

Virginia Department of Medical Assistance Services

The Virginia Addiction & Recovery Treatment Services (ARTS), and Former Foster Care Youth (FFCY) Delivery System Transformation

Section 1115 Quarterly Report

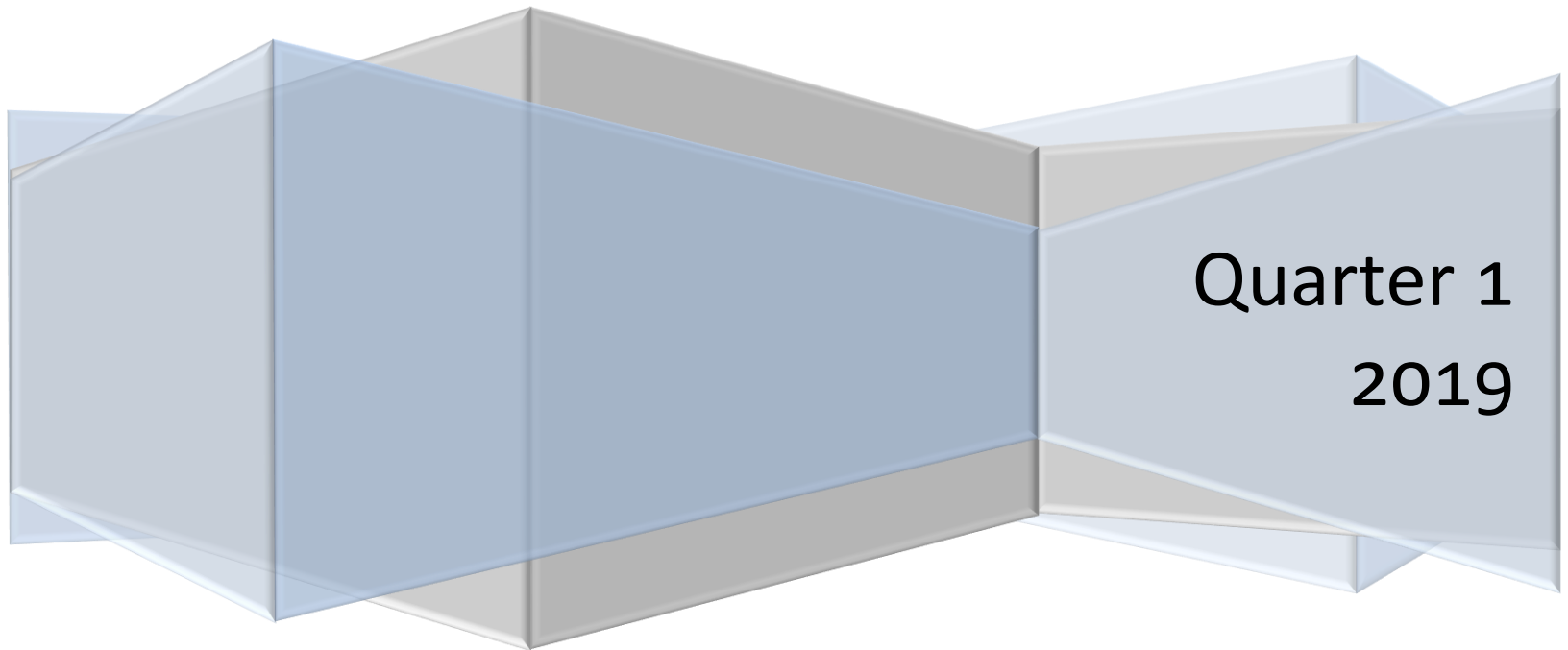
Demonstration Waiver 1115

Project 11 – W- 00297/3

Demonstration Year: 5 (01/01/2019 – 12/31/2019)

Quarter 1 (01/01/2019-03/31/2019)

Approval Period (1/12/2015-12/31/2019)



Quarter 1
2019

Addiction and Recovery Treatment Services

INTRODUCTION

In September 2014, to address the prescription drug and heroin overdoses taking the lives of thousands of Virginians, Governor McAuliffe signed Executive Order 29 creating the Governor's Task Force on Prescription Drug and Heroin Abuse. Dovetailing with Virginia's concern, in July 2015, CMS issued the CMS State Medicaid Director letter, #15-003 to Medicaid Directors that highlighted new service delivery and funding opportunities for Medicaid members experiencing a Substance Use Disorder (SUD). The CMS opportunities significantly aligned with the Governor's Task Force conclusions. In 2016, the Virginia General Assembly and Governor McAuliffe authorized the Department of Medical Assistance Services (DMAS) to make changes to its existing substance use disorder treatment services. Under this authority, DMAS and the Department of Behavioral Health and Disability Services (DBHDS) worked with stakeholders (Virginia Department of Health, Department of Health Professions, the managed care organizations and others) to develop an enhanced and comprehensive benefit package to cover addiction and recovery treatment services. DMAS also submitted an application for and received CMS 1115 Demonstration waiver authority to waive the limits for using Medicaid federal dollars to fund individuals seeking treatment in Institutions for Mental Diseases (IMDs) for SUD related residential services. Virginia continued efforts to address the number of opioid fatalities and in November 2016, the State Health Commissioner declared a Public Health Emergency for Virginia as a result of the opioid addiction epidemic.

This report highlights progress made with the State's implementation of the system transformation of the SUD treatment services: Addiction and Recovery Treatment Services (ARTS).

