



Bridging the Mental Health
Coverage Gap in Virginia



DMAS UPDATE ON GAP PROGRAM

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House Appropriations Committee
September 18, 2017

Bridging the Mental Health Coverage GAP

GAP's Inception

The Governor's Access Plan

- 1 of a 10 point action plan toward *A Healthy Virginia*
- A targeted benefit package for uninsured, low income Virginians with a SMI diagnosis
- Provides basic medical and behavioral health care services through an integrated and coordinated delivery model

GAP Demonstration Goals

- To improve access to health care for a segment of the uninsured population in Virginia who have significant behavioral and medical needs;
- To improve health and behavioral health outcomes of demonstration participants; and,
- To serve as a bridge to closing the insurance coverage gap for uninsured Virginians.

Bridging the Mental Health Coverage GAP

Eligibility & Enrollment

Requirements

Ages 21 through 64

U.S. Citizen or lawfully residing immigrant

Not eligible for any existing entitlement program

Resident of VA

Income below 80%* of Federal Poverty Level (FPL) (*80% + 5% disregard)

Effective 10/1/2017, Income below 100%* of FPL (*100% + 5% disregard)

Uninsured

Does not reside in long term care facility, mental health facility or penal institution

Screened and meet GAP SMI criteria

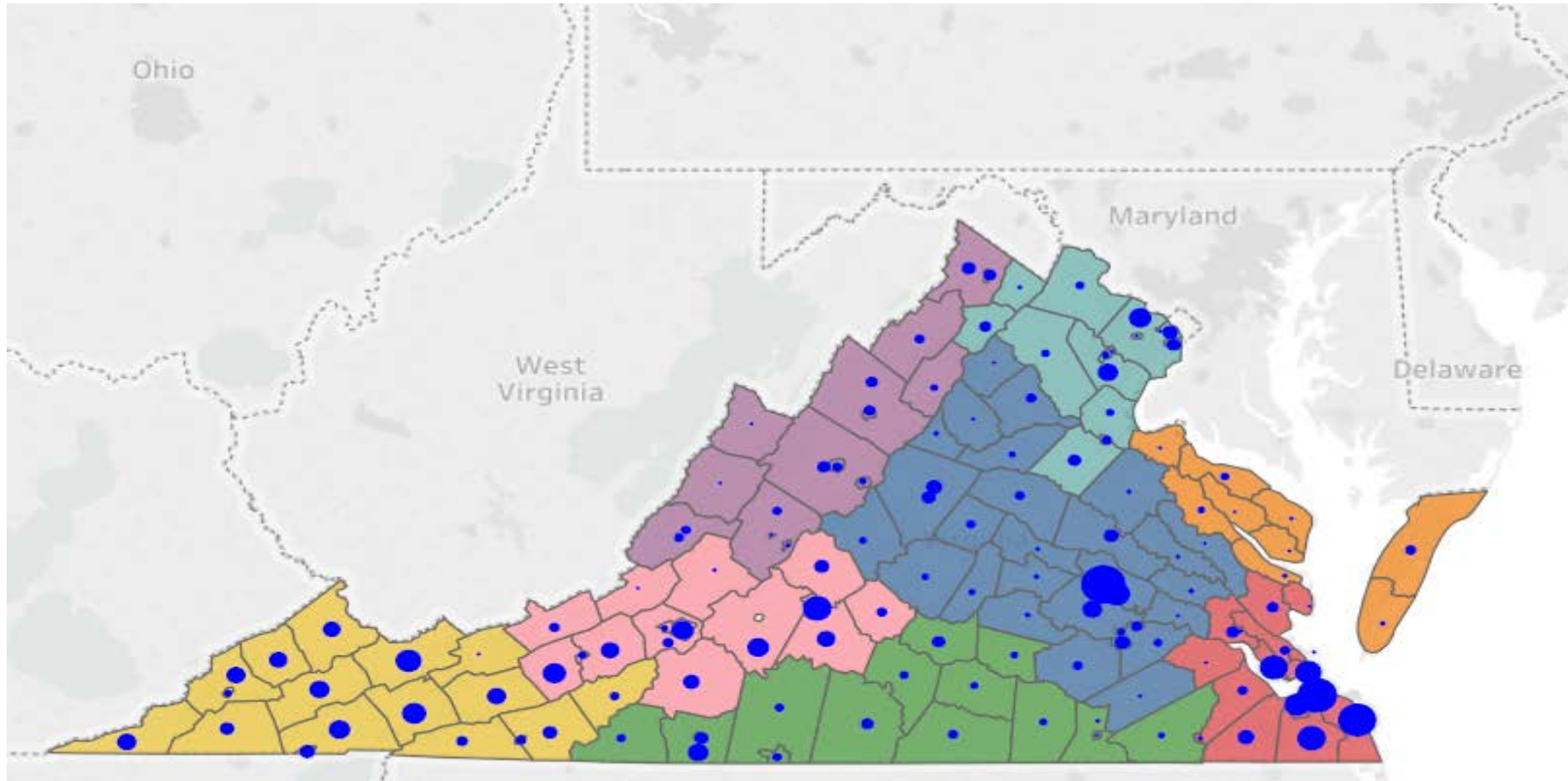
GAP application is a two step process:

- Financial/non-financial determination with Cover Virginia
- GAP SMI determination with Magellan

GAP Enrollment

12,338 (266 localities represented)

