CORE Services

Community Oriented Recovery and Empowerment Services

Provider Training

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What are Core Services?

Community Oriented Recovery and Empowerment (CORE) Services

- For individuals with mental health and/or substance use needs
- Person centered, recovery-oriented, mobile behavioral supports
- These services used to be available through Adult Behavioral Health Home and Community Based Services (HCBS)

CORE services can help to reach personal and health goals

- Find and keep a job
- Go to school
- Live independently
- Build relationships and increase wellness

What are CORE services?

Independence

- Build Life skills like how to manage money or make new friends
- Learn to live more independently including using community resources and self advocacy
- Discover ways to deal with stress
- Choose where to get treatment and recovery services

Education & Employment

- Get support for work and school goals
- Ongoing support, advocacy, and counseling to learn skills for lifelong success

Health Management

- Receive care that is focused on you and encourages wellness
- Learn how to identify triggers, and manage or prevent crisis

Peer and Family Supports

- Get help from people who have been there
- Learn from peers who know what you are going through
- Help your family and friends learn skills that will support recovery

https://omh.ny.gov/omhweb/bho/core/core-member-brochure.pdf

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Changes from HCBS to CORE

Effective 2/1/2022 certain HCBS services will be transitioning to CORE services

4 Core Services (previously HCBS)

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

- The definition of PSR will broaden to provide a variety of rehabilitative interventions in pursuit of goals in any life domain, including working and learning.

- HCBS Short-term and Intensive Crisis Respite services will be replaced by Crisis Intervention Benefit Crisis Residence Services, available to all adult MCO enrollees.

https://omh.ny.gov/omhweb/bho/core/core-benefit-and-billing-guidance.pdf

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CORE Services

Community Psychiatric Support and Treatment (CPST)

- Goal-directed supports and solution-focused interventions with the intent to achieve person-centered goals.
- Multi-component service that consists of therapeutic interventions.

Psychosocial Rehabilitation (PSR)

- Assist individuals in improving their functional abilities to the greatest degree possible in settings where they live, work, learn, and socialize.
- Rehabilitation counseling, skill building and psychoeducational interventions.

Family Support and Training (FST)

- Offers instruction, emotional support, and skill building necessary to facilitate engagement and active participation of the family.
- FST partners with families through a person centered or person directed, recovery orientated, trauma informed approach.

Empowerment Services- Peer Support

- Non-clinical, peer-delivered services with focus on rehabilitation, recovery and resilience
- Promotes skills for coping with managing behavioral health symptoms while facilitating the use of natural supports and community resources.

https://omh.ny.gov/omhweb/bho/core/

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HCBS Services

Services still available under HCBS

- Habilitation
- Education Support Services
- Pre-Vocational Services
- Transitional Employment
- Intensive Supported Employment
- Ongoing Supported Employment
- Non- Medical Transportation

https://omh.ny.gov/omhweb/bho/core/core-benefit-and-billing-guidance.pdf

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Provider Frequently Asked Questions

Section 1: Designation

Issued	#	Question	Answer
11/30/2021	1	Can an agency be designated for both Adult BH HCBS and CORE?	Designation for BH HCBS and CORE is by service type (e.g., PSR, Pre-Vocational Services, etc.). An agency can be designated for individual services under BH HCBS, CORE or both.
11/30/2021	2	How do currently designated BH HCBS providers become designated for CORE?	Current BH HCBS CPST, PSR, FST, and Peer Support providers will automatically be given provisional CORE designation. Provisional designation letters will be sent to all eligible providers by January 3rd, 2022.
12/28/2021	3	Can Behavioral Health Care Collaborative (BHCC) and/or Independent Practice Associations (BH IPA) be direct providers of CORE Services?	No. BHCC/BH IPAs are networks of behavioral health service providers. BHCC/BH IPAs may have CORE Services designated providers within their networks.
12/28/2021	4	Will there be a public designation list for CORE providers?	Yes, the State will provide a public-facing designation list for CORE providers. This list will be published approximately once per month.

https://omh.ny.gov/omhweb/bho/core/core-faq.pdf

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Provider Frequently Asked Questions

