Governor's Access Plan (GAP)
Appendix B

Magellan HEALTHCARE℠

Introduction

The Governor's Access Plan for the seriously mentally ill, or GAP, began in January 2015. In addition to the limited medical and behavioral healthcare coverage that is offered to eligible members, Recovery Navigation services, a peer support model provided by Magellan, is included in this plan.

This plan helps to provide healthcare to individuals with serious mental illness, as defined in GAP, who meet the financial and eligibility criteria. This plan provides limited medical and behavioral healthcare coverage to qualifying uninsured Virginians. Eligible GAP members may receive important mental health and substance use disorder services, as well as primary and specialty doctor visits, lab and some diagnostic services, medications, access to a 24-hour crisis line, Recovery Navigation/warm line services and community care coordination assistance facilitated by Magellan.

GAP Program Contact Information

- Member Service/Crisis Line: 1-800-424-4279
- Providers: 1-800-424-4046
- TDD Line: 1-800-424-4048
- Recovery Navigator Warm Line. Phone: 1-800-424-4520
- Email: VAProviderQuestions@MagellanHealth.com

GAP Program Covered Services

Behavioral Health	Medical	Substance Use
***Care Coordination**, crisis line, and Recovery Navigation/warm line services (available through Magellan of VA)	Glucometer and diabetic supplies needed	Outpatient behavioral health and substance abuse treatment services (individual, family and group) – ASAM Level 1.0;,
GAP Case management (available through local Community Services Boards)	Lab (outpatient)	Intensive Outpatient Programs ASAM Level 2.1
Crisis intervention and crisis stabilization	Pharmacy	Partial Hospitalization – ASAM Level 2.5 (effective 10/1/2017)
Psychiatric Evaluation, Management, and Outpatient Treatment	Primary and specialty provider office visits, including evaluation, diagnostic and treatment procedures performed in a physician's office, including therapeutic or diagnostic injections	ARTS Residential and Inpatient Psychiatric Unit Services (ASAM Level 3.1, 3.3. 3.5, and 3.7)-Effective 10/1/2017
Mental Health Peer Recovery Supports	Outpatient diagnostic services (limited to MRI and CAT scans, ultrasounds, and electrocardiogram included stress)	Medication Assisted Treatment including Opioid Treatment Programs and Office Based Opioid Treatment programs.

Psychosocial Rehabilitation Services (assessment and treatment)		ARTS Peer Recovery Supports

GAP Care Coordination

GAP members are eligible for Care Coordination services through Magellan. These include two tiers: Community Wellness and Community Connection. These tiers are to optimize the physical, social and mental functioning of individuals by: increasing community tenure, reducing readmissions, enhancing support systems, and improving treatment efficacy through advocacy, communication, and resource management. GAP care managers can also assist with limited care coordination for medical and pharmacy services. Providers are encouraged to request care coordination for GAP members related identifying services and resources for medical and behavioral health needs.

Community Wellness (Tier One)

Individuals at this level require the least amount of care coordination. Generally, their needs can be met through short-term assistance from Magellan staff for issues such as: follow-up from a crisis call; help in finding a specialty provider; coordination and follow-up with the individual's case manager; or linking to behavioral health services. Magellan will contact and coordinate care with the local CSB and other providers. If the individual has any co-occurring medical and behavioral health conditions Magellan will oversee and monitor the communication and collaboration between the physical health and behavioral health providers to ensure an integrated treatment program for the individual. The goal of this level of support is to solidify the individual's connection with providers, the CSB, and resources for continued care, as well as improve community participation and better understanding and focus on achieving overall wellness.

Community Connection (Tier Two)

This level of support is designed for individuals with higher level of need, such as those with frequent emergency room visits and hospitalization discharges with high social stressors suggesting a possible risk for hospital readmission. Interventions for these individuals combine technological and clinical resources to enable ongoing participation in treatment. Care coordination services for individuals in the Community Connection level is led by assigned care managers. The average length of support at this level is from three to 12 weeks. The minimum contact requirement for Community Connection is a minimum of twice per month. The acuity of the individual's presentation will guide the timeframe and frequency of contacts and interventions.