16,329 Enrolled since 1/12/2015

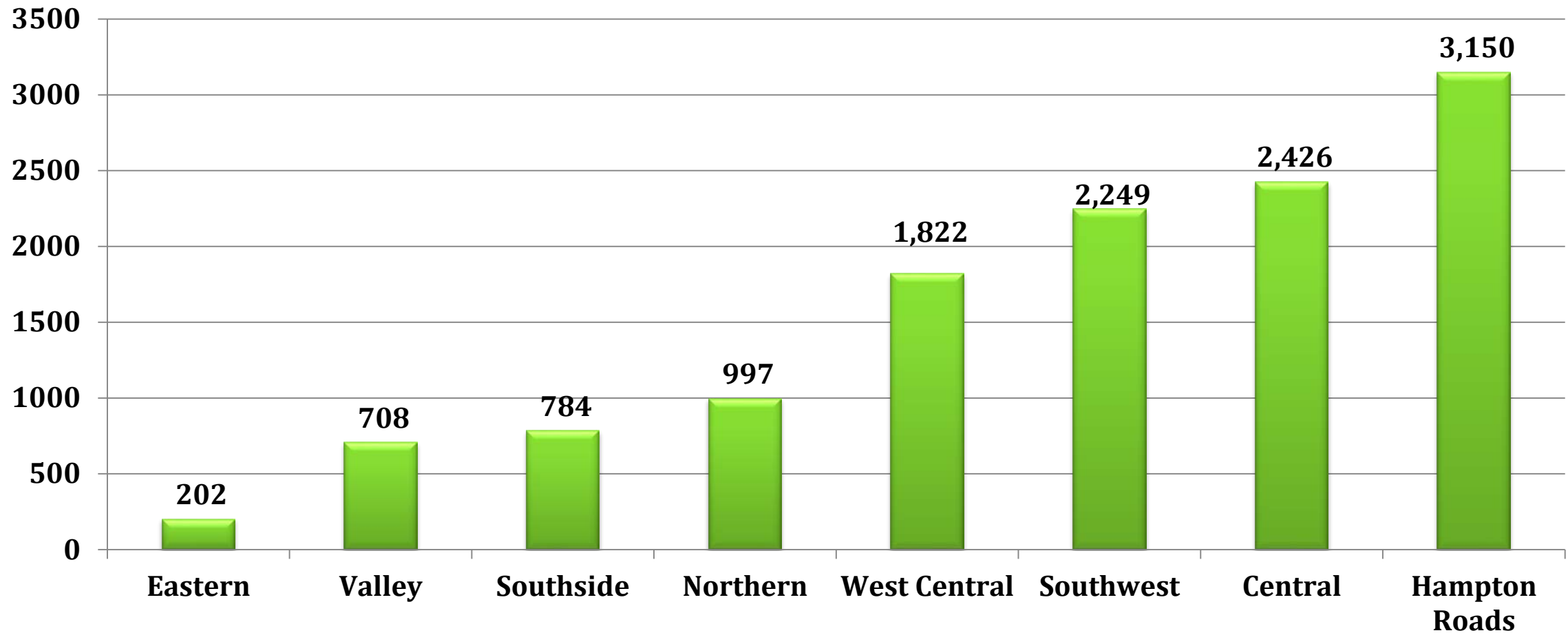


Region

- Central region
- Eastern region
- Hampton Roads region
- Northern region
- Southside region
- Southwest region
- Valley region
- West Central region

GAP Enrollment

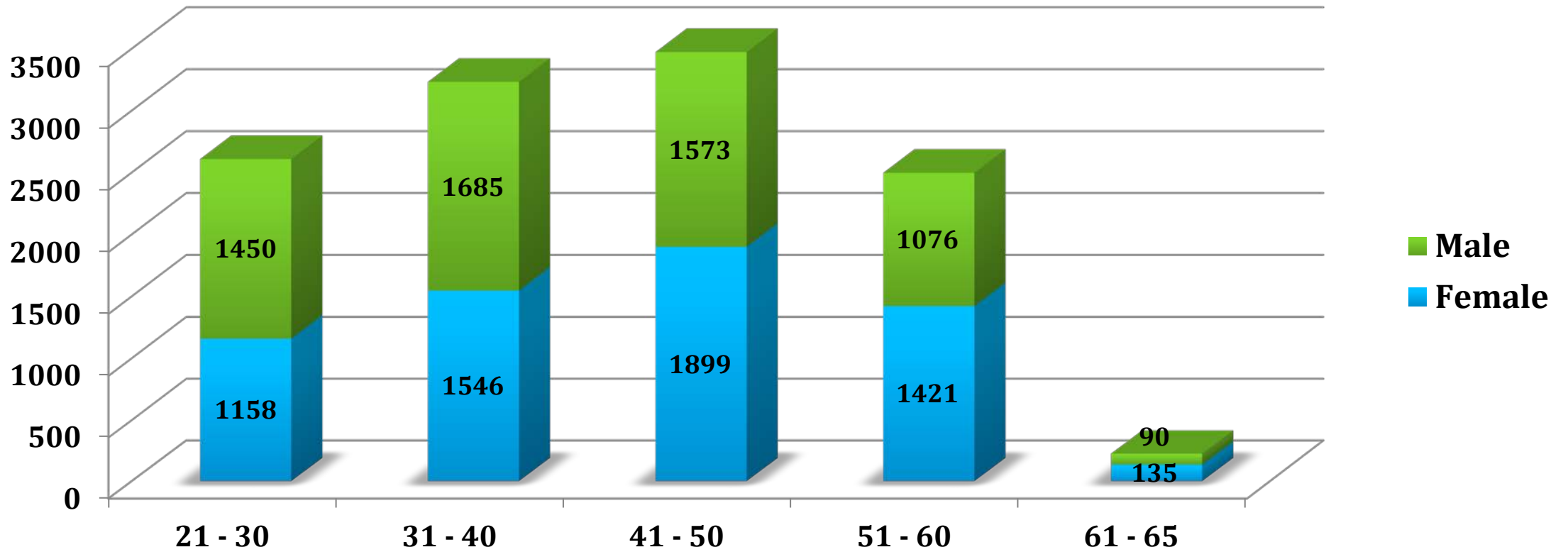
GAP Members of the Commonwealth by Regions