Section 2: Referral

Issued	#	Question	Answer
11/30/2021	1	What will be done to ensure that individuals are offered a choice of providers without conflict free care management?	For referrals made by Health Home Care Managers (CM) the CM will ensure that the member is offered a choice among all in network providers in accordance with the Health Home standards. The State strongly encourages other referral sources to educate members and facilitate an opportunity for an informed choice. As with any other benefit, individuals may choose to access CORE services from any in network provider.
11/30/2021	2	Will a Plan of Care (POC) be required for CORE services?	A Health Home Plan of Care will not be required for CORE services. CORE services must be documented in an Individual Service Plan (ISP) maintained by the CORE services provider.
12/28/2021	3	What is the role of Recovery Coordinators with CORE?	Recovery Coordinators do not have any formal role in referrals to CORE Services. CORE Services do not require completion of the NYS Eligibility Assessment or the BH HCBS Plan of Care.

https://omh.ny.gov/omhweb/bho/core/core-faq.pdf

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Provider Frequently Asked Questions

Section 3: LPHA Recommendation

Issued	#	Question	Answer
11/30/2021	1	What are the minimum qualifications for a Licensed Practitioner of the Healing Arts (LPHA)?	For the purposes of making a recommendation to CORE Services, the minimum qualifications for an LPHA are: • Doctors (MD/DO) • Physician's Assistant (PA) • Nurse Practitioner (NP) • Registered Nurse (RN) • Licensed Mental Health Counselor (LMHC) • Licensed Marriage and Family Therapist (LMFT) • Licensed Creative Arts Therapist (LCAT) • Licensed Psychologist • Licensed Psychoanalyst • Licensed Clinical Social Worker (LCSW) Licensed Master Social Worker (LMSW), under the supervision of an LCSW, Psychologist, or Psychiatrist employed by the agency.
11/30/2021	2	Do Credentialed Alcoholism and Substance Abuse Counselors (CASACs) meet the minimum qualifications to complete the LPHA recommendation?	No, CASACs do not meet the minimum requirement to complete the LPHA Recommendation.
11/30/2021	3	What is the purpose of the LPHA recommendation?	The purpose of the LPHA recommendation is to determine and document medical necessity for CORE Services.
11/30/2021	4	When does the LPHA recommendation need to be done? Before or after referral?	Referrals are not required to come in with an LPHA Recommendation. Providers should be prepared to complete or obtain an LPHA recommendation as a part of intake and evaluation process, prior to developing an ISP.

https://omh.ny.gov/omhweb/bho/core/core-faq.pdf

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Provider Frequently Asked Questions

Issued	#	Question	Answer
1/30/2021	5	Can agencies be reimbursed for completing the LPHA Recommendation?	If the LPHA is a member of the CORE Services staff, time spent with the member (in-person or via approved telehealth) for the purposes of completing an LPHA recommendation may be billed under the service specific rate codes. If the LPHA recommendation for Empowerment Services – Peer Support is completed by a member of the CORE staff, the time spent by the LPHA with the individual for the purposes of making an initial recommendation may be billed at the service-specific rate code, even if the LPHA is not otherwise qualified to deliver the service. For example, if an LPHA meets with an individual face-to-face to determine medical necessity for Empowerment Services – Peer Support, that time would be billable in 15-minute increments using rate code 7794, even if the LPHA is not also a certified peer.
11/30/2021	6	Does the LPHA need to document a qualifying psychiatric and/or SUD diagnosis to make the LPHA recommendation for CORE Services?	No. Under the 1115 Demonstration Waiver, CORE Services are limited to HARP-eligible individuals and as such a diagnosis does not need to be confirmed or documented in the LPHA recommendation or elsewhere in the case record.
11/30/2021	7	Are designated providers required to have an LPHA assigned to CORE?	The State recommends identifying LPHAs within each organization who are able to support this work. Agencies will need to make their own decisions about the sustainability of hiring an LPHA. There are many considerations an agency should take, including whether the LPHA will also be acting as the clinical supervisor for direct service staff. Agencies may also wish to share an LPHA with other programs or services within their agencies (e.g., PROS, Clinic, and/or CFTSS).
11/30/2021	8	Can an LPHA refer someone to HARP?	No. There is currently no community referral for HARP. HARP eligibility is determined by the NYS Behavioral Health High-Needs Criteria (as determined by an algorithm run by the State). Individuals who meet these criteria are identified by an H9 code on their Medicaid file. If the LPHA finds the individual has an H9 on their file, they can connect the individual with NYS Medicaid Choice (1-855-789-4277).
11/30/2021	9	Do I need to send the LPHA recommendation to the MCO?	Providers are not required to submit LPHA recommendation to MCOs in order to begin providing services. From time to time, MCOs may request a copy of the LPHA recommendation, just as they may request any other documentation from the case record.
12/28/2021	10	Can a staff at an MCO do the LPHA recommendation if they meet the minimum requirements for a LPHA?	At this time, the LPHA recommendation form cannot be completed by staff at the MCO. However, MCOs play an essential role in connecting their members to CORE Services by referring them to in-network providers.

