

Community Oriented Recovery and Empowerment (CORE) Services

Provider Training

Updated as of October 2023



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What is **CORE**?

What is CORE?

Community Oriented Recovery and Empowerment (CORE) Services are person-centered, recovery-oriented, mobile behavioral health supports intended to build skills and self-efficacy that promote and facilitate community participation and independence.

Effective **February 1, 2022**, in order to improve access to services, four Adult Behavioral Health (BH) Home and Community Based Services (HCBS) will be changing to CORE Services. MVP will cover these services for Harmonious Health Care Plan (HARP) Members.



What is CORE? (cont'd)

Psychosocial Rehabilitation (PSR)

This service helps with life skills, like making social connections, finding or keeping a job, starting or returning to school, and using community resources.

Community Psychiatric Support and Treatment (CPST)

This service helps Members manage symptoms through counseling and clinical treatment.

Empowerment Services – Peer Supports

This service connects Members to peer specialists who have gone through recovery. Members will get support and assistance with learning how to:

- Live with health challenges and be independent
- Make decisions about their own recovery
- Find natural support and resources

Family Support and Training (FST)

This service helps give Members' family and friends the information and skills to help and support the Member.

How Do CORE Services Differ from BH HCBS?

- The BH HCBS access requirements for the New York State Eligibility Assessment and federal home and community-based settings restrictions **do not** apply to CORE Services
- **CORE services are available to all HARP enrollees*** based upon a recommendation from a Licensed Practitioner of the Healing Arts (LPHA)
- No prior authorization is required for CORE services for one year

***HARP enrollees include the following codes for MVP members: H1, H2, or H3**

Overview of Changes to BHHCBS Services

Currently BH HCBS Service	Change	Effective Date
Community Psychiatric Support and Treatment (CPST)	Transitioning to CORE	Effective February 1, 2022
Peer Supports	Transitioning to CORE	Effective February 1, 2022
Family Support & Training	Transitioning to CORE	Effective February 1, 2022
Psychosocial Rehab	Transitioning to CORE	Effective February 1, 2022
Prevocational	No change –remains BH HCBS	
Transitional Employment	No change –remains BH HCBS	
Intensive Supported Employment	No change –remains BH HCBS	
On-going Supported Employment	No change –remains BH HCBS	
Education Support Services	No change –remains BH HCBS	
Residential Supports (Habilitation)	No change –remains BH HCBS	
Short Term Crisis Respite	Transitioned to Crisis Intervention/Crisis Residence	No new referrals 2/1/2022 forward. Eligible members can access the Crisis Intervention Crisis Residence services benefit.
Intensive Crisis Respite	Transitioned to Crisis Intervention/Crisis Residence	No new referrals 2/1/2022 forward. Eligible members can access the Crisis Intervention Crisis Residence Services benefit.

Who is Eligible for **CORE Services?**

CORE Eligibility

Eligibility for CORE Services is based on 2 criteria:



Member must be a HARP enrollee

HARP enrollees include the following codes for MVP members: H1, H2, or H3



Requires a written recommendation from a Licensed Practitioner of the Healing Arts (LPHA)

LPHA Recommendation Form

- The LPHA Recommendation Form defines what provider types are allowed to complete the recommendation form.
- The CORE provider must document the LPHA Recommendation in the member’s record by the 5th session or within 30 days of first visit, whichever is greater.
- CORE providers are not required to submit the LPHA recommendation to MVP in order to initiate or be reimbursed for services.
- MVP may request a copy of an LPHA recommendation for provider quality management and/or member care management purposes.
- The NYS LPHA recommendation form can be found at:
 - [CORE Overview \(ny.gov\)](https://www.ny.gov)
 - mvphealthcare.com/Providers select *Forms* then select *Medicaid*

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

Part 1: HARP Eligibility

Instructions: 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: H1: HARP-Enrolled
 H4: HIV-SNP-Enrolled, meets NYS BH high-needs criteria
 H6: meets NYS BH high-needs criteria¹³
 Other: _____

Part 2: Recommendation for Services

Instructions: This section must be completed by a Licensed Practitioner of the Health 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

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.

