Community Oriented Recovery & Empowerment Services
CORE Referral

Lakeview Health Services — *Achieving goals. Advancing lives.*

Date of Referral: _____	Return Completed Referral	Mail	609 W. Washington St. Geneva, NY 14456
		Fax	(315) 789.0555
		Email	HCBSCORE@lakeviewhs.org

CORE Participant Demographic Information	First & Last Name					
	Date of Birth		Phone		Alt. Phone	
	Gender Identity		Email			
	Home Address ☐ Homeless		Mailing Address ☐ Same			

Are there any safety considerations we should be aware of?	☐ N/A

Participant Insurance Information	Managed Care Organization		MCO Contact Name	
	Subscriber ID #		MCO Contact Phone	
	Medicaid CIN #		MCO Contact Email	
	Primary Diagnosis & ICD 10 Code:			
	Second Diagnosis & ICD 10 Code:			

Participant Care Team (If Applicable)	Primary Care Provider	Name		Phone	
		Email		Fax	
	Mental Health Provider	Name		Phone	
		Email		Fax	
	Health Home Care Management ☐ N/A	Care Manager		Phone	
		Email		Fax	

Referral Source Contact Information (If Applicable)	☐ Self-Referral ☐ MH Provider ☐ PC Provider ☐ Care Manager ☐ Other: _____		
	Name		
	Phone		Fax
	Email		
	Agency		

| CORE Service Requested & County of Residence | ☐ PSR ☐ Ontario ☐ Wayne | Primary Goal for CORE Services: |
| | ☐ Peer (EPS) ☐ Seneca ☐ Yates | |

With "No Wrong Door Access" CORE is available to all eligible enrollees aged 21 & up in Medicaid (HARP), HIV-SNP, or Medicaid (MAP) Plans with or without a provider referral. Individuals can either self-refer or have a friend or family member help with the form. Regardless of referral status all participants will need a recommendation from a Licensed Practitioner of the Healing Arts (LPHA). Please include the LPHA form, if available.

This Section is for Agency Use Only

Date Received	Referral Status	LPHA Status	Date & Reason Returned to Referral Source:
	☐ H Code Confirmed ☐ Incomplete	☐ Included	
	☐ Admitted ☐ Returned	☐ Requested: _____	
	☐ Waitlisted: _____	☐ Received: _____	

Admission Workflow | Forwarded to Staff

| ☐ AWARDS Referral Created: _____ ☐ Admission Note Complete: _____ | Staff: _____ |
| ☐ Admission to CORE Module: _____ ☐ Referral Uploaded to File Cabinet: _____ | Date: _____ |

Outreach Attempt Notes & Contact Information Updates