

10 - Did your HARP worker tell you BH HCBS services are flexible and voluntary? If you want more services, let your worker know. They can help you with the steps again. You can stop using (disenroll from) any service you want. It's helpful to tell your worker you want to stop.

11 - Is your HARP worker keeping you engaged? The worker has a duty to help you get through these steps, and not to take too long. In addition to explaining things and sending paperwork over to the insurance company and providers, the worker can help by sending you reminders for appointments, contacting you and your providers, and offering transportation. Some HARP members can get a ride to HARP related appointments. This service is called "non-medical transportation." You can ask your worker for help with applying for this service.

12 - Did your HARP worker send your Plan of Care to your insurance company? Your Plan of Care shows your voluntary goals, services, providers, supports, and health needs. Your worker can help you change your Plan of Care whenever it is no longer correct or accurate.

Help with HARP:

646-459-3076

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Mental
Health
Project

The information in this pamphlet is accurate to the best of our knowledge and experience as of May 2020. However, the pamphlet is only a guide. It is not legal advice.

Your experience might be a little different than this. For advocacy and legal advice about Medicaid HARP, or to tell us about your experience, please call us at 646-459-3076.

HOW TO GET SERVICES in the HOME or COMMUNITY (BH HCBS) THROUGH MEDICAID HARP

We agree—this is long & complicated!

Give us a call if you want someone
to go through this pamphlet with you!

FREE - Call 646-459-3076

What services can some people get through Medicaid HARP (Health and Recovery Plans)? HARP is a special type of Medicaid for people with mental health concerns, including substance use disorder. Some people can get help with job training, transportation, school support, peer support, family support and training, crisis respite, and more. This help is called **BH HCBS Services** (Behavioral Health - Home and Community Based Services)

How do I get those services? There are many steps along the way. There are many different people and agencies involved with getting those services. You might be able to go through all the steps without any problems or delays. But a lot of people do have problems or delays getting from one step to the next. It's helpful to know what the steps are.

Are you in Medicaid HARP? You cannot apply. The State decides if you are eligible or not. Many people who are in HARP don't know it. To find out, call 1-855-789-4277 (Mon-Sat). You'll need your Social Security Number or Medicaid CIN. The representative can tell you if you are eligible, if you can join a HARP (enroll), or if you are already in a HARP.

1 - Do you have a HARP worker to help you? HARP members have a right to a **HARP worker** to help with the steps. This worker might be from a health home, a care management agency, or a recovery coordination agency. Sometimes you talk to an *intake* worker from one of those agencies before you get your *HARP* worker. If you are already working with someone on getting health care services, ask what their role is. Are they helping you get BH HCBS? If you need a HARP worker, you can call your health insurance company. It's common for people to get stuck at this step. You can call us for help getting a HARP worker.

2 - Did your HARP worker explain the consent forms and give you a copy? Normally, wellness agencies can't share your health information with each other. You can sign paperwork called a consent form to say it is okay. If you want services, some types of consent are required by law. The law also allows you to limit some types of consent even if you want services. If you have concerns, call us for help.

3 - Have you done an assessment? The HARP worker should ask you what your wellness goals are. They should tell you what services you can apply for to meet those goals. The name for this is a "BH HCBS NYS Eligibility Assessment." The assessment is good for one year, unless you have a major change in your wellness. If you do, you can get another assessment done.

4 - Did your HARP worker send the insurance company the paperwork? The insurance company is responsible for authorizing the services you want. Using the assessment you did, your worker should send your insurance a "level of service determination request" that shows your eligibility, current services, wellness goals, and the new services you want. We can help if you have questions.

5 - Did your insurance company reply to your HARP worker? The reply from the insurance company is called a "level of service determination." This is your approval or denial for the new types of services. If they deny you services, or take too long, you may be able to get free legal representation or advocacy from us. Call for more information.

Congratulations!
You've been approved to get services.
Now you pick an agency to provide services.

6 - Did your HARP worker offer several different providers for the services you want? If services are approved, the next step is to pick which agency will provide your services.

7 - Did your HARP worker send the service request to the provider you picked? The worker should send over your insurance approval and service request to the provider. The provider might ask for more information.

8 - Did the provider schedule an appointment with you? They should set up a meeting with you to understand how their agency can best help you. They should also send your insurance company notice of the date of your first appointment.

9 - Did the provider send the insurance company a request to serve you? After they've met with you, they should send a request to the insurance company for the specific services they will offer you. The insurance company will approve or deny this request.