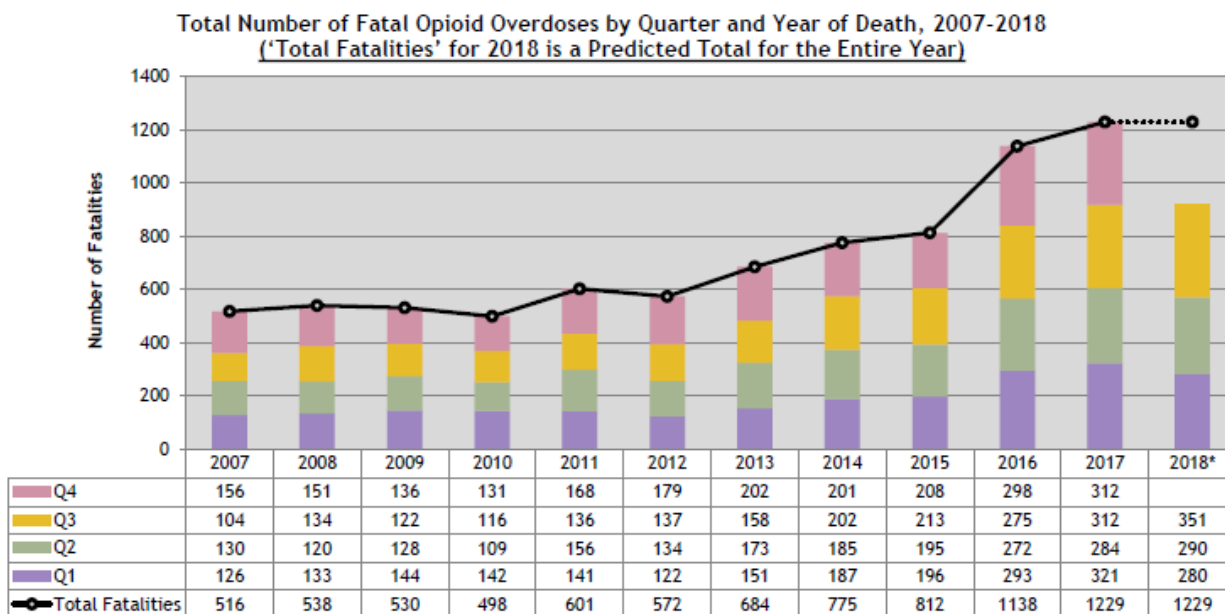
BACKGROUND

Virginia's Medicaid members are disproportionately impacted by the substance use epidemic. Nationally, Medicaid members are four times more likely than people with private insurance to have ever used heroin or had pain reliever dependence¹. Medicaid members are also prescribed opioids at twice the rate of non-Medicaid members and are at three-to-six times the risk of prescription opioid overdose. In 2014, Virginia spent \$44 million on Medicaid members with a primary or secondary diagnosis of SUD who were admitted to hospitals or Emergency Departments. Due to the overwhelming impact of SUD for Medicaid members, the Governor's Task Force on Prescription Drug and Heroin Addiction made a recommendation to increase access to treatment for opioid addiction by increasing Medicaid reimbursement rates for SUD treatment services. As part of the Governor's Task Force recommendations, DMAS initiated a large stakeholder workgroup to develop the comprehensive benefit for SUD treatment services, resulting in the ARTS benefit, which implemented on April 1, 2017. As of March 2019, Virginia Medicaid has over 1.3 million individuals enrolled in its program. The Virginia Department of Health (VDH) reported that nearly 1,300 Virginians died from opioid overdoses in 2017, nearly doubling since 2011 (see Figure 1). Projected estimates for 2018 (entire year) are calculated based upon initial counts by

¹ MACPAC (June 2017), *Report to Congress on Medicaid & CHIP, Chapter 2: Medicaid and the Opioid Epidemic*.

quarter, average toxicology turnaround time at the time of the report, the date of data analysis, and previous quarter fatality trend review.

Figure 1: Total Number of Fatal Opioid Overdoses in Virginia as of April 2019



Even after the initiation of the ARTS benefit, Virginia continues to feel the impact of the opioid epidemic. As Figure 1 shows above, the overarching trend for all drug fatalities statewide is leveling off. However, this trend may not be consistent in all areas of the state and there are geographic variations in terms of the type of substance associated with fatality. Further, there are variances in substance use patterns depending on the community in comparison to overall statewide numbers regarding opioid related fatalities. There have been many efforts directed at opioids both nationally and within the state, however, Virginia is experiencing increases in fatal overdoses of non-opioid substances such as cocaine and methamphetamine. This reinforces the fact that Virginia is experiencing a crisis of addiction and not just one of opioids.

From 2007-2015, opioids (fentanyl, heroin, U-47700, and/or one or more prescription opioids) made up approximately 75% of all fatal drug overdoses annually in Virginia. However, this percentage is increasing each year due to the significant increase in fatal fentanyl and/or heroin overdoses that began in late 2013 and early 2014. Fatal opioid overdoses increased by 8.0% in 2017 when compared to 2016.

In 2013, fatal drug overdose became the leading method of unnatural death in the Commonwealth. This trend has continued to worsen at a greater magnitude due mainly to illicit opioids (heroin, illicit fentanyl, and fentanyl analogs).

In 2018, VDH estimated that almost 1,229 individuals died as a result of drug overdoses involving fentanyl and/or heroin and prescription opioid overdoses; and approximately 11,609 individuals presented at an emergency department with either a heroin or opioid overdose².

² <http://www.vdh.virginia.gov/data/opioid-overdose/>

GOALS

Virginia's overall goal for the ARTS benefit is to improve quality of care, to offer a continuum of care across the benefit plan, improved population health, and decreased costs for the Medicaid population with SUD. DMAS' specific objectives for this benefit are outlined below in Figure 2:

Figure 2: DMAS's Objectives of the ARTS Benefit

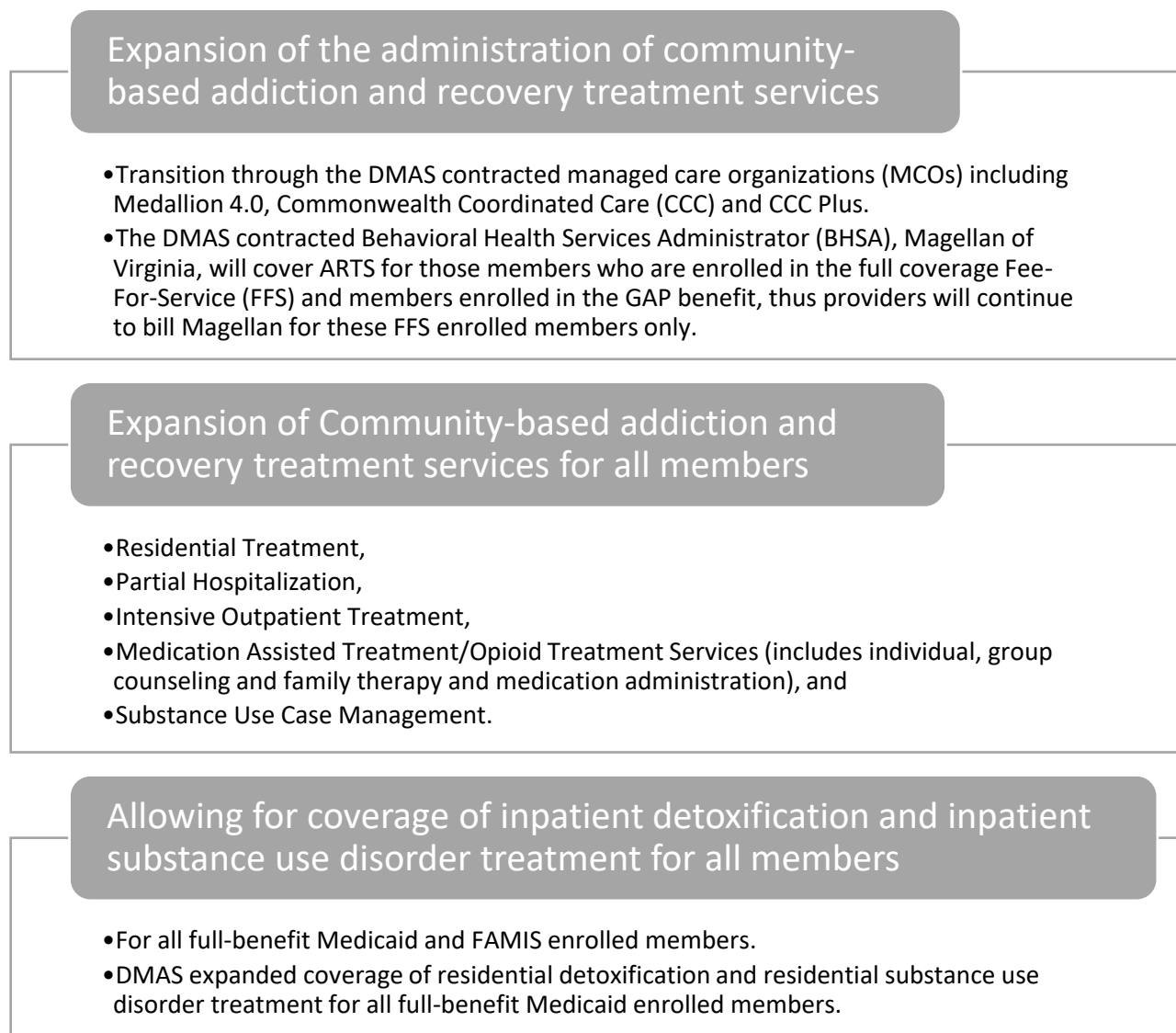


ELIGIBILITY AND BENEFIT INFORMATION

The ARTS benefit expands access to a comprehensive continuum of addiction treatment services for all enrolled members in Medicaid, in Virginia's CHIP-Family Access to Medical Insurance Security (FAMIS), FAMIS MOMS and Governor's Access Plan (GAP) (Note: FAMIS and FAMIS MOMS are

