



Licensed Practitioner of the Healing Arts (LPHA) Recommendation for Community Oriented Recovery and Empowerment (CORE) Services
Determination of Medical Necessity

Part 1: BH High-Risk Eligibility

Instructions: This section may be completed by the care coordinator, Managed Care Organization (MCO), CORE Services Designated Provider, LPHA, or any other entity with appropriate access to the client record.

Member Name: _____

Member DOB: _____ Member Phone #: _____

- CORE Service Eligibility Status:
[] H1: HARP-Enrolled
[] H4: HIV/SNP-Enrolled, meets NYS BH high-risk criteria
[] H9: meets NYS BH high-risk criteria1. Check Plan enrollment to determine CORE Eligibility
[] Other: _____

Part 2: Recommendation for Services

Instructions: This section must be completed by an LPHA, as defined by:

- Nurse Practitioner
• Physician
• Physician Assistant
• Psychiatric Nurse Practitioner
• Psychiatrist
• Psychologist
• Registered Professional Nurse
• Licensed Mental Health Counselor
• Licensed Creative Arts Therapist
• Licensed Marriage & Family Therapist
• Licensed Psychoanalyst
• Licensed Clinical Social Worker
• Licensed Master Social Worker, under the supervision of an LCSW, licensed psychologist, or psychiatrist employed by the agency

Note: The CORE Services designated provider will conduct an intake and engage the individual through person-centered planning to determine frequency, scope, and duration of recommended services.

Recommended Services

- Select all that apply:
[] Community Psychiatric Support and Treatment
[] Psychosocial Rehabilitation
[] Family Support and Training
[] Empowerment Services – Peer Support

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Based on my knowledge of the individual and clinical expertise, the individual needs and/or would benefit from the above selected CORE Services for the following reasons:

- Select all that apply:
[] To increase capacity to better manage treatments for diagnosed illnesses
[] To prevent worsening of symptoms
[] To restore/rehabilitate functional level
[] To increase ability to identify and advocate for effective supports
[] To facilitate active participation in the individual's community, school, work, or home
[] To sustain wellness and recovery-oriented life skills
[] To strengthen resiliency, self-advocacy, self-efficacy and/or empowerment
[] To build and strengthen natural supports, including family of choice
[] To improve effective utilization of community resources

Diagnosis

DSM-5 or ICD-10 diagnoses, if known: _____

Signature of LPHA

Date

Printed Name

NPI (or License) #

1 Individuals with an H9 are eligible to receive CORE Services when enrolled in a HARP, HIV SNP, or Medicaid Advantage Plus (MAP) Plan. Medicaid plan enrollment type can be determined by looking in ePACES or PSYCKES, or by calling an individual's Medicaid Managed Care Organization. Individuals with an H9 wishing to enroll in a HARP, HIV SNP, or MAP Plan may contact NY Medicaid Choice at 1-855-789-4277 for enrollment options.