

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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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.