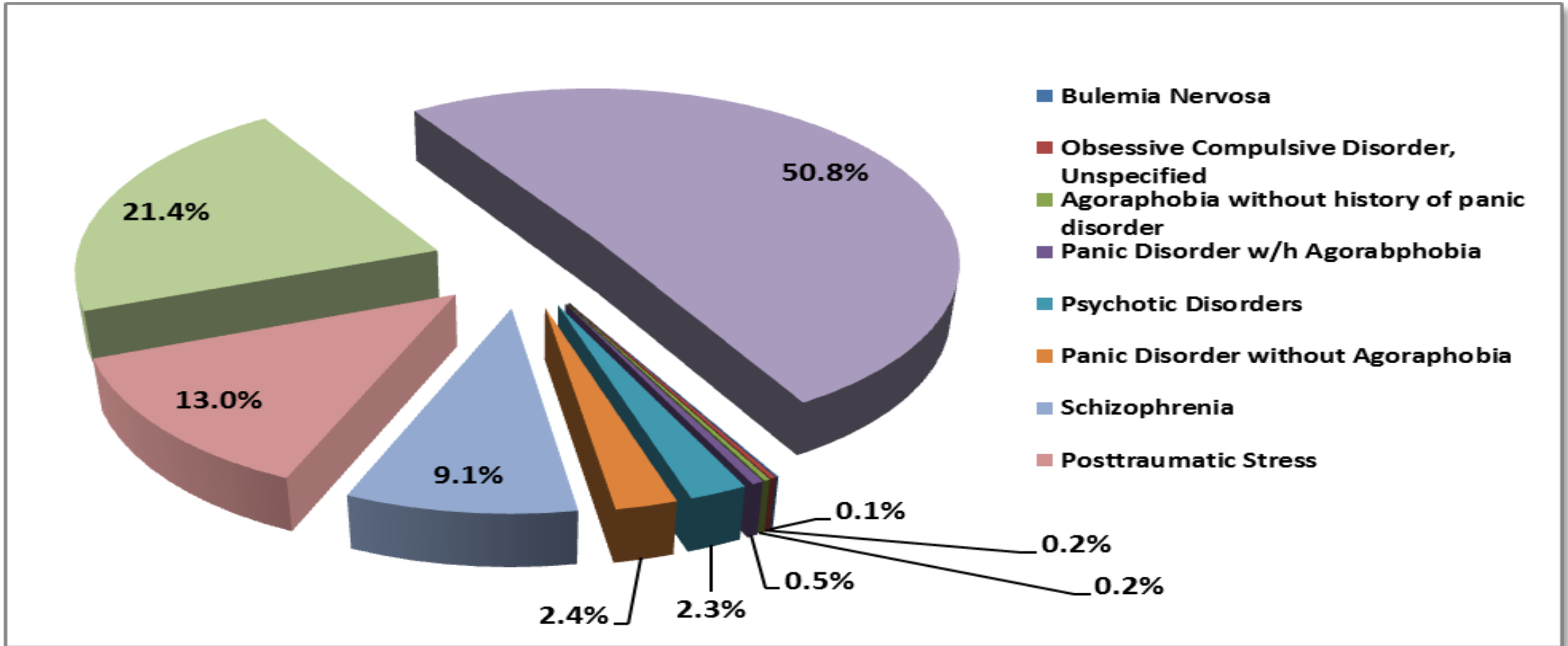
GAP Enrollment by Gender and Age Group

Who are our GAP members?

