



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

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What is Medicaid?

- It is not Medicare – which is a federal program for those over 65 or disabled
- Medicaid is a shared state/federal program to provide health insurance for **certain** low-income groups. Virginia implemented in 1969
 - Virginia: 50% state funding is matched by 50% federal funding
- Federal oversight provided by the Centers for Medicare and Medicaid Services (CMS)
- State programs are based on a CMS approved “State Plan” or “Waivers”
- DMAS is designated as the “single-state agency” to administer the program in Virginia



In Virginia...

- Medicaid/CHIP covers 1 million Virginians; 1 in 8 Virginians rely on it
- Medicaid/CHIP pays for 1 in 3 births
- Medicaid is the primary payer for Long Term Services and Supports; 2 in 3 nursing facility residents
- Medicaid is the primary payer for Behavioral Health Services



Who is Eligible for Medicaid?

- Eligibility is EXTRAORDINARILY complex!
- To qualify for Medicaid, individuals must:
 - Meet financial eligibility requirements; AND
 - Fall into a “covered group” such as:
 - Aged, blind, and disabled;
 - Pregnant;
 - Child; or
 - Caretaker parents of children.
- Currently, Virginia Medicaid does not provide medical assistance for all people with limited incomes and resources.

The Mental Health Coverage GAP in VA

- SMI and co-occurring disorders and conditions are **HIGHLY** treatable.
- We believe that establishing a benefit plan that targets individuals with SMI will enable them to access behavioral and primary health services in order to help them recover, live, work, parent, learn, and participate in their communities.





**Bridging the Mental Health
Coverage Gap in Virginia**

GAP Demonstration Goals

Three key goals of the GAP Demonstration include:

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

GAP Referrals

GAP participation referrals come from:

- self-referral;
- family members;
- community mental health providers;
- local departments of social services;
- health care providers;
- community organizations;
- **jails/prisons (upon release)**;
- hospitals; and
- other community resources providing assistance to individuals.

GAP Delivery System

GAP leverages the DMAS established infrastructure to administer the GAP program

- Medical and pharmacy services utilize the existing Medicaid fee-for-service provider networks and will follow existing Medicaid coverage rules and reimbursement policies.
- Some medical services require service authorization which continues to be performed by KePRO, the current DMAS service authorization contractor.
- Behavioral health, network management, service authorizations, and claims continue to be managed by Magellan of Virginia, DMAS' Behavioral Health Services Administrator (BHSA).



GAP Eligibility & Enrollment



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GAP Eligibility Requirements

In order to be eligible, individuals must meet ALL of the requirements outlined below, which are reviewed and verified by Cover Virginia:

- Adult age 21 through 64 years old;
- U. S. Citizen or lawfully residing immigrant;
- Not eligible for any existing entitlement program including: Medicaid, Medicare, or TriCare;
- Resident of Virginia;
- Household income that is below 60*% of the Federal Poverty Level (FPL); (*60%+5% disregard)-(changing July 1 to 80%)
- Uninsured;
- Not residing in a long term care facility, mental health facility, or penal institution; and (consulting with CMS on this point-stay tuned!)
- Screened and meet the criteria for GAP SMI.

GAP Eligibility Process

GAP eligibility is a two step process:

1. Financial/non-financial determination; and
2. GAP SMI determination.

Individuals may start at either step to enter the GAP Program.

Cover Virginia

"Cover Virginia" manages GAP eligibility applications and determines program eligibility:

- Receives online and telephonic applications for the GAP Program;
- Provides a toll free customer service line;
- Determines eligibility;
- Sends member handbook; and
- Handles individuals' appeal of eligibility related adverse actions.

Financial/Non-Financial Criteria

Two ways to submit an application for GAP to Cover VA:

- Telephonically by calling 1-855-869-8190 or TDD at 1-888-221-1590; or,
- On-line, through the provider assisted web portal. Through this preferred method; members are assisted by a GAP Screening entity or another DMAS approved organization.

Applicants beginning the process through Cover Virginia will be referred to their local CSB for a GAP SMI Screening.

GAP SMI Screening

- GAP SMI screening may be conducted by:
 - Community Services Boards (CSBs)
 - Federally Qualified Health Centers(FQHCs)
 - Inpatient Psychiatric Hospitals
 - General Hospitals with an Inpatient Psychiatric Unit
- Applicants do not need to wait for the financial/non-financial information to be reviewed prior to being referred for the GAP SMI Screening.

