Community Oriented Recovery and Empowerment (CORE) Services

March 2025

In This Training

- What is CORE?
- Who is Eligible for CORE?
- Transition Members from BH HCBS to CORE Services
- Notifications of CORE Services
- Duplicative Services
- Billing
- Resources

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) changed to CORE Services. MVP covers 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.

Key Principles

- Person-Centered Care
- Recovery-Oriented
- Integrated
- Data-Driven
- Evidence-Based
- Trauma-Informed
- Peer-Supported
- Culturally Competent
- Flexible and Mobile
- Inclusive of Social Network
- Coordination and Collaboration

HARP plans support the transition of the Behavioral Health System to recovery model of care.

This model emphasizes and supports a person's potential for recovery by optimizing quality of life and reducing symptoms of mental illness and substance use disorders through empowerment, choice, treatment, educational, employment, housing, and health and well-being goals.

CORE Services allows Members to receive services in their own home or community.

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

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

Overview of Changes to BH HCBS 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:

1

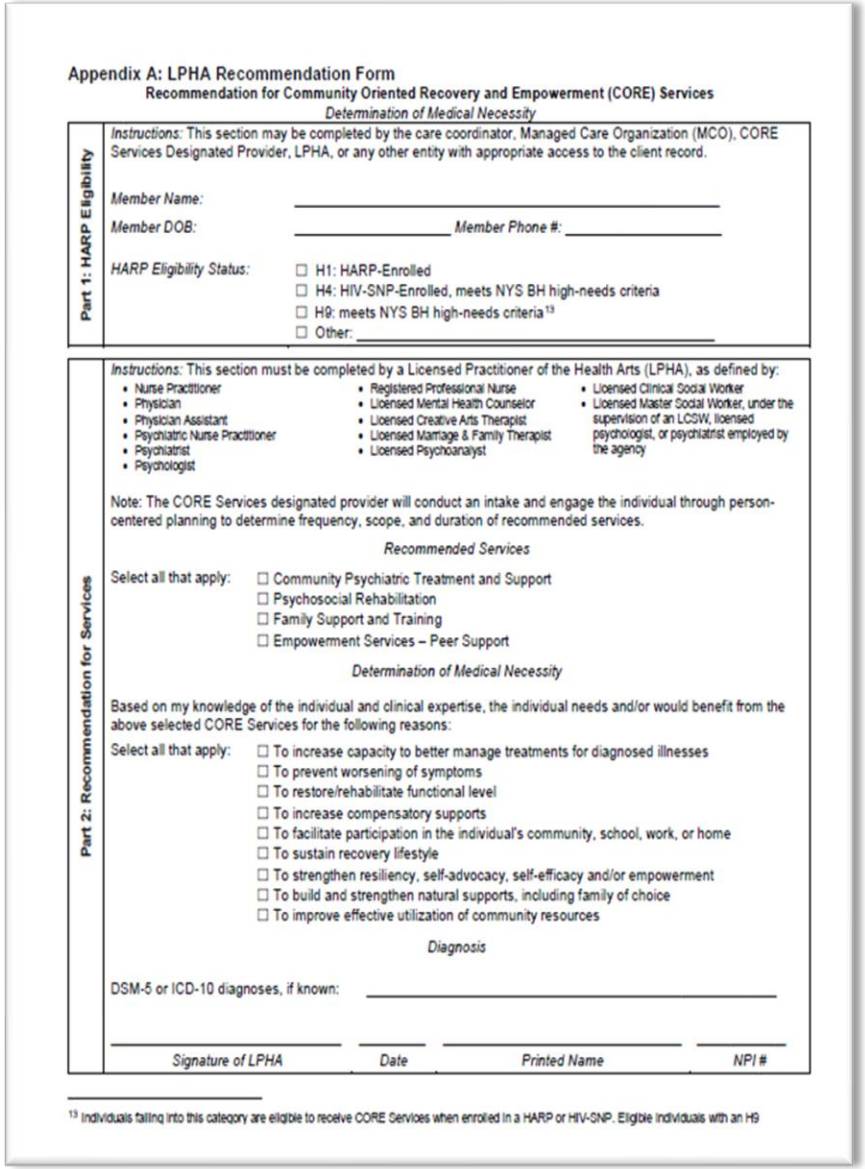
- Member must be a HARP enrollee
- *HARP enrollees include the following codes for MVP Members: H1, H2, or H3*

