



To: Behavioral Health Providers, Health Home Care Managers and Consumer Advocates

From: Gary Weiskopf, Associate Commissioner of Managed Care, NYS OMH;
Patricia Lincourt, Director, Division of Practice Innovation and Care Management,
NYS OASAS

Date: June 1, 2017

Re: Assisting Health and Recovery Plan (HARP) Eligible Individuals Enroll in a HARP

New York State (NYS) is issuing this memorandum to help providers and advocates identify and assist with HARP enrollment for eligible individuals. This document provides the following information:

- Brief overview of a HARP
- HARP eligibility
- Reasons why a HARP eligible individual may not be enrolled in a HARP
- How behavioral health providers and advocates may assist a HARP eligible individual to enroll in a HARP.

What is a HARP?

A HARP is a Medicaid managed care insurance plan that manages physical health, mental health, and substance use services in an integrated way for adults with significant behavioral health needs (mental health or substance use). HARPs also manage an enhanced benefit package of [Behavioral Health Home and Community-Based Services \(BH HCBS\)](#) for eligible enrollees. BH HCBS provide opportunities for HARP members to receive rehabilitative and recovery services in their own home or community.

HARP Eligibility

Providers should verify Medicaid eligibility and enrollment status as a first step to verifying HARP eligibility.



ANDREW M. CUOMO

HOWARD A. ZUCKER, M.D., J.D.

ANN MARIE T. SULLIVAN, M.D.

ARLENE GONZALEZ-SANCHEZ, M.S., L.M.S.W.

Governor

Commissioner, DOH

Commissioner, OMH

Commissioner, OASAS

- HARP eligibility is based on certain factors, such as past use of behavioral health services in Medicaid. NYS generates an updated list of people who are eligible for HARP every other month.
- HARP eligibility status appears in [e-PACES](#) on an individual's file in the restriction/exception code part of the report.¹ Individuals can ask their treating providers to look up their eligibility status or they can call New York Medicaid Choice at 1-855-789-4277; TTY users: 1-888-329-1541.
- HARP eligibility and enrollment status is indicated by the use of restriction/exception codes that begin with the letter "H".
- If the individual's e-PACES report has an "H9" code, then the person is HARP eligible but has not yet enrolled in a HARP.

Reasons why a HARP-eligible person may not be enrolled in a HARP

A HARP-eligible individual may not currently be enrolled in a HARP for the following reasons:

- HARP enrollment may be pending, and will become effective at a future date.
- The individual previously chose **not** to enroll in a HARP, otherwise known as "opting-out" of HARP enrollment.
- The individual's address has not been updated with Medicaid, causing HARP enrollment notices sent by New York Medicaid Choice to be returned.
- The individual enrolled in Medicaid through or recertified Medicaid eligibility through New York State of Health (NYSoH²), sometimes referred to as the "Exchange" or "Marketplace." New York Medicaid Choice can assist these individuals who wish to enroll in HARP.
- The individual was disenrolled from HARP upon losing Medicaid eligibility, possibly due to failure to recertify. Note that an individual in this circumstance must first contact the [Local Department of Social Services \(LDSS\)](#) to reestablish Medicaid coverage in order to enroll or reenroll in HARP.

Whenever possible, individuals should be assisted in maintaining Medicaid eligibility through timely recertification to avoid loss of Medicaid coverage and HARP enrollment.

¹ HARP eligibility status may also be found in MAPP, PSYCKES or EMEDNY if those systems are available to a particular provider.

² New York State of Health is New York's online Medicaid application website.



HARP Enrollment Process

HARP enrollment is conducted by New York Medicaid Choice. The individual will need to have the following information when contacting New York Medicaid Choice:

- Medicaid Client Identification number, (CIN) or social security number
- Full name
- Date of birth
- Home address and telephone number, if available.

Eligible individuals may choose to enroll in a HARP at any time, even if the individual previously chose to opt out or never received an enrollment notice. HARP enrollment is voluntary, and eligible individuals may contact New York Medicaid Choice to learn about available enrollment options.

To determine HARP eligibility and assist with HARP enrollment:

1. Check e-PACES and verify the Medicaid case has an “H9” code. If the case does not have an H9 code, the individual is most likely not eligible to enroll in a HARP.
2. If the Medicaid case has an “H9” code, the individual should contact New York Medicaid Choice to elect HARP enrollment. The provider and/or the individual’s representative may assist the individual in contacting New York Medicaid Choice. The individual must be present on the call and specifically request New York Medicaid Choice to enroll him or her in a HARP.
3. New York Medicaid Choice will work with the individual to determine the plan of choice and activate HARP enrollment. New York Medicaid Choice will notify the individual of the effective date of the HARP enrollment.

Resources

New York Medicaid Choice

New York Medicaid Choice is the State’s enrollment broker and is available to assist individuals with plan enrollment. Individuals who have any questions about HARP eligibility and how to enroll, or requires additional information about how a HARP may be beneficial, may call:



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New York Medicaid Choice at 1-855-789-4277 TTY users: 1-888-329-1541

New York Medicaid Choice counselors are available to assist in all languages. Individuals may ask a representative or someone they trust to provide assistance when calling New York Medicaid Choice. New York Medicaid Choice staff are trained to assist individuals and the individual’s provider or other representative who are seeking information regarding HARP enrollment options.

Independent Consumer Advocacy Network (ICAN)

Individuals or their representatives can also contact the **Independent Consumer Advocacy Network (ICAN)**, which provides free, confidential help to individuals who are eligible for or enrolled in HARPs. ICAN can help individuals decide whether HARP is right for them, answer their questions about their benefits, provide advice and information, and advocate for them in the appeals process. For additional information, please contact:

ICAN at **1-844-614-8800** or **email** ican@cssny.org.

ICAN is the NYS Ombudsman Program for people with Medicaid who need long term care services or behavioral health services.

H Code Reference Table	
H Code	HARP and HIV SNP Specific Restriction Exception (RE) Codes
H1	HARP enrolled without BH HCBS eligibility
H2	HARP enrolled with Tier 1 BH HCBS
H3	HARP enrolled with Tier 2 BH HCBS
H4	HIV SNP HARP eligible without BH HCBS eligibility
H5	HIV SNP HARP eligible with Tier 1 BH HCBS
H6	HIV SNP HARP eligible with Tier 2 BH HCBS
H9	HARP eligible pending HARP enrollment

For questions regarding this guidance, please contact the NYS OMH Division of Managed Care at OMH-Managed-Care@omh.ny.gov