GAP SMI Screening

- GAP SMI is determined via the use of the GAP Serious Mental Illness Screening Tool
- The screening tool addresses 5 areas:
 - Age
 - Diagnosis (list of qualifying diagnoses on DMAS GAP webpage)
 - Duration of Illness
 - Level of Disability, and
 - Whether due to mental illness the individual requires assistance to consistently access and utilize needed medical and/or behavioral health services/supports.

GAP SMI Screening

2. Diagnosis

The person has a serious mental illness diagnosed under Axis I in the Diagnostic and Statistic Manual (DSM-5). At least **one of the following diagnosis must be present**. Adjustment disorder or V code diagnosis do not meet this criterion.

- Schizophrenia spectrum disorders and other psychotic disorder with the exception of substance/medication induced psychotic disorders
- Major depressive disorder
- Bipolar and related disorders with the exception of cyclothymic disorder
- Post-Traumatic Stress Disorder
- Other disorders including OCD, Panic Disorder, Agoraphobia, Anorexia nervosa, Bulimia nervosa



GAP SMI Screening

3. Duration of Illness

The person must meet **at least one** of the following:

- Is expected to require services of an extended duration (at least 12 months);
- Has undergone psychiatric treatment more intensive than outpatient care, such as crisis response services, alternative home care, partial hospitalization or inpatient hospitalization, more than once in his or her lifetime.
- Has experienced an episode of continuous, supportive residential care, other than hospitalization, for a period long enough to have significantly disrupted the normal living situation.



GAP SMI Screening

4. Level of Disability

The person must meet **at least two** of the following on a continuing or intermittent basis **as a result of their mental illness**:

- Is unemployed; employed in a sheltered setting or a supportive work situation; has markedly limited or reduced employment skills; or has a poor employment history;
- Requires public and family financial assistance to remain in the community and may be unable to procure such assistance without help;
- Has difficulty establishing or maintaining a personal social support system;
- Requires assistance in basic living skills such as personal hygiene, food preparation, or money management; or
- Exhibits inappropriate behavior that often results in intervention by the mental health or judicial system.



GAP SMI Screening

5. Due to mental illness, the person requires assistance to consistently access and to utilize needed medical and/or behavioral health services/supports

Clinical documentation supporting the criteria on the GAP SMI Screening is required along with the screening submission for GAP eligibility review. (This includes the diagnostic evaluation performed by a Licensed Mental Health Professional (LMHP) within the 12 months leading up to the screening or at the time of the screening.)



GAP Benefit Package



**Bridging the Mental Health
Coverage Gap in Virginia**



GAP Benefits

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

Outpatient Medical

- Primary & Specialty Care
- Laboratory
- Pharmacy
- Diagnostic Services
 - Physician's office
 - Outpatient hospital coverage is limited to diagnostic ultrasound, diagnostic radiology (including MRI and CAT), and EKG including stress
- Diabetic Supplies

Outpatient Behavioral Health

- GAP Case Management
- Psychiatric Evaluation, Management & Treatment
- Crisis Intervention & Stabilization
- Psychosocial Rehab
- Peer Supports-Recovery Navigation
- Outpatient Psych & Substance Abuse (SA) Treatment Services
- SA Intensive Outpatient (IOP)
- Methadone & Opioid Treatment



GAP Services Through Magellan

Services provided through Magellan include:

- **Care Coordination**, includes identification of the individual's behavioral health, medical and social/community support needs to efficiently achieve the individual outcomes in the most cost-effective manner.
- **Crisis Line** available 24/7 and staffed by licensed mental health professionals.
- **Peer Supports/Recovery Navigation Services** including a state wide warm telephone line and limited, local, voluntary, in-person supports.



