

Community Oriented Recovery & Empowerment

CORE Services Referral & LPHA Recommendation

CLIENT INFORMATION

Date:

Last Name: First Name: Date of Birth: Social Security #:

Street Address: City: State: Zip:

Primary Phone: Phone Type: Home Cell Work

Secondary Phone: (optional) Phone Type: Home Cell Work

Insurance Information

Medicaid CIN:

Managed Care Name:

Does the client have a therapist: Yes No

Therapist Name:

Therapist Phone Number:

HARP Status:

H1: HARP Enrolled

H4: HIV/SNP Enrolled - Meets NYS BH high-needs criteria*

H9: Meets NYS BH high-needs criteria*

Other:

* Individuals falling into this category are eligible to receive CORE Services when enrolled in a HARP or HIV/SNP. Eligible individuals with a H9 wishing to enroll in a HARP or HIV/SNP may contact NY Medicaid Choice at 1.855.789.4277 for enrollment options.

SERVICE REQUEST

Which Service(s) are recommended: (select all that apply)

Psychosocial Rehab (PSR) Family Support and Training (FST) Peer Support

How would you like this service to support:

REFERRAL INFORMATION

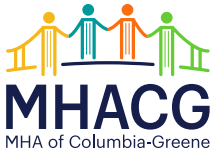
Referral Source: Contact Name:

Street Address: City: State: Zip:

Phone: Email:

Please email completed forms to core@mhacg.org or fax to 518.828.1196

MHA of Columbia Greene | 713 Union Street, Hudson, NY 12534 | P: 518.828.4619 | F: 518.828.1196 | mhacg.org



CORE Services LPHA Recommendation

Determination of Medical Necessity

This form must be completed by a Licensed Practitioner of the Healing Arts (LPHA), as defined by:

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

HARP ELIGIBILITY

Member Last Name: Member First Name: Date of Birth: Phone:

HARP Status:

- H1: HARP Enrolled
- H4: HIV/SNP Enrolled - Meets NYS BH high-needs criteria*
- H9: Meets NYS BH high-needs criteria*
- Other:

** Individuals falling into this category are eligible to receive CORE Services when enrolled in a HARP or HIV/SNP. Eligible individuals with a H9 wishing to enroll in a HARP or HIV/SNP may contact NY Medicaid Choice at 1.855.789.4277 for enrollment options.*

RECOMMENDATION FOR SERVICES

Which Service(s) are recommended: *(select all that apply)*

- Psychosocial Rehab (PSR) Family Support and Training (FST) Peer Support

DSM-5 or ICD-10 diagnosis code, if known: Diagnosis Description:

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 reason(s):

- 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 recover-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

LPHA Signature Printed Name NPI # Date

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