



Home and Community Based Services (HCBS) Workflow

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

1) Please call our clinical team at **1-866-362-3368** to speak with Erica Bou, HCBS Administrator or one of our Care Advocates. Choose prompt #3 for "Care Notification/Prior Authorizations". If you prefer to submit an initial HCBS POC, please send via our Secure File Transfer Protocol (SFTP).

2) Please have the following information available:

- Member's lead Health Home TIN# (Tax Identification Number) optional
- Member's full name, Medicaid # or SSN#, and DOB
- Member's diagnosis if available
- Member's HCBS Tier Level (as per HCBS Eligibility Assessment)
- Member's HCBS request
- Member's goals that relate to the HCBS request
- Any current services member is engaged with (e.g., PROS, ACT, etc...)

3) Once our clinical team reviews and approves the LOS request, you will receive a **Letter of Service Determination via our SFTP (ECG-Quick Connect)** that includes the services that the member was approved for. In addition, it will list two HCBS providers that are in network for each HCBS Service Request. Member will also receive Letter of Service Determination via regular postal mail. Please download the LOSD letter timely as they are time sensitive and will automatically delete if not downloaded.

4) When member has attended the HCBS provider of choice and authorization has been given to HCBS provider, the **HCBS Plan of Care** (inclusive of all federal requirements and HCBS providers' approved frequency, scope, and duration) should be forwarded to our Clinical Team via our SFTP. (*NOTE to Lead Health Homes: This is a separate SFTP than the one you may currently have access to for regular Health Home information*)

5) To get access to our SFTP, please send Erica Bou at <u>Erica.Bou@uhc.com</u> 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)

6) 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 Erica Bou.

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7) If for some reason, you have trouble accessing the SFTP; please contact Erica Bou, HCBS Administrator at 1800-548-6549 ext.65097

8) Once our clinical team receives the member's HCBS Plan of Care, we will review it 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.

HCBS Provider Prior Authorization Request Process:

- 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
- 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 Key Contacts:

- For general inquiries regarding HCBS process, workflow, clinical, and billing questions : Erica Bou, HCBS Administrator at <u>Erica.Bou@uhc.com</u> or 1800-548-6549 ext65097
- If unable to reach a Care Advocate: Sarah McDonald, Senior Clinical Manager at <u>Sarah.McDonald@uhc.com</u> or 1-800-548-6549 ext. 67388
- Care Advocate assigned to review HCBS Level of Service requests and Plans of Care: Danielle Galiard at Danielle.Galiard@uhc.com or 1-800-548-6549 ext. 67640 Thomas Olive at Thomas.Olive@uhc.com or 1800-548-6549 ext. 67374

Thank you, HCBS Administrator Wellness4Me Clinical Team

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