

GAP SMI Screening General Questions	
1. I noticed during your webinar this morning that your definition of SMI is not entirely consistent with what is published elsewhere. You have omitted "other disorders that may lead to chronic disability". Please clarify.	The definition of Serious Mental Illness as it pertains to the GAP demonstration waiver is different than the definition that is used to determine SMI for DBHDS or Mental Health Case Management. GAP SMI criteria were intentionally defined differently and stakeholder participation was used in the development of the criteria for GAP SMI.
2. When the approval or disapproval is confirmed by Cover Virginia, who will be notified? Client? Provider? Agency?	The Individual applying for benefits will be notified. The GAP SMI Screening is only to determine GAP/Medicaid eligibility. The GAP SMI Screening is not to determine service eligibility. Once the screening entity submits the screening tool to Magellan they are no longer involved in the GAP eligibility application process unless listed as an authorized representative.
3. Are individuals with QMB status eligible for GAP?	Individuals with Medicare benefits are not eligible for the GAP program. Please DO NOT submit limited screening information on behalf of individuals already known to you if they have Medicare benefits.
4. Can a provider call Cover Virginia to find out the status of an SMI screening?	Providers may receive information from Cover VA regarding GAP applications only if the individual has listed the provider as a representative to act on their behalf on the application to Cover Virginia. This will operate the same as current Medicaid eligibility applications. The screening entity does not have the ability to access confidential application information unless the individual applying for benefits has notified Cover VA that they are an authorized representative.
5. DMAS P-603 Form states that submission is electronically through Magellan of Virginia website – is this correct? We currently only use Magellan provider for submitting registrations/SRAs/VICAPS.	The DMAS P-603 is to be submitted through the Magellan provider portal at www.MagellanHealth.com/Provider .
6. Will a specific area be added or accessible on the website (Provider or VA site) in order to submit a screening with a SSN (and without eligibility check)?	GAP SMI Screening entities will log in to the Magellan web portal and have access to a new selection on the top left of the screen to submit GAP Assessments. Providers will be prompted to search for whether the individual already has full Medicaid benefits. If there are no search results, providers will submit the GAP Screening using the individual's SSN. Please see the GAP SMI Screening Training posted to the Magellan of Virginia website that was conducted on December 17, 2014 for detailed information and screen shots.

7. Will this be much the same as VICAP where we can simply upload the form and any attachments to Magellan?	The process for submission will be much the same however GAP SMI Screening entities must complete all of the information electronically as well.
8. Will we receive any communication that our screening requests have been passed on to Cover Virginia for processing?	At this time SMI Screening entities will not receive any information to alert them that the met/not met decision has been transmitted to Cover Virginia.
9. As a FQHC do we already qualify to do this screening?	FQHCs that are currently enrolled and credentialed with Magellan of Virginia are already qualified as approved DMAS screening entities.
10. Can the DMAS P603 be saved electronically from the website once completed?	The DMAS P-603 is a Word document that may be saved to individual PCs.
11. Why are we entering the data twice on the P-603 and to Magellan?	The DMAS P-603 with original signature is a requirement for submission of the GAP SMI Screening. Screening entities are being asked the same questions electronically as a quality assurance measure to ensure that no required information is left blank. Incomplete P-603 forms will not be processed thereby creating a situation in which individuals, relying on the screening entity to complete their application for GAP Medicaid benefits, would have no recourse if the screening entity did not submit all of the information. The submission of incomplete applications prevents a met/not met decision being transmitted to Cover VA . Therefore, member appeal rights will not be generated. A duplication of effort upon submission on the part of the screening entity is necessary to ensure a complete review of the application including appeal rights.
12. Is the GAP Eligibility Screening like the VICAP for Intensive In-Home Eligibility?	The GAP SMI Screening is not like the VICAP. The VICAP is an assessment that generates recommendations for services. The GAP SMI Screening will be used to determine whether GAP Medicaid benefits will be granted.
13. What would we do for individuals coming out of prison or homeless that cannot prove residency?	Screening entities are not required to verify residency. GAP SMI screenings should be conducted for any individual that requests to have a screening done unless the age requirement is not met or they already have full Medicaid, Medicare, or other health insurance coverage.
14. If a client is homeless, how will contact be made to that client by Cover VA when they are approved? Is it possible to notify the agency submitting the application?	Cover Virginia will send written notification of eligibility determination to the address listed on the GAP application. If an individual is homeless the screening entity should use an address at