GAP Members by Gender and Age Group

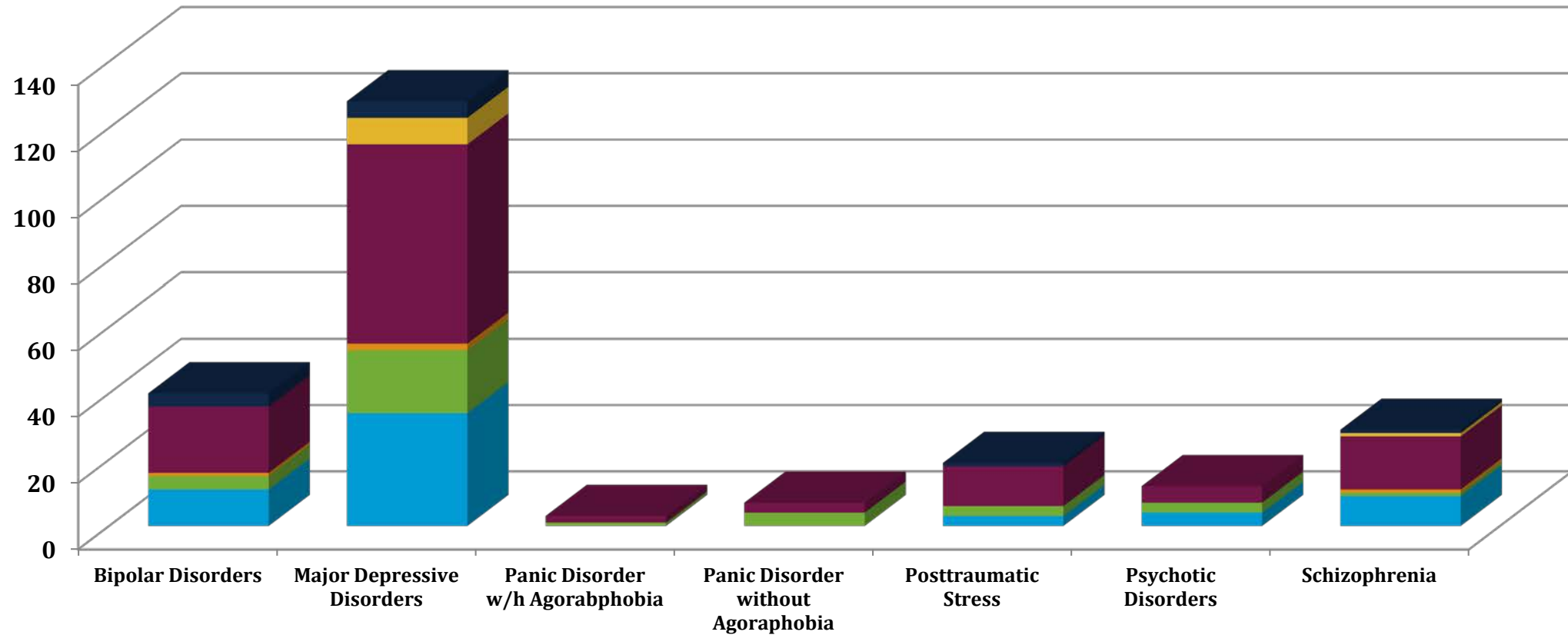


Primary Diagnosis of GAP Members



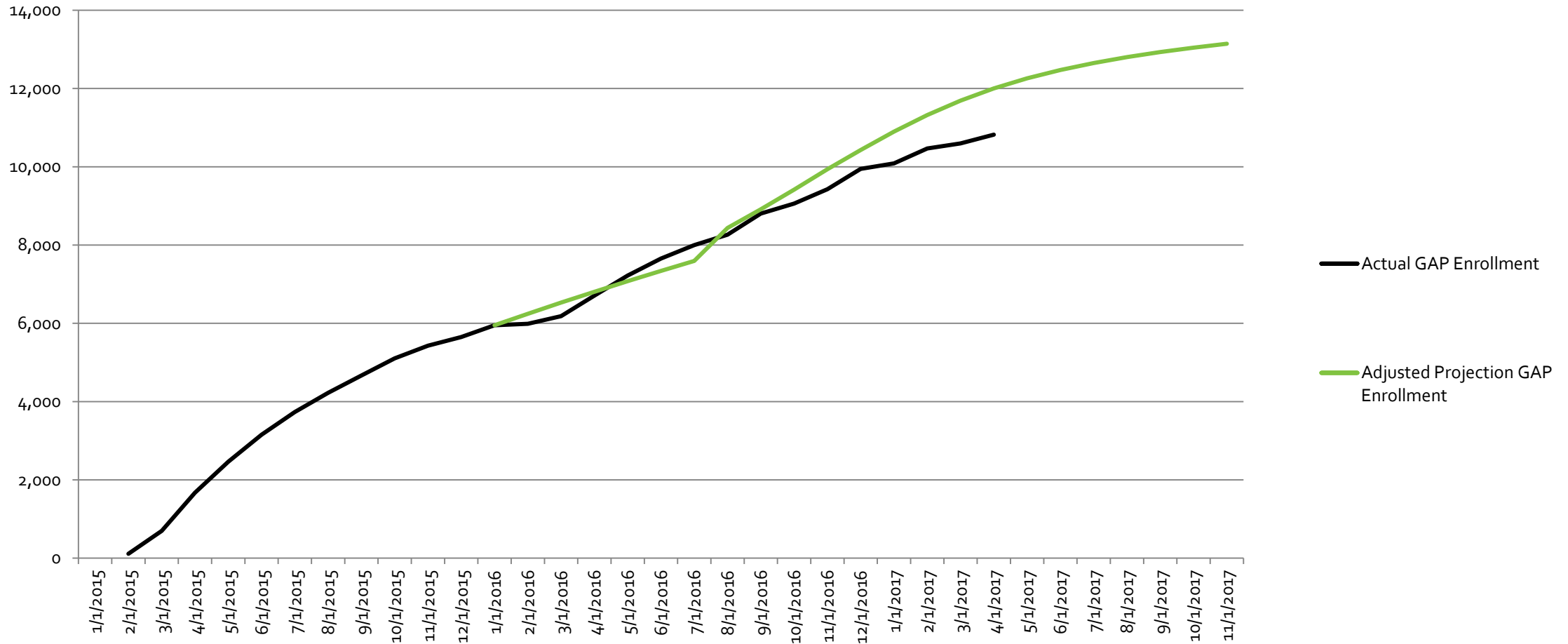
Service Authorizations

- Community MH Rehab Service/(Crisis Intervention) ■ Community MH Rehab Service/(Crisis Stabilization)
- Community MH Rehab Service/(Psychosocial Rehab) ■ GAP Case Management
- Substance Abuse Day Treatment for Pregnant Women ■ Traditional Outpatient/(Psychotherapy, 45-mins)

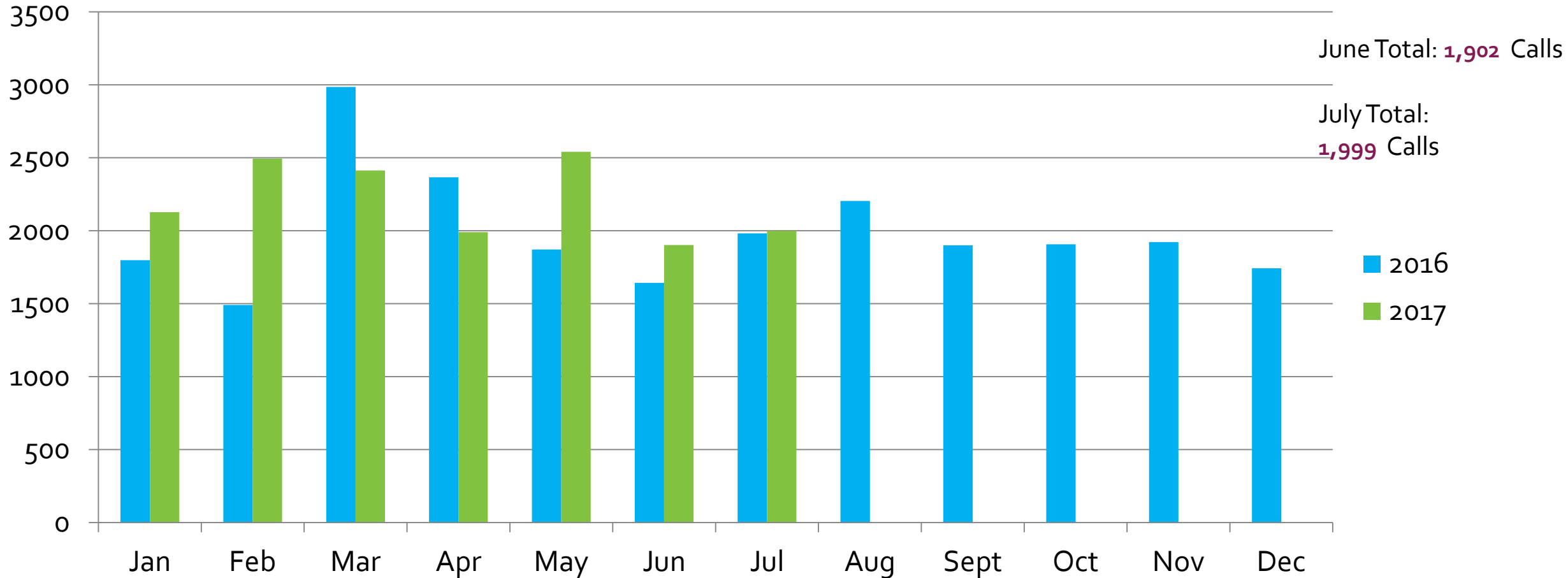


Enrollment & Projections

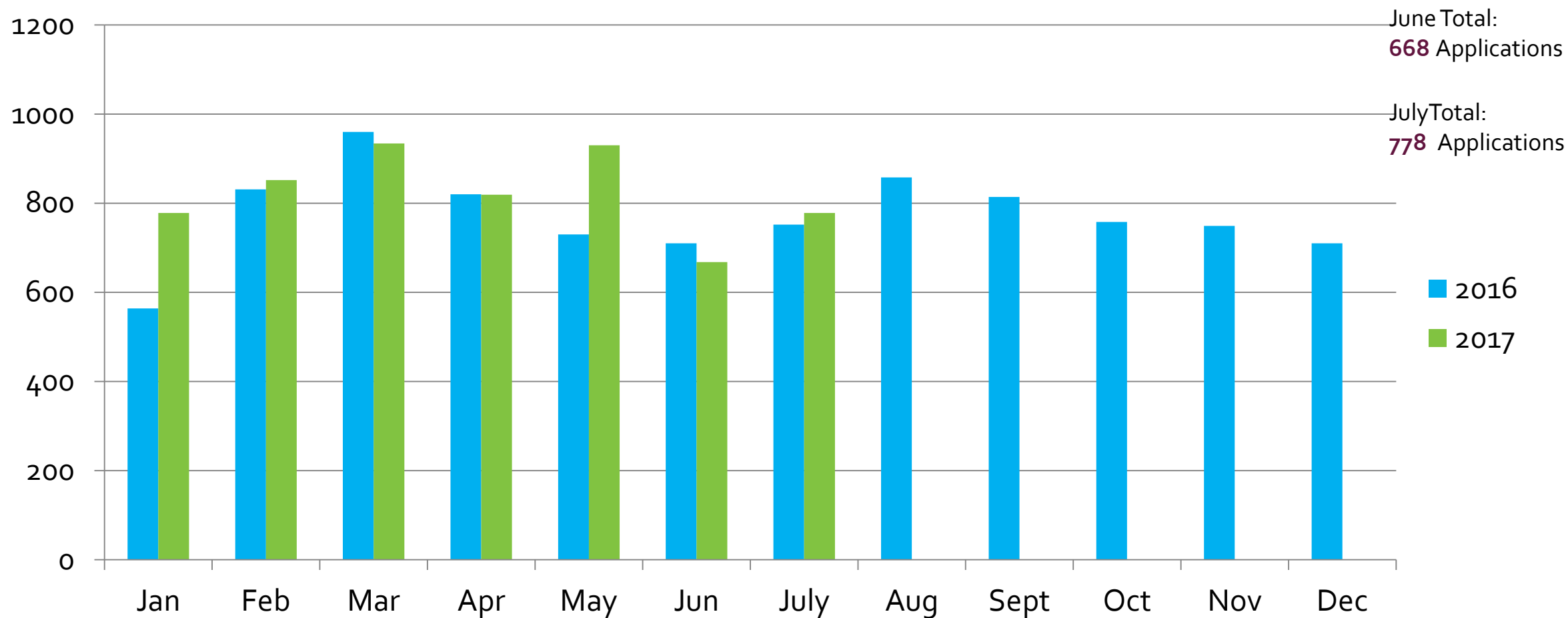
How are we doing?