https://omh.ny.gov/omhweb/bho/core/core-faq.pdf

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Provider Frequently Asked Questions

Section 4: Intake and Evaluation

Issued	#	Question	Answer
11/30/2021	1	What needs to be in a CORE referral? Will there be a template?	There is no set template for CORE referrals. The CORE provider should define their own referral and intake/eval processes, including what information or documents are needed with a referral. The process should be simple and follow a "No Wrong Door" policy. Providers must establish their process in a formal Policy & Procedure.
11/30/2021	2	Who can make a referral?	With the No Wrong Door referral pathway, anyone can make a referral including the prospective client (self-referrals). Referrals are not required to come in with an LPHA Recommendation.
11/30/2021	3	How do we determine HARP eligibility or enrollment status?	There are a number of resources a provider can use to determine eligibility/enrollment status including ePACES, PSYCKES, and an individual's Medicaid Managed Care organization (MCO).
11/30/2021	4	Who is eligible to conduct the intake and evaluation?	Any staff who is qualified to provide the specific CORE service can do the intake and evaluation for that service.
11/30/2021	5	Is there an intake/evaluation tool?	There is no state-issued template for the intake and evaluation process, however agencies are encouraged to develop a tool/form that can guide a person-centered discussion of: the individual's recovery goal(s), the individual's strengths and resources, the individual's barriers and needs, the individual's preferences for service delivery (including days, times, staffing, etc.), and how the CORE service will be used to support attainment of their goal. Agencies may also consider the use of standardized screening tools that can inform service plan development. For example, the Daily Living Activities 20 (DLA-20), Columbia-Suicide Severity Rating Scale (C-SSRS), CAGE questionnaire and/or Fagerstrom Tolerance Scale.

https://omh.ny.gov/omhweb/bho/core/core-faq.pdf

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Provider Frequently Asked Questions

Issued	#	Question	Answer
12/28/2021	6	How do CORE providers notify MCOs about an individual initiating CORE Services?	CORE providers must notify an enrollee's MCO within three business days after their first date of initiating a new CORE Service, which includes CORE Service Intake and Evaluation. MCOs must implement a secure electronic process for receiving and responding to CORE Services initiation notifications. NYS developed a template containing the information providers must submit to MCOs. See the CORE Service Initiation Notification Form for additional information. MCOs may use this template or develop their own but can only include information contained in the template. MCOs are expected to clearly communicate and provide any necessary training to their CORE provider network about the specific MCO's notification process.
12/28/2021	7	What will happen if the Service Initiation Notification Form is submitted after the 3-business day timeframe?	CORE providers must notify an enrollee's MCO within three (3) business days after the first date of initiating a new CORE Service. This allows for the MCO to identify any concerns regarding duplication of services. If the CORE Service Initiation Notification Form has not been submitted, an MCO may pend (or hold) the claim. The MCO will then reach out to the provider to request submission of the Service Initiation Notification Form. Providers should be aware that if the MCO identifies a duplicative service and the form was not submitted on time, claims may be denied.