	<p>which the individual will receive their mail. This address could be a P.O. Box, a friend, a relative, a long term shelter, or the screening entity if that is the current policy when assisting individuals with completing entitlement applications.</p>
<p>15. The “Cover VA” application and screening are required to have the same address. How do we handle this if the client moves? What does “match” mean? How do we handle the “homeless” population?</p>	<p>If the individual moves between the submission of the application to Cover VA and the GAP SMI Screening the individual will need to contact Cover VA and inform them of the new address. Notifications will be mailed to the address on the Cover VA application whether it “matches” or is the same as the address on the GAP SMI Screening or not.</p>
<p>16. Will the screening entity see the met/not met decision as determined by Magellan?</p>	<p>The screening entity will not have the ability to see the met/not met decision made by Magellan. This information is considered part of the confidential GAP Medicaid Application and is only available upon request by the individual applying for benefits.</p>
<p>17. How frequently can the client receive the screening?</p>	<p>There is no limit to the number of times an individual may receive a GAP SMI Screening. If a screening is in process at Magellan the same screening entity will not be able to submit another until after a decision has been made. If a Met decision has been rendered another SMI Screening will not be accepted. Providers should allow time after submission for the GAP application to be processed and check eligibility prior to completing another screening.</p> <p>If an individual repeatedly presents for a GAP SMI screening after having been denied benefits and there have been no changes to the presenting problem, screening entities are encouraged to educate the individual on the likelihood of there not being a different determination.</p>
<p>18. The first question of the screening tool asks if the individual is aged 21-64 or older, but eligibility for GAP is limited to individuals who are not older than 64. Correct?</p>	<p>This has been corrected. The question now reads “Is the individual aged 21-64?” Individuals are eligible for GAP once they have reached their 21st birthday however have not yet reached their 65th birthday.</p>
<p>19. Can we create the form in our Electronic Health Record instead of using the word document?</p>	<p>Should screening entities create the DMAS P-603 for use in their Electronic Health Record the form must be reproduced EXACTLY the same as the current word document. Providers must also be able to upload the document that has the electronic signature on it into the Magellan web</p>

	portal EXACTLY as it is formatted.
20. Can we use the DSM-IV (TR) instead of DSM-5?	DMAS is continuing to accept DSM-IV (TR) diagnoses.
21. If an individual qualifies this year, will they need to repeat the process for next year?	Prior to the end of the 12 month eligibility period, financial/non-financial information will be reviewed by Cover VA. The individual will not need to have a new GAP SMI Screening completed.
22. Will the screening entities have direct contacts at Magellan and Cover Virginia?	Screening entities will be able to e-mail questions to DMAS at BridgetheGAP@dm.virginia.gov . CSBs will also have the use of their Clinical Liaison at Magellan following implementation on January 12, 2015.
23. Since the determination of GAP Coverage is 45 days, is the expectation that we continue services as needed? At this point we won't know if they qualify. Will the individual be responsible financially for their services rendered during that time?	Screening entities are not expected to provide any services to individuals that they screen for GAP SMI. The GAP SMI Screening is for Medicaid eligibility purposes ONLY and screening entities are not to use the screening as an intake assessment for services.
24. Can a CSB conduct a screening while a client is hospitalized (if requested)?	Screening entities may start the Medicaid application process while an individual is hospitalized. CSBs are reminded that the hospital may qualify as a screening entity and must coordinate efforts with the hospital discharge planner.
25. Ethnicity and Race is an optional field on the screening forms. This is a state required data element that CSB's are required to report; will the GAP data report requirements include this in the future? Has anyone had communication with the State or the CSB's DMC to discuss the impact on our current requirements for reporting?	The GAP SMI Screening Form is used to determine Medicaid Eligibility. VACSB and the Department of Behavioral Health and Developmental Services were involved in the development of the Screening Form. Questions regarding non-Medicaid reporting requirements should be directed to the appropriate entity.
26. If the GAP application is made through Cover VA and a new person is referred to a CSB for a GAP screening, how will the referral be made and to whom?	Cover VA will provide the individual applying for benefits with the contact information for the closest screening entity to the location identified as their address on the Cover VA application. It will be the responsibility of the individual applying for benefits to contact the Screening Entity to schedule an appointment.
27. Are providers required to report and/or measure the timeframe for responding to request for screenings and when the screenings are conducted? If so, how is the information required to be submitted and what is the timeframe?	The Magellan submission will require providers to enter the date that the SMI Screening was requested and the date that the Screening was conducted. This will allow Magellan and DMAS to track how quickly screenings were conducted.
GAP SMI Screener Credentials	
1. Clarify the qualifications for a QMHP?	The qualifications for a QMHP-A and QMHP-E for the GAP demonstration are the same as QMHP-A and QMHP-E for all mental health services and are

