



UHC Service Coordination in Action: How Care Coordination and LTSS Support Work Together

Understanding the Service Coordinator Role

2026 IHCP Works Annual Seminar |
Indiana PathWays for Aging



Agenda



- Levels of coordination support
- Who is the Service Coordinator
- How providers and Service Coordinators work together
- Natural supports
- The Home and Community-Based Services (HCBS) Service Plan and key timeframes
- When to contact the Service Coordinator
- Provider partnership: do and avoid
- How to reach the Service Coordinator
- Key takeaways

Levels of Coordination Support

Members may receive different levels of coordination support. Today's focus is **Service Coordination for Waiver members who meet Nursing Facility Level of Care (NFLOC)**.

Role	Main Goal	Primary Setting
Care Coordinator	Manage overall healthcare needs, care gaps, and clinical outcomes	Community, outpatient, hospital, home
Service Coordinator (Dual Role)	Dual role: coordinates long term services and supports LTSS, waiver services, community supports, and person-centered service plans, and performs care coordination for clinical, behavioral, and social needs.	Community, home-based, and transitional care settings
Nursing Facility Coordinator	Support nursing facility residents, monitor care, and facilitate transitions to the community	Nursing facilities and transitional settings

Who is the Service Coordinator?

A dedicated, Indiana-based point of contact for members who meet NFLOC and receive waiver benefits.

Who they are

A single point of contact and concierge for benefits, care, and community resources, living in the communities they serve.

What they do

Complete the Comprehensive Health Assessment Tool (CHAT), build and continually update the HCBS Service Plan, and connect members to providers and resources.

Who they work with

The member, the Interdisciplinary Care Team (ICT), caregivers and natural supports, providers, and the member's Primary Care Physician (PMP).

How Providers and Service Coordinators Work Together

Providers often see day-to-day needs first, and that information keeps the Service Plan accurate.

Providers share

Missed visits, service gaps, changes in condition or setting, and barriers to safe service delivery.

The Service Coordinator acts

Reviews the impact on the Service Plan, updates it, and coordinates with the provider and ICT.

Natural supports inform

What is working at home, and what level of support is realistic and sustainable.

The plan must reflect the member's goals, preferences, and setting choice.

Natural Supports

The people in a member's life who provide informal support, when the member wants them involved.

Who may be included

Family members, caregivers, friends, neighbors, and other member-selected supports.

Why they matter

They see daily changes and caregiver strain, and explain what support is realistic and sustainable.

How the Service Coordinator helps

Includes member-selected supports in planning and may assess caregiver ability, stress, and training needs.

Speak with the member about who they want involved. Their preferences guide participation.

The HCBS Service Plan: What It Includes

The person-centered record of what the member needs, who delivers it, and how it is monitored.

What the Service Plan includes

- A setting chosen by the member that meets HCBS Settings Rule requirements
- Member strengths, preferences, and prioritized goals
- Specific, individualized assessed needs, including clinical and support needs identified through an assessment of functional need
- Individually identified goals and desired outcomes
- Paid and unpaid services and supports that help the member achieve those goals, and the providers of them, including natural supports
- Services the member elects to self-direct
- Risk factors and the measures in place to minimize them, including individualized back-up plans and strategies
- The individual or entity responsible for monitoring the plan

The HCBS Service Plan: What it Means for Providers

Your part in putting the plan into practice, and the timeframes to expect. Contact the Service Coordinator early when things change.

Your role as a provider

- Validate member eligibility including wavier eligibility.
- Know the services authorized and your part in delivering them
- Deliver services at the agreed amount, frequency, and duration
- Support member goals, choices, and setting preference
- Follow the back-up plan when a critical service is at risk
- Report changes, missed visits, or barriers to delivery

Key timeframes to know

- CHAT completed within 30 days of the effective date of enrollment
- Notice of Action (NOA) are issued within 5 business days or 7 calendar days of the approved service plan.
- Face-to-face monitoring every 90 days
- Level of Care reviewed annually

Escalated NOA Requests:

Providers may request an escalated Notice of Action (NOA) by emailing:

in_sc_escalations@uhc.com

Include the Member ID number, the service and date range.

