

Helping HARP Members Get the Care They Need



What is a Health and Recovery Plan (HARP)?

HARP is a state-sponsored plan that provides Medicaid members age 21 years or older with additional health care resources to help them take care of all their physical health, behavioral health, and non-Medicaid support needs. There is no monthly premium payment for this plan.

What do HARPs do?

HARPs manage physical health, mental health, and substance use services in an integrated way. This includes providing Health Home care management services to support members in coordinating their clinical and non-clinical needs. In addition to services already mentioned, Health Homes can assist members with food, housing, employment needs, and much more.

What are the benefits of a HARP?

Being HARP-enrolled provides members with an enhanced benefits package, including an array of Home and Community-Based Services (HCBS) and Community Oriented Empowered Recovery (CORE), designed to support members in reaching their recovery goals.

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Behavioral Health Home and Community — Based Services (BH HCBS):

Habilitation Services: Teach members new skills to live independently in the community.

Crisis Residential Services: Give members a safe place to go when they need to leave a stressful situation. They can also help members stay out of the hospital when they are having a crisis by providing a safe place that offers treatment.

Education Support Services: Help members find ways to return to school to get an education and training that will help them get a job.

Pre-Vocational Services: Offer training in skills needed to prepare for a job.

Transitional Employment Services: Provide short-term assistance while trying out different jobs. This includes on-the-job training to strengthen work skills that can help members keep a job at or above minimum wage.

Intensive Supported Employment Services: Assist members with finding a job at or above minimum wage and keep it.

Ongoing Supported Employment Services: Help members keep their job and be successful at it.

Non-Medical Transportation: Transportation to non-medical activities related to a goal in a member's plan of care.*

*This service is covered by Medicaid Fee-for-Service, not EmblemHealth.

Behavioral Health Community Oriented Recovery and Empowerment (CORE) Services:

Psychosocial Rehabilitation (PSR): Offers members training in life skills, like making social connections, finding, or keeping a job, starting or returning to school, and using community resources.

Community Psychiatric Supports and Treatment (CPST): Helps members manage symptoms through counseling and clinical treatment.

Empowerment Services — Peer Supports: Connects members to peer specialists who have gone through recovery. Members will get support and assistance with learning how to:

- Live with health challenges and be independent.
- Make decisions about their own recovery.
- Find natural supports and resources.

Family Support and Training (FST): Gives family and friends the information and skills to help and support the member.

Who is HARP-eligible?

To be eligible for HARP, an individual must be 21 years or older, insured only by Medicaid, and be eligible for Medicaid managed care enrollment. New York State Department of Health (NYSDOH) identifies HARP-eligible individuals based on criteria such as past use of behavioral health services in Medicaid. Every month, NYSDOH provides managed care plans with a list of eligible HARP members.

Does EmblemHealth offer a HARP?

Yes. EmblemHealth's HARP is called Enhanced Care Plus. Medical care for Medicaid and HARP members is coordinated through their **Health Homes**. Covered behavioral health benefits, including utilization management and case management, are managed by Caredon Behavioral Health. All covered behavioral health services are available through Caredon's provider network. Please refer to the **Caredon Behavioral Health Provider Handbook** for full program requirements.

Does the member get to keep their provider?

Yes, Enhanced Care Plus is part of Medicaid and our providers service both Medicaid and HARP members. Only in rare circumstances will the member's provider change.

How can providers help with outreach to HARP-eligible members?

- Each month, EmblemHealth receives a list of HARP-eligible members who have joined the plan.
- EmblemHealth will provide you with a provider-specific list of HARP-eligible patients to call.
- During the call, the member should be educated about the enhanced benefits of joining Enhanced Care Plus, including HCBS/CORE and Health Home care management (see call script below):

"You are eligible for enhanced Medicaid benefits through EmblemHealth's Health and Recovery Plan (or HARP) called Enhanced Care Plus. Enrolling in Enhanced Care Plus can give you extra support that is not available in Medicaid and you don't have to coordinate your care on your own. It has additional non-medical benefits, specifically employment and educational support, transportation, and use of community programs and family resources. If you are interested, we can share the details for enrollment."

- If the member agrees to enroll in Enhanced Care Plus (EmblemHealth's HARP), ask the member how they signed up for their health insurance.
 - Members who signed up through the **New York State of Health Marketplace** (on-Exchange) will need to enroll online through the New York State of Health website.
 - Members who did **not** sign up through the New York State of Health Marketplace (off-Exchange), should call Maximus at **855-789-4277** (TTY: **888-329-1541**) to enroll in a HARP. Please inform the member this call can take up to 30 minutes and they will need to share information over the phone. If they would like someone present, you can suggest a three-way call with EmblemHealth.
- If a member does not agree to enroll in HARP, let them know that EmblemHealth can give more details on HARP.

Additional Resource: **EmblemHealth HARP Brochure**