NY CORE Records

Effective Date: February 1, 2025

Intake and Evaluation

Question	
1	There is evidence in the record that the intake and evaluation is person centered and engages the member in the discussion of individual recovery goals and how the CORE services will be used to support attainment of their goals.
2	There is evidence in the record that the intake and evaluation process is person centered and engages the member in the discussion of the member's strengths and resources, barriers and needs.
3	There is evidence in the record that the intake and evaluation process is person centered and engages the member in the discussion of the member's preferences for service delivery (including days, times, staffing, etc.).
4	There is evidence in the record that the intake and evaluation is in the CORE case record (may be in an intake form or within progress notes).
5	There is evidence in the record that the intake and evaluation was completed within 30 days of the first session / visit or within 5 sessions, whichever is longer.
6	There is evidence in the record of a service specific intake and evaluation.
7	There is evidence in the record of LPHA recommendation/ determination of medical necessity for identified CORE Service (s).
8	There is evidence in the record that there is a signed Informed Consent document and the member is informed of their Rights and Responsibilities.

Individualized Service Plan

Question	
9	There is evidence in the record that the ISP was completed within 30 days of the first session / visit or within 5 sessions, whichever is greater.
10	There is evidence in the record that the ISP objectives show what the member will accomplish as a step toward achievement of the goal; and demonstrates how the member will achieve that, what steps they will take, when will they take them and who will help member.
11	There is evidence in the record that the ISP incorporates information obtained during the Intake and Evaluation Process.
12	There is evidence in the record that the ISP uses the member's own language and is consistent with the members values, culture, beliefs and goals.
13	There is evidence in the record that the ISP incudes the member's name.
14	There is evidence in the record that the ISP includes the provider agency name.
15	There is evidence in the record that the ISP includes the type of service.
16	There is evidence in the record that the ISP includes the primary service delivery location based on the individual preference.
17	There is evidence in the record that the ISP includes the effective date of services, service frequency and service duration.
18	There is evidence in the record that the ISP member recovery goal objectives are specific and measurable.
19	There is evidence in the record that the ISP includes the member's strengths, talents, resources and abilities related to the reaching the goal.
20	There is evidence in the record that the ISP includes the scope of services (interventions, methods and modality) provided by CORE staff.
21	There is evidence in the record that the ISP documentation demonstrates that the member was involved in the development of the ISP (e.g. a progress note describing participation, individuals dated signature or documentation of refusal to sign) and is offered a copy of the ISP.

22	There is evidence in the record that the ISP includes the name, title, and credentials /qualifications of the staff developing the ISP and the dated signature of the staff who developed the ISP.

ISP Review

Question	
23	There is evidence in the record that the ISP is reviewed with the member when there is a significant change in their life which requires a change to the frequency, duration, or scope of services or the goal.
24	There is evidence in the record that the ISP review occurred within 6 months of the previous review, or by the end of the calendar month in which the 6th month occurs. (e.g. If an ISP is developed on September 15, 2024 and there are no significant life events triggering a review prior to the 6-month mark, then a semi-annual review must be completed by March 31, 2025).
25	There is evidence in the record that the ISP review is facilitated using a person centered approach by a CORE staff member qualified to deliver the service.
26	There is evidence in the record that a summary of the ISP review must be documented in a progress note/case note whether or not the ISP requires updates. The summary includes: the date of the review, the names if the individuals present, a summary of progress made, a description of the individuals involvement in the review process, any changes made to the ISP or the rationale if no changes are made).

Person Centered Documentation

Question	
27	There is evidence in the record that the documentation is strengths based.
28	There is evidence in the record that there is an assessment of the impact of social determinants related to the member's mental health and wellness including housing, income, finances, and impact of discrimination.
29	There is evidence in the record that if the member wants to work on harm reduction options, the provider engages the member in harm reduction techniques or refers to an outside program that provides these services.
30	There is evidence in the record that the provider shares education and recommendations with the member that facilitates the member's active engagement in a shared decision making process and allows the member to make informed choices.
31	There is evidence in the record that family members (of choice and with member consent) and significant others are encouraged to engage in planning and services.
32	There is evidence in the record that service planning meetings are held at times and locations that are convenient for the individual.
33	There is evidence in the record that the service plan goals are recovery oriented and expresses the members individual desire for positive change and improvement in their lives, are written in the members words and use "I" statements (e.g. "I want to feel better and manage my symptoms").
34	There is evidence in the record that the written materials are provided in a way that is understandable to the member.

