Focus on the Most Pressing Needs Through Innovation, Coverage, and Outreach

- Access for up to 20,000 uninsured with a serious mental illness
- Better care for 13,000 with coverage and behavioral health needs
- Health care for 35,000 more low-income children and 5,000 dependents of state workers
- Aggressive outreach to sign up 160,000 adults on the Federal Marketplace
- Dental services to 45,000 low-income pregnant women
- Seeking innovative solutions by leveraging federal dollars
Step 1: Governor’s Access Plan (GAP) for Medical and Behavioral Health Care Services

• **SMI:**
  - More than 50,000 of the 300,000 Virginians with Serious Mental Illness (SMI) are uninsured
  - SMI has systemic effects on social issues: homelessness, disability, substance abuse, crime, etc.

• **GAP:**
  - Provides access to targeted medical and behavioral health benefit package for up to 20,000 uninsured adults with SMI
  - Will test the hypothesis that providing access to targeted medical and behavioral health services will reduce the frequency of ER visits, hospitalizations, interaction with the criminal justice system, and reduce overall health care costs
  - Begins January 2015.
Step 1: Governor’s Access Plan (GAP) for Medical and Behavioral Health Care Services

GAP Demonstration Eligibility

In order to be eligible, individuals must meet ALL of the requirements outlined below:

- Adult ages 19 through 64 years old;
- U. S. Citizen or lawfully residing immigrant;
- Not eligible for any state or federal full benefits program including: Medicaid, Children’s Health Insurance Program (CHIP/FAMIS), or Medicare;
- Resident of Virginia;
- Household income that is below 100% of the Federal Poverty Limit (95% of the Federal Poverty Limit (FPL) plus a 5% income disregard);
- Uninsured; and,
- 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.
### Step 1: §1115 GAP Waiver Timeline

<table>
<thead>
<tr>
<th>Step/Event</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Posts Waiver Proposal</td>
<td>Sept 8th</td>
<td></td>
</tr>
<tr>
<td>State Holds At Least 2 Public Hearings</td>
<td>Sept 16th</td>
<td>Sept 17th</td>
</tr>
<tr>
<td>Earliest End Date for State Notice and Comment Period</td>
<td>Oct 7th</td>
<td></td>
</tr>
<tr>
<td>State Submits Application to CMS</td>
<td>Oct 14th</td>
<td></td>
</tr>
<tr>
<td>Date for Federal Notice of Receipt to State/Federal Public Comment Begins</td>
<td>Oct 21st</td>
<td></td>
</tr>
<tr>
<td>End of Federal Notice and Comment Period</td>
<td>Nov 19th</td>
<td></td>
</tr>
<tr>
<td>Earlier Date for Federal Approval (CMS has minimum 45 days from Notice of Receipt to render Decision)</td>
<td>Dec 4th</td>
<td></td>
</tr>
</tbody>
</table>

- **0 days**
- **15 days**
- **30 days**
- **45 days**
- **60 days**
Step 2: Insuring Our Children

Majority of the >100,000 uninsured children in Virginia are likely to qualify for FAMIS or Medicaid

- Previous state-level enrollment campaigns proved effective
- Goal: Sign up an additional 35,000 more children for FAMIS and Medicaid
- We will launch a media campaign that will include TV, radio, social media and outreach through community events
- Two media campaigns will be launched in 2015, one in the spring and the second in the fall cold and flu season
- Begins September 2014.
Step 3: Insuring State Workers’ Children

Lower income employees may not be able to afford coverage for their dependent children at a cost of an additional $100 to $200 per month to premiums.

