



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

<b>Part 1: HARP Eligibility</b>	<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 <sup>13</sup> <input type="checkbox"/> Other: _____	

<b>Part 2: Recommendation for Services</b>	<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"> <li>• Nurse Practitioner</li> <li>• Physician</li> <li>• Physician Assistant</li> <li>• Psychiatric Nurse Practitioner</li> <li>• Psychiatrist</li> <li>• Psychologist</li> </ul>	<ul style="list-style-type: none"> <li>• Registered Professional Nurse</li> <li>• Licensed Mental Health Counselor</li> <li>• Licensed Creative Arts Therapist</li> <li>• Licensed Marriage &amp; Family Therapist</li> <li>• Licensed Psychoanalyst</li> </ul>	<ul style="list-style-type: none"> <li>• Licensed Clinical Social Worker</li> <li>• Licensed Master Social Worker, under the supervision of an LCSW, licensed psychologist, or psychiatrist employed by the agency</li> </ul>
	<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> <input type="checkbox"/> Community Psychiatric Treatment and Support <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>			
<p>_____</p>			
<i>Signature of LPHA</i>		<i>Date</i>	<i>Printed Name</i>
			<i>NPI #</i>

<sup>13</sup> 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.

Submission instructions

Send to Behavioral Health Services, c/o CDPHP, 500 Patroon Creek Blvd., Albany, NY 12206-1057, fax to (518) 641-3601, or submit online by logging into [www.cdphp.com](http://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.*