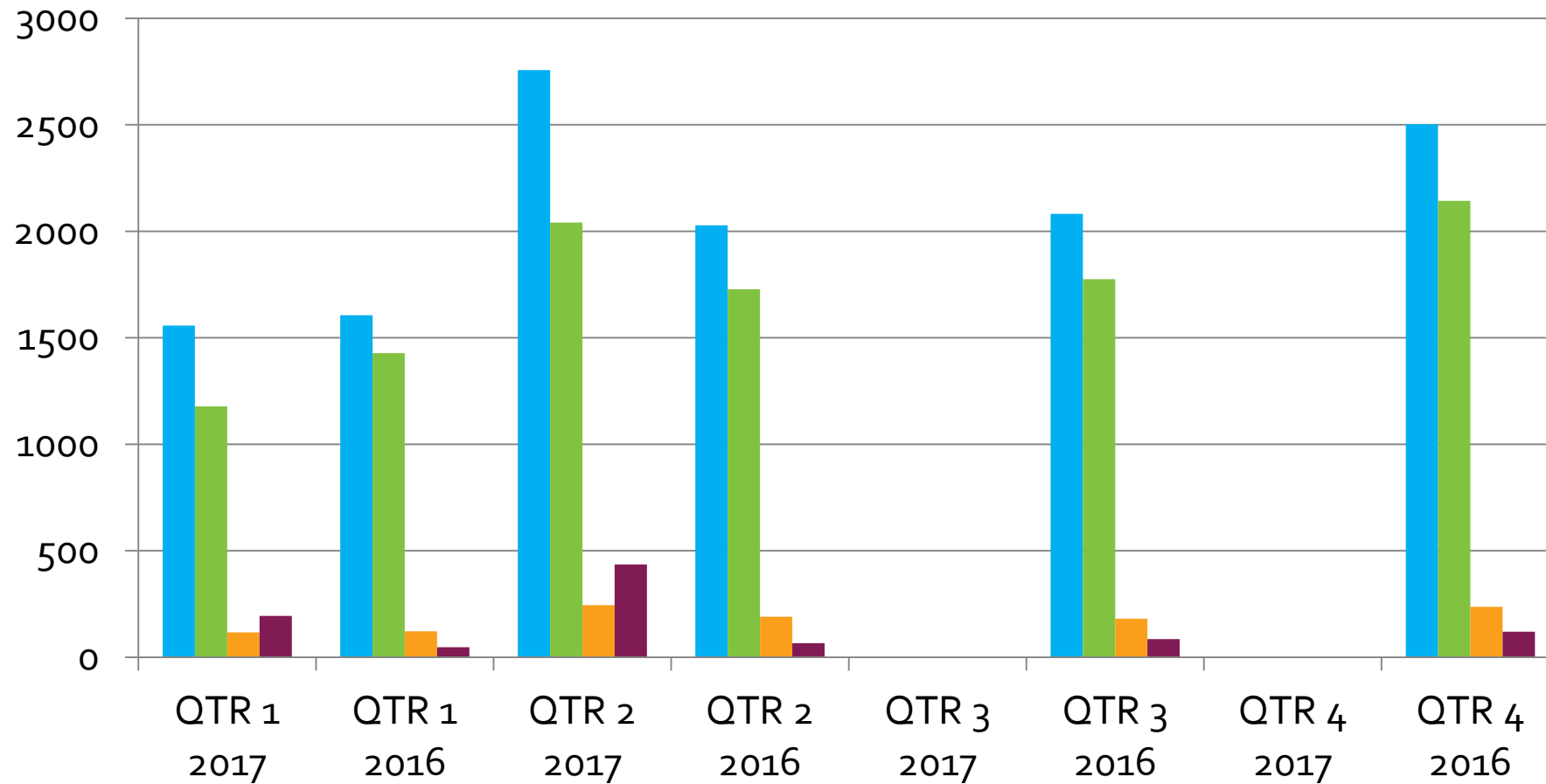
Monthly Calls Received at the Cover Virginia E&E Customer Service Unit