Service 5: Eligibility & HARP Enrollment

Issued	#	Question	Answer
11/30/2021	1	Will there be any change to the HARP eligibility algorithm as a part of the CORE implementation?	At this time there are no planned changes to the HARP eligibility algorithm as part of the CORE implementation.
11/30/2021	2	Who is eligible for CORE services?	Eligibility for CORE Services is based on three criteria: 1. The individual must be HARP Eligible. 2. The individual must be enrolled in a HARP or HIV-Special Needs Plan (SNP); and The services must be recommended by a Licensed Practitioner of the Healing Arts (LPHA).
11/30/2021	3	Will the settings restrictions in the HCBS Final Rule apply to CORE services as it did BH HCBS?	No, the HCBS Settings Final Rule does not apply to CORE services.

https://omh.ny.gov/omhweb/bho/core/core-faq.pdf

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Provider Frequently Asked Questions

Section 6: Service Delivery

Issued	#	Question	Answer
11/30/2021	1	Can staff provide both BH HCBS and CORE? If so, how do we determine caseloads for staff providing both BH HCBS and CORE?	Staff can provide both BH HCBS and CORE Services. As noted above, there are no caseload restrictions for CORE. For mixed caseloads, BH HCBS caseloads must be representative of the staff time dedicated to BH HCBS. For example, if your agency has a full-time staff who is half-time CORE and half-time BH HCBS, then their BH HCBS caseload should not exceed 10 individuals. This is because the BH HCBS caseload maximum is 20 individuals.
11/30/2021	2	Can we bill for communication w/ outside providers?	The CORE provider can bill for synchronous (real time, two-way) communication with outside providers as a collateral if it is for the benefit of the individual (i.e., advances their service plan or goal). See the Operations Manual for specific documentation requirements and information on consent. Synchronous communication with collaterals may be provided in person or via telehealth modalities. Emails, text messages, and instant messages with collaterals are not Medicaid reimbursable activities. The minimum service duration (15 min. per unit) applies to collateral contacts.
11/30/2021	3	How often should clinical supervision be available? Does it need to be documented?	In lieu of caseload and staffing ratios, clinical supervision must be available to all staff providing direct services. Although there is no set frequency for supervision, ensuring regular availability and check-in with a clinical supervisor supports quality care, staff morale and retention, and overall professional development. It is recommended that direct service staff receive a minimum of one hour of clinical supervision for every 40 hours of service provision. Supervision does not need to be documented. Clinical supervision may be provided in groups as long as individual consultation is also available to staff as needed.
12/28/2021	4	Will CORE Providers be eligible for permanent approval to deliver services via telehealth?	Yes, designated providers are eligible to apply for permanent approval to deliver services via telehealth. Additional clinical and programmatic guidance regarding CORE and telehealth is forthcoming.
12/28/2021	5	Can you provide a telehealth and in-person CORE Service for the same person on the same day and be able to bill for both services appropriately?	Yes, Providers serving an enrollee may submit one claim per day for each rate code/procedure code/modifier combination. In accordance with the CORE Services Operations Manual, and if clinically indicated, providers may submit claims for an in-person visit and telehealth visit for the same rate code in the same day. Please see page 17 from CORE Benefit and Billing Guidance.

https://omh.ny.gov/omhweb/bho/core/core-faq.pdf

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Provider Frequently Asked Questions

Issued	#	Question	Answer
12/28/2021	6	If a provider has received permanent approval to deliver BH HCBS via telehealth will that approval transfer over to CORE Services?	Yes, if a provider has been approved to deliver BH HCBS via telehealth that approval will transfer over to CORE Services. Updates may need to be made to the agency's policies and procedures to reflect the change in language.

