

## General GAP Questions

<p><b>1. What is GAP?</b></p>	<p>The Governor’s Access Plan, known as GAP, is a demonstration program offering a targeted benefit package for up to 20,000 Virginians who have income less than 100% (95% plus a 5% income disregard) of the federal poverty level (\$11,670 for a single adult) and suffer from serious mental illness (SMI).</p>
<p><b>2. Why is GAP necessary?</b></p>	<p>Without access to treatment, individuals with SMI are often unnecessarily hospitalized, may be unable to find and sustain employment, struggle with affordable and available housing, become involved with the criminal justice system, and suffer with social and interpersonal isolation. The opportunities provided through the GAP demonstration will enable persons with SMI to access both behavioral health and primary medical health services, enhancing the treatment they can receive, allowing their care to be coordinated among providers, therefore addressing the severity of their condition. With treatment, individuals with SMI and co-occurring or co-morbid conditions can recover and live, work, parent, learn and participate fully in their community.</p>
<p><b>3. Who is eligible for GAP?</b></p>	<p>Must meet ALL of the following eligibility requirements:</p> <ul style="list-style-type: none"> <li>• Adult between the ages of 21 through 64 years old;</li> <li>• U. S. Citizen or lawfully residing immigrant;</li> <li>• Not eligible for any state or federal full benefits program including: Medicaid, Children’s Health Insurance Program (CHIP/FAMIS), Medicare, or Tricare;</li> <li>• Resident of Virginia;</li> <li>• Household income that is below 95% of the Federal Poverty Limit (FPL) plus a 5% income disregard (\$11,670 per year for a single adult);</li> <li>• Uninsured;</li> <li>• Not residing in a long term care facility, mental health facility, long-stay hospital, intermediate care facility for persons with developmental disabilities, or penal institution; and,</li> <li>• Be screened and meet DMAS criteria as of being seriously mentally ill</li> </ul>

<p><b>4. What services are available under GAP?</b></p>	<p>The array of services available under GAP includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• Primary medical care, medical specialty care, and pharmacy</li> <li>• Diagnostic Services <ul style="list-style-type: none"> <li>○ Physician’s Office</li> <li>○ Outpatient hospital coverage is limited to diagnostic ultrasound, diagnostic radiology (excluding PET scans), and EKG including stress.</li> </ul> </li> <li>• Care coordination provided solely by Magellan of Virginia</li> <li>• Crisis Line</li> <li>• Recovery Navigation provided solely by Magellan of Virginia</li> <li>• Telemedicine</li> <li>• GAP Case Management</li> <li>• Crisis intervention and stabilization</li> <li>• Outpatient behavioral health and substance abuse treatment services</li> <li>• Substance Abuse Intensive Outpatient Treatment (IOP)</li> <li>• Psychosocial rehabilitation</li> </ul> <p><b>A complete benefits chart and non-covered services list is located on the DMAS website.</b></p>
<p><b>5. How does someone apply for GAP?</b></p>	<p>GAP eligibility is a 2 step process including a financial/non-financial determination and a GAP Serious Mental Illness (SMI) determination. Individuals may start at either step to enter the GAP program.</p> <p>Financial/non-financial applications are submitted to the GAP Unit at Cover Virginia either by telephone by calling 1-855-869-8190 or TDD 1-888-221-1590 or online with the help of a GAP SMI Screener. The use of the online application or provider assisted telephone call at the time the GAP SMI Screening is conducted is the preferred method of application.</p>
<p><b>6. How does someone get screened for GAP serious mental illness criteria?</b></p>	<p>GAP SMI is determined through a GAP SMI Screening tool completed by DMAS approved screening entities including the Community Services Boards (CSB), Federally Qualified Health Centers (FQHC), and hospitals. Individuals may call their local CSB or FQHC and request that a screening be done or they may call Cover Virginia to submit their application and Cover Virginia will refer them to the nearest GAP SMI screening location.</p>