When to Contact the Service Coordinator

Reach out whenever HCBS supports, service delivery, or member safety may be affected.

Service delivery and needs

- Service gap: missed visits, staffing gaps, or delays
- Change in condition: new functional, behavioral, or safety concerns
- Caregiver strain: a natural support cannot continue

Service Plan, setting, and requests

- Service Plan mismatch: the plan no longer fits needs or setting
- Transition: hospitalization, discharge, or a move
- Member request

If unsure, contact the Service Coordinator. Early communication prevents service gaps.

Provider Partnership: Do / Avoid

Practical guidance for working with Service Coordinators and natural supports.

Do

- Notify the Service Coordinator when needs or service delivery change
- Say what changed, the impact, and the action needed
- Include the member's goals and preferences
- Document the communication in your own records

Avoid

- Assuming the plan is still current
- Waiting until an issue becomes urgent
- Using a "one-size-fits-all" approach instead of honoring the member's individual preferences and choices
- Sharing with natural supports without authorization

Key Takeaways for Providers

1

The Service Coordinator leads HCBS service planning for waiver members.

2

The Service Plan reflects member goals, needs, resources, and supports.

3

Natural supports are key participants when the member wants them involved.

4

Contact the Service Coordinator when gaps, changes, or plan mismatches occur.

5

Strong provider communication keeps the plan current and actionable.

One member. One coordinated service plan. Providers are essential partners.

How to Reach the Service Coordinator

Three ways to find the right coordinator for your member.

Member documents

The Service Coordinator's name and phone number are listed on the Notice of Action and on the member's Service Plan.

Secure provider portal

The assigned coordinator is listed on the eligibility screen in the secure provider portal.

Provider customer service

Call 1-877-610-9785, Monday through Friday, 8 a.m. to 8 p.m. ET

Response time

The Service Coordinator returns Member calls within 1 business day and provider calls within 2 business days.

Reach out early. Timely contact keeps the Service Plan accurate and prevents service gaps.

Notice of Action

Example of the approved Notice of Action providers receive for a member.

Sample Notice of Action letter

Dear Angels Helping Angels:

Attached is the approved NOTICE OF ACTION for [REDACTED] who has selected you as a provider of the indicated Home and Community Based Services (HCBS) services under Indiana PathWays for Aging Program and approved by UHC.

If you have questions or concerns, please contact [REDACTED] Care Coordinator Lacey Miller at [REDACTED] UnitedHealthcare Community Plan's Indiana PathWays for Aging Program Provider Services [REDACTED]

Finding the Service Coordinator on the Portal

Look under Service/Care Coordinator Information on the member's Eligibility & Benefits page.

UnitedHealthcare Provider Portal: member view



Payer

87726 - UnitedHealthcare >

Provider

Assisted Living >

Eligibility

Claims &
Payments



Referrals

Prior
Authorizations

Clinical &
Pharmacy



Documents &
Reporting



Additional
Tools

[Admin](#) > [Home](#) > [Eligibility & Benefits](#) > John

[View Recent Search Results](#)

[Print / Generate a Reference Number](#)

John



Subscriber Date of Birth:

Gender:

Member ID Selected:

[New Search](#)

Policy Selected: **In Mltss Acute Hcbs Qmb** • **Active**(07/01/2026 - 12/31/2026) • Service Dates Requested: **09/24/2026 - 09/24/2026** [Modify Search](#)

[Patient Demographics](#) | [Policies](#) | [Coordination of Benefits](#) | [Care Provider](#) | [Deductibles, Maximums, & Liabilities](#) | [Coverage](#) | [Detailed Benefits](#)

Service/Care Coordinator Information

Name

TATIANA IGBIN BSW/AS

Phone Number

952-251-3824

Email

tatiana_igbin@uhc.com

Escalation Process

What to do if you cannot reach the Service Coordinator or do not receive a response.

When and how to escalate

- Escalate if you are unable to contact the Service Coordinator
- Escalate if you have not received a response to your outreach within 2 business days
- Send an escalation email to in_sc_escalations@uhc.com
- Copy (cc) amanda_wilson@uhc.com on the escalation email
- Include the member's name, member ID, the reason for outreach, and the dates you attempted contact

Thank You





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