programs covered by the Child Health Insurance Program (CHIP) benefit). The ARTS benefit is covered through the fee for service, Medallion 4.0 Managed Care, and Commonwealth Coordinated Care Plus (CCC Plus) Medicare/Medicaid Programs. All MCOs and Magellan of Virginia are covering the full range of ARTS services. The full continuum of the ARTS benefit is listed in Figure 3:

Figure 3: ARTS Continuum of Care



ENROLLMENT COUNTS FOR YEAR TO DATE

DMAS provides SUD treatment services and co-occurring substance use and mental health disorder treatment services to all 1.3 million members enrolled in Medicaid, FAMIS, FAMIS MOMS and GAP. Virginia expanded Medicaid effective January 1, 2019. As a result, the GAP benefit ended at the end of this reporting period as the majority of GAP members were eligible for Medicaid expansion. The population that the Medicaid expansion includes are adults with incomes \leq 138% federal poverty limit (FPL). Virginia has enrolled over 251,000 newly eligible adults as of March 2019 Medicaid expansion could enable as many as 60,000 uninsured Virginians to gain access to SUD treatment services, including 18,000 with opioid use disorder (OUD).

DMAS contracted with Virginia Commonwealth University (VCU) to conduct an independent evaluation of the ARTS program. Highlights of the first fifteen months of evaluation outcomes covering April 1, 2017 to June 1, 2018 are provided below. The next evaluation is scheduled for the first 24 months post implementation.

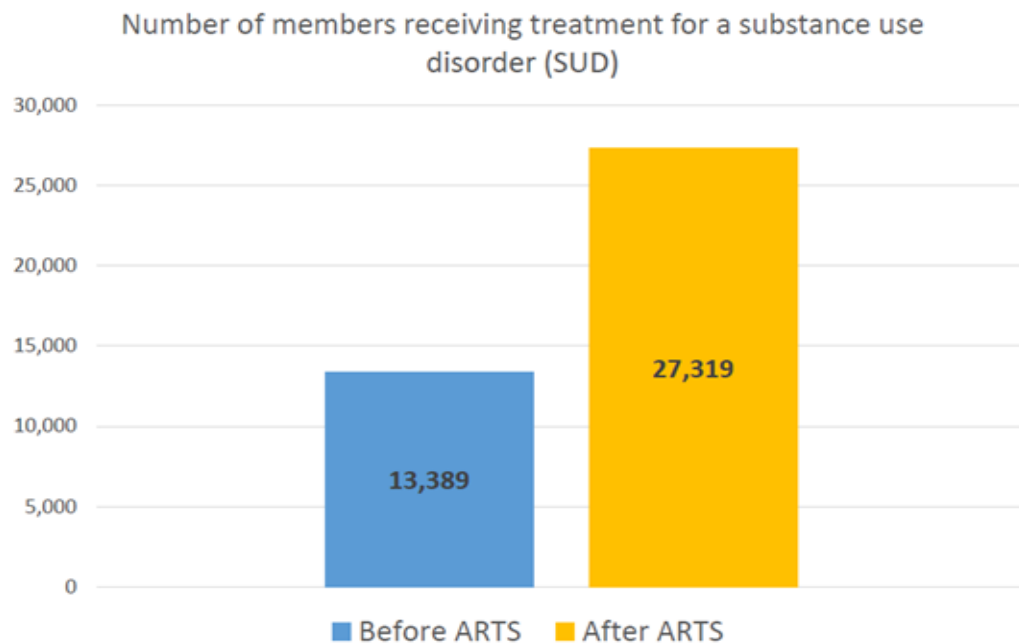
Key Findings

The percent of Medicaid members with a SUD who received any treatment increased from 24 percent before ARTS to 44 percent during the first fifteen months of ARTS (see Figure 4 and 5).

Figure 4: Increase in Number of Members with SUD and Receiving Treatment

	Before ARTS January 2016-March 2017	After ARTS April 2017-June 2018	Percent Change
Total number of members with SUD	56,530	62,356	10%
Members with SUD receiving any SUD treatment	13,389	27,319	104%
Percent receiving SUD treatment	24%	44%	85%

Figure 5: Number of Members Receiving SUD Treatment



The percent of Medicaid members with an OUD who received any treatment increased from 45 percent before ARTS to 65 percent during the first fifteen months of ARTS (See Figure 6). The rate of Medicaid members receiving pharmacotherapy for treatment of an OUD also increased 34% (See Figure 7).

Figure 6: Number of Members with OUD and Receiving Treatment

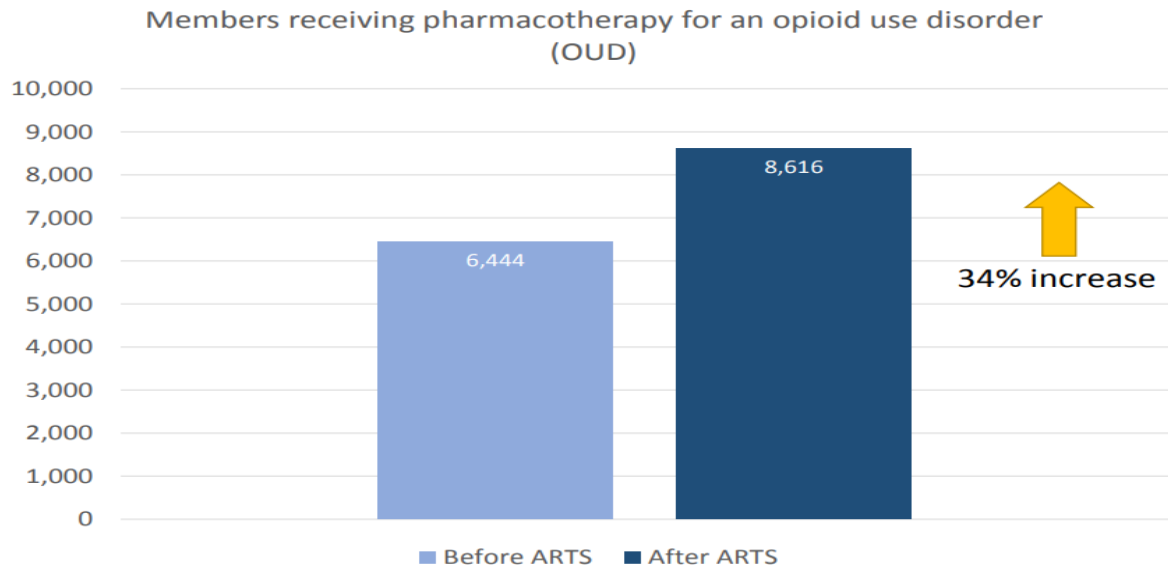


Figure 7: Number of Members with OUD Receiving Pharmacotherapy

	Before ARTS January 2016-March 2017	After ARTS April 2017-June 2018	Percent Change
Total number of members with an (OUD)	20,167	25,292	25%
Members with OUD receiving any OUD treatment	9,095	16,383	80%
Percent receiving OUD treatment	45%	65%	44%