<b>7. If the Cover Virginia application is completed online, does the application go to the local Department of Social Services and will required verification(s) be sent to the local DSS?</b>	The local Department of Social Services will NOT be involved in any of the GAP application processes. Financial/non-financial verification will be conducted by Cover VA.
<b>8. If DSS has a backlog of Medicaid applications to process will this impact application for GAP?</b>	Since DSS is NOT involved in the GAP application process, GAP will not be impacted by the volume of other Medicaid benefit applications.
<b>9. Will GAP covered individuals have both inpatient and outpatient psychiatric benefits?</b>	GAP benefits will only cover outpatient services, not inpatient.
<b>10. Will this include structured Partial Day Treatment Programs as well as Substance Abuse Intensive Outpatient Therapy?</b>	GAP benefits will cover Substance Abuse Intensive Outpatient however the benefit package does not cover any partial hospitalization programs. Day Treatment/Partial Hospitalization is NOT a covered service. Please see the complete list of non-covered services on the DMAS website.
<b>11. Can you confirm that ER services are not covered under this plan? Should a GAP member be considered self-pay if they receive these services?</b>	ER services are NOT covered by the GAP benefit package. GAP members will be referred by Magellan to preferred indigent care pathways for ER and hospital stays. Non-covered services will be self-pay.
<b>12. Is there a deadline for applications or can they continue throughout the year?</b>	Applications for GAP can be submitted beginning January 12, 2015 and continue throughout the demonstration waiver.
<b>13. If an individual with SMI is currently on their parents' private health plan, can they apply for GAP?</b>	In order to be eligible for GAP benefits the individual must be uninsured. If an individual is insured under their parent's health insurance they will not qualify for GAP benefits.
<b>14. Are individuals who are in QMB status eligible?</b>	Individuals who receive Medicare benefits are not eligible for GAP.
<b>15. Can individuals who are on Plan First through Medicaid apply for GAP?</b>	Individuals receiving Plan First may apply for GAP; however, the benefit plans are different and the individual should explore those differences before making the move to GAP.
<b>16. I deal with client's coming out of jail and some are homeless. How do I find the GAP application? Where do I mail it?</b>	GAP applications can only be submitted via telephone or the GAP SMI Screening assisted web application. There are no paper applications. For information on how to apply for benefits please see question #5 above.
<b>17. How long is the enrollment period?</b>	Once determined eligible for GAP, individuals will be enrolled for 12 months of continuous coverage unless they obtain full Medicaid or Medicare, move out of the

	Commonwealth or turn 65 years of age.
<b>18. Is there a paper application for the GAP?</b>	There is no paper application. All GAP applications must be submitted either by calling Cover VA or online with the assistance of a GAP SMI Screener.
<b>19. How do I locate the online GAP application?</b>	The online application is only available via a web address that has been provided to the GAP SMI Screening Entity. The online application can only be completed with the assistance of a GAP SMI Screener.
<b>20. Our group cannot perform the GAP SMI Screenings, would we be able to see GAP clients and how would they be referred to us?</b>	The SMI screening is used to determine eligibility for GAP Medicaid benefits. Once an individual is found eligible for benefits any Medicaid enrolled provider will be able to provide services.
<b>GAP Eligibility Determination</b>	
<b>1. Who processes the GAP applications?</b>	GAP applications are processed by the GAP Unit at Cover Virginia. Cover Virginia will receive telephonic and provider assisted online applications for GAP, provide a toll free customer service line, determine eligibility, send out member handbooks, and manage individuals' appeal of actions which have denied benefits.
<b>2. How will I know if I was approved for GAP benefits?</b>	The individual applying for benefits will receive a notification letter from Cover Virginia with a GAP Medicaid ID number and member handbook. This letter will be mailed to the address provided on the GAP application.
<b>3. If approved for GAP benefits when will coverage begin?</b>	If you are approved for the program in January 2015, your coverage will begin on January 12, 2015 when DMAS received federal approval to operate the program.  For any other month GAP coverage will begin on the first day of the month in which the signed application was received by Cover Virginia.
<b>4. Will individuals need to do a GAP SMI screening at the end of their initial enrollment period?</b>	Individuals will be enrolled for 12 continuous months. Prior to the end of the 12 month enrollment financial/non-financial information will be reviewed. Applicants will NOT need to have another GAP SMI Screening completed for the renewal.
<b>5. Can individuals appeal if they are determined not eligible for GAP benefits?</b>	Individuals who are determined to not meet the eligibility requirements will be notified of appeal rights in writing to the address provided on the GAP application.
<b>6. How long does Cover Virginia have to make a decision after the GAP application is completed?</b>	Cover Virginia will have 45 days to make an eligibility decision after receiving the GAP application either by phone or through the provider assisted web application.

