

Hoosier Assurance Plan

What is the Hoosier Assurance Plan (HAP)?

The Hoosier Assurance Plan (HAP) is the primary system used by the Indiana Family and Social Services Administration's Division of Mental Health and Addiction (DMHA) to fund public mental health and addiction services. HAP is intended to ensure service availability to the Indiana population in greatest need of mental health and addiction services. Under the HAP, DMHA strives to ensure availability of the continuum of care to all eligible citizens. The continuum of care includes individual treatment planning, 24 hour crisis intervention, case management, outpatient services, acute stabilization services, residential and day treatment, family support services, medication monitoring and services to prevent unnecessary hospitalization.

DMHA contracts with HAP provider organizations who provide the continuum of care, at the most appropriate level based on individual need, for all individuals who meet diagnostic, functioning level and income criteria. HAP provider organizations specialize in working with individuals in the following targeted areas:

- Adults with serious mental illness
- Children and adolescents with serious emotional disturbance
- Persons with a substance abuse disorder
- Persons with a gambling problem

Who qualifies to receive assistance through HAP?

Persons who have either no insurance or not enough insurance for mental health or addictions treatment may need to seek access to care. HAP helps to fund these services for those who qualify.

You may be eligible to have some of your treatment paid by HAP if you:

1. Show that you qualify for Medicaid, food stamps, or fall at or below 200% of the poverty level (the provider you choose will help you with this)
2. Meet certain evaluation criteria that are determined by a mental health professional.
3. Provide proof of income.
4. Provide your Social Security number

In most cases, HAP will not cover 100% of the cost of your care. Individuals registered with HAP are expected to participate in paying for their care based on their financial ability through a sliding fee schedule. The HAP provider organization you choose will help you determine the amount of your share of treatment costs.

Where can I get services?

The State of Indiana contracts with a variety of organizations across the state to provide services under HAP. You can find information about the HAP provider organization(s) near you by visiting the "[Service Providers by County.](#)"

What are your rights and responsibilities?

As a consumer of publicly funded mental health and/or addiction services, you have certain rights and responsibilities:

Rights:

- You have the right to the privacy and the confidentiality of your clinical records with the few exceptions built into the Indiana Statute (IC 16-39), Confidentiality of Drug and Alcohol Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- You have the right to appropriate treatment that allows you the opportunity to improve your condition.
- You have the right to at least an annual review of your treatment.
- You have the right to have your complaints investigated.
- You have the right to join a support group.
- You have the right to complain when you feel that one of your rights has been violated or you are not satisfied with the services you are receiving. You may do this by calling the Indiana Mental Health and Addiction consumer service line at 1-800-901-1133.
- You have the right to change your case manager, therapist or doctor if you have a conflict that cannot be resolved.

You should receive a formal list of patient rights from your HAP provider organization.

Responsibilities:

- You must ask for treatment.
- You must actively participate in your treatment and work with your care provider.
- You should call when you have a problem.
- You must pay your part of the cost of your treatment and/or have your insurance billed.