

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: Central Nassau Guidance	Date of LOSD Submission: 06/01/2020
Care Manager/Recovery Coordinator: John Doe	Care Manager Email: cmname@centralnassau.org
Care Manager Phone: ###-###-####	Health Home (if CMA): QCCP
Secure Fax: ###-###-####	Care Manager Supervisor: John Doe Sr.

Section 2 | MEMBER DEMOGRAPHIC INFORMATION

Name: Jane Smith	Date of Birth: 3/20/1988
Medicaid CIN: AB1234YZ	Member Phone: ###-###-####
Address: 90 Lafayette St, New York, NY 10013, New York City Rescue Mission	Notes: Member is homeless, currently residing at New York City Rescue Mission
Date of NYS Eligibility Assessment:	Results of Assessment Tier 1 <input type="radio"/> Tier 2 <input checked="" type="radio"/>

Section 3 | NARRATIVE: CLINICAL AND NON-CLINICAL NEEDS

Member diagnosed with schizoaffective disorder.
Currently seeing outpatient psychiatrist x1/week
Member interested in securing a job.
Member also wants secure housing, to move out of shelter.

Section 4 | REQUESTED BH-HCBS AND GOALS

HCBS requested: Intensive Supported Employment Services	HCBS requested: Peer Support
Condition or Dx related to HCBS requested: Schizoaffective	Condition or Dx related to HCBS requested: Schizoaffective
Goal: I want to obtain a job.	Goal: I want help connecting to my psychiatrist appointments.
Objective: I will work with an employment specialist to create a resume and apply to jobs.	Objective: I will work with a peer to go to my appointments every week.

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.