

## HARP 101 Q&A

### **Q What is changing for Behavioral Health services in New York State?**

- Medicaid is changing to cover more mental health and substance use disorders (drug and alcohol use) services.
- Medicaid Managed Care plans already provide physical health care services and behavioral health care to their enrollees. Now, Medicaid Managed Care plans will include more mental health and substance use disorder services called Behavioral Health services.

### **Q Will I have to change my doctor or other providers?**

- If you stay with the Medicaid Managed Care plan you have now you will not need to change doctors or other providers, unless you want to. If you receive some behavioral health services using your Medicaid card, these services will now be covered using your health plan ID card.
- If you change your managed care plan you will need to work with your new plan and the plan's network of providers to be sure you get the services that are right for you. You may be approved to see your current provider for a specified period once you change plans. After that time, you will need to see providers that participate in your new plan's network.
- If your current service provider is not part of your new Plan's network: there are protections to help you keep the same providers during this change. You may be able to continue seeing your current provider for a specific time, as long as the provider is willing to work with your new plan.

### **Q Once these services are covered by Medicaid Managed Care, will I be able to keep taking the same medication?**

- The medication that you are currently taking should not change due to the behavioral health changes in Medicaid Managed Care.
- Please keep in mind that Medicaid Managed Care plans may change their formulary and prior authorization requirements from time to time.
- For an active prescription, you should go back to the doctor or prescriber who ordered it to get a renewal.

**Q Will there be any limits on the services I get now?**

- Your Medicaid Managed Care Plan will need to approve your behavioral health services. If the Plan makes any changes to your care plan, you have a right to appeal the decision. It is a good idea for you to talk with your current providers about this change to make sure you get all the services you need.

**Q What can I do if my mental health or substance use service provider is not part of my Plan's network?**

- You can find out if your current provider is in another Plan's network, or if the provider is planning to be part of your Plan's network. You may be able to switch to a new plan to continue seeing the same providers. You can talk with your providers and your Medicaid Managed Care plan to help decide what might be the best option.

**Q Can I change my Medicaid Managed Care plan?**

- Yes, you always have 3 months from the date of enrollment in a new plan to change plans for any reason. After those 3 months, you must stay with the plan you chose for another 9 months, unless you have a good reason to change. You will be able to change plans once a year.

**Q If I don't have a Primary Care Physician (PCP), how do I get one?**

- All Medicaid Managed Care plan enrollees have a Primary Care Physician who helps manage and oversee the care they need. If you do not already have a PCP, your plan will help you pick one or can assign one. Your health care providers are part of your Medicaid Managed Care plan's network. The Medicaid Managed Care plan provider directory has a list of network PCP providers to choose from. The plan network includes physicians, specialists, hospitals, and clinics.

**Q When will I be notified about the changes and if they impact me?**

- In New York City, notices will be sent out to let consumers know if they are eligible to join a HARP. If you do not receive a notice saying you are eligible to join a HARP, you can contact your plan or providers if you have questions.

**Q Are there any changes in the services I get now?**

- Depending on the services you currently get or your needs, you may see a change in your services. If you receive SSI, you must now use your plan card to get mental health and substance use services.
- You should speak with your providers about other services you receive. [May refer individual to new list of BH included services if asked.]

- You may be able to get extra behavioral health services through a new type of Medicaid plan called a Health and Recovery Plan (HARP) that are now available through Medicaid. If you are eligible, you will get a letter from New York Medicaid Choice about this.

**Q What services will I get if I don't qualify for HARP services?**

- You will continue to receive the physical and behavioral health services you already receive that are covered by Medicaid.
- These services will be coordinated by your Medicaid Managed Care plan.
- If you currently get some services using your Medicaid card, these services may now be covered by your plan.

**Q What are the criteria for joining a HARP?**

- To be eligible to join a HARP, you must be 21 years old or older; be eligible to be in a Medicaid managed care plan or Special Needs Plan; and have serious mental health or substance use disorders. You cannot be enrolled in both Medicaid and Medicare; and you cannot be enrolled in any Office for People with Developmental Disability (OPWDD) programs.
- In addition - For people with substance use disorders:
  - The criteria for joining a HARP is based on the services that the individual has used in the past, including inpatient, emergency department and hospital services. HARPs are for people who have a serious substance use disorder or medical conditions.
- For people with mental illness:
  - The criteria for joining a HARP is based on the mental health services they have used in the past, such as emergency, inpatient or outpatient mental health services, and people who are transitioning from certain children's services.

**Q What are Health Homes, and what is needed for the assessment?**

- If you have multiple health issues, you may qualify for Care Management with a Health Home. Health Home Care Managers can help you make appointments and coordinate with all of your care providers to ensure all your physical and emotional health needs are being met.
- To learn more about Health Homes and to find out if you can get this service, contact Member Services at your plan. I can transfer you to your plan's Member Services unit if you need more information.
- Assessment for HARP

- Consumers who have received a notice saying they can join a HARP enrollment will get an assessment to determine what HCBS they may be eligible for and need. A Health Home conducts this assessment to create a plan of care.

**Q Where can I find a list of the Medicaid Managed Care plans?**

- The directory of Medicaid Managed Care plans is on the NYS Department of Health website, under Managed Care Plans.  
[http://www.health.ny.gov/health\\_care/managed\\_care/mcplans.htm](http://www.health.ny.gov/health_care/managed_care/mcplans.htm)
- Your providers can also tell you what Medicaid Managed Care plan networks they are part of.