

LPHA Recommendation Form

Recommendation for Community Oriented Recovery and Empowerment (CORE) Services

Determination of Medical Necessity

Part 1: HARP Eligibility	<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.		
	Member Name:	_____	
	Member DOB:	_____	Member Phone #: _____
	HARP Eligibility Status:	<input type="checkbox"/> H1: HARP-Enrolled <input type="checkbox"/> H4: HIV-SNP-Enrolled, meets NYS BH high-needs criteria <input type="checkbox"/> H9: meets NYS BH high-needs criteria ¹³ <input type="checkbox"/> Other: _____	

Part 2: Recommendation for Services	<i>Instructions:</i> This section must be completed by a Licensed Practitioner of the Health Arts (LPHA), as defined by:		
	<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
	<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>		
	<i>Recommended Services</i>		
	<p>Select all that apply:</p> <input type="checkbox"/> Community Psychiatric Support and Treatment <input type="checkbox"/> Psychosocial Rehabilitation <input type="checkbox"/> Family Support and Training <input type="checkbox"/> Empowerment Services – Peer Support		
	<i>Determination of Medical Necessity</i>		
<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> <input type="checkbox"/> To increase capacity to better manage treatments for diagnosed illnesses <input type="checkbox"/> To prevent worsening of symptoms <input type="checkbox"/> To restore/rehabilitate functional level <input type="checkbox"/> To increase compensatory supports <input type="checkbox"/> To facilitate participation in the individual's community, school, work, or home <input type="checkbox"/> To sustain recovery lifestyle <input type="checkbox"/> To strengthen resiliency, self-advocacy, self-efficacy and/or empowerment <input type="checkbox"/> To build and strengthen natural supports, including family of choice <input type="checkbox"/> To improve effective utilization of community resources			
<i>Diagnosis</i>			
<p>DSM-5 or ICD-10 diagnoses, if known: _____</p>			
_____		_____	_____
<i>Signature of LPHA</i>		<i>Date</i>	<i>Printed Name</i>
			<i>NPI #</i>

¹³ 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.

Community Oriented Recovery and Empowerment Services (CORE) Non-Licensed/Self-Referral Form

Return form to: Sam Farrell, Program Admin
sfarrell@bhsn.org
 BHSN, 2155 Route 22B, Morrisonville, NY 12962

Participant Name		Date of Birth	
Address		Care Manager	
Phone		Insurance	
Medicaid CIN #		Insurance ID #	
List	Diagnosis Category	Specific Diagnosis	DX Code

Recommend the following service(s): INITIAL all that apply:

**INITIAL	Rehabilitative Service(s)
	CPST - Community Psychiatric Support & Treatment (therapeutic interventions & functional improvement)
	FST—Family Support and Training (instruction, support, and skill building to connect/reconnect the family)
	Peer - Peer Empowerment Services (peer delivered focused on rehabilitation, recovery, and resilience)
	PSR - Psychosocial Rehabilitation (assist in improvement of functioning at home, at work, or in the community)

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

- To increase capacity to better manage treatments for diagnoses illnesses
- To prevent worsening of symptoms
- To restore/rehabilitate functional level
- 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 resilience, self-advocacy, self-efficacy, and/or empowerment
- To build and strengthen natural supports, including family of choice
- To improve effective utilization of community resources
- Other: _____

For Office Use Only

Information Below to be completed by a practitioner of the healing arts defined as:

****By signing below, I am recommending the above-named individual for Community Oriented Recovery and Empowerment service(s)**

**LPHA Signature	Printed Name	NPI #	Date
Name	Phone	Email	Agency / office