



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

From: NYS Office of Mental Health, NYS Office of Addiction Services and Supports

Subject: LPHA Recommendation / Determination of Medical Necessity for CORE Services

Date: 10/19/2021

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 enrollees with behavioral health 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 is a community-based clinical treatment service for individuals who have had difficulty accessing or benefiting from site-based treatment options.

Psychosocial Rehabilitation 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 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 peer-delivered service that focuses on recovery, resilience, and rehabilitation through shared lived experience.

Eligibility for CORE Services

A member must have met the NYS high-needs BH criteria (commonly referred to as HARP eligibility algorithm) and be enrolled in an eligible Plan type, HARP or HIV SNP to be eligible for CORE services. CORE services require a recommendation of a Licensed Practitioner of the Healing Arts (LPHA).

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

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

LPHA Recommendation

The LPHA recommendation is a determination of medical necessity for CORE Services. 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 your clinical discretion. The LPHA recommendation is documented using a [standardized template](#) released by the State. The LPHA 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.

¹ Individuals falling into this category are eligible to receive CORE Services when enrolled in a HARP or HIV/SNP. Eligible individuals with an H9 wishing to enroll in a HARP or HIV-SNP may contact NY Medicaid Choice at 1-855-789-4277 for enrollment options.

Who should complete the LPHA Recommendation?

Any qualified LPHA connected to the individual should complete the recommendation. See [LPHA Recommendation Form](#) 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 Services provider may have an internal LPHA able to complete the recommendation upon referral, but capacity for this will vary by provider.

Questions

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

Recommendation for Community Oriented Recovery and Empowerment (CORE) Services
Determination of Medical Necessity

Part 1: HARP Eligibility	<p><i>Instructions:</i> 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.</p> <p>Member Name: _____</p> <p>Member DOB: _____ Member Phone #: _____</p> <p>HARP Status:</p> <p><input type="checkbox"/> H1: HARP-Enrolled</p> <p><input type="checkbox"/> H4: HIV/SNP-Enrolled, meets NYS BH high-needs criteria</p> <p><input type="checkbox"/> H9: meets NYS BH high-needs criteria¹</p> <p><input type="checkbox"/> Other: _____</p>
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Part 2: Recommendation for Services	<p><i>Instructions:</i> This section must be completed by a Licensed Practitioner of the Health Arts (LPHA), as defined by:</p> <table style="width:100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Nurse Practitioner • Physician • Physician Assistant • Psychiatric Nurse Practitioner • Psychiatrist • Psychologist </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Registered Professional Nurse • Licensed Mental Health Counselor • Licensed Creative Arts Therapist • Licensed Marriage & Family Therapist • Licensed Psychoanalyst </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Licensed Clinical Social Worker • Licensed Master Social Worker, under the supervision of an LCSW, licensed psychologist, or psychiatrist employed by the agency </td> </tr> </table> <p>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.</p> <p align="center"><i>Recommended Services</i></p> <p>Select all that apply:</p> <p><input type="checkbox"/> Community Psychiatric Treatment and Support</p> <p><input type="checkbox"/> Psychosocial Rehabilitation</p> <p><input type="checkbox"/> Family Support and Training</p> <p><input type="checkbox"/> Empowerment Services – Peer Support</p> <p align="center"><i>Determination of Medical Necessity</i></p> <p>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:</p> <p>Select all that apply:</p> <p><input type="checkbox"/> To increase capacity to better manage treatments for diagnosed illnesses</p> <p><input type="checkbox"/> To prevent worsening of symptoms</p> <p><input type="checkbox"/> To restore/rehabilitate functional level</p> <p><input type="checkbox"/> To increase ability to identify and advocate for effective supports</p> <p><input type="checkbox"/> To facilitate active participation in the individual's community, school, work, or home</p> <p><input type="checkbox"/> To sustain wellness and recovery-oriented life skills</p> <p><input type="checkbox"/> To strengthen resiliency, self-advocacy, self-efficacy and/or empowerment</p> <p><input type="checkbox"/> To build and strengthen natural supports, including family of choice</p> <p><input type="checkbox"/> To improve effective utilization of community resources</p> <p align="center"><i>Diagnosis</i></p> <p>DSM-5 or ICD-10 diagnoses, if known: _____</p> <hr/> <p align="center"> <i>Signature of LPHA</i> <i>Date</i> <i>Printed Name</i> <i>NPI #</i> </p>	<ul style="list-style-type: none"> • Nurse Practitioner • Physician • Physician Assistant • Psychiatric Nurse Practitioner • Psychiatrist • Psychologist 	<ul style="list-style-type: none"> • Registered Professional Nurse • Licensed Mental Health Counselor • Licensed Creative Arts Therapist • Licensed Marriage & Family Therapist • Licensed Psychoanalyst 	<ul style="list-style-type: none"> • Licensed Clinical Social Worker • Licensed Master Social Worker, under the supervision of an LCSW, licensed psychologist, or psychiatrist employed by the agency
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