2

- 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)
  - **mvphealthcare.com/Providers** select *Forms* then select *Behavioral Health*



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
- ☐ H9: meets NYS BH high-needs criteria[13]
- ☐ 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 H9

Notification of CORE Services

CORE Notifications

- Prior Notification of CORE services is required
- Providers are required to submit the "CORE Provider Service Initiation Form" to MVP within 3 business days of the initial appointment.
  - **CORE Provider Service Initiation Form** template can be found on the NYS Community Oriented Recovery and Empowerment (CORE) Overview website.
  - Submit the completed Core Provider Service Initiation Form to MVP:
    - **Via email: communityservices@mvphealthcare.com**
    - **Via Fax:** 855-853-4850

Where do I find the *CORE Provider Service Initiation Form*?

Visit:

Community Oriented Recovery and Empowerment (CORE) Overview

And scroll down to the *Resources & Guidance* section and then the *Managed Care Policy, Guidance, and Forms* section.

Duplicate Services

Duplicative Services Workflow

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.

Allowable Service Combinations

- Only certain combinations of CORE, State Plan services, and Home & Community-Based Services (HCBS) are allowed.
- 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

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. 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*	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

***Reference page 8 of the *CORE Benefit and Billing guidance* for additional details.**

Allowable Service Combinations for CORE and OMH/OASAS Services*

OMH/OASAS Services	CPST	PSR	FST	Peer
OHM Clinical/Other Licensed Practitioner (OLP)	Yes*	Yes	Yes	Yes*
Certified Community Behavioral Health (CCBHC) Sites Receiving NYS CCBHC Demonstration Medicaid Rate	Yes*	Yes*	Yes	Yes*
Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant Awardees – Site Not Eligible for NYS CCBHC Demonstration Medical Rate	Yes*	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*
OASAS Permanent Supportive Housing (PHS)	Yes	Yes	Yes	Yes
OASAS Residential	Yes	Yes	Yes	Yes
OASAS Outpatient Rehabilitation	Yes	Yes	Yes	Yes*
OASAS Inpatient/Outpatient Detox	Yes	Yes	Yes	Yes

***Reference page 9 of the *CORE Benefit and Billing guidance* for additional details, limitations and clarifications**

Billing

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.

- Providers may submit one claim per day for each rate code/procedure code/modifier combination per member, in accordance with the CORE Billing guidance.

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

CORE Overview (ny.gov)

CORE Billing Example

- Ross meets with his Allison (LCSW) for a weekly Community Psychiatric Support and Treatment (CPST) services. He meets for a 45-minute therapy session in his home that includes motivational interviewing. Allison makes a referral for medication management for symptoms of anxiety that he will access via telehealth to prescribe medication on a monthly cadence
- The following Rate Code, Procedure Code, Modifiers must be billed on the UB-4 Claim Form:

Rate Code	Procedure Code	Modifier(s)	Unit Measure	Restrictions	4/1/2024 Upstate Rate
7792	H0036	TD or AJ	Per 15 minutes	Face-to-face. Off-site only. Use appropriate modifier. Bill transportation separately. No groups.	$60.42

- The unit measure for this service is 15-minute increments
- TD modifier is used for service performed by a Registered Nurse (RN). AJ modifier is used for a service performed by a Licensed Clinical Social Worker (LCSW)
- The Upstate CORE Provider billed 3 units of CPST with the correct Rate Code, Procedure code, and Modifier (AJ in this case) listed above on the claim would be paid $181.26

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*.

Telehealth Guidance

- Telehealth services are allowable for CORE following NYS guidance:
  - OMH Telehealth Services guidance: Telehealth Services (ny.gov)
  - OASAS Telehealth Standards: telehealth.standards.pdf (ny.gov)
  - CORE Operations Manual (ny.gov)

Resources

Resources

- CORE Overview (ny.gov) includes the following resources and forms:
  - CORE Benefit and Billing Guide
  - CORE Provider Service Notification Form Template
  - LPHA forms
- Telehealth guidance related to CORE can be found on the NYS OMH website at Telehealth Services
- The MVP Provider and Payment Policies found here.
  - Behavioral Health
  - New York State Government Programs
  - Mental Health and Substance Use Disorder Payment Policy

Thank you for being part of MVP

Contact your Behavioral Health Professional Relations Representative with questions. Visit the MVP Website to identify your representative and contact information by county.

Contact: Professional Relations Territory Listing Behavioral Health (mvphealthcare.com)