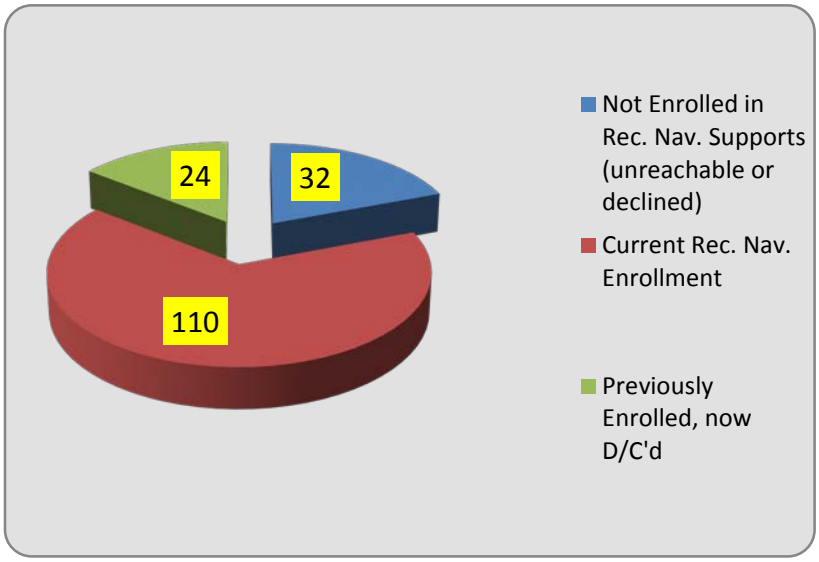
DMAS is closely monitoring any issues pertaining to GAP members. Initially, the opportunity to initiate the application process for GAP included either the eligibility application component (Cover Virginia) or with the SMI screening (CSB/FQHC) caused confusion and miscommunication between the contract vendors, screeners and potential members. Although well intentioned, the so-called "no wrong door" 2-step eligibility process was a challenge to implement. However, the Department contract monitors were 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.

Recovery Navigators

The Recovery Navigators have continued efforts to deliver outstanding supports to our GAP members. We have had no complaints or negative feedback about their efforts. There are 6 Navigators, located around the state: Northern Virginia, two in Central Virginia, Tidewater, Roanoke/Lynchburg and Far Southwest Virginia. In the last 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 the BHSA as well as information about Recovery Navigator services. Whether the GAP member requests Recovery Navigator 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 the BHSA. The table below is one element of the reporting we are developing with the BHSA:



The above table reflects the Recovery Navigator Services in January 2016; there were 110 GAP members enrolled in services. Additionally, there were 32 members who were referred but either the Navigators could not reach the member or the member declined the service. GAP members are averaging about 90 days in Navigator Services.

Contractor Reporting Requirements

Last year, 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 receive weekly reports 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. Reporting requirements and timelines have been finalized and appear to be working well. Completeness of data from reports run from the various systems has been inconsistent this quarter and has raised questions about how the reports are run and from what sources using what parameters. DMAS staff are actively pursuing resolution to these issues.

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 continues to do well in increasing 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 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.

Also to note, as there have been barriers which impacted the ability to include various reporting elements, DMAS continues to collaborate with the contractors and other partners that will assist in providing the additional information needed to illustrate the work done thus far to highlight the toiling efforts of the demonstration and its impact on the members served.

Demonstration Evaluation

DMAS requested and received approval from CMS of the utilization of an expert evaluation panel instead of hiring an outside entity. 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. Serving with him will be another nationally recognized data expert, Dr. Peter Aiken of Virginia Commonwealth University. DMAS has also has a panel member who is an expert in the field of Mental Health 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) with both data analysis and community mental health services.

Initially, the team met face-to-face weekly to discuss the metrics that would be analyzed such as service utilization for example. The team now meets bi-weekly via teleconference to review the components of the evaluation plan (Appendix A). DMAS is fortunate to have these experts volunteering and offering their expertise to the project.

Meetings with the evaluation panel were few in number this quarter; due to inclement weather at the start of the year, in addition to the issues with data collection and analysis, the panel has been on hiatus while staff work on resolving the reporting issues.

Enclosures/Attachments

N/A

State Contact(s)

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

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