



Office of
Mental Health

Office of Addiction
Services and Supports

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 H1: HARP-Enrolled

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