	located in Chapter II of the Community Mental Health Rehabilitative Services Manual .
2. If the full assessment is completed by a LMHP Supervisee or Resident, must it be signed by a LMHP?	Full assessments completed by an LMHP Supervisee or Resident do NOT need to be signed off on by an LMHP.
3. Does the full screening need to be face-to-face or can an MD complete from an individual's record?	Full screenings must be completed face-to-face. Screening entities are not to bill for a Full Screening unless an LMHP (including supervisees and residents) has done a complete face-to-face diagnostic evaluation at the same time that they are filling out the DMAS P-603 screening tool.
GAP SMI Screening Criteria and Attachments	
1. Can CSBs integrate our own SMI checklist?	No. Changes were made to the GAP SMI screening Tool, DMAS P-603, so that the form does not match the current DBHDS SMI checklist used by the CSB. These are different requirements for GAP eligibility and therefore no other form can be used for the screening.
2. Can screening entities create their own diagnostic assessment forms?	The screening entity may use any diagnostic evaluation format they would like to support the criteria marked as “yes” on the DMAS P-603. Recommended evaluation items are outlined in the DMAS GAP SMI Screener Training presented on 12/17/14 which is posted to the Magellan of Virginia webpage. These recommended items will assist the screener in ensuring that enough information is gathered during a full screening to make a diagnosis and support items checked as “yes” on the DMAS P-603 which is submitted.
3. In reference to “attachment” to the DMAS 603, can a screening entity use a PCP’s progress notes as evaluation to substantiate eligibility?	A PCP progress note could only be used to substantiate GAP eligibility if the note addresses all components of the eligibility criteria. Screening entities must adhere to confidentiality/privacy requirements when sharing non-screening entity generated health information.
4. Can you clarify which forms are to be uploaded to Magellan with the limited verses the full screening	<u>Limited screening upload to Magellan:</u> <ul style="list-style-type: none"> • DMAS P-603 form with original signature of at least a QMHP-A or QMHP-E; and • A diagnostic evaluation completed by an LMHP (including supervisees/residents) within the past 12 months (this may include service specific provider assessments completed for another service provided within the agency).

	<p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • DMAS P-603 form with original signature of at least a QMHP-A or QMHP-E; and • A progress note from a face-to-face visit that occurred within the past 12 months by a psychiatrist or MD documenting a MH diagnosis AND • A separate assessment completed within the past 12 months by at least a QMHP-A or QMHP-E that substantiates items checked as “yes” on the P-603. <p><u>Full screening upload to Magellan:</u></p> <ul style="list-style-type: none"> • DMAS P-603 with original signature of an LMHP (including supervisees/residents); and • A diagnostic evaluation completed face-to-face by an LMHP (including supervisees/residents) at the time that the P-603 was completed.
5. For the electronic signature on the form does it need to show the actual physical signature or is a secure log in electronic signature acceptable?	Electronic signatures generated through a secure log in are acceptable.
6. In the Duration of illness criteria: does "supportive residential care" include Mental Health Skill Building?	Mental Health Skill Building does NOT qualify as supportive residential care.
7. When clients are dually diagnosed and a substance abuse diagnosis is the primary diagnoses listed on documents (example the initial evaluation) will that impact the review and eligibility outcome?	<p>The primary diagnosis on the P-603 must be one of the SMI diagnosis listed. When entering into the Magellan system the diagnosis must be the Mental Health diagnosis. The LMHP documentation supporting the diagnosis must list the mental health diagnosis. The LMHP does not need to list the MH diagnosis as primary on already existing documentation submitted with the Limited Screening, however the mental health diagnosis will need to be the diagnosis entered into the Magellan system for the screening.</p> <p>A substance abuse diagnosis entered into the Magellan system as the diagnosis for H0032 UB/UC will automatically generate a not met decision.</p>
8. Is there ever a time the substance abuse diagnosis will be considered for eligibility since Outpatient, IOP, Methadone and Opioid treatment are covered services by GAP?	The primary diagnosis criterion for serious mental illness must be a mental health diagnosis. Substance abuse diagnoses may be secondary for eligibility purposes, even though the substance abuse diagnosis may be primary for specific services rendered.

