

The LOSR covers the minimum elements of a Plan of Care (POC) that are sufficient to issue the Level of Service Determination (LOSD) for referral to Behavioral Health Home and Community Based Services (BH HCBS). Following LOSD approval, a full POC must still be submitted for all HARP/PWP members.

Care Manager/Recovery Coordinator Contact Information

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| <ol style="list-style-type: none"> 1. First and Last Name 2. Phone Number 3. Email Address 4. Secure Fax Number for Receipt of LOSD Approval Letter | <ol style="list-style-type: none"> 5. Care Management Agency (CMA) or Recovery Coordination Agency (RCA) 6. Lead Health Home (if enrolled) 7. POC Development Date |
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PART 1: Member Demographic Information

- A. First and Last Name
- B. Medicaid CIN
- C. Date of Birth
- D. BH HCBS Eligibility Tier
- E. Address
 - May provide address of shelter or temporary housing (if no permanent address, indicate "homeless").
 - Must include name of residence if it is not a private residence.
- F. Phone Number

PART 2: Clinical and Non-Clinical Needs

- A. Behavioral Health (BH) and Physical Health (PH) Diagnosis
- B. BH Providers
- C. Skills (abilities and knowledge)
- D. BH and PH Needs

PART 3: BH HCBS Eligibility From UAS Assessment (including tier)

- A. UAS Assessment must be signed and completed within the past 12 months

PART 4: Member Goals, Preferences, and Strengths

- A. Goals should reflect member preferences and needs, improve quality of life, and/or target specific health outcomes
- B. Preferences (housing, occupation, language, time of contact, lifestyle, etc.)
- C. Strengths (talents, passions, responsiveness to relapse/stress, etc.)

LOSR Submission Methods

- A. Verbal
 - LOSR can be submitted verbally via the HARP Call Line at **1-844-347-2952**, Monday to Friday, 8:30am–5:00pm. Only one LOSR may be made per call.
- B. Written
 - If member is enrolled in Health Home, written LOSR must be submitted to Lead Health Home.
 - If member is NOT enrolled in Health Home, written LOSR should be submitted directly to Healthfirst SFTP. However, if the RCA is a recipient of BH HCBS infrastructure funding via an Independent Practice Association (IPA), the LOSR should be submitted to the IPA.

LOSR File-Naming Convention

- LOSR files uploaded to SFTP must be named accordingly
- "LOSR_CMA Name_MedicaidCIN" (Example: LOSR_NorthwellCMA_AB12345Z)