

Healthfirst Medicaid and Personal Wellness Plan

The Healthfirst Personal Wellness Plan (PWP) is a Health and Recovery Plan, or HARP, approved by New York State. It includes the same benefits package as Medicaid, PLUS access to community support programs, behavioral health treatment, and other impactful health services that can help you live life to the fullest.

As a Healthfirst PWP member, you'll also be assigned a Health Home Care Manager who'll work with your healthcare providers and pay special attention to your needs.

Medical Services

Covered Services	Medicaid	HARP
Adult Day Health Care	Covered	Covered
Adult Protective Services	Covered	Covered
Advance Imaging Services	Covered	Covered
AIDS Adult Day Health Care	Covered	Covered
Audiology, Hearing Aids Services & Products	Covered	Covered
Bariatric Surgery	Covered	Covered
BRCA Genetic Testing	Covered	Covered
Breast Cancer Surgery	Covered	Covered
Cardiac Rehabilitation	Covered, as medically necessary	Covered, as medically necessary
Cataract Surgery	Covered, as medically necessary	Covered, as medically necessary
Chiropractic Services	Not covered	Not covered
Cognitive skills development testing	Covered	Covered
Consumer Directed Personal Assistance Services (CDPAS)	Covered	Covered
Cosmetic Surgery	Covered, if medically necessary	Covered, if medically necessary
Court-Ordered Services	Covered, pursuant to court order	Covered, pursuant to court order
Crisis Intervention Services	Covered. Mobile Crisis, Intensive Crisis Respite and Short Term	Covered. Mobile Crisis, Intensive Crisis Respite and Short Term
Day Treatment	Covered	Covered
Dental and Orthodontic Services	Covered	Covered
Durable Medical Equipment (DME)	Covered	Covered

Medical Services (Cont.)

Covered Services	Medicaid	HARP
Emergency Services	Covered	Covered
Emergency Transportation	Not Covered, Covered by LogistiCare & MAS	Not Covered, Covered by LogistiCare & MAS
EPSDT Services/Child Teen Health Program (C/THP)	Covered	Not covered
Experimental and/or Investigational Treatment	Covered on a case-by-case basis	Covered on a case-by-case basis
Eye Care and Low Vision Services	Covered	Covered
Family Planning and Reproductive Health Services	Covered	Covered
Maternity and Pregnancy Care	Covered	Covered
Foot Care Services	Covered	Covered
HIV and STI Screening, Counseling and Prevention	Covered	Covered
Home Delivered Meals	Covered	Covered
Home Health Services	Covered	Covered
Hospice	Covered	Covered
Inpatient Hospital Services	Covered	Covered
Inpatient Stay Pending Alternate Level of Medical Care	Covered	Covered
Laboratory Services HIV phenotypic, virtual phenotypic and genotypic drug resistance tests and viral tropism testing	Covered	Covered
Maternal Depression Screening	Covered	Covered
Medical Social Services	Covered only for those Enrollees transitioning from the LTHHCP and who received Medical Social Services while in the LTHHCP	Covered to transitioned LTHHCP in Medical Social Services
Midwifery Services	Covered	Covered
Nurse Practitioner Services	Covered	Covered
Observation Services	Covered	Covered
Personal Care Services	Covered. When only Level I services provided, limited to 8 hours per week.	Covered. When only Level I services provided, limited to 8 hours per week.
Physician Services	Covered	Covered
Podiatry Services	Covered if diabetic	Covered if diabetic

Medical Services (Cont.)

