Home and Community Based Services (HCBS) Workflow

Level of Service (LOS) Determination Request and HCBS Plan of Care Submission:

Method to submit a HCBS LOS request:

1) Via our Secure File Transfer Protocol (SFTP), ECG Quick Connect (see below for how to get access)

Minimum requirements for requesting a HCBS Level of Service request:

- Member’s full name, Medicaid # and DOB
- Member’s diagnosis if available
- Member’s HCBS Tier Level (as per HCBS Eligibility Assessment)
- Member’s specific HCBS request
- Member’s goals that relate to the HCBS request
- Any current services member is engaged with (e.g., PROS, ACT, etc...)

HCBS Level of Service Determination (LOSD) Letter:

- Upon review of the request, a Letter of Service Determination will be sent to Health Home Care Manager and Lead Health Home via our SFTP (ECG-Quick Connect). Member will receive letter via USPS.
- HCBS LOSD letter includes:
  1) HCBS approved
  2) HCBS in network providers for each service

Please download the LOSD letter timely as they are time sensitive and will automatically delete if not downloaded within 12 days.

Final HCBS Plan of Care:

- State requirement to submit to MCO after member has engaged and received HCBS provider authorization for frequency, scope, and duration
- HCBS Final Plan of Care must be inclusive of all federal requirements and HCBS providers’ approved frequency, scope, and duration
- Please submit to UHC via our SFTP, ECG Quick Connect (NOTE to Lead Health Homes: This is a separate SFTP than the one you may currently have access to for regular Health Home information)
- We will review final POC to ensure all federal requirements are included as per the State’s guidance (inclusive of frequency, scope, and duration the HCBS provider was approved for). It is a Best Practice to include name and phone number of Health Home CMA Care Manager and
Supervisor on the Plan of Care. Our clinical team will call the Health Home CMA Care Manager directly with any questions.

**Access to our secure portal, ECG Quick Connect:**

To get access to our SFTP, please send Ariel Rios at Ariel.Rios@uhc.com the following information:

- First and Last Name
- Email address
- Phone Number
- Name of Lead Health Home
- Name of CMA (only if you work for a CMA)

Once you are given access, you will receive an email asking you to register to our SFTP. Additional instructions will be sent to you in a separate email from Ariel Rios.

If for some reason, you have trouble accessing the SFTP; please contact Ariel Russo, Sr. Care Advocate at Ariel.Rios@uhc.com

**HCBS Provider Prior Authorization Request Process:**

1) UnitedHealthcare Community Plan (UHC) is using the universal HCBS Prior Authorization Request form created by the State. You may find this form using the following link: [https://www.providerexpress.com/content/ope-provexpr/us/en/our-network/welcomeNtwk/wNY.html](https://www.providerexpress.com/content/ope-provexpr/us/en/our-network/welcomeNtwk/wNY.html)

2) HCBS Provider should fill out the form and send to UHC via email or fax. Instructions on how to send to us is listed on the form.

**UHC HCBS Key Contact:**

- For general inquiries regarding HCBS process and workflow
  
  Ariel Russo, HCBS Team Lead at Ariel.Rios@uhc.com

Thank you,
HCBS Administrator
Wellness4Me Clinical Team

Updated as of 11/06/2018

United Behavioral Health and United Behavioral Health of New York, L.P.A., Inc. operating under the brand Optum

BH755_01.19.17