Progress Notes

Question	
35	There is evidence in the record that the progress notes include name of the member receiving services.
36	There is evidence in the record that the progress notes include type of service being provided.
37	There is evidence in the record that the progress notes include date of the service provided.
38	There is evidence in the record that the progress notes include location of the service.
39	There is evidence in the record that the progress notes include modality (in person, telehealth, collateral contact).
40	There is evidence in the record that the progress notes include duration of service, including start and end times.
41	There is evidence in the record that the progress notes include description of interventions to meet Recovery Plan goals, including narrative description of staff actions.
42	There is evidence in the record that the progress notes include the name, qualifications, and dated signature of the staff person delivering the service.

Contact Notes

Question	
43	There is evidence in the record that outreach and engagement occurs when there is a gap in service or missed appointment.
44	There is evidence in the record that documentation of collateral contacts must include the name of the collateral, their relationship to the individual and a description of how the contact helped support or advance the individual's identified goals.

Community Psychiatric Support

Question	
45	For CPST services- There is evidence in the record that person-centered assessment, service planning, documentation and collaboration occurs (with desired family/and other providers).
46	For CPST services - There is evidence in the record that services are provided off-site. Exceptions may be made if there is a clinical rationale for delivering services onsite, as documented in a progress note.
47	For CPST services - There is evidence in the record that Individual (and when indicated family psychotherapy) is provided using evidenced based practices.
48	For CPST services-There is evidence in the record that when communication occurs between the CPST provider and a psychiatric, medical and/or community provider, there is a signed release of information for each provide/entity.
49	For CPST services- There is evidence in the record that when Integrated Co-Occurring Disorder Treatment is utilized, as long as there is member consent, communication and collaboration with another service provider occurs (e.g. housing, supported employment, psychiatric prescriber, etc.).
50	For CPST services - There is evidence in the record that if crisis prevention intervention is provided, it includes the development of a crisis management plan and delivered by qualified staff.
51	For CPST services - There is evidence in the record that if Intensive rehabilitation counseling is provided, interventions are designed to assist the member with independent living skills, identification and engagement in support services, promote recovery and restoration of functioning and is delivered by qualified staff.
52	For CPST services - There is evidence in the record that If health monitoring is provided, is it delivered by a qualified staff.
53	For CPST services -There is evidence in the record that If medication treatment is provided, is it delivered by a qualified staff.
54	For CPST services- There is evidence in the record that one on one services are provided (Group services are not permissible for CPST).

Psychosocial Rehabilitation

Question	
55	For PSR services- There is evidence in the record that person-centered assessment, recovery planning, documentation and collaboration approaches are used to support the member's recovery goal.
56	For PSR services - There is evidence in the record that the provider engaged the member in shared decision making around service and recovery planning.
57	For PSR services- There is evidence in the record that there is regular assessment of progress toward goals and updating of the ISP as needed.
58	For PSR services - There is evidence in the record of communicating with collaterals, including other providers to ensure integrated, collaborative services and access to necessary supports/services.
59	For PSR services -There is evidence in the record that individual psychoeducation and skill building interventions are tailored to the member's goal and are adapted to where the individual lives, works, learns and socializes.
60	For PSR services -There is evidence in the record that rehabilitation counseling is individualized, goal driven interventions that facilitate, promote, and improve functioning in living, working, learning, and social environments.
61	For PSR services -There is evidence in the record that resource and support coordination is offered to help ensure the member is successful in meeting their goals.

62 For PSR services - There is evidence in the record that the identification of personal, environmental, and behavioral health barriers that may impede the development of skills necessary for functioning at work, school, with peers, and/ or with friends and family are documented in the record.