Section 7: Service Planning & Documentation

Issued	#	Question	Answer
11/30/2021	1	How do we determine scope, intensity, duration, and frequency of services?	The CORE provider will conduct an intake and engage the individual through person-centered planning (PCP) to determine frequency, scope, intensity, and duration of recommended services to move the person towards their goal. The clinical supervisor can be a resource to staff in formulating the service plan. See the Operations Manual for additional information about the PCP process.
11/30/2021	2	How long is a unit? What are the recommended unit ranges?	A unit is 15 minutes. Under BH HCBS, services were subject to daily unit limits. These limits have been removed for CORE and replaced with recommended unit ranges, which are intended to illustrate the scope of services. See the Operations Manual for recommended programmatic unit ranges by service type.
11/30/2021	3	What happens if a person wants to do additional CORE Services after their initial referral and intake?	If the LPHA recommendation does not include the additional service(s), an updated LPHA recommendation is necessary. An intake & evaluation for the new service(s) must be done and the service added to their ISP. The MCO must be notified of the additional service(s) as well.
11/30/2021	4	Has "progress made/follow up" been eliminated from the progress notes? If so, how do we document progress made as well as follow-up/next steps?	Yes, this section of the progress note is no longer required. Progress made should be regularly monitored and documented in the ISP review summaries.
11/30/2021	5	What are non-billable contacts, do I need to document those?	Non-billable contacts, for example outreach to disengaged members, appointment reminders, or contacts that do not reach minimum service duration, are critical to engaging the person in CORE services. These contacts are documented in a contact log, case note, or non-billable progress note. Providers have some discretion in which non-billable contacts are documented. For example, routine appointment reminder calls or texts might not be documented, but a letter attempting to outreach to a disengaged individual should be noted. Documentation on non-billable contacts helps demonstrate the quality of services provided and is particularly helpful during times of staff-turnover.

https://omh.ny.gov/omhweb/bho/core/core-faq.pdf

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Provider Frequently Asked Questions

Issued	#	Question	Answer
11/30/2021	6	Do supervisors need to sign off on encounter/progress notes?	The service encounter note needs to have the name, qualifications, dated signature of the staff person delivering the service. Although it is not required for a supervisor to sign off, an agency can choose to do so to ensure notes meet billing requirements.
11/30/2021	7	Do we need to make changes in our Electronic Health Record (EHR) or Electronic Billing Software (EBS) in order to meet the documentation requirements for CORE?	In developing documentation requirements for CORE Services, the State used the 2016 BH HCBS Behavioral Health Information Technology (BHIT) technical specifications as a guide. The intent was to minimize disruption or changes to existing software. The State will issue updated technical specifications that will support agencies in making any needed changes, including new modifiers and rate codes that will need to be added for certain services. For the CORE Case Record, form fields can be named/labeled differently as long as all required elements are included in the content of the documentation to support appropriate billing.
12/28/2021	8	What trainings do supervisors/staff need to take for CORE Services? Do staff need to retake trainings if they have done those trainings in the past for BH HCBS?	All CORE training requirements for staff and supervisors will be indicated in the CORE Staff Training Memo. There are overlapping trainings from BH HCBS that apply to CORE trainings. Staff will not have to repeat previously completed trainings that are required for both BH HCBS and CORE.
12/28/2021	9	What is NIMRS and how do I sign up? What incidents do I have to report?	NIMRS stands for the New York State Incident Management and Reporting System. NIMRS is a secure, web-based, quality management tool used by OMH-hosted providers to report incidents. Incident Reporting and Management Guidance for CORE and BH HCBS was issued via the BH HCBS Listserv on 12/13/21 and was effective immediately. Additional information for OMH-hosted providers can be found on the Division of Quality Management website.

Section 8: Billing/Claiming

Issued	#	Question	Answer
11/30/2021	1	What are the allowable service combinations for CORE?	CORE Services may be provided in combination with a variety of BH HCBS and State Plan services, like PROS or Outpatient Clinic. For more information on specific allowable service combinations, please refer to the allowable service combination charts in the Benefit and Billing Guidance (pgs. 13-14).
11/30/2021	2	Does communication with the Managed Care Organization (MCO) "count" as a collateral contact?	No, MCOs are not considered collaterals of the individual and cannot be billed as a collateral contact.

https://omh.ny.gov/omhweb/bho/core/core-faq.pdf

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Provider Frequently Asked Questions

