



To: Community Oriented Recovery and Empowerment (CORE) Service Providers, Care Management Agencies, County Directors of Community Services, Managed Care Organizations, and other Service Providers

From: New York State (NYS) Office of Mental Health and Office of Addiction Services and Supports

Subject: Licensed Practitioner of the Healing Arts (LPHA) Recommendation / Determination of Medical Necessity for CORE Services

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LPHA Recommendation / Determination of Medical Necessity for CORE Services

Overview & Menu of CORE Services

CORE Services are a Medicaid Managed Care benefit which provide rehabilitation and support services for individuals with behavioral health (BH) disorders. These services are intended to support the individual as they pursue meaningful recovery goals related to how they choose to live, work, learn, and socialize.

Community Psychiatric Support and Treatment (CPST) is a community-based clinical treatment service for individuals who have had difficulty accessing or benefiting from site-based treatment options.

Psychosocial Rehabilitation (PSR) is a skill building service focused on pursuit of meaningful recovery goals in settings where the individual lives, works, learns, and socializes.

Family Support and Training (FST) is a person-centered service available to individuals and their families of choice with an emphasis on increasing the ability of the family to support the individual in their recovery.

Empowerment Services – Peer Support is a peer-delivered service that focuses on recovery, resilience, and rehabilitation through shared lived experience.

Eligibility for CORE Services

To be eligible for CORE Services, an individual must meet the **NYS BH high-risk criteria**, commonly referred to as the Health and Recovery Plan (HARP) eligibility algorithm, and be enrolled in a HARP, HIV Special Needs Plan (HIV SNP), or Medicaid Advantage Plus (MAP) Plan. Individuals who meet the NYS BH high-risk criteria are assigned an H-code.

You can find out someone's H-code status and Medicaid plan enrollment type by looking in [ePACES](#) or [PSYCKES](#), or by calling their Medicaid Managed Care Organization.

- H1 indicates a member is enrolled in a HARP and has met the BH high-risk criteria
- H4 indicates a member is enrolled in a HIV SNP and has met the BH high-risk criteria
- H9 indicates a member has met the NYS BH high-risk criteria¹

LPHA Recommendation

CORE Services require a determination of medical necessity through an LPHA recommendation. The recommendation may be made for one or multiple services. There is no standardized assessment process or tool necessary to complete the recommendation; the recommendation is based on clinical discretion. The LPHA recommendation is documented using the State-developed standardized template included below. A fillable version is available online: [CORE LPHA Recommendation](#). The LPHA

¹ Individuals with an H9 are eligible to receive CORE Services when enrolled in a HARP, HIV SNP, or MAP Plan. 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.



Recommendation Form should be kept on file in the individual's CORE Services case record. If the individual is found eligible for services, the CORE Services Provider will conduct an intake and engage the individual in a person-centered planning process to determine frequency, scope, and duration.

Who should complete the LPHA Recommendation?

Any qualified LPHA connected to the individual should complete the recommendation. See the LPHA Recommendation Form template below for list of qualified LPHAs. This may include but is not limited to outpatient clinicians, primary care practitioners, and qualified care managers/supervisors. Additionally, the CORE Service provider may have an internal LPHA able to complete the recommendation upon referral, but capacity for this will vary by provider. At this time, Managed Care Organizations are only permitted to complete Part 1 of the LPHA Recommendation Form.

Questions

Any questions regarding the LPHA Recommendation for CORE Services may be submitted via email to CORE-Services@omh.ny.gov or PICM@oasas.ny.gov.



**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 criteria². 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 | • Registered Professional Nurse | • Licensed Clinical Social Worker |
| • Physician | • Licensed Mental Health Counselor | • Licensed Master Social Worker, under the supervision of an LCSW, licensed psychologist, or psychiatrist employed by the agency |
| • Physician Assistant | • Licensed Creative Arts Therapist | |
| • Psychiatric Nurse Practitioner | • Licensed Marriage & Family Therapist | |
| • Psychiatrist | • Licensed Psychoanalyst | |
| • Psychologist | | |

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

Determination of Medical Necessity

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) #

² 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.