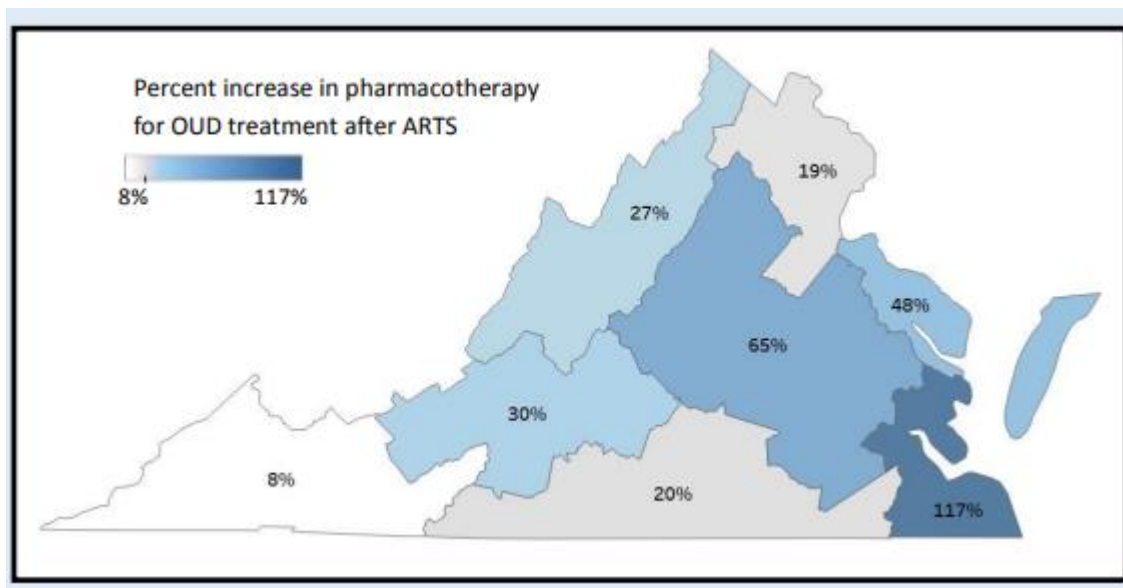
The number of opioid pain medications prescribed for Medicaid members decreased by 28 percent during the first fifteen months of ARTS (See Figure 8).

Figure 8: Number of Members per 1,000 with Opioid Prescription

	Before ARTS January 2016-March 2017	After ARTS April 2017-June 2018	Percent Change
Total number of opioid prescriptions	696,927	501,743	-28%
Number of opioid prescriptions per 10,000 members	4,650	3,335	-28%

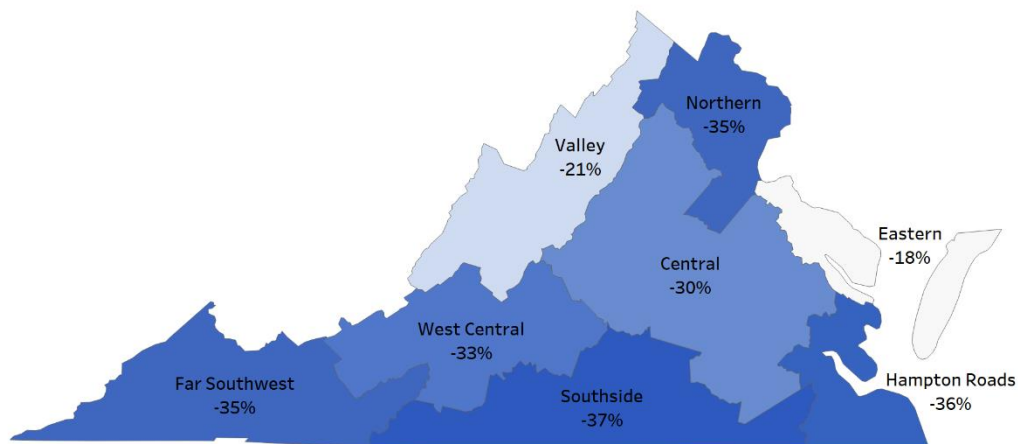
Pharmacotherapy for OUD treatment increased in all regions of Virginia after ARTS implementation. The largest increase in numbers of members receiving pharmacotherapy for OUD was 117% in the Eastern Virginia region. Rates of receiving any treatment among members has increased approximately 3% to 24% prior to ARTS, to 38% in the first 15 months of ARTS implementation (See Figure 9).

Figure 9: Member Receiving Pharmacotherapy for OUD



The number of emergency department visits related to OUD per 1,000 Medicaid members with OUD decreased by one-third during the first fifteen months of ARTS (See Figure 10).

Figure 10: Percent Change in Number of OUD-Related Emergency Department Visits per 1,000 Medicaid Members with OUD



DMAS continues to promote use and access of the Peer Recovery Support Services benefit which includes Peer and Family Support Services (Peer Services for Adults as well as for Parents/Caregivers of minors). There have been concerns noted that the barriers to providers utilizing this service include a rate for these services that is not equivalent to the cost of delivery and burdensome documentation and supervision requirements. DBHDS has contracted with Virginia Commonwealth University to evaluate the workforce issues that Peer Recovery Support Specialists may be experiencing and to help the state develop a plan to address these barriers and increase access to services. DMAS has engaged with the Virginia Recovery Initiative, a team of stakeholders who champion efforts to emphasize the value of people's lived experience of recovery from

substance use and mental health conditions. DMAS continues to work to increase member use and access of the Peer Recovery Support Services benefit.

OPERATIONAL UPDATES

During Quarter 1 of year three post ARTS implementation, DMAS continued to monitor activity with the MCOs and Magellan of Virginia to determine if there were any significant operational, policy, systems, or fiscal developmental issues. There continued to be claim issues identified by providers and reported to DMAS, however the amount of claims issues being reported has reduced with an average claim inquiry of 20 per month, all of which being resolved within 2 weeks of the provider reporting an issue. DMAS tracks all emails and calls related to the ARTS benefit to ensure any concerns or issues are addressed. DMAS works with the MCOs and Magellan of Virginia to work through all claims issues on a case by case basis. DMAS continues to promote the use of the MCOs ARTS Care Coordinators, who are licensed practitioners and Registered Nurses, to help field clinical concerns, assist with member transition and discharge and field questions.

During the first quarter of 2019, DMAS continued to monitor the MCOs and Magellan of Virginia to ensure contractual compliance with operations, system readiness, provider network adequacy and claims processing. MCOs and Magellan of Virginia continue to show compliance with all areas; there are some claims issues that present themselves. Each claim issue is handled on a case by case basis and DMAS works closely with the provider and MCO to track and follow up with all claims issues to resolution.

