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**Enhancing Mental Wellness  
in the Rochester Community  
Since 1973**

Bernice W. Skirboll, M.S.,  
Founder

Dear Provider,

Thank you for your referral to Community Oriented Recovery and Empowerment (CORE) Services through Compeer's Supportive Partners for Recovery Program.

We currently offer the following services:

1. Psychosocial Rehabilitation
2. Family Support and Training
3. Peer Support

Referred individuals must be enrolled in a Managed Care Health and Recovery Plan (HARP) with Fidelis, Excellus, Molina, United Healthcare/Optum, or MVP, and be willing to engage in the selected service(s). We also require a formal recommendation by a Licensed Practitioner of the Healing Arts (LPHA) who can attest to Medical Necessity of Service.

Please complete and submit the enclosed packet, including the Determination of Medical Necessity and Consent for Release of Information forms, to initiate the referral process.

If you have any questions, please contact me at 546-8280 ext. 205, or via e-mail at [Pcallipare@Compeerrochester.org](mailto:Pcallipare@Compeerrochester.org)

Best Regards,

*Phillip Callipare*

Phillip Callipare  
CORE Program Manager

Compeer Rochester  
 259 Monroe Avenue, Rochester,  
 NY 14607  
 Phone: 585-546-8280  
 Fax: 585-325-2558



### Adult Behavioral Health CORE Referral Form

Date of Referral: \_\_\_\_\_

Referring Person	First Name		LastName	
	Agency Name		Phone #	
	Address		E-mail	
HH Care Mgr/ Service Coordinator Information	First Name		LastName	
	Agency Name		Phone #	
	Address		E-mail	
CORE Participant Information	First Name		LastName	
	Soc. Sec. #		Address	
	Phone #		Alt. Phone #	
	E-mail		Date of Birth	
	Prim. Language			
CORE Participant Health Care Information	MCO Name		Policy ID #	
	MCO Contact Name		MCO Telephone Number	
	MCO Contact E-mail		Medicaid CIN Number	
	Prim. Diagnosis & ICD 10 Code		Secondary Diagnosis & ICD 10 Code	

Any Known Safety Concerns? (Criminal Record, History of Violence, Weapons in the Home, Sex Offender, Bed Bugs, etc.):

N/A

### CORE SERVICE(S)

	Psychosocial Rehabilitation
	Empowerment Services (Peer Support)
	Family Support and Training

Any identified Service Restrictions Surrounding Client Availability?

### AGENCY INFORMATION

AGENCY NAME: \_\_\_\_\_

POINT OF CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

# LPHA Recommendation Form

## Recommendation for Community Oriented Recovery and Empowerment (CORE) Services

### Determination of Medical Necessity

<b>Part 1: HARP Eligibility</b>	<i>Instructions:</i> 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:	<input type="checkbox"/> H1: HARP-Enrolled <input type="checkbox"/> H4: HIV-SNP-Enrolled, meets NYS BH high-needs criteria <input type="checkbox"/> H9: meets NYS BH high-needs criteria <sup>13</sup> <input type="checkbox"/> Other: _____	

<b>Part 2: Recommendation for Services</b>	<i>Instructions:</i> This section must be completed by a Licensed Practitioner of the Health Arts (LPHA), as defined by:		
	<ul style="list-style-type: none"> <li>• Nurse Practitioner</li> <li>• Physician</li> <li>• Physician Assistant</li> <li>• Psychiatric Nurse Practitioner</li> <li>• Psychiatrist</li> <li>• Psychologist</li> </ul>	<ul style="list-style-type: none"> <li>• Registered Professional Nurse</li> <li>• Licensed Mental Health Counselor</li> <li>• Licensed Creative Arts Therapist</li> <li>• Licensed Marriage &amp; Family Therapist</li> <li>• Licensed Psychoanalyst</li> </ul>	<ul style="list-style-type: none"> <li>• Licensed Clinical Social Worker</li> <li>• Licensed Master Social Worker, under the supervision of an LCSW, licensed psychologist, or psychiatrist employed by the agency</li> </ul>
	<p>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.</p>		
	<i>Recommended Services</i>		
	<p>Select all that apply:</p> <input type="checkbox"/> Community Psychiatric Treatment and Support <input type="checkbox"/> Psychosocial Rehabilitation <input type="checkbox"/> Family Support and Training <input type="checkbox"/> Empowerment Services – Peer Support		
	<i>Determination of Medical Necessity</i>		
<p>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:</p>			
<p>Select all that apply:</p> <input type="checkbox"/> To increase capacity to better manage treatments for diagnosed illnesses <input type="checkbox"/> To prevent worsening of symptoms <input type="checkbox"/> To restore/rehabilitate functional level <input type="checkbox"/> To increase compensatory supports <input type="checkbox"/> To facilitate participation in the individual's community, school, work, or home <input type="checkbox"/> To sustain recovery lifestyle <input type="checkbox"/> To strengthen resiliency, self-advocacy, self-efficacy and/or empowerment <input type="checkbox"/> To build and strengthen natural supports, including family of choice <input type="checkbox"/> To improve effective utilization of community resources			
<i>Diagnosis</i>			
<p>DSM-5 or ICD-10 diagnoses, if known: _____</p>			
_____		_____	_____
<i>Signature of LPHA</i>		<i>Date</i>	<i>Printed Name</i>
			<i>NPI #</i>

<sup>13</sup> Individuals falling into this category are eligible to receive CORE Services when enrolled in a HARP or HIV-SNP. Eligible individuals with an H9 wishing to enroll in a HARP or HIV-SNP may contact NY Medicaid Choice at 1-855-789-4277 for enrollment options.