Preferred Pathway Providers

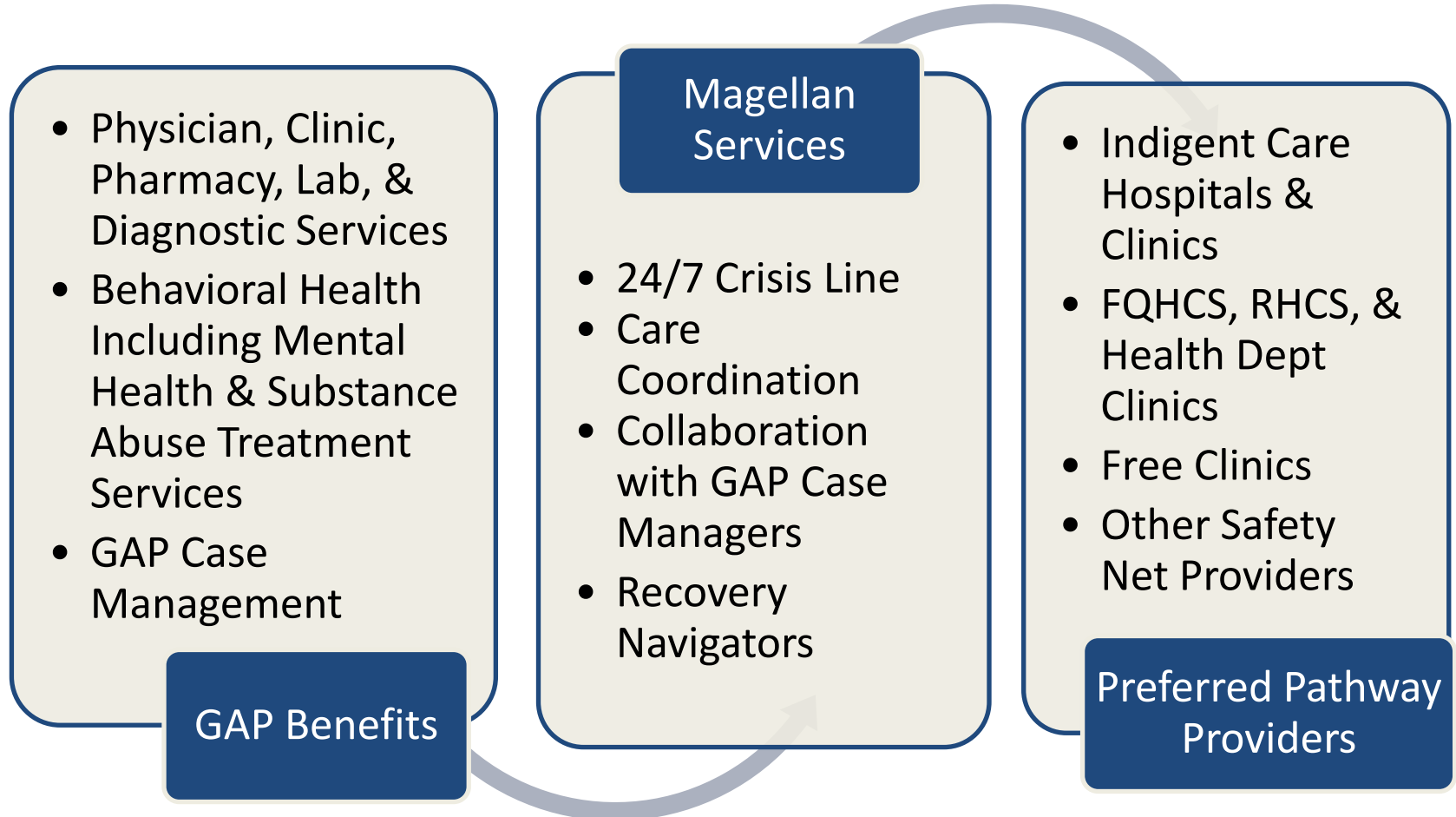
Non-covered medical services will be coordinated through an alternative preferred service pathway using existing indigent care providers.

DMAS and Magellan are working in collaboration with external stakeholders and partners to compile regional lists of preferred indigent care pathway providers to assist GAP beneficiaries in locating non-covered services at a reduced or free rate.

A complete list of covered and non-covered GAP services is available on the DMAS website at http://www.dmas.virginia.gov/Content_pgs/GAP.aspx



GAP Integrated Service Delivery





Magellan Contact Info for Members

Magellan of Virginia offers a 24 hour, 7 day per week toll free line for individuals receiving GAP benefits to obtain information regarding covered benefits, provider selection, and how to access all services including medical, pharmacy, behavioral health, and use of preferred pathways.

Members may contact a care manager by calling 1-800-424-4279 or 1-800-424-GAP9.

GAP Members may also access the Recovery Navigation Line by calling 1-800-424-4520.

*Please note that these are **member only** lines*





Cover VA

- Cover VA can help complete a GAP application over the telephone when you call 1-855-869-8190.
- Who to contact if you have GAP benefits and there is a change to your name or address.
- Who to contact if you have lost your GAP ID card and need a replacement.



DMAS Website

Information about the GAP Program is located on the Virginia DMAS website at www.dmas.virginia.gov



Questions pertaining to the GAP program may also be e-mailed to BridgetheGAP@dmas.virginia.gov