



Office of Alcoholism and Substance Abuse Services

Medicaid Managed Care Changes for Behavioral Health **Fact and Information Sheet for Providers and Staff**

WHAT?

Medicaid Behavioral Health Services (i.e. mental health and substance use disorder services) will now be administered by managed care organizations (MCOs) a Plan called HARP (Health and Recovery Plans). HARPs will serve those diagnosed with a serious mental health and/or substance use disorder that are high-end utilizers of services. Most of the NYC contracted MCOs will serve HARP eligible members but not all.

With HARP services, a member will receive all their medical and behavioral health services under one Plan. These changes mean there will be more behavioral health services in New York's Medicaid program. Health care providers will work together to integrate medical care and behavioral health care for those consumers who are the highest utilizers of the health care system. HARP MCO plans will have providers who have a lot of experience treating persons with behavioral health needs.

It is encouraged that all HARP eligible recipients receive Health Home care management services. Care Managers will assist in engaging HARP members in consistent medical and behavioral health care services they need to improve their health and wellbeing while becoming less reliant upon costly, high-end crisis care services (i.e. Emergency Rooms). Additionally, Health Home Care Managers will work with the HARP members and complete an assessment (called the InterRAI) to determine if the member is eligible for Home and Community Based Services (HCBS). Home and Community Based Services are additional specialty services that HARP members may be eligible for such as: employment services, peer support, education support services, family support and training. The Care Manager will then develop a person-centered plan of care with the member and all involved service providers to make sure that all of the member's health needs are being coordinated and met.

WHO?

HARP services are for Medicaid individuals 21 year old or older who are found eligible. HARP members will continue to receive their regular Medicaid benefits plus specialty care for behavioral health.

WHEN?

Starting around July 2015 through September 2015, a NYS contractor called NY Medicaid Choice will be sending out enrollment letters to NYC Medicaid consumers regarding their eligibility for the HARP plan services that will begin on October 1, 2015 and HCBS services to

begin January 1, 2016. At this time, the letter will only be for NYC Medicaid recipients as it is expected that HARP enrollment for the rest of the State will occur by July 1, 2016.

**Adult Behavioral Health Managed Care Timeline:
NYC Implementation**

July 2015 - First Phase of HARP Enrollment Letters Distributed

- NY Medicaid Choice enrollment letters will be distributed in three phases:
 - Approximately 20,000 July/August distribution for October enrollment
 - Approximately 20,000 August/September distribution for November enrollment
 - Approximately 20,000 September/October distribution for December enrollment

October 1, 2015 - Mainstream Plans and HARPs implement non-HCBS behavioral health services for enrolled members

October 2015 - January 2016 - HARP enrollment phases in

January 1, 2016 - HCBS begin for HARP population

How?

NYS Department of Health and Managed Care Organizations (MCOs) will use Medicaid claims data to identify individuals eligible for a HARP plan based on their utilization of services. Enrollment letters will be sent to HARP eligible members in the following manner:

1. Medicaid individuals who are identified as HARP eligible who are already enrolled in an MCO with a HARP plan will receive a letter that their MCO has added services of the HARP and that they can start utilizing the benefit on October 1, 2015.

The individual will need to call the number on the letter to enroll over the phone without any forms. The individual will also receive a list of MCOs that have HARP services, as the individual can pick a different MCO plan with a HARP to enroll in. (Not all MCOs have a HARP)

If the individual does not call to enroll, then they will be enrolled in their MCO HARP plan automatically (called passive enrollment). Outreach will begin by the MCO and a Health Home Care Manager will be assigned, if the individual does not already have a Health Home Care Manager, to engage the individual in services.

2. Medicaid individuals who are identified as HARP eligible who are already enrolled in an MCO without a HARP will receive a letter that notifies them of their HARP eligibility and will refer them to NY Medicaid Choice to help them decide which Plan is right for them.

If the individual does not call to enroll, then outreach will begin by the MCO and MCO service providers to engage them to join a HARP plan. If the individual already has a Health Home Care Manager, they, too, will work at engaging the individual in HARP services.

3. Individuals will be given 30 days to opt out or choose to enroll in a different HARP.
4. Once enrolled in a HARP, members will be given an additional three (3) months to opt out before they are locked into the HARP until the next open enrollment period.
5. Individuals are encouraged to share their enrollment letter with their doctors and other providers. Providers can contact NY Medicaid Choice at 1-800-505-5678 for more information about HARPs.
6. Once enrolled in a MCO HARP, the individual will receive a welcome letter, a plan ID card and resources with more information.