<p><b>7. What if an individual applies to Cover Virginia but doesn't do a GAP SMI Screening?</b></p>	<p>If an individual applies to Cover Virginia and does not have a GAP SMI Screening completed, the individual will be referred to either their local CSB or FQHC to have a GAP SMI Screening completed. Individuals must have a GAP SMI Screening conducted as soon as possible following the submission of a GAP application to Cover VA.</p>
<p><b>8. How long after being screened for GAP SMI can an individual wait before applying to Cover Virginia?</b></p>	<p>If an individual has a GAP SMI Screening conducted prior to submitting an application to Cover VA that screening will remain on file for 12 months awaiting the Cover VA application.</p>
<p><b>9. What is the definition of a 'resident' of a State Mental Health Facility? Will patients in State Mental health facilities be eligible for this program?</b></p>	<p>Inpatient hospitalization is not a covered service under GAP. If an individual is hospitalized in a state facility it is recommended that applying for GAP benefits be part of the discharge planning if the individual does not meet the full Medicaid eligibility criteria.</p> <p>If an individual has GAP benefits when they go into the state facility they will NOT lose their coverage as a GAP enrollee, however the hospital stay is not a covered benefit.</p>
<p><b>10. What does it mean that there is no retro eligibility for the GAP program?</b></p>	<p>Retro eligibility for Medicaid Fee-for-Service can begin as early as the first day of the third month prior to the month of application. For GAP there is NO retro eligibility. Individuals approved for GAP will have eligibility begin on the first day of the month the signed application was received by Cover VA with the exception of January 2015. For GAP applications received in January 2015, eligibility will begin on January 12, 2015.</p>
<p><b>11. How soon after eligibility is determined will a provider be able to check eligibility?</b></p>	<p>Eligibility will show in the Medicaid ARS system in real time as applications are approved. This information is being conveyed to Magellan from DMAS in a daily file and will be available in the Magellan system within 24 hours of eligibility determination.</p>
<p><b>Behavioral Health Covered Services (Authorizations, Units, &amp; Limitations)</b></p>	
<p><b>1. Does GAP cover regular Medication Management services as well as Telemed Medication Management Services?</b></p>	<p>Medication management is a covered benefit as is telemedicine. Telemedicine is covered by GAP under the current Medicaid fee-for-service rates and requirements as defined in policy.</p>
<p><b>2. Does GAP cover active case management as well?</b></p>	<p>GAP benefits will cover a new form of case management called GAP Case Management (GCM). This new service is slightly different from Mental Health Targeted Case Management. A detailed description of GCM is located in the GAP Provider Supplemental Manual which will be posted to the DMAS web portal in January 2015. The DMAS web portal may be found at</p>

	<a href="https://www.virginiamedicaid.dmas.virginia.gov/wps/portal">https://www.virginiamedicaid.dmas.virginia.gov/wps/portal</a>
<b>3. Will the number of units available be different for covered medical and behavioral health services?</b>	The number of units available for all current medical and behavioral health services will be identical to the current fee-for-service units.
<b>4. Are Psychosocial Rehab, Crisis Intervention, and Crisis Stabilization different for GAP members?</b>	Units and reimbursement for these services will remain the same. There are however other differences to these services for GAP members (SEE BELOW). Unless otherwise stated below all required activities for current services will remain the same.
<b>5. What are the differences for Psychosocial Rehab for individuals receiving GAP benefits?</b>	Psychosocial Rehab Services (PSR) requirements for GAP members will mirror the new fee-for-service regulations. Changes include that the service specific provider intake can no longer be completed by a QMHP and that an ISP completed by a QMHP must be reviewed and approved by an LMHP (including supervisees and residents) within the 30 days following admission to services.
<b>6. What are the differences for Crisis Intervention for individuals receiving GAP benefits?</b>	Crisis Intervention requirements for GAP members will mirror the new fee-for-service regulations. QMHPs are not permitted to render Crisis Intervention services.
<b>7. What are the differences for Crisis Stabilization for individuals receiving GAP benefits?</b>	<p>Crisis Stabilization requirements for GAP members will mirror the new fee-for-service regulations. Changes include that a QMHP-C cannot render Crisis Stabilization to GAP members. QMHPs are also not permitted to conduct the service specific provider intake.</p> <p>The individual service plan (ISP) must be developed or revised within <b>three (3)</b> calendar days of admission to this service.</p> <p><u>Service Authorization through Magellan is required for Crisis Stabilization for individuals enrolled in GAP.</u></p>
<b>8. Will Gap Case Management require a registration much like Medicaid?</b>	Yes, GAP Case Management (GCM) will require service registration. Registration methods will mirror current mental health case management registration through Magellan of Virginia.
<b>9. Will there be different SRA forms for GAP (such as Crisis Intervention, Psychosocial Rehab, Outpatient Therapy, etc.)?</b>	The current Magellan SRAs and TRF forms will be used for GAP beneficiaries. Crisis Stabilization services will require service authorization for GAP members and a new SRA will be available on the Magellan website.
<b>10. Are there differences in who can provide behavioral health services under GAP services?</b>	Any enrolled Medicaid provider that is credentialed with Magellan may provide GAP behavioral health services.