Recommended Services

Select all that apply: Community Psychiatric Treatment and Support
 Psychosocial Rehabilitation
 Family Support and Training
 Empowerment Services – Peer Support

Determination of Medical Necessity

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:

Select all that apply: To increase capacity to better manage treatments for diagnosed illnesses
 To prevent worsening of symptoms
 To restore/rehabilitate functional level
 To increase compensatory supports
 To facilitate participation in the individual’s community, school, work, or home
 To sustain recovery lifestyle
 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

Diagnosis

DSM-5 or ICD-10 diagnoses, if known: _____

Signature of LPHA _____ Date _____ Printed Name _____ NPI # _____

¹³ Individuals falling into this category are eligible to receive CORE Services when enrolled in a HARP or HIV-SNP. Eligible individuals with an H6

Notifications of **CORE** Services

CORE Service Initiation Form

- CORE providers must notify MVP with the *CORE Service Initiation Notification Form* within **three (3) business days** after the first Intake and Evaluation session.
- The *CORE Service Initiation Notification Form* can be submitted to MVP either via email or fax:
 - Email: communityservices@mvphealthcare.com
 - Fax: **855-853-4850**
- The CORE Services Initiation Notification Form can be found at [CORE Overview \(ny.gov\)](https://www.ny.gov/core-overview) or at mvphealthcare.com/providers, and select *Forms*, then select *Medicaid*.

Appendix B: 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

Duplicative **Services**

Service Combinations

- Only certain combinations of CORE, State Plan services, and Home & Community-Based Services (HCBS) are allowed by Medicaid.
- Upon receipt of the CORE Service Initiation Notification Form, MVP will review if the enrollee is receiving duplicative services.
- If there is duplication of services, MVP will notify the CORE provider.

Duplicative Services

Step 1

Once notified of CORE Services via the CORE Service Initiation Notification form by the provider, MVP will review the services and, within 3 business days, notify the provider in writing if the member is receiving a **duplicative service**, such as the same CORE Service or an equivalent service from another provider.

Step 2

If the enrollee is receiving a duplicative service, MVP will initiate a person-centered discussion between the enrollee, their providers, and their Health Home Care Manager (when applicable) to determine which service or program is the most appropriate for their needs.

Step 3

MVP will communicate with the enrollee and providers, in writing, the outcome of the person-centered discussion and the enrollee's decision regarding which services will continue.



MVP will reimburse for the CORE services performed until date that MVP advises the provider that it is a duplicative service. CORE Services rendered after notification of the duplicative services will not be reimbursed.

What are allowable service combinations for CORE?

- The next two slides provide high level charts which outline allowable service combinations for
 - CORE and BH HCBS services
 - CORE and OMH/OASAS services
- Please refer to the CORE Benefit and Billing Guidance for more details on the allowable service combinations. Resources can be found at **CORE Overview (ny.gov)**.

Allowable Service Combinations for CORE and BH HCBS

BH HCBS	CPST	PSR (rate codes 7784 or 7785)	PSR with Education focus (rate code 7811)	PSR with Employment focus (rate code 7810)	FST	Peer
BH HCBS Habilitation	Yes	Yes ⁶	Yes	Yes	Yes	Yes
BH HCBS Education Support	Yes	Yes	No	Yes	Yes	Yes
BH HCBS Pre-Vocational Services	Yes	Yes	Yes	No	Yes	Yes
BH HCBS Transitional Employment	Yes	Yes	Yes	No	Yes	Yes
BH HCBS Intensive Supported Employment	Yes	Yes	Yes	No	Yes	Yes
BH HCBS Ongoing Supported Employment	Yes	Yes	Yes	No	Yes	Yes

*Please reference page 13 of the *CORE Benefit and Billing guidance* for additional details regarding CORE PSR and BH HCBS Habilitation services.

Allowable Service Combinations for CORE and OMH/OASAS Services

OMH/OASAS Services	CPST	PSR	FST	Peer
OHM Clinical/Other Licensed Practitioner (OLP)	Yes ⁷	Yes	Yes	Yes
Certified Community Behavioral Health (CCBHC) Sites Receiving NYS CCBHC Demonstration Medicaid Rate	Yes ⁷	No – Through 11/14/2023 Yes – Effective 11/15/2023	Yes	No – Through 11/14/2023 Yes – Effective 11/15/2023
Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant Awardees – Site Not Eligible for NYS CCBHC Demonstration Medical Rate	Yes ⁷	Yes	Yes	Yes
OHM Assertive Community Treatment (ACT)	No	No	No	No
OHM Personalized Recovery Oriented Services (PROS)	No	No	No	Yes
OHM Continuing Day Treatment (CDT)	No	Yes	Yes	Yes
OMH Partial Hospitalization	No	Yes	Yes	Yes
OASAS Outpatient/Opioid Treatment Program (OTP)	Yes	Yes	Yes	Yes ¹⁰
OASAS Permanent Supportive Housing (PHS)	Yes	Yes	Yes	Yes
OASAS Residential	Yes	Yes	Yes	Yes
OASAS Outpatient Rehabilitation	Yes	Yes	Yes	Yes ¹⁰
OASAS Inpatient/Outpatient Detox	Yes	Yes	Yes	Yes

