Community Oriented Recovery and Empowerment Services (CORE) Orientation for CORE Providers



Community Oriented Recovery and Empowerment Services (CORE)

- Effective **February 1, 2022**, eligible MetroPlusHealth members will now be able to receive CORE services as part of their benefits package. NYS is transitioning four BH HCBS to a new service array called Community Oriented Recovery and Empowerment (CORE) Services.
- Members who are 21 or older, covered by Medicaid, and enrolled in a HARP plan can receive CORE services. Some members enrolled in HIV-Special Needs Plans (SNP) and Medicaid Advantage Plus Plans (MAP) can also be eligible for CORE services.
- CORE Services are person-centered, recovery oriented, mobile behavioral health supports that provide opportunities for eligible members with serious mental illness and/or substance use disorders to receive services in their own home or community.

Transition in Services from BH HCBS to CORE

BH HCBS	Post – CORE Implementation
Community Psychiatrics Support and Treatment Psychosocial Rehabilitation Empowerment Services – Peer Supports Family Support and Training	These services will transition to CORE Service
Habilitation Education Support Services Pre-Vocational Services Transitional Employment Intensive Supported Employment Ongoing Supported Employment Non-Medical Transportation	These services remain in BH HCBS
Short Term Crisis Respite Intensive Crisis Respite	Crisis Respite Services are available in the Crisis Intervention Crisis Residence Services benefit available to all Medicaid Managed Care members



CORE Services Initiation



Providers must be designated by OASAS and OMH for the provision of CORE services.



CORE providers must ensure an LPHA recommendation is obtained for all new referrals received on or after February 1, 2022 within 30 days of the initial visit or the first five visits, whichever occurs later.



CORE providers must notify MetroPlusHealth when initiating a new CORE service for a member by completing the CORE Service Initiation Notification Form. Forms are available on the MetroPlusHealth website under provider tools.



Notification to MetroPlusHealth must be made within three business days after the first date of initiating a new CORE service. Failure to submit the notification timely may lead to claim payment delays or denials.



MetroPlusHealth will not require prior authorization or concurrent review for CORE Services for one year beginning February 1, 2022.

CORE Service Initiation Notification Form

The CORE Service Initiation Notification form can be submitted to MetroPlusHealth by:

Email:

BHPOC@metroplus.org

Fax: 212-908-5208

Forms are available on the MetroPlusHealth website under provider tools.



Office of Addiction Services and Supports

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 firs 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			
	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			
	Tax ID #		
Agency Contact Person Name			
Phone	<u>Email</u>		
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	d (select all that apply):
Community Psychiatric Support and Treatm	nent (CPST)
■ Family Support and Training (FST)	
■ Empowerment Services – Peer Supports	
 Psychosocial Rehabilitation (PSR) 	
I attest the enrollee elected to receive all COR	RE Services requested above.
Signature of CORE Provider	Date
Name (places print)	Title



Continuity of Care

• Continuity of care period for BH HCBS service authorizations for CPST, PSR, FST, and Peer Support is effective 2/1/2022 through May 2, 2022 to ensure the member is transitioned to CORE Services. During this continuity of care period, members may continue to receive care from providers using existing BH HCBS service definitions and documentation requirements.

Helpful Resources

- To learn more about the transition plan for Adult Behavioral Health Home and Community Based Services (BH HCBS) providers to Community Oriented Recovery and Empowerment (CORE) Services click <u>Here</u>
- NYS Office of Mental Health and Office of Addiction Services and Supports requires CORE providers to meet essential training requirements. To learn more click <u>Here</u>
- For OMH CORE Billing Guidance click <u>Here</u>
- For CORE Operations Manual click <u>Here</u>
- HCBS Provider Manuals and Rates click <u>Here</u>

Thank you for participating in the MetroPlusHealth orientation for CORE Providers.

