

# Health and Recovery Plan (HARP) Frequently Asked Questions for Providers

#### **INTRODUCTION**

On July 1, 2016, Affinity Health Plan will launch a new line of business called HARP (Health and Recovery Plan). Affinity's HARP will be branded with the name **Enriched Health**. Eligibility for Enriched Health is based on a member's prior utilization of mental health and substance abuse services. Enriched Health benefits include all of the behavioral health services that were transitioned into managed care on October 1, 2015, plus additional services known as Home and Community Based Services, or HCBS.

Below are frequently asked questions that you may have with respect to the availability of this new benefit and how members access the benefits. The FAQs are presented in two categories:

- **Provider Education & Training** contains questions you may have yourself about the learning more about this new benefit program and training requirements.
- Member Education & Tools contains questions related to the benefits available to members under HARP – e.g., including eligibility, scope of services, etc. We recognize that members may approach you with questions and want to help ensure you have the details necessary to address their questions.

#### **PROVIDER EDUCATION & TRAINING**

#### Q: What provider training does Affinity Health Plan require?

It is a New York State Department of Health requirement that Affinity network providers receive training to gain appropriate knowledge, skills and expertise to comply with the requirements under Medicaid managed care. All providers are asked to go through the training categories below and attest that they have read and understood the materials provided for Enriched Health (the name of Affinity's HARP).

#### Q: Do I have to show evidence that I have completed the required provider training?

Yes. You need to complete and sign an attestation to indicate that you have completed the training. Upon completing the training, please sign the attestation form, and send it to us via email – Provider@affinityplan.org – or via fax to 718 794-7808.

#### Q: Where can I find both the training materials and attestation?

The training materials and attestation are available on both the Affinity Health Plan website and the Affinity provider portal:

- Website: www.Affinityplan.org
- Provider portal: https://affinityportal.affinityplan.org/portal/

#### **MEMBER BENEFITS & TOOLS**

#### Q: How will members know that they are eligible for HARP?

All Medicaid enrollees will receive a general update letter from the State notifying them of the upcoming changes to the state's Medicaid program and how the changes may benefit them. Affinity members also may receive an additional communication – a HARP Eligibility letter – informing them of the availability of additional services known as HCBS. Eligibility for Enriched Health and HCBS services is based on prior utilization of services.

#### Q: What exactly are the changes associated with HARP?

The HARP program – or in Affinity's case, Enriched Health – includes all of the benefits available today, plus some additional support services for people who qualify. These additional support services may include support in finding a job, housing or education support, family support, crisis care, or support in helping members lead healthier lives.

#### Q: How is a member eligible for HARP?

The state has specific guidelines to join a HARP. To learn more about Affinity's HARP program, please visit: <a href="https://www.affinityplan.org/Plans.aspx">https://www.affinityplan.org/Plans.aspx</a> or www.Affinityplan.org.

#### Q: Do members have to join a HARP program?

No. Enrollment is voluntary.

#### Q: If a member chooses not to join now, can he/she join later?

As long as the member still meets the guidelines for qualifying, he or she can join at a later time. However, the State has indicated that there will be periods for open enrollment or changes that may limit when an individual will be able to join at a later time. We recommend that members contact Medicaid Choice (Maximus) to find out about future enrollment periods. The phone number for Maximus is: 855 789-4277.

## Q: If a member joins a HARP, are his/her children eligible for the additional benefits and services too?

No. The children's benefits continue as they are today. In other words, there will be no changes to a child's benefits.

#### Q: How does a member qualify for a HARP?

Enriched Health eligibility is based on a member's history of using certain services. These members have been identified as benefitting from an additional array of services to assist in reaching their health goals.

#### Q: How does a member access these services should he or she decide he wants them?

A Community health assessment must be completed by a case management agency. If you have additional questions, please contact Affinity Health Plan at 866-247-5678.

## Q: When a member enrolls in a HARP plan, how are services coordinated? Is there a certain person the member needs to call?

A member is eligible to have health home services to coordinate his or her health care and will have a choice of which health home to enroll in. Once the member decides on a health home, the member should receive a welcome communication from the health home outlining how the health home can help the member reach health goals.

If the member is enrolled with a health home today, then he or she should still use that health home for coordination of care. If the member isn't enrolled in a health home today, he or she will follow the same process as today.

Additionally, there are Affinity case managers who can provide additional assistance for care coordination.

#### Q: What is a health home?

A health home offers a central point of contact and coordination for a member's health care needs. There are case managers whose job it is to work with members and their health care providers to make sure members are getting the services they may need and want. There are certain criteria to be eligible for a health home.