GAP Care Coordination Requirements

For any member enrolled in GAP case management with a Community Services Board (CSB) there are requirements for care coordination between the CSB case manager and Magellan GAP care managers. Guidelines to inform those working with members receiving case management when care coordination is needed are listed below. Please note the chart classifies clinical needs into three categories: Critical, Urgent, and Stable. Care coordination between CSB case managers and Magellan GAP care managers is required for the critical and urgent status and is **not** required when GAP members are stable:

Clinical Status	Description	Care Coordination Frequency/Type of Contact
Critical	Individual has been: • Admitted to a Crisis Stabilization Unit • Admitted to a hospital for psychiatric tx • Admitted to a hospital for a medical tx	The CSB GAP CM & the Magellan Care Manager will contact each other within 1 business day of becoming aware of the admission to coordinate care, and as clinically indicated thereafter.
Urgent	Individual has experienced one of the following sentinel events: • Has been newly diagnosed with a serious health issue or has experienced a change in a serious health condition • Has refused to take or has been inconsistently taking medications as prescribed • Has experienced an event that necessitated submitting a Critical Incident Report to the DBHDS • Has experienced a forced disruption in their housing/living situation	The CSB GAP CM will contact the Magellan Care Manager within 5 business days of becoming aware of the event in order to coordinate care, and as clinically indicated thereafter.
Stable	Individual is clinically stable.	The CSB GAP CM will contact the Magellan Care Manager on an as needed basis, and as described above if the individual's clinical status changes.

These contacts may be initiated by either the CSB or Magellan depending upon when each party becomes aware of a sentinel event experienced by the member as stated below. The contacts will occur by phone. The CSB case manager should call the provider number at Magellan (1-800-424-4536) and ask to speak to a GAP care manager. The GAP care manager will contact the CSB case manager listed on the case management registration form submitted to Magellan for the member.

GAP Program Non-Covered Services

The medical services listed below are NON-COVERED. Even if a procedure doesn't appear on this NON COVERED list, in order for a member to receive the service, a provider will need to follow all medical necessity criteria (MNC) guidelines and rules, including utilizing the correct treatment provider and office setting. Any questions about specific CPT codes should be directed to the DMAS Provider Help line, and these calls must come from the provider who wishes to provide the service.

- Any medical service not otherwise defined as covered in Virginia's State Plan for Medical Assistance Services
- Chemotherapy
- Colonoscopy
- Cosmetic procedures
- Dental
- Dialysis

- Durable medical equipment (DME) and supply items (other than those required to treat diabetes)
- Early and Periodic Screening Diagnosis and Treatment (EPSDT) services
- Emergency room treatment
- Hearing aids
- Home health (including home IV therapy)
- Hospice
- Inpatient treatment
- Long-term care (institutional care and home and community-based services)
- Nutritional supplements
- OB/maternity care (gynecology services are covered)
- Orthotics and prosthetics
- Outpatient hospital procedures (other than the following diagnostic procedures)
    - Diagnostic ultrasound procedures
    - EKG/ECG, including stress
    - Radiology procedures (excludes PET and Radiation Treatment procedures)
- PT, OT, and speech therapies
- Private duty nursing
- Radiation therapy
- Routine eye exams (to include contact lenses and eyeglasses)
- Services from non-enrolled Medicaid providers
- Services not deemed medically necessary
- Services that are considered experimental or investigational
- Sterilization (vasectomy or tubal ligation)
- Transportation-emergency and non-emergency

Non-Covered Behavioral Health Services

- Any behavioral health or substance abuse treatment services not otherwise defined as covered in Virginia's State Plan for Medical Assistance Services
- Electroconvulsive therapy and related services (anesthesia, hospital charges, etc.)
- Emergency room services
- EPSDT services including behavior therapy
- Hospital observation services
- Intensive in home services
- Intensive community treatment (ICT)
- Inpatient hospital or partial hospital services (except for ARTS allowances)
- Mental health skill building services
- Psychological and neuropsychological testing
- Residential treatment services levels A, B, or C residential treatment services for members up to 21 years of age
- Services specifically excluded under the State Plan for Medical Assistance
- Services not deemed medically necessary
- Services that are considered experimental or investigational
- Services from non-enrolled Medicaid providers
- Smoking and tobacco cessation and counseling
- Substance abuse targeted case management services

- Therapeutic day treatment
- Treatment foster care case management
- Transportation emergency and non-emergency
- VICAP assessments

GAP Case Management (H0023 UB & UC Modifiers)

GAP Case Management (GCM) is provided by Community Services Boards (CSB) case managers with consultation and support from Magellan Care Managers (Magellan Care Managers do not provide direct services to members, but assist in care coordination). Services are targeted to members who are expected to benefit from assistance with medication management and appropriate use of community resources. GCM is a two tiered service with the provision of either regular or high intensity case management and is focused on assisting members with accessing needed medical, behavioral health (psychiatric and substance abuse treatment), social, educational, vocational, and other support services.

