



Adult Behavioral Health and Managed Care

1. What is changing for Behavioral Health services for adults in New York State?

Medicaid is changing to cover more mental health and substance use disorders (drug and alcohol use) services for adults.

Medicaid Managed Care plans already provide physical health care services and behavioral health care to their enrollees. Now, Medicaid Managed Care plans will also include more mental health and substance use disorder services called Behavioral Health services.

2. Will people enrolled in Medicaid Managed Care plans have to change their doctor or other providers?

People who stay with the Medicaid Managed Care plan they have now will not need to change doctors or other providers, unless they want to.

People who change their managed care plan will need to work with their new plan and the plan's network of providers to be sure they get the services that are right for them. People may be approved to see their current provider for a specified period once the change to their new plan happens. After that time, they will need to see providers that participate in their new plan's network.

People whose current service provider is not part of their new plan's network: there are protections to help people keep the same providers during this change. People may be able to continue seeing the current provider for a specific time, as long as the provider is willing to work with their new plan.

3. Once these services are covered by Medicaid Managed Care, will people be able to keep taking the same medication?

The medication that people are currently taking should not change due to the behavioral health changes in Medicaid Managed Care. Please keep in mind that Medicaid Managed Care plans may change their formulary and prior authorization requirements from time to time. For an active prescription, people should go back to the doctor or prescriber who ordered it to get a renewal.

4. Will there be any limits on the services people get now?

Medicaid Managed Care Plans may need to approve behavioral health services for adults. If the Plan makes any changes to a person's care plan, they have a right to appeal the decision. It is a good idea for people to talk with their current providers about this change to make sure they get all the services they need.



5. What can people do if their mental health or substance use service provider is not part of their Plan's network?

They can find out if their current provider is in another Plan's network, or if the provider is planning to be part of their Plan's network. People may be able to switch to a new plan to continue seeing the same providers. People can talk with their providers and their Medicaid Managed Care plan to help decide what might be the best option.

6. Can people change their Medicaid Managed Care plan?

Yes, people will have 3 months from the date of enrollment to change plans for any reason. After 3 months, people must stay with the plan they chose for another 9 months, unless they have a good reason to change. Every year people will be able to change plans.

7. What managed care services will people enrolled in Medicaid Managed Care get if they don't qualify for HARP enrollment?

People will continue to receive the physical and behavioral health services they already receive that are covered by Medicaid. These services will be coordinated by a Medicaid Managed Care plan. For these people, the Medicaid Managed Care plan will provide expanded behavioral health services, such as PROS, ACT or opioid treatment.

8. If people enrolled in a Medicaid Managed Care Plan don't have a Primary Care Physician (PCP), how do they get one?

All Medicaid Managed Care plan enrollees have a Primary Care Physician who helps manage and oversee the care people need. If people do not already have a PCP, their plan will help them pick one or can assign one. People can call their Medicaid Managed Care plan to find out if their providers are part of the plan's network, and to choose a PCP.

9. When will people be notified about the changes for adults, and if it impacts them?

In New York City notices will be sent out to Medicaid Managed Care plan enrollees who are eligible to join a HARP. Any enrollees that do not receive a notice saying they are eligible to join a HARP can contact their plan or providers with any questions.

10. Where can people find a list of the Medicaid Managed Care plans?

The [directory](#) of Medicaid Managed Care plans is on the NYS Department of Health website, under Managed Care Plans.

http://www.health.ny.gov/health_care/managed_care/mcplans.htm

People's providers can also tell them what Medicaid Managed Care plan networks they are part of.