

The Governor's Access Plan for Medical and Behavioral Health Services Reaching Virginia's Uninsured with Serious Mental Illness

Importance to Virginians

Based on national prevalence rates, it is estimated that about 308,000 Virginia adults have had a serious mental illness (SMI) during the past year. This means that more than 6 percent of Virginians suffered a severe functional impairment as a result of SMI. About 54,000 of those with SMI are uninsured in Virginia and face profound difficulty in finding treatment.

Without treatment, SMI impacts every aspect of an individual's life; those with SMI are often unnecessarily hospitalized, are unable to find and sustain employment, struggle with housing, and suffer from social isolation. The physical health implications for those with SMI are alarming. Nearly half of individuals with SMI also have a co-occurring substance use disorder and face increased risk for medical conditions such as diabetes, heart disease and obesity. As a result, individuals with SMI die an average of 25 years earlier than those without.

The tragedy is that mental health disorders, substance use disorders, and the most common related medical conditions are all highly treatable. Effective treatment is available, and people do recover.

Enabling persons with serious mental illness to access both behavioral health and primary medical services would enhance, and in many cases, initiate the treatment of both conditions, allow care to be coordinated among all providers, and significantly decrease the level of impairment. This kind of care can be life-changing. With treatment, individuals with serious mental illness and related medical conditions can recover and live, work, parent, learn and participate fully in the community.

Goals

Virginia is launching a program to integrate primary and specialty care; diagnostic, laboratory, pharmacy and behavioral health community services and care coordination for Virginia's uninsured with SMI. This will provide access to treatment to many Virginians with SMI, reduce the frequency of emergency department visits and inpatient hospitalizations, and reduce overall health care costs.

The three key goals of the demonstration are to:

- Improve access to care for up to 20,000 uninsured Virginians with significant behavioral health needs.
- Improve physical and behavioral health outcomes.
- Serve as a bridge to closing the coverage gap for uninsured Virginians with serious mental illness.

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Issue Background

Virginia has partnered with Magellan of Virginia since December 2013 to monitor and coordinate nontraditional behavioral health services (those expanded services available through Medicaid). Virginia and Magellan work together to coordinate medical and behavioral health care services for the individuals they both serve. This program will require coordination among the Department of Medical Assistance Services (DMAS), the Department of Behavioral Health and Developmental Services (DBHDS), health care partners, the behavioral health provider community, and Magellan. All of these providers and organizations are well-equipped to extend a coordinated service delivery system to Virginians with SMI.

Strategies for Success

Virginia will leverage this established infrastructure to implement the Governor's Access Plan (GAP) for Medical and Behavioral Health Services. Through the GAP Program, DMAS will partner with providers and Magellan of Virginia to coordinate and deliver a focused benefit package that includes primary, specialty, behavioral health, and substance abuse services for people who are uninsured and have a SMI. This program will leverage relationships with many community services boards and Federally Qualified Health Centers across Virginia. Based on available data detailing the number of uninsured adults in Virginia, it is estimated that up to 20,000 individuals may be served through this initiative.

This program will be a state-designed and administered program and not an expansion of Medicaid. Individuals will be referred to the program from a variety of sources, including community services boards, community mental health providers, medical providers, community organizations, law enforcement and hospitals.

The Governor's Access Plan for Medical and Behavioral Health Services will include the following features:

- The program will be available to individuals who have SMI.
- Eligibility and enrollment will be administered through private contractors who already contract with DMAS.
- Through a Section 1115 Waiver, DMAS will provide a limited benefit package of primary and specialty care; diagnostic, laboratory, pharmacy and behavioral health community services and care coordination.
- The demonstration will not pay for services beyond the limited benefit package. Services not covered by the program include (but are not limited to) inpatient, emergency, home health, nursing home, long-term care, routine dental, transportation or routine optometry services.
- This program will be administered by DMAS.
- This two-year program will run from January 2015 to January 2017 or until the coverage gap is closed.

Eligibility for participation in the program will be for individuals who:

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- Are between the ages 19 through 64 years old;
- Are citizens or lawfully residing immigrants;
- Are not eligible for Medicaid, FAMIS, or Medicare;
- Are residents of Virginia;
- Have household incomes below 100 percent of the federal poverty level;
- Are uninsured;
- Are screened and within the criteria for having an SMI; and
- Are not residing in a long-term care, mental health, or penal institution.

Timeline

In late summer and fall of 2014, Virginia will develop a Section 1115 waiver proposal, receive public comments, and gain approval from the Centers for Medicare and Medicaid Services. The Governor's Access Plan will be developed during this time, and in January 2015, Virginia will begin screening and enrolling participants. Delivery of the benefit package of medical and behavioral health services is expected to begin in February 2015.

Measures of Achievement

Success will be measured by the number of uninsured individuals who were able to access care through this demonstration project and by the quality of their care, as measured by Healthcare Effectiveness Data and Information Set (HEDIS) quality measures. Virginia will report on outcomes and goals as required by the waiver. In addition, regular reports will be submitted to the Governor and the Virginia General Assembly on participation, costs, outcomes, and trends.