63 For PSR services - There is evidence in the record that the provider develops, strengthens and supports the member's independent community living skills and community participation through self-advocacy and system navigation, promoting access to necessary rehabilitative medical, social, academic, and other services and supports.

64 For PSR services - There is evidence in the record that instruction is provided (if applicable) in accessing and using community resources such as transportation, translation and communication assistance (e.g. helping to secure TTY services language services or other adaptive equipment needs or other adaptive equipment needs).

65 For PSR services - There is evidence in the record that Instruction and skill building is provided (if applicable) to increase the individual's capacity to independently manage their own financial resources including public benefits and entitlements, scholarships, financial aid work incentives, and earned income.

66 For PSR services - There is evidence in the record that services to assist the member are provided (if applicable) in establishing and sustaining personal relationships, supports recovery social network, and identification of resources in order to enhance the member's personal and professional interest (e.g. civic engagement, volunteering).

67 For PSR services- There is evidence in the record that services are offered to enhance the member's development of social and functional skills.

68 For PSR services -There is evidence in the record that skill development is offered to support the member to recognize emotional triggers, and to self-monitor behaviors.

69 For PSR services- There is evidence in the record that cognitive remediation is offered (if applicable) and includes activities and exercises designed to enhance an individual's functioning in the environment of their choice.

70 For PSR services- There is evidence in the record that there is evidence of ongoing counseling, mentoring, advocacy and support for the purpose of sustaining member's success and satisfaction in their valued life goal(s).

71 For PSR services - There is evidence in the record that when group services are delivered, the group is aligned with the member's goals, objectives, barriers, or needs and indicated on their ISP.

Family Support & Training

Question

72 For FST services- There is evidence in the record that the provider partners with families through a person centered, recovery oriented, and trauma informed approach.

73 For FST services - There is evidence in the record that there is evidence the provider offers instruction, emotional support and skill building necessary to facilitate engagement in active participation of the family in the member's recovery process.

74 For FST services- There is evidence in the record that there is documentation that the member receives support in identifying “family of choice,” including friends, roommates, significant others, etc., who can be supportive in the recovery process.

75 For FST services - There is evidence in the record that the service is provided individually and in groups (FST may be provided to the member and family of choice and may be delivered to the family with or without the member present if the intervention is for the benefit of the member with the members informed consent).

76 For FST services - There is evidence in the record of person centered recovery planning, documentation and collaboration.

77 For FST services- There is evidence in the record that person centered planning with the member includes establishing a recovery goal with objectives and planned family based interventions.

78 For FST services - There is evidence in the record that the member received assistance and support in deciding how much information to share with each family member.

79 For FST services - There is evidence in the record that the FST staff communicates with other providers as needed to ensure integrated collaborative care.

80 For FST services - There is evidence in the record that education is provided and disseminated that will increase the family's knowledge base and improve their ability to support the member.

81 For FST services- There is evidence in the record that skill building is provided through collaboration with the member and their family to develop positive interactions, a supportive environment and sustain healthy stable relationships within the family.

82 For FST services - There is evidence in the record that group services are provided if desired by member and the group must be aligned with the member's goals, objectives, barriers, or needs and indicated on their ISP.

Empowerment Services

Question

83 For Empowerment services - There is evidence in the record that the peer support services must include the identified goals or objectives in the ISP with interventions tailored to the member. These goals should promote utilization of natural supports and community services supporting the person's recovery and enhancing the quality of their personal and family life .

84 For Empowerment services - There is evidence in the record that peer support services are goal directed activities and emphasize the opportunity for peers to model skills and strategies necessary for recovery to develop the member skills and self-efficacy. These services are provided through the perspective of a shared personal experience of recovery enhancing the members sense of empowerment and hope.

85 For Empowerment services - There is evidence in the record that peer support services are provided individually.

86 For Empowerment services - There is evidence in the record that peer support services support the member's recovery goal while using person centered recovering recovery planning documentation and collaboration.

87 For Empowerment services -There is evidence in the record that if member consent is provided, communication with other member service providers occurs and is evidenced in the record to ensure integrated collaborative care.