<p><b>11. What is the difference between registration and authorization?</b></p>	<p>Registration is a method of informing Magellan that an individual is receiving a service and requires the completion of an online questionnaire that gathers basic member information. Registrations may be submitted after services have already begun.</p> <p>Service authorization is a process by which a provider submits a form with service specific eligibility requirement questions which will help Magellan determine whether the individual meets the medical necessity criteria to receive the service that is being requested. Service authorization is required prior to services being provided. This is the current practice though Magellan for behavioral health services.</p>
<p><b>12. Is GAP Care Coordination a billable service by providers?</b></p>	<p>No. GAP Care Coordination services are only provided by Magellan and are not Medicaid reimbursable service.</p>
<p><b>13. Is GAP Recovery Navigation (Peer Supports) a billable service by providers?</b></p>	<p>No. GAP Recovery Navigation services are only provided by Magellan and are not Medicaid reimbursable services.</p>
<p><b>14. How much time do we have to get the Authorization for Crisis Stabilization?</b></p>	<p>Crisis Stabilization must be authorized no later than one business day following the admission. It is recommended that authorization be submitted prior to admission if possible, however since admissions may happen after business hours, on holidays, or weekends additional time has been allotted.</p>
<p><b>15. Can administrative staff submit the GAP SRAs to Magellan, or will clinical staff need to submit the SRAs?</b></p>	<p>Administrative staff may upload clinical documentation into the Magellan system. This is the same procedure currently allowed.</p>
<p><b>16. If a GAP client is approved for High intensity case management and they can't make a face to face contact for a particular month, can we bill for the Regular intensity instead? Is it possible that a client can go back and forth within intensities?</b></p>	<p>GAP case management is billed on a monthly basis. Which tier of case management is billed is determined by the case management activity of that month. It is anticipated that most GAP members will go back and forth between intensity depending on the circumstances that month.</p>
<p><b>17. What are the Psychosocial billing CPT codes and rates? How are these services approved and authorized?</b></p>	<p>All codes, rates, and service authorization will be the same as the current fee-for-service process. Please refer to Chapter V of the Community Mental Health Rehabilitative Services Manual for these.</p>
<p><b>18. What are the requirements for the case manager to contact the care manager?</b></p>	<p>GAP Case Management entities (the CSB) will be required to have monthly contact with Magellan care managers for recipients of GCM. Magellan and the VACSB are currently working to develop a work flow that is both efficient and effective to ensure a high quality of collaboration and</p>

	<p>coordination with a low level of labor intensity.</p> <p>CSBs will be notified once this process is developed in its entirety.</p>
<b>19. Will retro service authorizations and registrations be accepted by Magellan?</b>	Retro service authorizations and registrations will be accepted by Magellan. Providers must submit registration or authorization requests within 30 days of the GAP eligibility determination. Start dates cannot be prior to the date that GAP eligibility began.
<b>Medical Covered Services (Authorizations, Units, &amp; Limitations)</b>	
<b>1. Does GAP cover regular Medication Management services as well as Telemed Medication Management Services?</b>	Medication management is a covered benefit as is telemedicine. Telemedicine is covered by GAP under the current Medicaid fee-for-service rates and requirements as defined in policy.
<b>2. Who can provide medical services under GAP benefits?</b>	Any current Medicaid enrolled provider.
<b>3. What are the billing CPT codes and rates?</b>	CPT codes and reimbursement rates for GAP benefits are identical to the current fee-for-service codes and rates for all covered medical services. That can be found on the DMAS website.
<b>4. How are these services approved and authorized?</b>	Medical services requiring service authorization will continue to have services authorized through KEPRO. Current fee-for-service authorization timeliness rules will apply for GAP beneficiaries.
<b>GAP Claims/Billing</b>	
<b>1. Where can I find information regarding claims and billing for the GAP SMI Screening H0032 UB and H0032 UC?</b>	A separate frequently asked questions document has been created for GAP SMI Screening entities and posted to the DMAS and Magellan websites. Please refer to that document.
<b>2. What are the reimbursement rates for medical, diagnostic, lab, DME, and pharmacy services?</b>	All reimbursement rates will be the same as the current Medicaid fee-for-service rates.
<b>3. What are the reimbursement rates for behavioral health services such as Psychosocial Rehab, Crisis Intervention, Crisis Stabilization, and Substance Abuse IOP?</b>	All reimbursement will be the same as the current Medicaid fee-for-service rates.
<b>4. Should behavioral health claims for all GAP member services be submitted to Magellan?</b>	GAP is using a hybrid payment structure identical to the current Medicaid fee-for-service reimbursement system. Behavioral health claims need to be submitted to Magellan and Medical claims to the DMAS contractor, Xerox.

Additional information regarding the GAP demonstration waiver can be located on the DMAS website at [http://www.dmas.virginia.gov/Content\\_pgs/GAP.aspx](http://www.dmas.virginia.gov/Content_pgs/GAP.aspx). Trainings can also be found on the Magellan of Virginia website at <http://magellanofvirginia.com/for-providers-va/training.aspx>.

**The DMAS web portal will have a GAP Supplemental Provider Manual posted the second week of January. Providers are strongly encouraged to read the manual in its entirety.**