Monthly GAP Applications Received by Cover Virginia



Monthly SMI Screenings Processed by Magellan



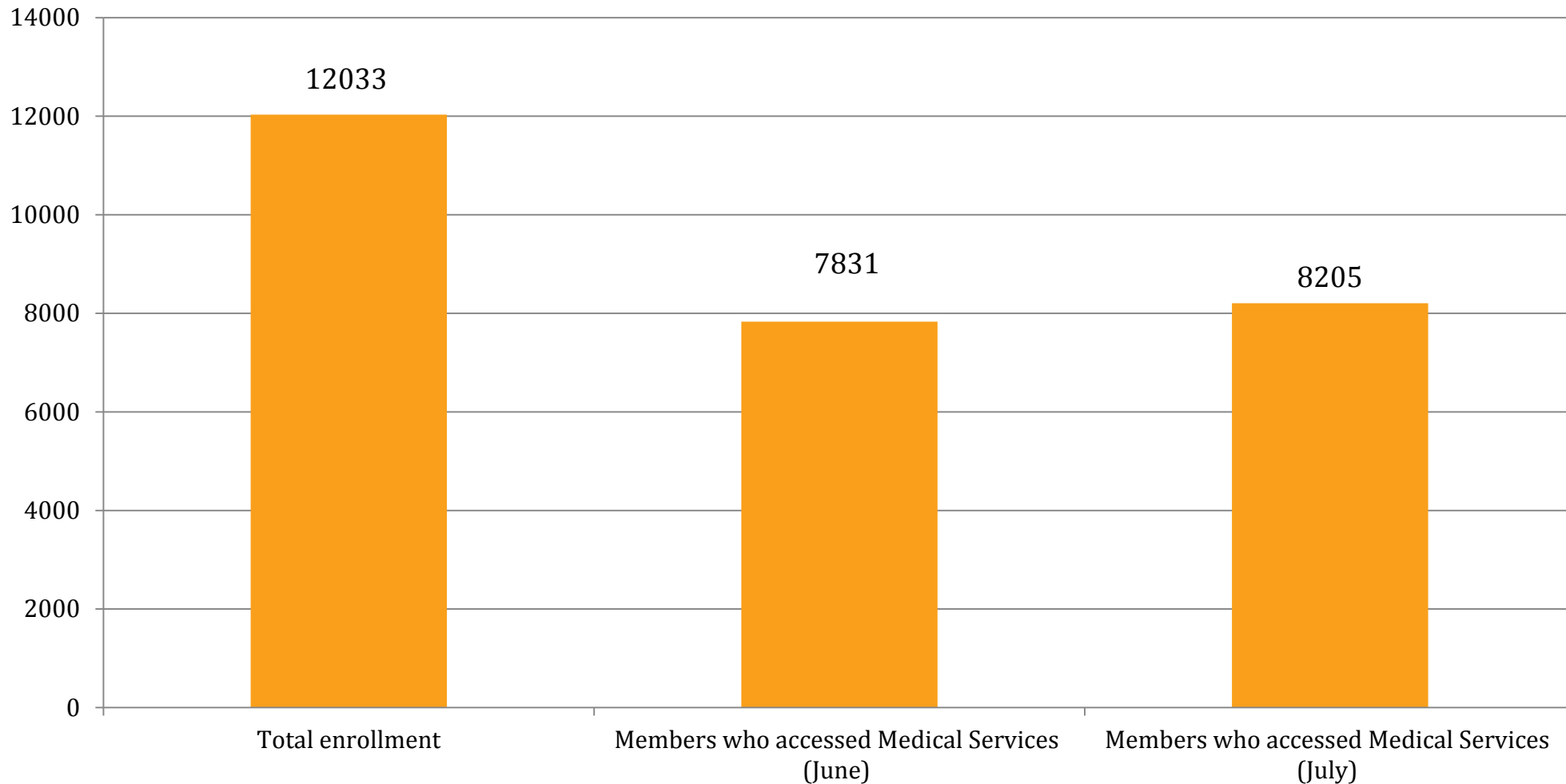
June Total:
 Received- 970
 Approved- 693
 Denied- 87
 Rejected- 152