	Medicaid	HARP
Post-Stabilization Care Services	Covered	Covered
Prescription and Non-Prescription (OTC) Drugs, Medical Supplies, and Enteral Formula	Covered. Long Acting Injectable	Covered. Long Acting Injectable
Preventive Health Services	Covered	Covered
Private Duty Nursing Services	Covered	Covered
Prosthetic/Orthotic Services/ Orthopedic Footwear	Covered, orthopedic footwear and compression stockings	Covered, orthopedic footwear and compression stockings
Psychotropic Medications	Covered <ul style="list-style-type: none"> – Risperidone microspheres – Paliperidone palmitate – Olanzapine – Aripiprazole – Haldol (haloperidol) – Invega Sustenna Paliperidone – Prolixin – Zyprexa Relprevv (Non-Formulary) – Invega Trinza (Non-Formulary) – Abilify Maintena – Risperdal Consta 	Covered <ul style="list-style-type: none"> – Risperidone microspheres – Paliperidone palmitate – Olanzapine – Aripiprazole – Haldol (haloperidol) – Invega Sustenna Paliperidone – Prolixin – Zyprexa Relprevv (Non-Formulary) – Invega Trinza (Non-Formulary) – Abilify Maintena – Risperdal Consta
Radiology Services	Covered	Covered
Rehabilitation Services	Covered. Outpatient physical, occupational and speech therapy limited to 20 visits each per calendar year. Limits do not apply to Enrollees under age 21, Enrollees who are developmentally disabled, and Enrollees with traumatic brain injury.	Covered. Outpatient physical, occupational and speech therapy limited to 20 visits each per calendar year. Limits do not apply to Enrollees under age 21, Enrollees who are developmentally disabled, and Enrollees with traumatic brain injury.
Renal Dialysis	Covered	Covered
Residential Health Care Facility (Nursing Home) Services (RHCF)	Covered	Not covered
Second Medical/ Surgical Opinion	Covered	Covered
Smoking Cessation Products <ul style="list-style-type: none"> – Bupropion – Chantix – Nicotine Replacement Therapy 	Covered	Covered
Tuberculosis Directly Observed Therapy	Covered	Covered
Urgent Care	Covered	Covered

Behavioral Health Services

	Medicaid	HARP
Assertive Community Treatment (ACT)	Covered. Referrals required	Covered. Referrals required
Buprenorphine Management: Naloxone, Suboxone	Covered	Covered
Care Coordination for the HARP Program and HARP-Eligible Enrollees in the HIV SNP Program	Not covered	Not covered
Community Psychiatric Support and Treatment (CPST)	Not covered	Covered
Services in Community Residences	Not covered	Not covered
Comprehensive Psychiatric Emergency Programs (CPEPs)	Covered	Covered
Continuing Day Treatment (CDT)	Covered	Covered
Education Support Services	Not covered	Covered
Family Support and Training	Not covered	Covered
Habilitation Services	Not covered	Covered
Intensive Crisis Respite	Not covered	Covered
Intensive Psychiatric Rehabilitation Treatment (IPRT)	Covered	Covered
Intensive Supported Employment (ISE)	Not covered	Covered
LDSS Mandated SUD Services	Covered, pursuant to Welfare Reform/LDSS mandate	Covered, pursuant to Welfare Reform/LDSS mandate
Mental Health Services	Covered	Covered
Non-Emergency Transportation	Covered by Logisticare	Covered by Logisticare
Ongoing Supported Employment	Not covered	Covered
Partial Hospitalization	Covered	Covered
Peer Supports-Empowerment Services	Not covered	Covered
Personal Emergency Response System (PERS)	Covered	Covered
Personalized Recovery Oriented Services (PROS) <ul style="list-style-type: none"> i. Community Rehabilitation and Support (CRS) ii. Intensive Rehabilitation (IR) iii. Ongoing Rehabilitation and Support (ORS) iv. Clinical Treatment 	Covered in 3 phases: <ul style="list-style-type: none"> - Pre-Admission - Admission - Active Rehabilitation 	Covered in 3 phases: <ul style="list-style-type: none"> - Pre-Admission - Admission - Active Rehabilitation

Behavioral Health Services (Cont.)

	Medicaid	HARP
Pre-vocational Services	Not Covered	Covered
Psychosocial Rehabilitation (PSR)	Not Covered	Covered
Short-term Crisis Respite	Covered	Covered
SUD Inpatient Detoxification Services	Covered	Covered
Substance Use Management: – Vivitrol – Naltrexone	Covered	Covered
SUD Inpatient Rehabilitation and Treatment Services	Covered	Covered
SUD Medically Supervised Outpatient Withdrawal	Covered	Covered
SUD Outpatient (Includes outpatient clinic; outpatient rehabilitation; and opioid treatment)	Covered	Covered
SUD Residential Addiction Treatment Services	Covered	Covered
Transitional Employment	Covered	Covered