88 For Empowerment services - There is evidence in the record that there is advocacy support in which the provider assists the member with building self-advocacy skills and raising awareness of existing social support and services.

89 For Empowerment services-There is evidence in the record that there is a mental health care directive and psychiatric advanced directive in the record.

90 For Empowerment services - There is evidence in the record that if applicable, Peer Support workers assist members through the process of obtaining benefits, entitlements, food, shelter, permanent housing and other individualized needs.

91 For Empowerment services only- There is evidence in the record that the Peer Support workers help raise member awareness of existing services and community resources and help remove barriers to accessing needed resources.

92 For Empowerment services - There is evidence in the record that when needed, Peer Support workers assist in connecting the member to supports such as peer run groups in the community, in person or online.

93 For Empowerment services - There is evidence in the record that the Peer Support worker advocates on behalf of the member and supports their advocacy during appointments.

94 For Empowerment services - There is evidence in the record that activation, engagement and recovery components are offered to increase the member's sense of hope and purpose empowering the individual to achieve their goals to make positive changes .

95 For Empowerment services - There is evidence in the record that the Peer Support worker assists the member with identifying meaningful activities and coaches the member through barriers to engaging in these activities.

96 For Empowerment services - There is evidence in the record that the Peer Support worker offers wellness coaching with a focus on a whole health which may include discussing and sharing ongoing personal efforts to enhance health, wellness and recovery.

97 For Empowerment services - There is evidence in the record that the Peer Support worker assists the member to select and use self-directed recovery tools such as wellness recovery action planning (WRAP) and recovery plans.

98 For Empowerment services- There is evidence in the record that community participation includes the Peer Support worker providing skill building to support full community engagement and participation. Peers provide personalized support to assist the individual in developing social networks, engaging in meaningful activities, and building healthy relationships.

99 For Empowerment services- There is evidence in the record that the Peer Support worker supports the member in attending community activities and appointments when requested.

100 For Empowerment services - There is evidence in the record that the Peer Support worker assists the member with long or repeated hospitalizations, detox admissions, or other institutional stays as they make the transition back to their home and communities for transitional support.

101 For Empowerment services - There is evidence in the record that the Peer Support worker engages with the member before or after an admission or discharge from a hospital emergency department, inpatient detox, residential treatment, inpatient psychiatric units, outpatient programs or correctional facility to facilitate and develop community support (if applicable).

102 For Empowerment services - There is evidence in the record that the Peer Support worker offers pre crisis and crisis support to address a member in distress or crisis. (Interventions provided under this component do not need to be included on the ISP).

103 For Empowerment services - There is evidence in the record that Peer Support is provided by a Certified Peer as evidenced by the name, signature and credential in the Peer Support service notes or other documentation reviewed in the record.

Discharge Process

Question

104 There is evidence in the record that the reason for discharge is documented (e.g. achievement of recovery goals, transition to another service provider or LOC, loss of contact, disengagement).

105 There is evidence in the record that discharge planning is implemented in a person centered approach and is considered a part of the members ongoing recovery process.

106 There is evidence in the record that discharge planning begins at intake and is ongoing throughout the episode of care.

107 There is evidence in the record that the discharge planning process includes collaboration and communication with the member and appropriate collaterals and the identification of services and/or supports needed to sustain recovery, minimize the risk of relapse, and ensure optimal health and well-being of the member.

108 There is evidence in the record that upon discharge, the CORE service provider completes a discharge summary and includes all the following required elements: date of discharge, reason for discharge, summary of progress (or lack of progress) while receiving services, the date discharged, and name of the staff, signature, and credentials of the staff completing the summary.

109 There is evidence in the record the discharge summary was completed no later than two weeks after the date of discharge. The discharge summary can be in a progress note, or formal summary form.

110 There is evidence in the record that the provider inquired and obtained consent to share the discharge summary with MCO, Health Home Care Manager, and other involved providers.

111 There is evidence in the record that if the member consented to share the discharge summary, the discharge summary was shared with the MCO, Health Home Care Manager, and other involved service providers (if applicable).