Recovery Navigation and Warm Line Services

Recovery navigation and warm line services are two types of peer support services provided by Magellan Recovery Navigators. Recovery Navigators are trained peers who utilize their lived mental health and/or substance use recovery to help others gain hope and move forward in their own recovery. The Recovery Navigator philosophy holds that all people living with behavioral health conditions have the capacity to learn, grow, and change and can achieve a life filled with meaning and purpose. Recovery Navigators instill hope with members who are struggling by modeling their competency in recovery, resiliency and wellness practices.

GAP Recovery Navigation is available to all eligible GAP members and is designed to empower individuals to build on their inherent strengths and expand wellness and recovery into all areas of their lives. Recovery Navigators encourage self-determination in making recovery choices and use their training, wellness knowledge, and lived recovery experience to support members' integration into the communities of their choice. Recovery navigation services are strictly voluntary and designed to serve in conjunction with their overall plan of care. Members can request this service through the GAP Member Service/Crisis Line.

The GAP Warm Line is available to all eligible members as a resource of support during non-traditional service hours. Recovery navigators can listen non-judgmentally to what a caller is saying and assist them with making decisions while providing a safe place for a caller to share their concerns and successes. Recovery Navigators may provide the caller with information about community resources, help a caller identify coping skills and or just listen.

As a provider, your responsibility is to:

- Introduce the member to the benefit and value of utilizing recovery navigation supports.
- Introduce the member to the benefit and value of utilizing warm line.
- Contact a Magellan GAP Care Coordinator if you believe the presence of a Recovery Navigator would be helpful or you identify opportunities for engagement with the member.
- Receive consent from the member to communicate with the Recovery Navigator when appropriate.
- Collaborate with Recovery Navigators as needed and document Recovery Navigator collaboration encounters in member medical record.

Magellan's responsibility is to:

- Respect your right to advocate for the member as you believe is appropriate.
- Assist in the facilitation of Recovery Navigation involvement.
- Assist in identifying peer and wellness related resources.
- Assist in the facilitation and coordination of care.
- Provide training regarding peer support services specific to Magellan Recovery Navigation services.

GAP Program Billing Procedures

With the exception of the services described below, all other GAP covered services are billed in the usual manner to Magellan.

SMI Screening Codes: There are two codes to bill for SMI screenings:

1) H0032 UB- limited SMI screening (This is intended for individuals you have already been treating for some time and already have a comprehensive biopsychosocial assessment including a psychiatric diagnosis by an LMHP and ISP developed *within the last year*)
2) H0032 UC- full SMI screening (This is intended for individuals who are new to the screening entity and require a FULL screening because *they were previously unknown to you*). Approved GAP SMI Screening entities are: Community Services Boards (CSBs), Federally Qualified Health Centers (FQHCs), or hospitals with an inpatient psychiatric unit (DMAS GAP Manual page 2).

Note: Providers can bill for the screening even if the individual does not become eligible for the GAP plan. As long as the SMI screening is found to be "clinically eligible" or "not eligible," providers will be paid for the screening. If the screening is placed in "rejected status," this means there was missing or incomplete information. "Rejected" screenings will not be reimbursed. These must be resubmitted with the missing information, and a status of eligible vs. ineligible must be determined. This claim is billed with the individual's Social Security Number as the member ID, which was used to complete the on-line form.

Hospital facilities submitting claims on a UB-04 form would bill using the appropriate outpatient place of service code and corresponding revenue code. Either assessment procedure code listed above would be added as a HCPCS code in box 44 on the UB-04 form. The appropriate modifier must also be listed. The status of SMI screening submissions are available online at www.magellanhealth.com/provider.

GAP Case Management Codes

The GAP benefit has case management codes specifically for the GAP members. Both are still billed at 1 unit per month.

1) H0023 UB- low intensity (See the DMAS GAP Supplemental Manual for a description of this service and all requirements.)
2) H0023 UC- high intensity (See the DMAS GAP Supplemental Manual for a description of this service and all requirements.)

Registration is required for GAP Case Management. Only one registration for the entire requested period will need to be submitted to Magellan regardless if both Low Intensity and High Intensity services will be provided during the registration period. However, providers are expected to identify on the claim the appropriate modifier for the service provided in a specific month, either Low Intensity (UB modifier) or High Intensity (UC modifier).