July Total:
 Received- 809
 Approved- 551
 Denied- 82
 Rejected- 112

- # Rec'd
- Approved
- Denied
- Rejected

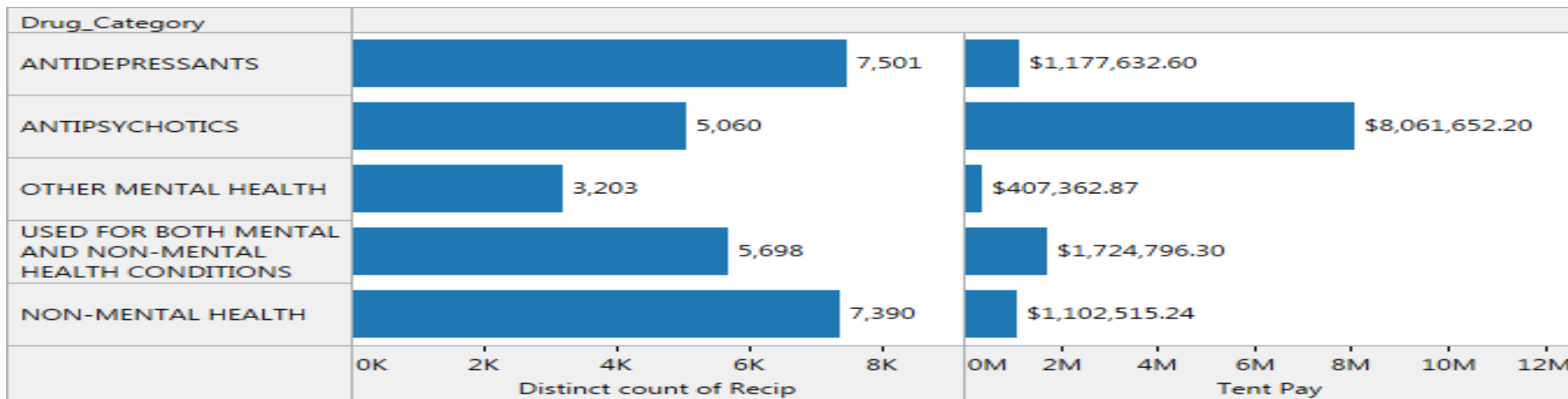
GAP Service Utilization

Medical Services

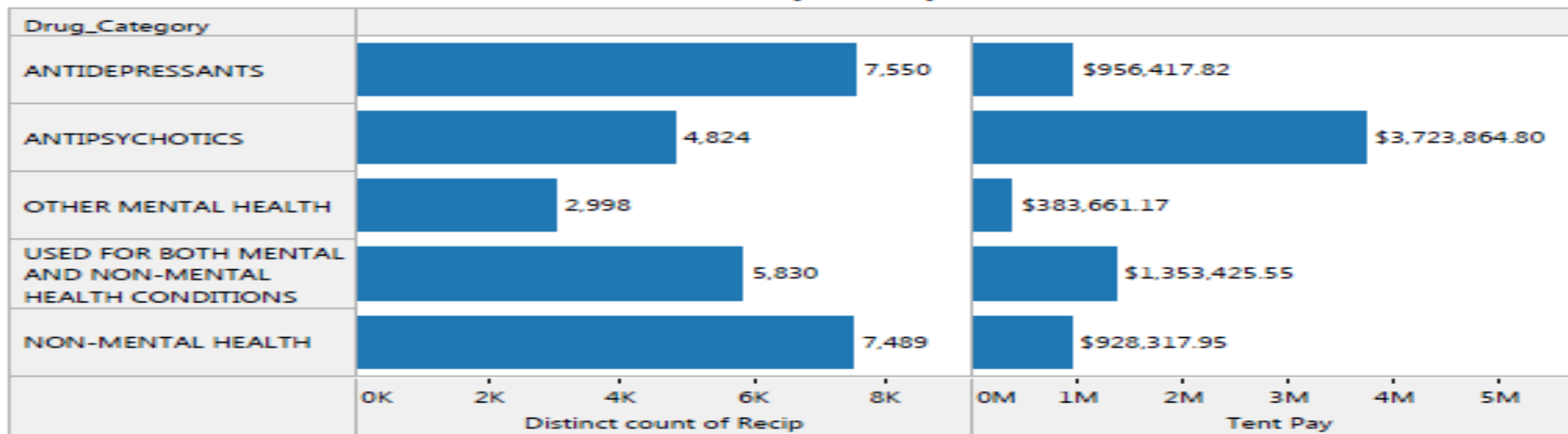


Pharmacy Information-Project Total

2016



2017



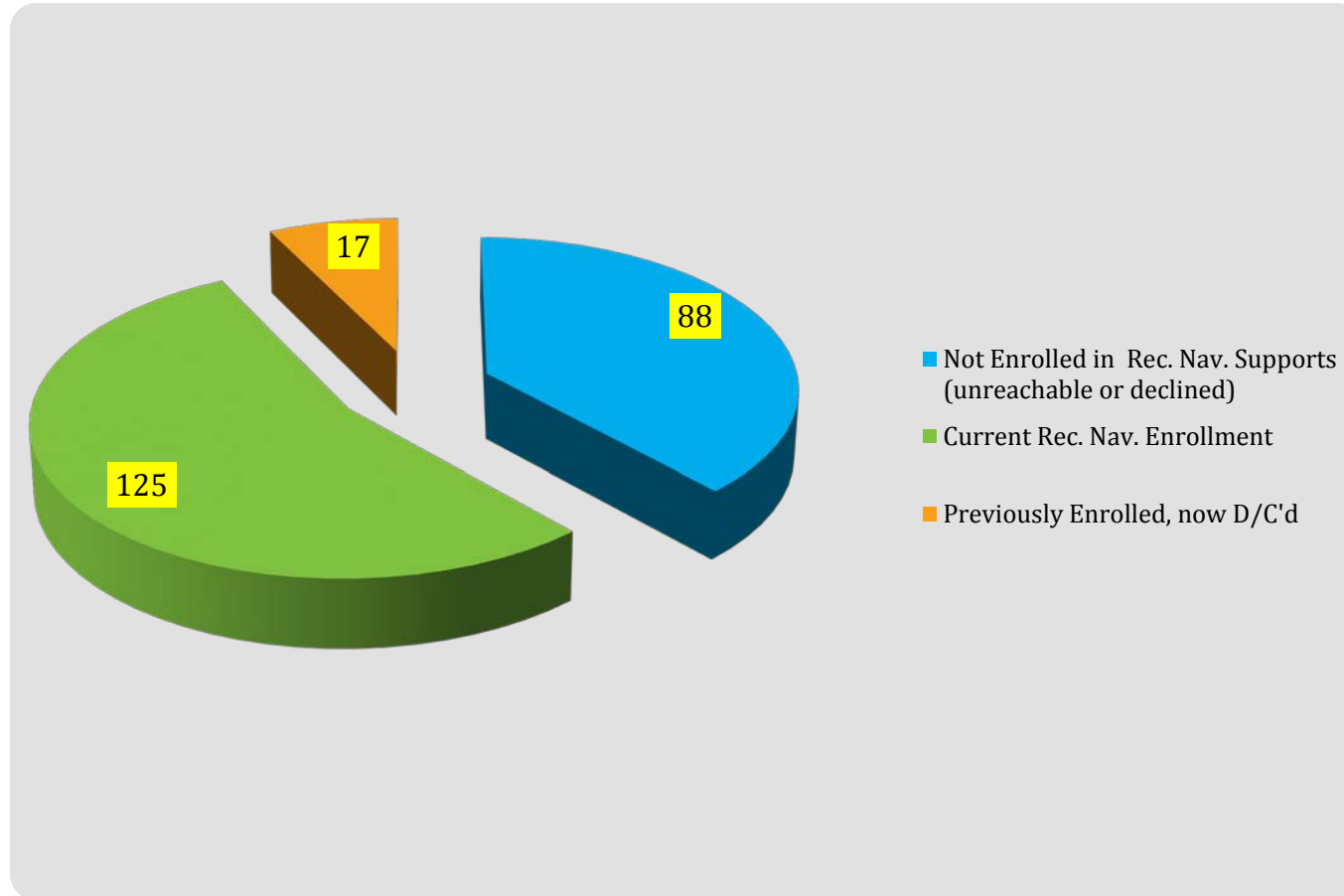
Magellan Recovery Navigators Enrollment (as of 07/31/2017)

For the month of June, there were **117** members receiving Recovery Navigation, of which:

- **25** were new enrollees
- The average days in program = **146**
- **46** are homeless or at risk of homelessness
- **2** ER visit reported this month

For the month of July, there were **125** members receiving Recovery Navigation, of which:

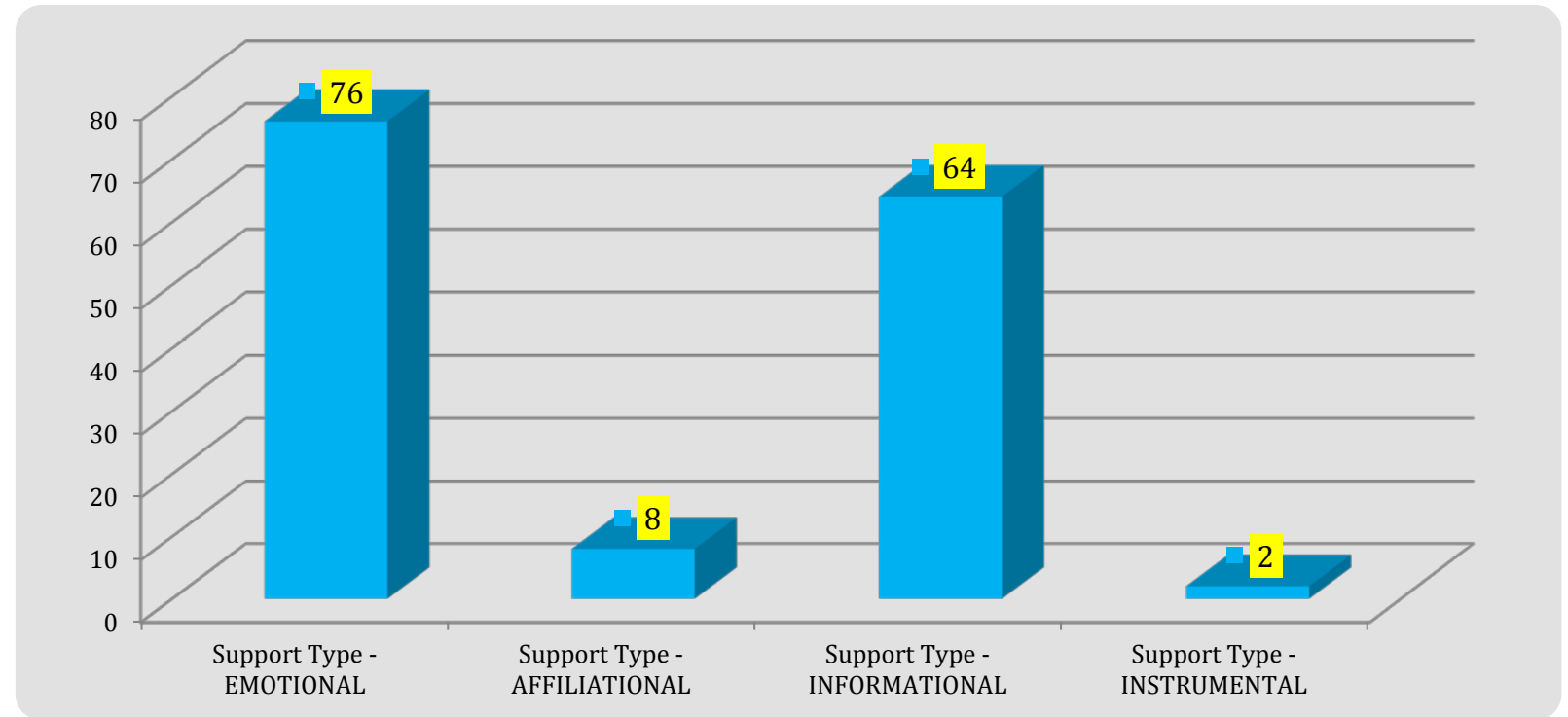
- **26** were new enrollees
- The average days in program = **143**
- **44** are homeless or at risk of homelessness.
- **4** ER visits reported this month