Issued	#	Question	Answer
11/30/2021	3	Has there been any change to the mile cap for staff transportation?	There have been no changes made to Staff Transportation. Staff Transportation can be reimbursed per mile or per round trip. Refer to the section II.4 in the Benefit and Billing Guidance for more information.
12/28/2021	4	Will rate codes stay the same or change for services transitioning from BH HCBS to CORE?	Rates and rate code combinations will remain the same for CPST, FST, and Peer Support. Some PSR rate code combinations, rates, and other billing-related information will change as a result of the transition to CORE, including the addition of two new PSR rate codes and the discontinuation of the PSR per diem rate code. There will be two new provider travel supplement rate codes for CORE. Information regarding CORE rates and billing requirements can be found in Section II, Part 4 of the CORE Benefit and Billing Guidance. A visual crosswalk of billing rate code changes can be found in Appendix C of the CORE Benefit and Billing Guidance, as well as the MCTAC CORE Services Implementation Provider Billing Overview webinar.

Section 9: Other

Issued	#	Question	Answer
12/28/2021	1	What is NIMRS and how do I sign up? What incidents do I have to report?	NIMRS stands for the New York State Incident Management and Reporting System. NIMRS is a secure, web-based, quality management tool used by OMH-hosted providers to report incidents. Incident Reporting and Management Guidance for CORE and BH HCBS was issued via the BH HCBS Listserv on 12/13/21 and was effective immediately. Additional information for OMH-hosted providers can be found on the Division of Quality Management website.

https://omh.ny.gov/omhweb/bho/core/core-faq.pdf

Billing and Reimbursement

- Rates and rate code combinations will remain the same for CPST, FST and Peer Support.
- Some PSR rate code combinations, rates and other billing information will **change**.
  - PSR per diem rate code will be **discontinued**- 7789
  - 2 **new** PSR rate codes
    - 7810, 7811
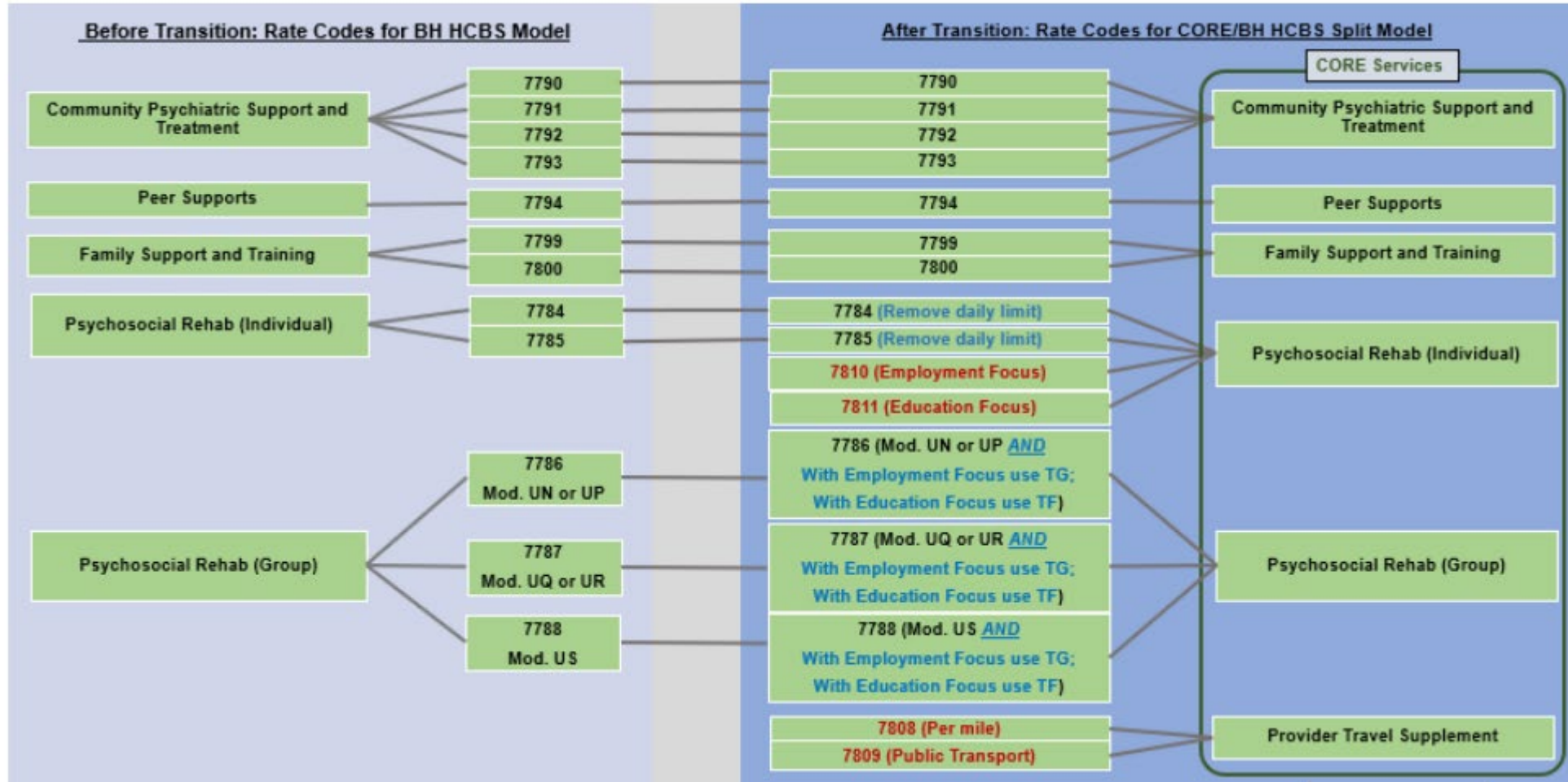 - 2 **new** provider travel supplement rate codes
    - 7808, 7809