DMAS continues to work to update ARTS regulations, provider manuals and increase access to ARTS services. DMAS' goal is to minimize treatment barriers for members who have an OUD while ensuring these members obtain access to high quality Medication Assisted Treatment (MAT) and other proven therapies. DMAS posted a bulletin in February 2019 on "Evidence-Based Practices and Medication Assisted Treatment for Opioid Use Disorder." The goal of this bulletin was to highlight evidence-based practices for the treatment of OUD and coverage of these services by the Medicaid ARTS program. DMAS facilitated a webinar on these best practices to promote coverage with the current evidence to provide the best outcomes for Medicaid members with an OUD to emphasize the importance of providing care that is responsive to individual patient preferences, needs and values. The webinar was designed to support Medicaid providers to effectively address the needs of members with OUD. DMAS had 161 individuals register for this webinar.

DMAS made other significant changes to increase access to evidenced-based practices including:

- Removal of prior authorize for up to 24 mg/day of Suboxone film for in-network buprenorphine waived practitioners;
- Removal of the automatic lock-in to a prescriber or a pharmacy for members receiving a buprenorphine product;
- Allow and encourage same-day billing of medical and behavioral health services for promotion of fully integrated care;
- Require providers to assess members and facilitate access to MAT along the addiction continuum; and
- Encourage MAT during and after release from institutional settings including hospitals, emergency departments, jails, and inpatient rehabilitation.

The current DMAS regulations are under review and final provider manual updates will take place once the regulations have been finalized. The Peer Recovery Support Services manual has also been updated and is currently posted on the Virginia Legislative TownHall for a 30 day public comment period.

DMAS continues to seek other ways to improve communications with the MCOs and Magellan of Virginia to ensure members are receiving the most appropriate services in a timely manner. DMAS added an ARTS Helpline, which is maintained by DMAS part-time staff within the Division of Behavioral Health. The ARTS Helpline is a designated telephone number to assist providers and members with questions and or concerns related to the ARTS program and all call are return within three business days.

PERFORMANCE METRICS

Each MCO and Magellan of Virginia are to use, and expand as necessary, their existing quality improvement infrastructures, quality improvement processes and performance measurement data systems to ensure continuous quality improvement of ARTS. At a minimum, each MCO and Magellan of Virginia must have an Annual Quality Management Plan that includes their plan to monitor the service delivery capacity as evidenced by a description of the current number, types and geographic distribution of SUD services. Monitoring of performance includes determining and analyzing the root causes for performance issues. DMAS is working to modify the external quality review organization (EQRO) contract to focus on ARTS quality metrics to evaluate the outcomes of the program as well as analyze outcomes of individual MCOs.

DMAS continues to work with CMS as one of the six pilot states working to implement new quality metrics for the ARTS program. DMAS has submitted the final metrics protocol and received feedback from CMS on areas that need to be updated and better defined.

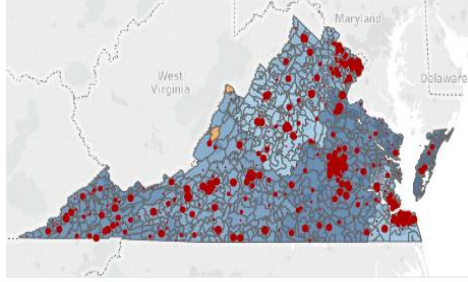
COLLECTION & VERIFICATION OF UTILIZATION & ENROLLMENT DATA

DMAS has collected data submitted from the MCOs and Magellan of Virginia on network and service authorizations for ARTS services. The Special Terms and Conditions (STCs) require the state to report on residential levels of care, at least one sublevel level of care is required to be available to members upon implementation within each MCO and Magellan of Virginia network. The STCs also require access standards and timeliness requirements, including number of days to first ARTS service at appropriate level of care after referral. This is specified in the ARTS Network Development Plans and the ARTS Network Readiness Plans and referenced in the relevant contracts.

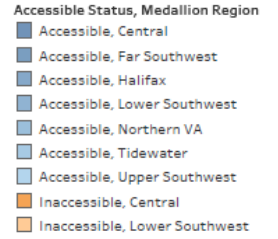
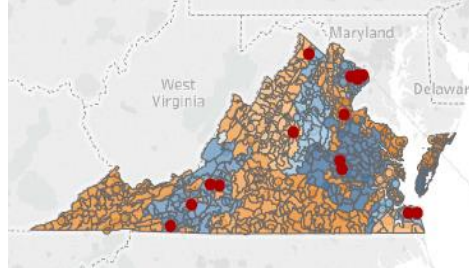
The following maps show network adequacy for this quarter. The orange shaded areas of the map are areas in which provider needs are the greatest. Currently network adequacy is based on a 30 mile radius in urban areas and 60 mile radius in rural areas.

Figures 11: ARTS Network Adequacy Maps³

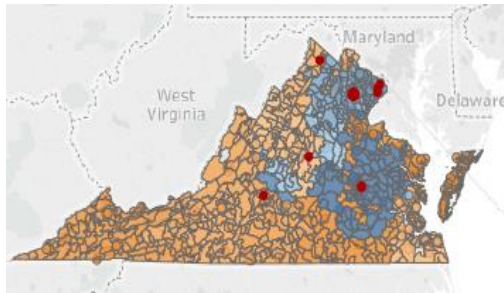
ASAM Level 2.1: Intensive Outpatient



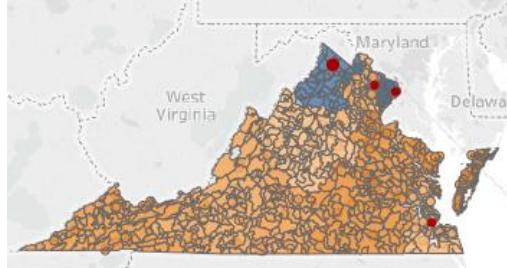
ASAM Level 2.5: Partial Hospitalization



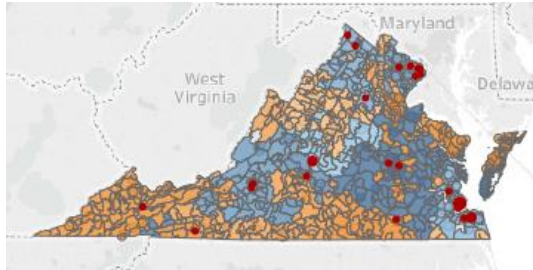
ASAM Level 3.1: Group Home



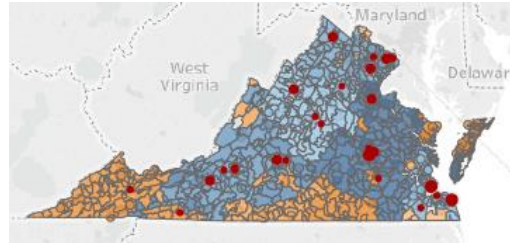
ASAM Level 3.3: Clinically Managed Residential (RTS)



