



## Health and Recovery Plans (HARPs) MVP Provider Q&A

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A new kind of Medicaid Managed Care plan, called a **Health and Recovery Plan (HARP)**, will provide expanded services for people with serious mental health and/or substance use disorders. HARPs will also provide all of the same services covered by Medicaid Managed Care plans.

### **Q1: How do HARPs help their enrollees?**

A1: HARPs help enrollees get the services and help they need to live, go to school, work, and be a part of their community.

HARPs have additional services called Home and Community Based Services (HCBS) to help enrollees find housing, live independently, return to school and graduate, find a job, manage stress, and get support from peers.

HARPs provide additional coordination of services to help enrollees better manage their overall care.

### **Q2: How do consumers join a HARP?**

A2: Eligible consumers will be enrolled in a HARP through NYS Managed Medicaid but can opt out if they choose. Eligibility is determined by MYS Managed Medicaid and is reserved for those members that have serious mental health and/or substance disorders.

Consumers who have used certain kinds of Medicaid mental health and substance use services in the past may be eligible for a HARP.

HARP-eligible consumers will get a letter later this spring, explaining this enhanced benefit.

### **Q3: Behavioral Health Home and Community Based Services (BH HCBS)**

A3: BH HCBS are available for consumers who qualify for these services and who are enrolled in a HARP or a Special Needs Plan.

BH HCBS are extra benefits and supports that can help consumers meet their recovery goals.

BH HARP enrollees will have a Health Home Care Manager who will work with them to set up a care plan that may include these HCBS.

**Q4: What is a Health Home?**

A4: Under the Affordable Care Act, states were permitted to establish Health Homes to coordinate care for people with Medicaid who have chronic conditions. CMS expects state's health home providers to operate under a "whole-person" philosophy. Health Home providers will integrate and coordinate all primary, acute, behavioral health, and long-term services and supports to treat the whole person.

**Q5: When do these changes happen?**

A5: **For Medicaid eligible people who live outside of New York City:** Medicaid Managed Care plans are scheduled to begin to cover the expanded behavioral health services in July 2016, pending federal approval. HCBS benefits will be available October 2016.

**Q6: How are HARP members identified, and who identifies them as being HARP eligible?**

A6: HARP eligible members are identified by NYS based on the type of services they have used in the past. Medicaid members who are identified with serious mental health and/or substance use disorders may be eligible for HARP programs.

**Q7: As a participating MVP provider or facility, what does HARP mean to me?**

A7: A member may already be in treatment with you, and administratively not much will change. You should continue to provide the same level of excellent care that you always have. You should keep in mind that these members have additional support that may help them recover and meet their wellness goals. The member's Health Home or MVP Case Manager will be responsible for care management activities and arranging for BH HCBS for the member.

**Q8: What are the additional services covered under the HARP program?**

A8: The following services would be provided by HCBS practitioners for eligible members. Services would be rendered following as assessment of the member's needs:

- Psychosocial Rehabilitation
- Community Support and Treatment (CPST)
- Habilitation Services
- Family Support and Training

- Short-Term Crisis Respite
- Intensive Crisis Respite
- Education Support Services
- Peer Support Services
- Non-Medical Transportation
- Pre-Vocational Services
- Transitional Employment
- Intensive Supported Employment
- On-Going Supported Employment
- Self-Directed Care (to be implemented at a later time as a pilot program)

**Q9: As a participating provider in MVP's HARP network, what can I expect?**

Q9: You will treat MVP Medicaid Managed Care members that are HARP eligible, for physical and/or behavioral health care, as you do now. You will receive the same reimbursement that you currently receive.

**Q10: Will MVP's HARP members have an identification card that is different from other Medicaid Managed Care identification cards?**

A10: Yes. MVP will name our plan and produce an identification card, so providers are aware of HARP-eligible members. We will let you know what the plan name is and share a sample of the identification card for you and your staff's reference.

**Q11: What if I have a member that may benefit from HARP coverage/HCBS services?**

A11: There is currently no mechanism for direct referral into HARP by physicians. Please note that it is not mandatory for a member to join a health home or engage in HARP care coordination. If a member is eligible, NYS Managed Medicaid will notify the eligible member about their enrollment options.

**Q12: How many HARP eligible members does MVP have right now?**

A12: MVP has approximately 5,000 eligible members in our 16-county area. The majority of these members are located in our downstate counties, such as Westchester, Orange, Dutchess, and Ulster counties.

Additional resources for the Behavioral Health Home and Recovery Plan model:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/related\\_links/index](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/related_links/index)