



Public Comment Hearing §1115 Waiver – GAP Program for the Seriously Mentally Ill

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The §1115 Waiver, explained

State Medicaid Programs (DMAS in Virginia) may request from the Centers for Medicare and Medicaid Services (CMS) a waiver of specific federal Medicaid requirements that are found in the Social Security Act.

There are many types of waivers that a state can seek, but the §1115 Waiver is used to relax certain requirements in order to provide states an avenue to test and implement coverage through innovative program designs that do not meet federal program rules.

This specific application seeks to provide health and behavioral health benefits to qualifying Virginians who suffer from a Serious Mental Illness and live at or below 100% of the federal poverty limit.



The GAP Program for the Seriously Mentally Ill

If the §1115 Waiver application is approved, the program will run from January 2015 through January 2017.

The targeted benefit package will:

- build on a model of care that will be delivered by existing DMAS partners;
- Provide basic medical and behavioral health care; and,
- Utilize an integrated care model to provide service to qualifying individuals with SMI.



How was the target population chosen?

- National Statistics show that in the past year, nearly 20% of adults experience some form of behavioral illness and 4.1% of Americans experience a SMI. Among low-income, uninsured populations, these figures are significantly higher.
- Individuals with SMI have an increased risk for co-morbid medical conditions such as diabetes, heart disease, and obesity and Nearly 50% of individuals with SMI have a co-occurring substance use disorder.

BUT

- SMI and their co-occurring disorders and conditions are HIGHLY treatable. Enabling persons with SMI to access behavioral and primary health services will help them recover, live, work, parent, learn, and participate in their communities.



Demonstration Goals

The three key goals of this Demonstration are to:

1. Improve access to health care for a segment of the uninsured population in Virginia who have significant behavioral and medical needs;
2. Improve health and behavioral health outcomes of demonstration participants; and,
3. Serve as a bridge to Closing the Coverage Gap for uninsured Virginians.



Eligibility

In order to be eligible, individuals must meet ALL of the requirements outlined below:

- Adult age 19 through 64 years old;
- U. S. Citizen or lawfully residing immigrant;
- Not eligible for any existing entitlement program including: Medicaid, Children's Health Insurance Program (CHIP/FAMIS), or Medicare;
- Resident of Virginia;
- Household income that is below 100% of the Federal Poverty Limit (FPL);
- Uninsured;
- Screened and meet the criteria for SMI (specifics to be determined); and
- Not residing in a long term care facility, mental health facility, or penal institution.



Proposed Delivery System

DMAS will use existing provider networks, creating a hybrid payment structure using Fee-For-Service and Magellan.

Referrals will come from:

- self-referral;
- community mental health providers;
- health care providers;
- community organizations;
- law enforcement, jail/prisons (upon discharge); and, hospitals.



Benefits

The benefit package will be limited in scope and will include services such as:

- Primary care;
- Psychiatric care (to include Evaluation, Management, and Treatment);
- Behavioral Health community services;
- Laboratory;
- Pharmacy; and,
- Care Coordination



Enrollment Projections

Due to funding restraints, enrollment will be limited. There will not be a cap but eligibility criteria may be adjusted, in the future.

- Up to 20,000 individuals may receive services
- Average cost = \$7,000-\$8,600 per individual
- Federal government will pay 50% of costs
- 2015 (sfy) range from \$60 to \$80 million (total)
- 2016 (sfy) range from \$120 to \$160 million (total)



Budget Neutrality – required by waiver

To ensure budget neutrality as required by all §1115 waiver demonstrations, cost savings will come from the following:

- Effective management of uninsured individuals who experience SMI
 - Will enable Virginians to remain employed and use the health care system efficiently.
 - Will less frequently seek to qualify for a disability determination which would likely yield enrollment into Medicaid.
 - Will help stabilize individuals and their co-morbid medical conditions therefore they will be easier to manage and less costly when they gain full coverage through Medicaid expansion or other full coverage health plan once they enroll.



Public Comment Process

- There will be 2 hours allotted for this public hearing.
- Public Comments will start with the first person on the sign up list. You will have three minutes to deliver your comments.
- Please provide staff with any handouts or written comments you may have available.
- All testimony and documents will become part of the public record.
- If you are not able to make comments today, please send them via email (address below).
- Updated information will be located on the DMAS webpage - http://www.dmas.virginia.gov/Content_pgs/1115.aspx
- Please email all questions or comments to: 1115waiver@dmas.virginia.gov