- DMAS will give eligible lower-income state employees the option to sign their children up for FAMIS. Estimate about 5,000 children will be enrolled.
- New state workers who meet financial criteria can enroll their children in FAMIS starting in January 2015; Current state workers can start in July 2015 (after open enrollment)
- A parent with one child may be eligible to enroll the child if the annual income is less than $31,460
Step 4: Dental Care for Pregnant Women

Virginia will provide comprehensive dental benefits to low-income pregnant women

**Link:**
- Pregnant women with periodontal disease may be up to 8X more likely to deliver prematurely, and 18 percent of all preterm births may be attributable to periodontal disease.
- Appropriate dental care during pregnancy can reduce poor birth outcomes

**Providing care:**
- 45,000 low-income pregnant women enrolled in Medicaid or FAMIS MOMS will be eligible for comprehensive dental care.
- Begins March 2015.
Step 5: Federal Marketplace Outreach

Reaching the estimated 300,000 tax-credit eligible Virginians who did not sign up during the previous open enrollment

**Consumer Assistance**
- Virginia Poverty Law Center
- Developing community presence through CACs

**Marketing**
- Consumer Assistance is available
- Plans on the FFM are affordable

**Cover Virginia**
- Drive consumers to Cover Virginia call center and website
- Right door the first time
Step 6: An Enhanced “Cover Virginia” Website

A user-friendly website, launching in time for the start of FFM open enrollment, will help people get the right insurance and avoid delays in coverage.

• Linking consumers to available assistance as well as application information through site and Call Center

• Making information available online about all health coverage options:
  • Services for individuals with SMI
  • Medicaid/FAMIS
  • Easy-to-find links to healthcare.gov
  • Veterans Affairs
  • Virginia Chamber of Commerce’s Virginia Benefits Market
Step 7: Medicaid Behavioral Health Homes

DMAS will improve the coordination of care for up to 13,000 adults and children with behavioral health diagnoses already enrolled in Medicaid.

• Medicaid costs for individuals with a chronic physical condition and mental health diagnosis are 75% higher than for those without a mental health diagnosis.

• Target up to 13,000 adults and children currently receiving Medicaid services

• Establish health homes providing team-based primary, behavioral, substance abuse and long-term services.

• Evaluating the feasibility of 90 percent federal funding match for select services, which is available for 2 years.

• Begins July 2015
Step 8: CMS State Innovation Model Grant

This past summer, Virginia applied for $2.6 million through the CMS Innovation Model grant program.

• Since 2010, the federal government has awarded more than $575 million to 25 states.
  o Virginia has not been awarded any of this funding
• Grant awards to as many as 15 states will be announced in October/November 2014. If Virginia is selected for a grant, funding would become available in January 2015.
• Funding would be used to develop a statewide health care transformation plan
• Virginia Center for Health Innovation is the lead
Step 8: CMS State Innovation Model Grant

**Plan for Improving Population Health:** VDH will help set population health goals which include:

- lowering the rates of tobacco use and obesity;
- preventing and managing cardiovascular disease, diabetes, respiratory disease, and high-risk pregnancy;
- selected mental health and oral health conditions

**Health Care Delivery System Transformation Plan:** Integrated Care will be a major focus for this initiative:

- Integrated behavioral health and primary care;
- Integrated oral health and primary care;
- Complex care programs

**Delivery System Reform Incentive Program (DSRIP) Medicaid Innovation Waiver:**

- DSRIPs are Medicaid incentive payments that reward hospitals and health systems that undertake delivery system transformation and major quality improvements.
- Implementation of many of the proposed initiatives will be pursued through this waiver
Step 9: Better Access to Care for Veterans

• Virginia has experienced the largest increase in its veterans population of any state since 2000.
• Virginia is last in the nation in the ratio of VA health facilities to veterans, at just 0.3 facilities per 10,000 veterans.
• Some veterans are waiting more than 60 days to get a primary care appointment at the VA.
• Congress has approved $10 billion over 3 years for private providers to see veterans who live more than 40 miles from a VA clinic/hospital or are experiencing long wait times.
• Virginia will bring together VA leaders and private health systems and facilitate partnerships that will create new access points for veterans.
• How: We will begin by convening a leadership summit and seek commitments by key decision makers to move forward. This will be followed by regional meetings across Virginia to develop and implement effective solutions.
Step 10: Reduce Deaths from Drug Overdose