Magellan Recovery Navigators Supports Delivered (as of 07/31/2017)

Members received the following supports from Recovery Navigators:

- **Emotional**- Recovery navigator demonstrates empathy, caring or concern to bolster members' self-esteem and confidence
- **Affiliation**- Facilitating contacts with other people to promote learning skills, create community and acquire a sense of belonging
- **Informational**- Sharing knowledge and information and/or providing life or vocational skills training
- **Instrumental**- Providing concrete assistance to help members accomplish tasks



GAP Update- Recovery Navigators

Success Story from the Navigator's Eyes

- A 50 year old GAP member with a diagnosis of Major Depressive Disorder was referred for recovery navigation following crisis stabilization. The member had **four previous suicide attempts in his life** and has an **extensive family history of suicide**, with eight family members having committed suicide.
- At the time of referral, he reported that **he didn't have any goals for himself** and that he isolates. Over the next several months, the **member engaged in Recovery Navigation, GAP Care Coordination, behavioral health services and medical services**. He began attending NAMI meetings and has taken on leadership roles within his local NAMI chapter.
- In December, the member was approved for disability and has transitioned out of GAP coverage. In March 2017, he applied and was **accepted to participate in the DBHDS Peer Recovery Specialist training**. He successfully completed the 72 hour training course and is able to provide support for others. **He now reports seeing work as a possibility for himself.**

Outreach

- DMAS is partnering with BHSA to enhance the Tracfone care message program to send text messages with reminders of benefit renewal as well as recovery and resiliency messaging to GAP members .
- DMAS GAP staff have been participating in HB2183 workgroup to address barriers and plan to increase Medicaid and GAP benefit upon release for incarcerated individuals.
- DMAS GAP staff are working with ARTS staff to train Virginia Hospital and Healthcare Association members on ARTS/GAP and changes to covered services.
- DMAS GAP staff are working closely with Community Services Boards and Federally Qualified Health Centers regarding SMI screenings and service delivery for GAP members.

Challenges

- Comprehensive care coordination for GAP members due to:
 - Transient and highly mobile population
 - Reluctance to engage in service delivery
 - BHSA limited familiarity with medical service delivery system
 - Medical FFS provider network lack of familiarity with GAP and covered benefits.
- CMS requires an independent external evaluation which will be challenging due to resources.

GAP Outreach Activities

Collaboration with Department of Corrections (DOC) and Jails

- GAP staff attended House Bill 2183 Workgroup meetings in May, June, July. On 7/25/2017, the workgroup reviewed draft recommendations: drafting a screening form for jail intake staff to identify potential Medicaid applicants, create a electronic data match.
- DJJ/DOC/Compensation board and developing communication process to notify local agencies when member is incarcerated. The Workgroup discussed using COVER VA as a central processing location for applications and discussed how this has worked well for GAP members. The Workgroup discussed the decreased administrative burden of billing for hospital procedures and finding DSS staff who are knowledgeable about this population if recommendations move forward.
- Increased awareness in the community and extensive outreach to Jails/DOC



GAP Outreach Activities

Challenges with Jails and Department of Corrections (DOC)

- No computers to access GAP application
- Cannot estimate volume for CSBs to perform screenings
- Only 40% CSBs have contracts with jails to provide services; screening may not be part of it
- CSBs are primary screeners but are challenged to have the resources to hire qualified personnel




Legislative Updates

- GAP Regulations were revised to account for program changes mandated by the 2017 General Assembly.
- Program changes include **increasing the eligibility from 80 – 100% of the Federal Poverty Level; adding partial day hospitalization and residential treatment services for substance use disorder, and; modifying Recovery Navigation, provided by the BHSA, adding Peer Support Services provided by licensed private providers.**
- The Final proposed regulation package has now been submitted to the Office of the Attorney General for review.
- The 2017 General Assembly passed significant funding measures to strengthen the mental health care system including \$2 million in new funding to expand the **GAP household income allowance to 100% of the FPL and to include Addiction, Recovery and Treatment Services' residential and partial hospitalization services in the demonstration waiver.** Both items are effective for GAP member beginning October 1, 2017.

Bridging the Mental Health Coverage GAP

GAP Benefits

Integrating care coordination, primary care, specialty care, pharmacy and behavioral health services

Outpatient Medical	Outpatient Behavioral Health	Magellan Only Services	Substance Abuse Services
Primary & Specialty Care	GAP Case Management	Care Coordination; Community Wellness/Community Connection	<ul style="list-style-type: none"> Screening Brief Intervention and Referral to Treatment Intensive Outpatient Outpatient
Laboratory	Psychiatric Evaluation, Management and Treatment	Crisis Line available 24/7	Opioid Treatment Programs
Pharmacy	Crisis Intervention and Stabilization	Recovery Navigation	Office Based Opioid Treatment
Diagnostic Services <ul style="list-style-type: none"> Physician's office Outpatient hospital coverage limited to: diagnostic ultrasound, diagnostic radiology (including MRI and CAT) and EKG including stress 	Psychosocial Rehabilitation		Effective 7/1/2017 MH and ARTS Peer Supports
Diabetic Supplies	Outpatient Psych		Effective 10/1/2017 Partial Hospitalization, Residential and Inpatient Psychiatric Services



For more information, please contact:

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http://www.dmas.virginia.gov/Content_pgs/gap.aspx