

### Q1. Can I submit a verbal Level of Service Request (LOSR)?

Yes. Verbal LOSRs are accepted via the HARP Call Line at **1-844-347-2952**, Monday to Friday, 8:30am–5pm.

### Q2. How do I submit the LOSR or Plan of Care (POC) document?

Your submission method will depend solely on the member's Health Home enrollment, which can be confirmed in MAPP. Use this chart to determine agency and process.

If...	Then...
<b>Member is enrolled in Health Home</b>	<b>Agency is Care Management Agency (CMA)</b> CMA submits LOSR/POC to Lead Health Home via secure process established by the Lead Health Home (e.g., GSI, EHR, or email). Lead Health Home submits LOSR/POC to Healthfirst via SFTP site.
<b>Member is NOT enrolled in Health Home</b>	<b>Agency is Recovery Coordination Agency (RCA)</b> Most RCAs have access to SFTP and submit directly via SFTP site. Some RCAs must send the LOSR/POC to their Independent Practice Association (IPA), which submits via SFTP site on behalf of the RCA.

### Q3. Can I submit the LOSR/POC via secure email?

No. Healthfirst doesn't accept clinical documents via email. If the LOSR/POC is submitted via email, it *won't* be processed and will require resubmission via the proper channel stated above.

### Q4. How can I confirm Healthfirst has received the LOSR/POC I submitted?

Contact the HARP Call Line at **1-844-347-2952**, Monday to Friday, 8:30am–5pm.

### Q5. How will I be notified of LOSR/POC approval?

A Healthfirst Care Manager will call the Care Manager or Recovery Coordinator listed on the LOSR/POC to provide verbal approval and recommend providers for the approved Behavioral Health Home and Community Based Services (BH HCBS). A Level of Service Determination (LOSD) letter will be faxed the same day to the fax number listed on the LOSR/POC. If the fax number is unavailable after three attempts, the letter will be mailed via UPS.

### Q6. How long does it take to receive the LOSD approval letter?

Healthfirst issues LOSD approval 3–14 business days after the document is retrieved from the SFTP site. For members enrolled in Health Home, the CMA should confirm SFTP upload with the Lead Health Home.

### Q7. Can the LOSD approval letter be sent via email?

No. Healthfirst doesn't send approval letters via email.

#### Q8. Should my agency have direct SFTP access?

No. CMAs do not have access to SFTP. Only Healthfirst-contracted Recovery Coordination Agencies (RCAs) and Lead Health Homes have direct SFTP access. CMAs can submit the LOSR/POC to a Lead Health Home, which will then submit it via SFTP on behalf of the CMA. CMAs should contact the Lead Health Home to establish the communication process for SFTP upload.

#### Q9. Which documents can be submitted via fax?

LOSR and POC documents cannot be sent via fax. If necessary, you can submit BH HCBS authorization requests via the BH fax line at **1-646-313-4612**. However, providers are encouraged to submit authorizations via the provider portal.

#### Q10. Can I request a HCBS authorization over the HARP Call Line?

No. The HARP Call Line only supports requests related to LOSR/POC documents.

#### Q11. What should I do if the HCBS providers are not accepting referrals, are no longer providing HCBS, or are not responding to my outreach?

Contact the Healthfirst Behavioral Health Care Manager who provided you with the HCBS referrals to request additional referrals or to clarify status of an HCBS provider. You can also consult the [Healthfirst BH HCBS Provider Directory](#).

#### Q12. How often do I need to resubmit the POC and eligibility assessment?

Both must be conducted annually. The eligibility assessment must also be signed and locked in UAS.

#### Q13. Do I need to submit a POC if member is enrolled in ACT, living in BH HCBS restricted setting, or uninterested in BH HCBS?

Yes. We request a POC for all HARP members to ensure proper care coordination.

#### Q14. Can an expired Eligibility Assessment be used to approve POC?

No. LOSR/POC documents will not be approved if the Eligibility Assessment has expired. Agencies can generate an "aggregate report" in UAS to determine members due for reassessment.

#### Q15. Where can I get additional information?

Should you have any billing questions, contact your network representative, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm. For Policy and HCBS Workflow questions, contact Emily Stein, HARP Program Coordinator, at **1-718-484-5448**.