- In 2013, more than 900 Virginians died from an overdose.
- More people died from an overdose than were killed in car accidents last year.
- The number of deaths from prescription drug overdose has doubled over the past decade, while deaths from heroin have doubled in just two years.
- The rates of ER visits and treatment admissions related to prescription drugs have risen dramatically, pushing up health care costs for everyone.
- We aim to reduce the number of deaths from abuse and misuse of prescription drugs and heroin.
Reduce Deaths From Drug Overdose

• How: Last month, the Governor signed Executive Order 29, creating the Task Force on Prescription Drug and Heroin Abuse
• This Task Force will coordinate statewide efforts to combat prescription drug and heroin abuse and addiction
  – Enhanced education
  – Addiction treatment
  – Drug storage and disposal
  – Data and monitoring
  – Enforcement
• What’s next:
  – Members of the task force will be announced next month
  – The Task Force will establish a timeline with milestones and targets for preventing prescription drug and heroin-related deaths.
Federal and State Authority

• Per the Administrative Process Act - *The Code of Virginia* §2.2-4011(A)
  - A. Regulations that an agency finds are necessitated by an emergency situation may be adopted by an agency upon consultation with the Attorney General, which approval shall be granted only after the agency has submitted a request stating in writing the nature of the emergency, and the necessity for such action shall be at the sole discretion of the Governor.

• On September 5, 2014, Cindi B. Jones, Director of the Virginia Department of Medical Assistance Services requested the Governor’s approval to promulgate Emergency regulations because the lack of health insurance coverage for 995,000 Virginia has created an urgent situation that necessitates the implementation of regulations to address the significant medical needs of Virginia's uninsured.

• On September 9, 2014, the Board of Medical Assistance Services unanimously endorsed the DMAS promulgation of four emergency regulations to implement the components of *A Healthy Virginia*. 
## Estimated Costs

<table>
<thead>
<tr>
<th></th>
<th>SFY 2015 GF</th>
<th>SFY 2015 NGF</th>
<th>SFY 2015 TOTAL</th>
<th>SFY 2016 GF</th>
<th>SFY 2016 NGF</th>
<th>SFY 2016 TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAP</td>
<td>$13.5M</td>
<td>$13.5M</td>
<td>$27.0M</td>
<td>$78.0M</td>
<td>$78.0M</td>
<td>$156.0M</td>
</tr>
<tr>
<td>Insuring Children</td>
<td>$2.4M</td>
<td>$3.2M</td>
<td>$5.6M</td>
<td>$17.9M</td>
<td>$23.6M</td>
<td>$41.5M</td>
</tr>
<tr>
<td>Insuring State Workers’ Children</td>
<td>$100,000</td>
<td>$200,000</td>
<td>$300,000</td>
<td>$2.3M</td>
<td>$10.6M</td>
<td>$12.9M</td>
</tr>
<tr>
<td>Dental Care for Pregnant Women</td>
<td>$300,000</td>
<td>$300,000</td>
<td>$600,000</td>
<td>$1.6M</td>
<td>$1.7M</td>
<td>$3.3M</td>
</tr>
<tr>
<td>Federal Marketplace Outreach</td>
<td>$0</td>
<td>$4.2M</td>
<td>$4.2M</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>An Enhanced “Cover Virginia” Website</td>
<td>$0</td>
<td>$75,000</td>
<td>$75,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Medicaid Behavioral Health Homes</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$8.6M</td>
<td>$8.6M</td>
<td>$17.1M</td>
</tr>
<tr>
<td>CMS State Innovation Model Grant</td>
<td>$0</td>
<td>$1.4M</td>
<td>$1.4M</td>
<td>$0</td>
<td>$1.2M</td>
<td>$1.2M</td>
</tr>
<tr>
<td><strong>SUBTOTAL</strong></td>
<td><strong>$16.3M</strong></td>
<td><strong>$32.2M</strong></td>
<td><strong>$48.5M</strong></td>
<td><strong>$108M</strong></td>
<td><strong>$124M</strong></td>
<td><strong>$232M</strong></td>
</tr>
</tbody>
</table>