

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 applicab	le)
CORE Provider Agency Information	
CORE Provider Agency	
Agency Address	
Agency NPI #	
Agency Contact Person Name	
Phone	Email
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 (select all that apply):

- □ 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