

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 Email_____ Phone Alternate Contact _____ 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 approximately contained and select all that approximately contained are selected as a selected and selected are selected as a selected and selected are selected as a selected	oply):
☐ 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