- Rates and rate code combinations will remain the same for CPST, FST and Peer Support.
- Please refer to the CORE Services Matrix and Fee Schedule

https://omh.ny.gov/omhweb/medicaid_reimbursement/

https://omh.ny.gov/omhweb/bho/core/core-benefit-and-billing-guidance.pdf

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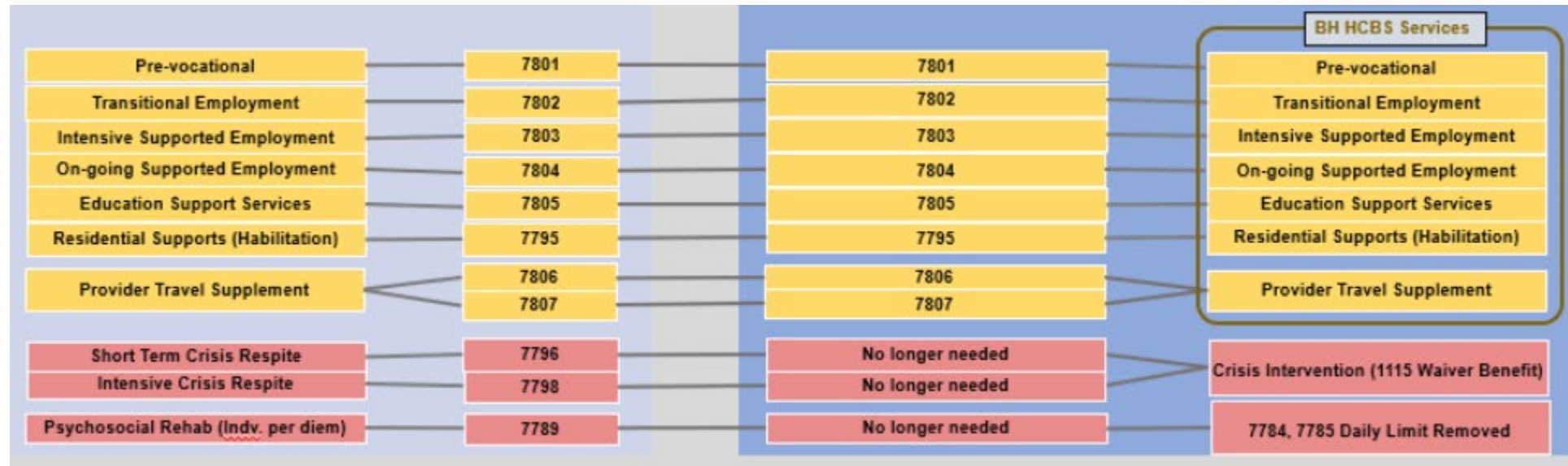HEALTHCARE