GAP SMI Screening Claims	
1. Do we submit claims for screenings to Magellan or DMAS?	All claims for SMI Screenings are submitted to Magellan.
2. What is the reimbursement rate?	The reimbursement rates for the GAP SMI Screening are as follows: Limited Screening: \$37 Full Screening: \$75
3. What about procedure codes for the GAP Screening?	The procedure codes for the GAP SMI Screening are as follows: Limited Screening: H0032 with a UB modifier Full Screening: H0032 with a UC modifier
4. Please explain using social security numbers in place of DMAS GAP ID numbers.	Providers may bill for the screening even if an individual does not become enrolled in the GAP plan. The claim is billed with the individual's Social Security Number (SSN) as the member ID, which was used to complete the on-line form, even before a Medicaid ID# is issued. Due to required data processing across multiple platforms, providers are encouraged to wait five business days prior to billing screenings with the SSN.
5. Is the SS# is used to submit a claim for payment of the screening is there a prefix or suffix needed to make the number 12 digits?	There is no prefix or suffix needed in addition to the SSN when submitting a claim.
6. Will the claim require all diagnosis or the MH diagnosis? Is Magellan's system looking for the ICD-9 for adjudication?	The claim will require the diagnosis that was submitted electronically when uploading the screening to the Magellan provider web portal. Claims will be adjudicated based on the ICD-9 codes.
6. If the full screening is needed due to no diagnostic evaluation found, can we as the provider not only submit for conducting the full screening BUT for the billing of the psych evaluation also once client is approved for GAP? The diagnostic eval would be billed under separate CPT code.	If the evaluation is done as part of the GAP SMI Screening and the Full Screening is billed you may not bill the same assessment under a different CPT code. This is double billing.
7. Will payment on GAP clients be received on existing Magellan remits? If so, how will these clients be identified for tracking purpose?	GAP claims for services other than the GAP SMI Screening will be submitted using the existing Medicaid fee-for-service method. Magellan will track based on the Medicaid benefit package of the individual. Providers will not need to do anything differently.
Clarify billing of screenings – does submission of a screening generate payment from Magellan?	The CSB will need to submit a claim for the GAP SMI Screening using H0032 UB or H0032 UC. Claims for the GAP SMI Screening (and only the screening) are submitted using the individual's social security number. The screening entity will not need to wait for a determination of GAP

	benefits in order to bill for the screening.
Explain/clarify “retro”. Example: screening is provided on 1/15/15, Cover Virginia approves 2/26. When does the client become eligible?	The eligibility will begin on the first day of the month in which Cover Virginia receives the completed and signed financial/non-financial GAP application either via phone or through the web assisted application. The date of the GAP SMI Screening is not used to determine when eligibility will begin.
Our CSB is physician directed – to be in compliance with that when providing clinic option services, a psych eval must be done- My question is if the client presents with NO psych eval – we have to do one and then the screening – I understand if done on same day – it’s considered double billing. However, if done on diff days – will this be an issue? Again, in order to be in compliance with physician directed requirements requires a psych eval if client is to receive clinic option (out-patient) services.	<p>If the individual presents to the CSB requesting a GAP SMI Screening and they are not known to the CSB a full screening should be completed. This screening may not be billed as the psych eval needed for a Mental Health Clinic. If the CSB would like to do a separate eval and begin services in anticipation of the individual becoming GAP eligible they will need to schedule to do the psych eval at a time other than the same moment in time that the SMI Screening is being conducted.</p> <p>If an individual presents and is not requesting an SMI Screening and is requesting services through the CSB and it is part of your normal processes to do a psych eval with the physician then one should be done. If after that psych eval has been completed it is determined that the individual would benefit from having a GAP SMI Screening done, then the limited GAP SMI Screening can be completed by a QMHP and the psych eval that was done earlier by an LMHP may be considered as part of the supporting documentation .</p>
If a client is denied GAP services – how do we get paid for screenings?	Claims are submitted using the individual’s social security number. A GAP Medicaid ID number will never be used to submit the claim for the GAP SMI Screening H0032 UB or H0032 UC and therefore whether the individual receiving GAP benefits or not will not impact reimbursement.
Is there a guidance document available on how to bill for the screenings so we can configure our billing system?	There are no changes to the billing methodology for GAP beneficiaries other than the addition of the new procedure codes and modifiers for the GAP SMI screenings (H0032 with a UB modifier – Limited Screening or H0032 with a UC modifier – Full Screening) and GAP Case Management (H0023 with a UB modifier – regular intensity and H0023 with a UC modifier – high intensity).
If a client receives coverage and it starts the beginning of the month they applied, can we bill you for the services provided beginning that	Providers may bill for services that begin on or after the begin date of eligibility. Eligibility will begin on the first day of the month in which Cover

<p>month? If the client is receiving or goes into a program that requires an authorization how will you handle these cases?</p>	<p>Virginia receives the completed and signed application by phone or through the web. This date is not necessarily the same date as the GAP SMI Screening.</p> <p>Services that require authorization will be treated in the same manner as current Medicaid fee-for-service services requiring authorization.</p>
---------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Additional information regarding the GAP demonstration waiver can be located on the DMAS website at 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 first week of January. Providers are strongly encouraged to read the manual in its entirety.