

Provider Service Initiation Notification Template
CORE Service Initiation Notification Form



The purpose of this notification is to ensure enrollees are not receiving duplicative services. This information must be shared via secure electronic communication.

- CORE providers submit this information to an enrollee's Health and Recovery Plan (HARP) or HIV Special Needs Plan (HIV-SNP) within three business days of the first CORE service visit.
- Submission of this form enables the HARP and/or HIV-SNP to prepare systems to receive claims. Claims submitted prior to this notification submission may lead to payment delay or denial.
- Within three business days of being notified of CORE service initiation, the HARP or HIV-SNP must inform the CORE provider of any issues preventing further service provision and reimbursement.

Enrollee information

Enrollee Name _____ DOB _____

Enrollee CIN _____

Managed Care Plan _____ Plan ID # _____

Enrollee Phone (optional) _____ Email (optional) _____

Enrollee Address (optional) _____

Health Home / Care Manager Contact (if applicable) _____

CORE Provider Agency Information

CORE Provider Agency _____

Agency Address _____

Agency NPI # _____ Tax ID # _____

Agency Contact Person Name _____

Phone _____ Email _____

Alternate Contact _____

Phone _____ Email _____

Secure Electronic Communication Contact Information

Secure Email _____ Fax _____

Other (if applicable) _____

CORE Service(s)

Please identify CORE Service(s) being initiated (select all that apply):

- ☐ Community Psychiatric Support and Treatment (CPST)
- ☐ Family Support and Training (FST)
- ☐ Empowerment Services – Peer Supports
- ☐ Psychosocial Rehabilitation (PSR)

I attest the enrollee elected to receive all CORE services requested above

Signature of CORE Provider

Date

Name (please print)

Title

Submission instructions

Send to Behavioral Health Services, c/o CDPHP, 6 Wellness Way, Latham, NY 12110, fax to (518) 641-3601, or submit online by logging into www.cdphp.com.

All fields must be completed and legible or the request cannot be processed. Approval of this form does not guarantee payment of benefits. Final determination is based on eligibility, authorization rules, and plan limits.