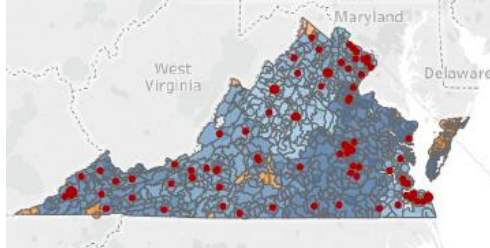
ASAM Level 3.5: Clinically Managed RTS



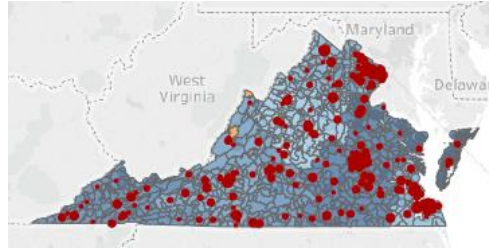
ASAM Level 3.7: Medically Monitored RTS



ASAM Level 4: Inpatient Detox

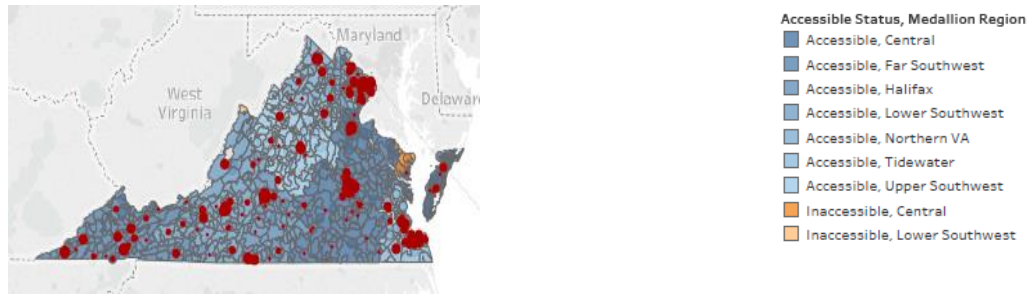


Substance use Case Management



³ Map based on Longitude (generated) and Latitude (generated) and Latitude (generated) broken down by ASAM Level of Care. For pane Latitude (generated): Color shows details about Color and Region. Details are shown for Member Zip Code. For pane Latitude (generated) (2): Size shows distinct count of providers. The data is filtered on Provider Record Validation Status, File Submission Date and the National Provider Identifier (NPI) of the provider.

Opioid Treatment Programs: Office Based Opioid Treatment (OBOT) & Opioid Treatment Providers (OTP)



The data below (Figure 12) shows an increase in service authorizations for Intensive Outpatient Services (ASAM Level 2.1) compared to services approved based on medical necessity utilizing ASAM Criteria. This service did not require a service authorization prior to ARTS. Peer Recovery Support Services require registration or service authorization and are shown in Figure 13. The MCOs and Magellan of Virginia are providing outreach and training to providers regarding ASAM Criteria to further improve appropriateness of authorization requests.

Figure 12: Service Authorization for ASAM Level 2.1 to 4.0

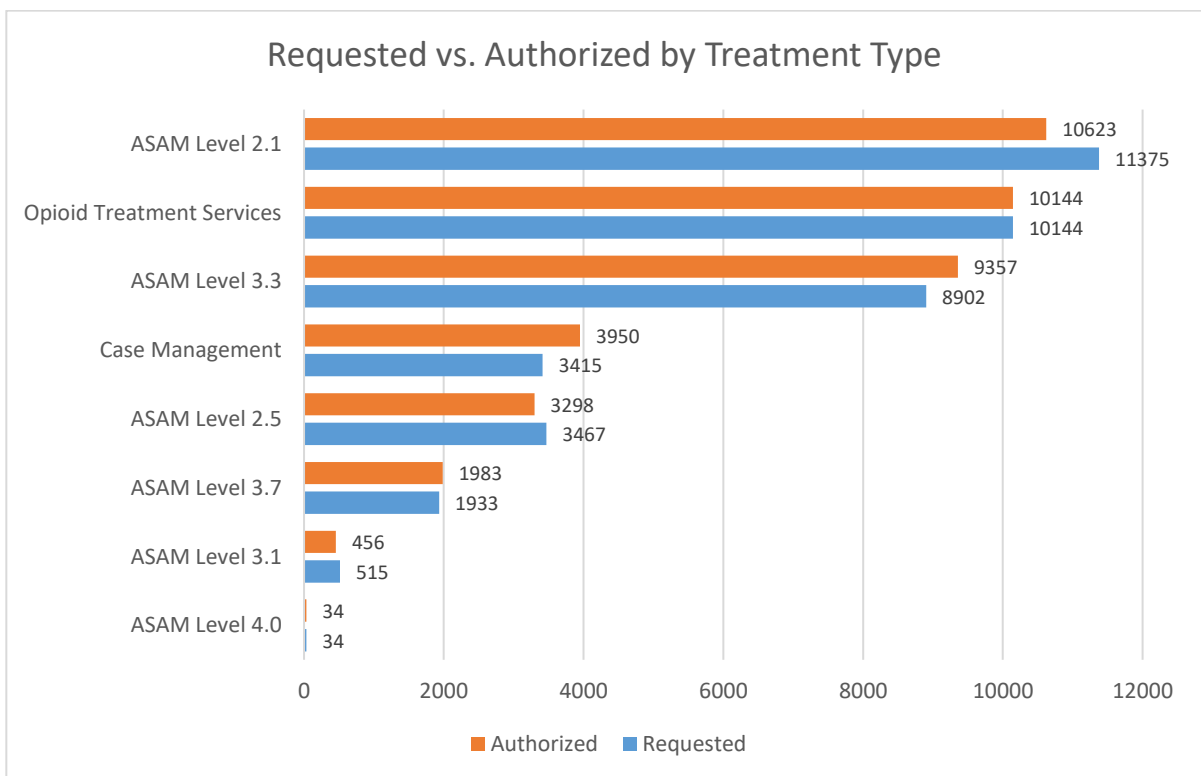
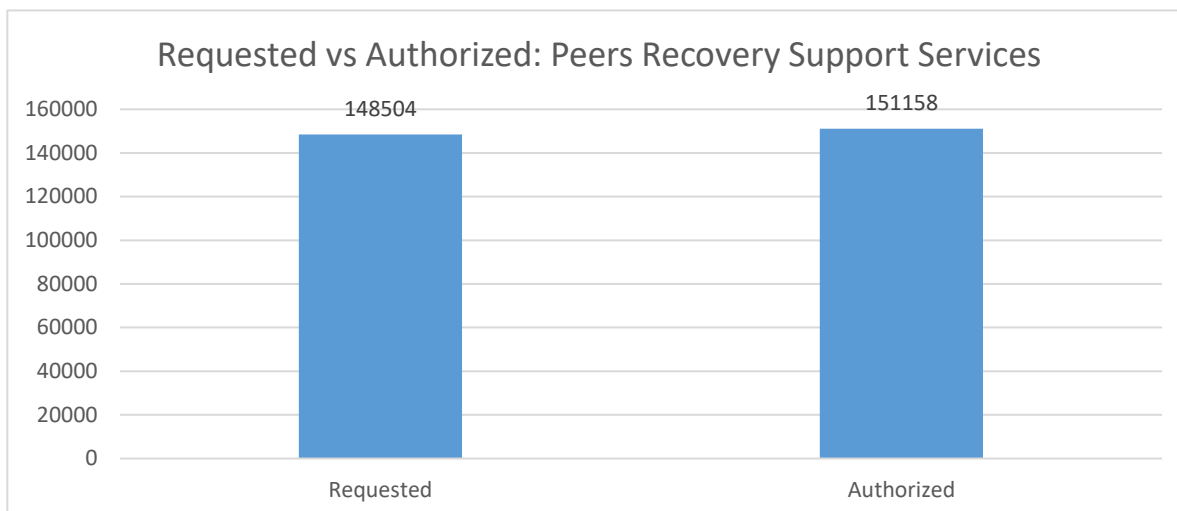


