**HARP Health and Recovery Plans**

**Definition-**Health and Recovery Plans will manage care for adults with significant behavioral health needs. They will facilitate the integration of physical health, mental health and substance use services for individuals requiring specialized approaches, expertise and protocols, which are not consistently found within most medical plans.

**Under this plan HCBS Home and Community Based Services** are designed to provide the individual with a specialized scope of support services not currently covered under the State Plan.

**Anyone in a HARP will also receive Health Home Services.** *(this does not mean that everyone in a Health Home will receive HARP services)*

**Who is eligible for HARP?**

* People must be 21 or older.
* Be insured only by Medicaid and be eligible for Medicaid Managed Care.
* People who are eligible will get a letter in the mail from NYS or NY Medicaid Choice.

**What is the enrollment process into a HARP?**

1. New York State (NYS) will identify people that are eligible for Health and Recovery Plans (HARP) based on a number of factors, including past Medicaid use.

2. HARP eligible enrollees of a Medicaid Managed Care Organization that runs a HARP do not have to do anything to join. These people have received or will receive a notice from New York Medicaid Choice.

3. They will be given 30 days to opt out or choose to enroll in another HARP

4. HARP eligible enrollees of a Medicaid Managed Care Organization that does not offer a HARP must take action to join a HARP.

5. These people have received or will receive a notice from New York State telling them how to join a HARP.

6. Once enrolled in a HARP, members have 90 days to choose another HARP or return to their previous plan.

7. After 90 days, members are locked in to their HARP of choice for 9 additional months.

8. People enrolled in an HIV SNP will be able to receive BH HCBS services through the HIV SNP. They will be notified of their HARP eligibility by the NYS Enrollment Broker. The notice will inform these enrollees they may receive all services for which they are eligible through their current plan.

**Why is this important to us?**

* If someone mentions that they are in a HARP, there may be waiver services and supports that are available to them…some are services that we provided at our family of agencies.
* A question might be are you enrolled in a health home? If the answer is yes, the health home care manager will be able to assist them in accessing HCBS service and providers to help them develop an Individualized Service Plan.
* If they are not enrolled in a Health Home, this is an opportunity to see if they are interested in hearing about one.

**What services can a HARP enrolled individual receive?**

* BH HCBS for eligible adults include the following:

Rehabilitation

* Psychosocial Rehabilitation
* Residential Supports
* Community Support and Treatment (CPST)

Habilitation Services

Family Support and Training

Managed Stress, Prevent Crises

* Short-Term Crisis Respite
* Intensive Crisis Respite

Education Support Services

Peer Support Services

Non-medical Transportation

Employment Support Services

* Pre-vocational Services
* Transitional Employment
* Intensive Supported Employment
* On-going Supported Employment

Self-directed Care 2017(to be implemented later as a pilot program)

The following provides an in-depth definition and the how to’s of delivering the above services.

[**https://www.omh.ny.gov/omhweb/bho/docs/hcbs-manual.pdf**](https://www.omh.ny.gov/omhweb/bho/docs/hcbs-manual.pdf)

Services an individual can access is based on the HARP eligibility code provided by MCO for eligibility.