Billing and Reimbursement

BH HCBS Transition to CORE: Billing Changes (Appendix C from the CORE benefit and Billing Guidance)

Billing and Reimbursement

BH HCBS Transition to CORE: Billing Changes (Appendix C from the CORE benefit and Billing Guidance)

https://omh.ny.gov/omhweb/bho/core/core-benefit-and-billing-guidance.pdf

Billing and Reimbursement

Allowable Service Combinations

Please refer to the chart below for allowable service combinations for CORE and BH HCBS:

CORE and BH HCBS Allowable Service Combinations

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 Services	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

https://omh.ny.gov/omhweb/bho/core/core-benefit-and-billing-guidance.pdf

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Billing and Reimbursement

Allowable Service Combinations

Please refer to the chart below for allowable service combinations for CORE:

CORE and Other OASAS/OMH Services Allowable Service Combinations

OMH/OASAS Service	CPST	PSR	FST	Peer
OMH Clinic ((including Licensed Behavioral Health Practitioner (LBHP))	Yes[7]	Yes	Yes	Yes
Certified Community Behavioral Health Clinic (CCBHC)[8]- Sites Receiving NYS CCBHC Demonstration Medicaid Rate	Yes[7]	No	Yes	No
Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant Awardees[9] – Sites Not Eligible for NYS CCBHC Demonstration Medicaid Rate	Yes[7]	Yes	Yes	Yes
OMH Assertive Community Treatment (ACT)	No	No	No	No
OMH Personalized Recovery Oriented Services (PROS)	No	No	No	Yes
OMH 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 (PSH)	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

https://omh.ny.gov/omhweb/bho/core/core-benefit-and-billing-guidance.pdf

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Utilization Management and Care Management

– CORE providers must notify an enrollee's MCO within three business days after the first date of initiating a new CORE Service. CORE service initiation for new referrals will begin with intake and evaluation sessions, which must be completed within 30 days of the initial visit or the first five visits, whichever occurs later

– **The CORE initiation form is located on our website under Frequently Used Forms (see link on the final page of the document)**

Molinahealthcare.com/providers/ny/Medicaid/home.aspx

- **All Service Initiation Forms should be submitted to:**
  - **Fax: 844-879-4482**

    or

  - **Email:**

  MHNYCaseManagement@molinahealthcare.com

- MCO's may not conduct prior authorization of concurrent review for CORE Services for one year beginning 2/1/22.

CORE Service Initiation Notification Form (CORE Service Initiation Notification Form.pdf)

Reference Materials

Important Links

- OMH CORE Overview: https://omh.ny.gov/omhweb/bho/core/
- CORE Benefit and Billing Guidance: https://omh.ny.gov/omhweb/bho/core/core-benefit-and-billing-guidance.pdf
- CORE Provider FAQ: https://omh.ny.gov/omhweb/bho/core/core-faq.pdf
- CORE Reimbursement rates: https://omh.ny.gov/omhweb/medicaid_reimbursement/
- CORE Operations Manual: https://omh.ny.gov/omhweb/bho/core/core-services-operations-manual.pdf CORE Service Initiation Notification Form: https://omh.ny.gov/omhweb/bho/core/core-provider-serviceinitiation-notification-form.pdf
- HCBS Provider Manuals and Rates: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/manuals.htm
- **CORE Initiation form**:

  https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ny/medicaid/CORE-Service-Initiation-Notification-Template-508.pdf

- **ADDITIONAL TRAINING INFORMATION CAN BE FOUND AT**: https://omh.ny.gov/omhweb/bho/core/core-staff-training-memo.pdf

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