***Please reference page 14 of the *CORE Benefit and Billing guidance* for additional details**

Allowable Service Combination: CORE & CCBHC Demonstration Providers

Effective November 15, 2023, the allowable service combinations between CORE and CCBHC (sites receiving the NYS CCBHC Demonstration Medicaid Rate) expands to include not only FST and CPST, but also PSR and Empowerment Services-Peer Supports.

Members may access services through both CORE and CCBHC in the same day or month if the individual is not receiving comparable services through both programs.

CORE CPST & CCBHC

Members may access non-duplicative services through CORE CPST and CCBHC in a single month for the following purposes:

- Access to a psychiatric prescriber (e.g., psychiatric assessment/evaluation, medication management, health monitoring) if the CPST provider does not have a prescriber.
 - Receiving psychotherapy through CPST and CCBHC is duplicative. Medication management and supporting activities through the CCBHC are duplicative if the CPST provider has a prescriber on staff.
- Transition from CPST to clinic-based services (including at a CCBHC), allowing for a warm-handoff during the clinic pre-admission process (3 sessions). The CPST provider should maintain communication with the prescriber to ensure integrated treatment/care.

CORE PSR & CCBHC

Effective November 15, 2023

Members may access CORE PSR only **if they are not receiving** CCBHC Psychosocial Rehabilitation Services in the same time frame.

For example, if a member is receiving CORE PSR, they should not engage in CCBHC Psychosocial Rehabilitation Services until or unless they are discharged from CORE.

CORE FST & CCBHC

CORE FST and CCBHC are an allowable service combination.

CORE Empowerment Services – Peer Supports & CCBHC

Effective November 15, 2023

Members may access CORE Peer Support only if they are not receiving CCBHC Peer Support Services in the same time frame.

For example, if the member is receiving CORE Peer Support, they should not engage in CCBHC Peer Support Services until or unless they are discharged from CORE.

See next slide regarding exceptions to CORE Peer Support and CCBHC Peer Support Services.

CORE Empowerment Services – Peer Supports & CCBHC Exceptions

Exceptions:

Members may receive both CORE Peer Support and CCBHC pre-admission peer support services to support engagement in the CCBHC. When the member is admitted, they need to make an informed choice between continuing CORE Peer Support or transitioning routine peer support services to the CCBHC.

Individuals who receive CORE Peer Support **may access** CCBHC Peer Support Services **in the event of a crisis.**

Billing

Billing

- PSR billing has been updated with some new rate codes and modifier requirements.
- Two new rate codes developed for CORE Provider Travel Supplement.
- No changes to the CPST, Peer Supports, Family Support and Training rate codes under CORE.

Billing

Only CORE providers designated by NYS are permitted to bill MCOs for CORE Services provided to HARP enrollees, HARP-eligible HIV-SNP enrollees, and HARP-eligible MAP enrollees. Claims for CORE Services must be submitted using the appropriate combination of rate codes, procedure codes, and modifiers, as detailed in the *New York State Community Oriented Recovery and Empowerment Services Benefit and Billing Guidance* document.

New York State Community Oriented Recovery and Empowerment Services Benefit and Billing Guidance can be found at:

[CORE Overview \(ny.gov\)](#)

Language Assistance Services

CORE provider must submit claims for Language Assistance Services directly to MVP.

Language Assistance should be billed with code T1013:

HCPCS Procedure Code T1013

One Unit: Includes a minimum of 8 and up to 22 minutes of medical language interpreter services.

Two Units: Includes 23 or more minutes of medical language interpreter services.

For more information, go to **mvphealthcare.com/PRM** and select *Payment Policies* then *Interpreter Services*.

Resources

Resources

- CORE program policies, guidance and CORE Provider Service Initiation and LPHA forms can be found:
 - The NYS OMH website at **CORE Overview (ny.gov)**
 - At **mvphealthcare.com/providers** and select *Forms* then select *Medicaid*.
- The MVP Provider Policies
 - Visit **mvphealthcare.com/Policies** and select *Provider Policies*, then select *MVP's New York State Government Programs*.

Thank you

Questions?

Please contact your Professional Relations Representative.