Figure 13: Service Authorizations or Registrations for Peer Recovery Support Services



BUDGET NEUTRALITY AND FINANCIAL REPORTING

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

CONSUMER ISSUES

Consumers continue to note lack of residential care for pregnant woman and the ability to access in-network providers in rural areas for buprenorphine prescriptions. While there has been an increase in providers coming into network there are still some identified gaps in coverage. The MCOs and Magellan of Virginia continue to reach out to licensed providers to encourage them to become in-network and continue to work with members to help connect them to in-network providers. If there are no in-network providers available close to the member the MCOs will work with the member to get the closest out of network provider and also work with that out of network provider to bring them in-network. DMAS has also been contacted by three out-of-state organizations that provide SUD treatment. DMAS has facilitated several meetings to share network needs in the State. DMAS continues to work with the MCOs and Magellan of Virginia to ensure that any issues that may surface are documented and resolved.

CONTRACTOR REPORTING REQUIREMENTS

DMAS recently updated its reporting requirements to ensure reporting is streamlined and consistent among all the MCOs. Contract revisions have been developed and are currently being reviewed for the MCOs and Magellan of Virginia. DMAS has been working to update the Medicaid state plan, state regulations and provider manuals, to clarify current standards of care for ARTS that incorporate industry standard benchmarks from ASAM that define medical necessity criteria, covered services and provider qualifications.

The MCOs and Magellan of Virginia contracts are currently being modified to clarify program requirements, add the need for addressing SUD with special populations, which include pregnant

woman, and individuals recently released from incarceration. The contract modification clarified the need for continued and ongoing care coordination structures that are in line with evidenced based criteria.

DMAS continues to require monthly reporting from the MCOs on service authorization, provider network, appeal and grievances and patient utilization management (PUMS) related to ARTS. The MCOs and Magellan of Virginia continue to utilize standardize service authorization form to ensure align with ASAM Criteria.

The DMAS vendor contracted to perform the ASAM site visits for residential treatment providers performed one new site visit and approval for a level 3.1 provider. The enrollment of residential providers for SUD treatment continues to be slower than expected. DMAS continues to work with providers and MCOs to develop means to recruit more SUD residential in-network providers.

DMAS’s physician review panel continues to review the applications for Preferred OBOT Providers to ensure they meet the ASAM Criteria. As of this reporting period, there are a total of 107 Preferred OBOT Providers approved. During this reporting period there were four newly recognized Preferred OBOTs.

The table (Figure 14) below represents the current network by ASAM Level of Care and change in numbers of Medicaid enrolled providers for this reporting period.

Figure 14: Provider Network Counts

Addiction Provider Type	# of Providers before ARTS	# of Providers after ARTS	% Increase in Providers
Inpatient Detox (ASAM 4.0)	Unknown	103	NEW
Residential Treatment (ASAM 3.1, 3.3, 3.5, 3.7)	4	96	↑ 2250%
Partial Hospitalization Program (ASAM 2.5)	0	22	NEW
Intensive Outpatient Program (ASAM 2.1)	49	137	↑178%
Opioid Treatment Program	6	39	↑ 550%
Preferred Office-Based Opioid Treatment Provider	0	107	NEW

DMAS worked with VDH to gather needed data for the Google maps. The map was successfully completed and added to the ARTS webpage. DMAS continues to work to update the google map on a quarterly basis. The map may be located:

<https://www.google.com/maps/d/viewer?mid=1px9XvltN7rXZ6vrTgXgPGIHTew&hl=en&usp=sharing>

LESSONS LEARNED AND OUTREACH

DMAS continues to receive positive feedback from members, community leaders, providers, the MCOs and Magellan of Virginia on the transparency, outreach and willingness to engage feedback for a successful implementation, as well as the resolution of any concerns. DMAS has received positive feedback from community leaders and members who have received services.

During this reporting period, DMAS continued to receive several claims and network issues reported by providers. DMAS worked with individual providers, MCOs and Magellan of Virginia to ensure all claims issues were addressed in a timely fashion.

DMAS values working with stakeholders and diverse providers in order to get first-hand knowledge of how the services are utilized in the community and how the regulations and requirements are implemented from the provider's point of view. This has allowed DMAS to make revisions to the ARTS manual to ensure that services requirements not only meet regulatory standards but also can be appropriately implemented in the community.

DMAS has also been recognized nationally and staff has presented at the National Adult Medicaid (NAM) conference, the Association of State and Territorial Health Officials (ASTHO) NatCon19 conference as well as the Health Resources and Services Administration (HRSA) Expert Review Work Group Meeting for the Regional Opioid Consultation Initiative project this quarter. DMAS also provided guidance to other states interested in learning how Virginia implemented the 1115 Substance Use Disorder Demonstration Waiver, and the process for developing fee schedules and program requirements for ARTS. Finally, DMAS staff attended the required Immersion training in order to obtain rights to utilize Project ECHO. Project ECHO will be used as the platform to hold ongoing Learning Collaborative with clinical staff of Preferred OBOT providers and OTP providers.

DMAS was also invited to present at several state and national conferences in the 2nd quarter including: Rx Drug Abuse and Heroin Summit; the American Society of Addiction Medicine annual conference; the National Association of State Health Policy (NASHP) Federally Quality Health Center conference; the Virginia-SBIRT Policy Steering Committee; the Medicaid Evidence-based Decisions Project (MED) conference; and the Governor's Substance Abuse Services Council (SASC).

DMAS was invited to present at the Virginia Recovery Initiative (VRI) on policy and regulations related to Peer Recovery Support Services in order to help others to understand some of the barriers to increasing access to this service. During the VRI the provider associations voiced concerns about reimbursement rates being too low to sustain the use of Peer Recovery Specialists within their practices. VDH has partnered with VCU to complete analysis on the barriers to care for Peer Recovery Support Services.

Workforce issues related to Certified Substance Abuse Counselors (CSACs) were addressed. DMAS worked with the Board of Counseling to put out guidance documents for providers to help clarify the roles of CSACs.

EVALUATION ACTIVITIES AND INTERIM FINDINGS

DMAS continues to meet regularly with the VCU research team. Currently VCU is working on the 24 month evaluation report for DMAS and the report has not yet been finalized. Within the last 1115 Demonstration Waiver annual report DMAS reported on the first 15 months evaluation, which is available in the Appendix of this report. DMAS is working with VCU on the current year agreement and looking at special populations and evaluation activities surrounding those populations.

CONCLUSION

DMAS continues to work with providers, MCOs and Magellan of Virginia to identify issues and foster the lines of communication between these parties. DMAS is committed to finalizing the VCU evaluation and have the 24 month evaluation available for the next quarterly reporting.

DMAS continues to track outcomes for providers assessing members and facilitating access to MAT along the addiction continuum. DMAS also is focusing efforts to further decrease overdose deaths across the state through encouraging MAT during and after release from institutional settings, including hospitals, emergency departments, jails, and inpatient rehabilitation.

