healthfirst
Health Insurance for New Yorkers

Healthfirst Personal Wellness Plan (PWP)/ Health and Recovery Plan (HARP) Complete BH-HCBS Level of Service Request

This Level of Service Determination (LOSD) form may be submitted via the Provider Portal (**hfproviderportal.org**). If the member is enrolled in a Health Home, this form may also be sent to the Lead Health Home, which will submit it on behalf of your agency.

Section 1 | CARE MANAGER/RECOVERY COORDINATOR CONTACT INFORMATION

CMA/RCA:	**Date of LOSD Submission:**
Care Manager/Recovery Coordinator:	**Care Manager Email:**
Care Manager Phone:	**Health Home (if CMA):**
Secure Fax:	**Care Manager Supervisor:**

Section 2 | MEMBER DEMOGRAPHIC INFORMATION

Name:	**Date of Birth:**
Medicaid CIN:	**Member Phone:**
Address:	**Notes:**
Date of NYS Eligibility Assessment:	**Results of Assessment** Tier 1 Tier 2

Section 3 | NARRATIVE: CLINICAL AND NON-CLINICAL NEEDS

Section 4 | REQUESTED BH-HCBS AND GOALS

HCBS requested:	**HCBS requested:**
Condition or Dx related to HCBS requested:	**Condition or Dx related to HCBS requested:**
Goal:	**Goal:**
Objective:	**Objective:**

The information above contains only minimum requirements to receive LOSD for connection to HCBS. Frequency, scope, and duration of services are determined by the HCBS provider, who is responsible for obtaining prior authorization. **The Plan of Care (POC) will be updated and resent to the Managed Care Organization (MCO) after the MCO issues an authorization letter.**

The LOSD is only a portion of the POC. A final POC, complete with signatures, must be sent to the MCO for approval.

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