

## New York Health and Recovery Plan Performance Improvement Project

Increase patient engagement and improve treatment adherence

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### Overview

New York state is committed to the physical and emotional health of its residents, particularly those participating in state-sponsored health plans.

To improve member engagement in behavioral health/substance use treatment in these populations, UnitedHealthcare Community Plan of New York is participating in a common-themed Health and Recovery Plan (HARP) Performance Improvement Project through 2026.

Member engagement directly correlates with treatment efficacy and longevity, which can be challenging for Medicaid participants. We are committed to our partnership with participating providers to improve outcomes for at-risk members.

### About the Health and Recovery Plan (HARP)

- A Health and Recovery Plan (HARP) is a Medicaid managed care plan for adults (21 years or older) that coordinates physical health, behavioral health and addiction services in an integrated way.
- Members in a HARP receive an enhanced benefit package which includes:  
[Adult Behavioral Health Home and Community-Based services](#)  
[Community Oriented Recovery and Empowerment services](#)
- An individual seeking HARP must meet the state's behavioral health high-risk criteria to enroll. For more information about these criteria, please visit the New York state [Office of Mental Health web site](#).

### Benefits of Continuous Engagement in Care and Treatment

- Members invested in their treatment are more likely to have positive outcomes, including a reduction in acuity of behavioral health conditions, relapse, readmission, homelessness, suicide, and criminal justice involvement

### Risk Factors

Many indicators contribute to statistics and cultural stigmas combined with widespread distrust healthcare systems are likely factors, as are:

- Patient engagement directly correlates with treatment efficacy and longevity, which can be challenging for Medicaid participants.
- Black and African American patients are less likely to seek care and complete behavioral health and substance use disorder treatment

## Common Topics for HARP Providers

### Health literacy

Members may not have enough information about their conditions, services and the support available to them through their health plan to make informed decisions.

- **What to do:** Educate members about care treatment options and empower them with shared decision making
- **Resources:** [Resiliency and Recovery Toolkit](#) and the [Clinical and Quality Measures Toolkit](#)

### Discharge planning

May not consider member preferences and access to care, which can result in poorer health outcomes for these members.

- **What to do:** Educate members about care treatment options and offer focused care coordination that addresses their unique barriers to accessing care
- **Resources:** [Coordination of Care practices](#)

### Changes during treatment

From the member's living situation, challenges filling prescriptions, getting to scheduled appointments, or dissatisfaction with providers – all can impact consistent engagement.

- **What to do:** Strengthen support during member care transitions and align members with peer support services.
- **Resources:** The [Recovery & Resiliency Toolkit for Providers](#), and peer support available through [Community Oriented Recovery and Empowerment \(CORE\)](#)

### Health disparities

Disparities in health care exist and are associated with worse health outcomes.

- **What to do:** Increase your own knowledge and skills for working with members of different backgrounds.
- **Resources:** [Cultural Sensitivity Training](#) and the [Social Determinants of Health for Behavioral Health training](#)

### High-risk member populations

Assertive Community Treatment (ACT) members are some of the most acute within the mental health continuum of care. Their needs may require specialized management.

- **What to do:** Educate members about care treatment options, empower them with shared decision making and strengthen support during member care transitions
- **Resources:** [Complex Care Management Program](#), [Mobile Crisis Support](#) and [Genoa Comprehensive Medication Management](#)

## What can providers do?

- Be educated about culturally competent options for HARP members
- Leverage our [cultural competency resources](#)
- Engage appropriate peer support for patients
- Prioritize appointments with HARP members within 7 days of discharge from acute settings (hospital, detoxification unit and addiction inpatient program)
- Develop plans that combine medications with behavioral therapy. Using a dual approach offers the best chance of patient success.
- Leverage our Peer Support services to bridge HARP members to care

## Questions?



[Email Karen Shippey](#), Network Trainer. We value our partnership in improving outcomes for HARP members.