

§1115 GAP Waiver Application Demonstration
State - Public Comment Response Document

Comment:

Regarding eligibility, the target population for the GAP plan should include adults with mental illness with incomes between 80-100% of the Federal Poverty Level, including those with serious mental illness who are not considered disabled and thus not eligible for Medicaid in Virginia.

Response:

The GAP program eligibility criteria specifies that the program is for individuals age 19-64 with income up to 100% of the Federal Poverty Level (95% FPL plus a 5% income disregard) who have a serious mental illness and have not been determined as being disabled by the Social Security Administration.

Comment:

Eligibility should include those with a mental, behavioral, or emotional disorder, or a co-occurring substance use disorder that is diagnosable currently or within the past year and of sufficient duration to meet with diagnostic criteria specified within the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Further, eligibility priority should be prioritized to:

- Transition-age young adults who often fall through the cracks of multiple service systems as they experience a first episode of mental illness, or age out of the foster care system and leave the structure of high school and their parents' homes.
- Those at-risk of institutionalization (including state and private hospitals or jail)
- Those who are homeless, at risk of homelessness, or precariously housed

Response:

The GAP program eligibility criteria will include a screening to be administered by licensed mental health professionals as determined by the Department of Medical Assistance Services and verified by the existing Virginia Behavioral Health Services Administrator (BHSA). The screening has been crafted with an understanding of the diagnostic criteria specified within the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) as well as consideration of risk factors and levels of disability. Eligibility will be determined on a, 'first come first served' basis therefore there will not be prioritization given to transition age young adults, those at risk of institutionalization, those who are homeless, at risk of homelessness, or precariously housed. The program has been designed to work hand in hand with community based providers and has an outreach component that will be designed in the coming weeks/months. To that end, outreach efforts can be targeted to ensure that these vulnerable individuals have avenues to learn about the program and the services offered through it. Having this information will assist individuals in making an informed decision on whether to apply and do so if they so choose.

Comment:

Regarding benefits, given that the benefits package must be limited in scope, as the announcement has stated, it must focus on providing evidence-based, promising practice, and recovery-oriented treatment and supports including but not limited to:

- Care coordination and the integration of primary care, including a range of medical services - A range of psychiatric services (assessment, medication management, an ongoing treatment and access to psychiatric services)
- Medications for mental health and substance use disorders
- Crisis services for mental health and substance use including crisis intervention and crisis stabilization
- Outpatient therapy and counseling
- Community-based mental health services that are delivered in the client's home
- Assertive community treatment (PACT)
- Peer specialist services
- Non-emergency transportation

Response:

With the exception of Assertive Community Treatment (PACT) and Non-emergency transportation, the targeted benefit package will include all of the suggested benefits. PACT is an intensive and high cost service that is already being provided by many of the local Community Services Boards (CSB's) throughout the Commonwealth to both Medicaid and non-Medicaid eligible beneficiaries. The GAP program will build upon this existing community service, and will not deter the local providers from offering it in addition to services provided through the GAP program.

Since the GAP Program has a limited benefit, non-emergency transportation is not covered.

Comment:

Please do not cut programs such as Wellness Recovery Action Plans, Pathways to Wellness, Certified Peer Specialist Training, Whole Health Action Management Training, Emotional CPR training and post hospitalization support programs.

Response:

The GAP program benefit package is intended to enhance services already available to qualifying individuals.

Comment (summarized):

Will those eligible for this waiver receive assistance that will help homeless individuals with SMI?

Response:

Yes, while not final, the communications and outreach planning will aim to educate and support community organizations that support individuals who are homeless, at risk of homelessness, or live in precarious housing.

Comment:

I would heartily suggest a campaign to educate the providers who daily meet with people about this availability of services.

Response:

The GAP program will have a targeted outreach plan that will inform community providers and partners about the program; including eligibility criteria, application processes and covered services.

Comment:

Will this funding cut wait times for full services at public mental health clinics?

Response:

It is important to note that the GAP program funds are tied specifically to the GAP program and will not be lump sums of funding that will be provided to community providers. While the department is not able to comment on wait times at local public mental health clinics, we envision that individuals eligible for the GAP program will have consistent access to services and supports needed to ensure their physical health and mental health conditions are attended to and treated appropriately.

Comment:

There are a number of community agencies already serving the target population. These agencies should be enlisted to help outreach to and enroll the target population, as they are already serving and familiar with those who will benefit from coverage.

Response:

The Department has not created the full outreach and education plan; however, when designing it, DMAS will rely heavily on enlisting the entities which already serve the target population in the community.

Comment:

The proposed eligibility criteria, while restrictive, seem reasonable for the demonstration project. If possible to include dental care under the benefit package that would be desirable insofar as poor dental care can lead to many serious health complications.

Response:

Unfortunately, not all services are able to be provided due to budget restrictions. Dental care will not be a covered service through the GAP demonstration.

Comment:

Broad knowledge of the program and an easy enrollment process will be critical to assure maximum coverage of eligible individuals.

Response:

The Department has not created the full outreach and education plan; however, when designing it, DMAS will rely heavily on enlisting the entities which already serve the target population in the community. The application process is designed to ensure individuals are supported through the application process and assistance is provided as needed.

Comment:

One way to bridge this gap would be to employ trained peer support specialists to provide individualized peer support. Trained “peer supporters” live with SMI themselves and have achieved a level of wellness that allows them to provide support to others.

Response:

The Department has received significant encouragement to include peer supports in the benefit package. Peer support services will be included in the GAP program. The service model has not yet been determined but it will be part of the Department’s outreach and education plan.