Former Foster Care Youth

INTRODUCTION

Individuals in foster care face a number of challenges upon the termination of their state custodianship, including access to health care. The “Former Foster Care Child Under Age 26 Years” Medicaid covered group provides an opportunity for this population to continue receiving Medicaid coverage until age 26, allowing these individuals time to transition into managing the responsibilities of living independently.

BACKGROUND

On March 23, 2010, the Affordable Care Act (ACA) was signed into law, making a number of changes to Medicaid eligibility effective January 1, 2014. To further the overall goal of expanding health coverage, the ACA included section 2004, which added a new mandatory Medicaid covered group at section 1902(a)(10)(A)(i)(IX) of the Act to provide an opportunity for former foster care youth to obtain Medicaid coverage until age 26 from the state responsible for the individual’s foster care. DMAS initially received approval from CMS to cover former foster care youth who received their foster care and Medicaid in Virginia, as well as former foster care youth who received their foster care and Medicaid from another state but who are now living in Virginia.

In November 2016, CMS notified states that they could no longer cover the former foster care youth who received their services from another state but are now living in Virginia under the State Plan. States who wished to continue covering this population could do so under a Section 1115 Demonstration waiver.

In May 2017, DMAS submitted an amendment to the GAP Demonstration Waiver to request approval to provide Medicaid coverage to former foster care youth who were enrolled in Medicaid and foster care in another state and who are now living in Virginia and are applying for Virginia Medicaid. Approval of the waiver amendment was received on September 22, 2017.

GOALS

Virginia’s overall goal for the FFCY benefit is to provide former foster care youth with the access to health services they need, through the GAP Demonstration Waiver.

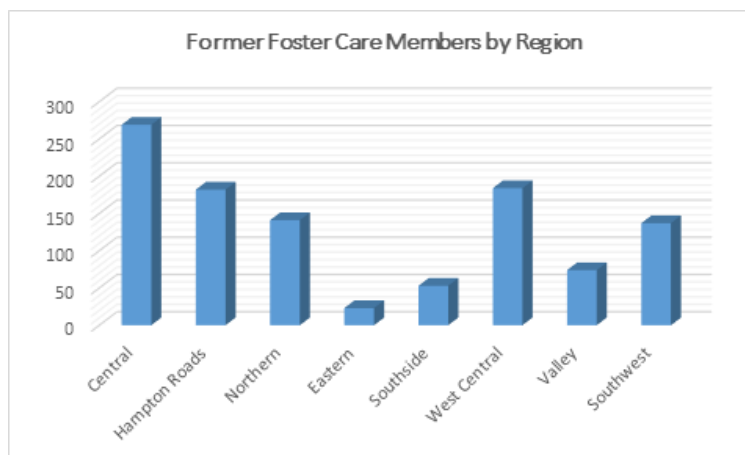
The goals of the FFCY demonstration are: (1) to increase and strengthen coverage of former foster care youth who were in Medicaid and foster care in a different state and (2) to improve or maintain health outcomes for these youth.

ELIGIBILITY AND BENEFIT INFORMATION

Individuals eligible in this demonstration group are those former foster care youth who: (1) were in the custody of another state or American Indian tribe, (2) were receiving foster care and Medicaid services until discharge from foster care upon turning age 18 or older, (3) are not eligible in a

mandatory Medicaid coverage group, and (4) are under the age of 26. All individuals in the Former Foster Care Child Under Age 26 covered group receive the full Medicaid benefit package, including long-term supports and services, if medically necessary.

ENROLLMENT COUNTS FOR YEAR TO DATE



OPERATIONAL UPDATES

The waiver amendment to add the former foster care youth from out of state was approved in September 2017. Since approval, there have been no policy or administrative difficulties in operation for this piece of the demonstration waiver. There have been no challenges or issues.

PERFORMANCE METRICS

By implementing the demonstration, Virginia anticipated increasing healthcare coverage for former foster care youth, while improving health outcomes. The design for evaluating the first demonstration year was approved by CMS and covered the September 2017 to December 2019 time period, representing the start and end dates of the demonstration year. The evaluation addressed three questions:

1. Does/did the demonstration provide Medicaid coverage to former foster care individuals?
2. How do/did former foster care individuals in the demonstration use Medicaid-covered healthcare services?
3. What do/did health outcomes look like for individuals in the demonstration?

DMAS has requested guidance on the continuation of the evaluation design from CMS. No changes to the evaluation design are planned pending the receipt of guidance from CMS. The approved evaluation design from 2018 is contained in Appendix B.

COLLECTION & VERIFICATION OF UTILIZATION & ENROLLMENT DATA

The first evaluation evaluated administrative data (enrollment, claims, and encounters) available in the MMIS at the end of the first (fall 2018) demonstration year. The evaluation was conducted using existing administrative data, and no prospective data (e.g., beneficiary surveys, interviews, focus groups, or other quantitative or qualitative data) was collected due to resource limitations.

The evaluation did not include pretest (or baseline) data because DMAS only has access to data on individuals in the demonstration after they receive Medicaid coverage. The next evaluation will be completed at the end of the second demonstration year (winter 2020). DMAS has requested guidance on the continuation of the evaluation design from CMS. No changes to the evaluation design are planned pending the receipt of guidance from CMS.

BUDGET NEUTRALITY AND FINANCIAL REPORTING

ELIGIBILITY GROUP	Budget Neutrality DY 3 Full year estimate	1/4 of Full Year Estimate	DEMONSTRATION YEAR 6 (CALENDAR YEAR 2018) QUARTER 1			TOTAL QUARTER
			January 2018	February 2018	March 2018	
Former Foster Care Transfers from Out of State						
Pop Type:	Expansion					
Eligible Member	830	208	69	73	71	213
Months						
PMPM Cost Total	\$ 508.28	\$ 508.28	\$ 528.91	\$ 547.66	\$ 607.34	\$ 561.48
Expenditure	\$ 421,869	\$ 105,467	\$ 36,484	\$ 39,979	\$ 43,121	\$ 119,595

CONSUMER ISSUES

Benefits are provided through the state’s fee-for-service and managed-care delivery systems. No complaints or issues have been identified to date. There have been no appeals filed related to this population.

CONTRACTOR REPORTING REQUIREMENTS

No contracts needed to be amended when the FFCY component was added to this waiver. These individuals were previously covered under the Medicaid State Plan; therefore, no changes needed to be made when the waiver was approved.

RECOVERY NAVIGATORS

The FFCY demonstration does not utilize Recovery Navigators.

LESSONS LEARNED

There is nothing to report at this time.

EVALUATION ACTIVITIES

The evaluation of the first demonstration year covered the September 2017 to December 2019 time period. The design for evaluating the demonstration was approved by CMS, and interim evaluation findings were submitted to CMS in March 2019 in a separate document. DMAS has requested guidance on the continuation of the evaluation design from CMS. No changes to the evaluation design are planned pending the receipt of guidance from CMS.

CONCLUSION

The demonstration was implemented as a measure to continue Medicaid coverage for former foster care youth who received their services in another state but who are now living in Virginia. This group was formerly covered in Virginia under the State Plan; the change in the authority mechanism did not necessitate any changes to the application process for these individuals or how they receive Medicaid coverage.

ENCLOSURES

- Appendix A GAP, ARTS and FFCY Budget Neutrality Reports

STATE CONTACT(S)

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