#### Q: What does it mean help me find a job?

For Enriched Health members, there are additional services that provide education and job training to assist you in reaching your employment goals. These services will be identified based on an assessment that your health home completes with you. The services will be available starting in October 2016.

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#### Q: What kind of housing assistance is available for members?

Health homes assist members with applying for and obtaining housing. For Affinity's Enriched Health members, there are additional services to assist members applying for permanent housing, including supportive housing of different types. These services will be identified based on an assessment that the member's health home completes with the member. The services will be available starting in October 2016.

#### Q: What kind of education support will members receive?

In Enriched Health, members are offered additional employment training services to assist with reaching employment goals. These services will be identified based on an assessment that the member's health home completes with the member. The services will be available starting in October 2016.

#### Q: What does it mean by family support and training?

It is important that in supporting our members, their families also are supported. There are additional services for Enriched Health /HCBS eligible members designed specifically to encourage families in supporting members as they reach their health goals. These services will be identified based on an assessment that the health home completes with the member. The services will be available starting in October 2016.

#### Q: What kind of crisis services are available?

For all Medicaid-enrolled members, there are services available for individuals experiencing challenges in everyday life that require treatment in a residential-type setting outside of your home. There is a service called **Crisis Respite**, which offers peer and clinical support, and a service called **Intensive Crisis Respite**, which offers additional clinical support. These services will be identified based on an assessment that the health home completes with the member.

#### Q: What is Assertive Community Treatment?

Assertive Community Treatment, or ACT, are integrated services provided by specialists from various fields – including psychiatry, nursing, psychology, social work, substance abuse and vocational rehabilitation – who collaborate to provide an individual care with the right services based on the individual's goals. As the member's goals change, the services are adjusted to support the individual's changing needs. An ACT team works with the member outside the clinical setting. They can come to the member's home, work or other setting, whichever works best for the member. Health Homes assist members with applying for and obtaining housing.

#### Q: What are Personalized Recovery Oriented Services?

The Personalized Recovery Oriented Services (PROS) program is designed for individuals with severe mental illness. It includes four components:

- 1. **Community Rehabilitation and Support** assists individuals in managing their illness and restoring skills for living within the community.
- 2. **Intensive Rehabilitation** assists individuals in attaining a specific goal within a specific area, such as education. It also can be used to prevent relapse.

- 3. **Ongoing Rehabilitation** assists individuals in managing their symptoms in the workplace.
- 4. **Clinical Treatment** help individuals stabilize, control or improving their symptoms.

Overall, the PROS program looks to: improve a member's functioning; reduce relapse; increase employment; help members obtain education; and help members secure preferred housing.

#### Q: What kind of outpatient behavioral health services are included?

All of the outpatient services that are available to members today continue to be available to them for all programs. This includes: Outpatient withdrawal services, opiod treatment, SUD rehab, outpatient mental health treatment and many more services. Members can contact a peer advocacy center for additional information; additionally, they will be receiving a new member handbook that outlines the additional outpatient services.

#### Q: What rehabilitation/residential services are covered?

**All:** There is Comprehensive Psychiatric Treatment, Substance Abuse rehabilitation and PROS (see above for information on PROS)). Additional peer supports and other services may be available based on a member's need. An Affinity clinician is available to reach out to the member to discuss specific circumstances.

**Enriched Health:** There are additional programs focused on psychosocial rehabilitation and community psychiatric support. The programs that a member may qualify for are determined based on an assessment. Members will be assigned a Health Home Care Manager, who will reach out to them to complete the assessment.

#### Q: Who pays for these services under HARP?

Member care is covered as it is today. They will not be charged for the care they receive.

#### Q: Does a member need a referral from his or her PCP to obtain these services?

No. To obtain these additional services, members do have to be identified by the state as requiring them or your health care provider can suggest that you qualify. Members will be assigned a Health Home Care Manager to assess their needs and to assist with care coordination.

#### Q: Can a member have all of his or her old services plus any of the new ones offered to them?

The additional HCBS services are only available to members who have been identified by the state as requiring them. Members will be assigned a Health Home Care Manager to assess their needs and to assist with care coordination.

#### Q: What is a plan of care? Who creates one for a member?

A plan of care is a specially designed approach to assist members in reaching goals. This plan is individually designed by the Health Home Care Manager to identify what services are needed to best meet a member's needs.

## Q: If a member does not qualify, how does he or she get qualified in the future? What are the certain guidelines to join?

Individuals are qualified based on their history of use and their current needs. To receive specific details, members can call New York Medicaid Choice at 844-HARP-999/844 427-7999.