

Children and Family Treatment and Support Services (CFTSS) Referral Form

Date of Referral:

Please note that this is NOT a required form but a template created for use if preferred; Please complete to best of ability

Participant Information	First Name				Last Name			
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutral <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Other			Date of Birth			
	County				Primary Language			
	Caregiver							
	Phone #				Alternate Phone #			
	Email							
	Street Address							
	City			State			Zipcode	
Person Making Referral	First Name				Last Name			
	Agency Name				Phone #			
	Email							
	Street Address							
	City			State			Zipcode	
	Relationship to Participant							
Health Home Care Manager Information <small>if applicable</small>	First Name				Last Name			
	Agency Name				Phone #			
	Email							
Participant Health Care Information	Managed Care Organization (MCO)				MCO ID #			
	MCO Contact Name				MCO Phone Number			
	MCO Contact Email				Medicaid CIN Number			
	Primary Diagnosis & ICD 10 Code				Secondary Diagnosis & ICD 10 Code			

Referred CFTSS Service(s) – See page 3 for types of services:	
<input type="checkbox"/> Other Licensed Practitioner (OLP) Check one: <input type="checkbox"/> Medical Necessity <input type="checkbox"/> Ongoing	<input type="checkbox"/> Psychosocial Rehabilitation (PSR)
<input type="checkbox"/> Community Psychiatric Supports and Treatment (CPST)	<input type="checkbox"/> Family Peer Support Services (FPSS)
<input type="checkbox"/> Youth Peer Support and Training (YPST)	
<u>Desired Goal(s) or Need(s) to be addressed:</u> 	
<u>Family Preferences (Male/Female Staff, Evening Hours, Available Days, etc.):</u> 	
<u>Any Known Safety Concerns?</u> <i>(Criminal Record, History of Violence, Weapons in the Home, Sex Offender, General Concerns, etc.):</i> <input type="checkbox"/> N/A	
<u>Any additional information that may be important to know (e.g. Strengths, interests, hobbies, presenting symptoms, etc.):</u> 	

CFTSS AGENCY INFORMATION (For Monroe County)

A list of Children and Family Treatment and Support Service Providers and what services they provide was given to the participant/parent/guardian/legally authorized representative. The participant/parent/guardian/legally authorized representative has selected the following agency/agencies to be sent referrals. Note: Not all providers provide all services. Depending on experience, agencies may serve one, two, or all of the following populations: Mental Health, Substance Use, and/or Foster Care. See below for types of services:

<input type="checkbox"/> ARC Wayne – PSR	<input type="checkbox"/> Hillside Children’s Center – OLP, CPST, PSR, FPSS, YPST
<input type="checkbox"/> AspireHope NY – FPSS, YPST	<input type="checkbox"/> Mental Health Association – FPSS
<input type="checkbox"/> Berkshire Farm – (Foster Care only) OLP, CPST, PSR	<input type="checkbox"/> Pathways – OLP, CPST, PSR
<input type="checkbox"/> Cayuga Centers – (Foster Care only) OLP, CPST, PSR	<input type="checkbox"/> Unity (Rochester Regional Health) – OLP, CPST (HBCI Program)
<input type="checkbox"/> Compeer Rochester – PSR, FPSS, YPST	<input type="checkbox"/> Villa of Hope – OLP, CPST, PSR, FPSS, YPST
<input type="checkbox"/> FLACRA – (Substance Use only) CPST, PSR, FPSS, YPST	<input type="checkbox"/> Other:

Updated 11/14/19 from: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/provider_design.htm

For Referring Individuals:

Items you may want to include with your referral:

- Signed releases
- Preliminary Plan of Care
- Medical Necessity Documentation (This may expedite the service process, but it not required before contacting a provider. See here for more info: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/example_lpha_recommendation_memo.pdf)
- Other Pertinent Family/Participant Information

CFTSS Overview: (https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/updated_spa_manual.pdf)

- Available to all Medicaid eligible children under age of 21 who meet medical necessity criteria
- Allows interventions to be delivered in home and other natural community based settings where children and their families live
- Lower intensity services to prevent the need for more restrictive settings and higher intensity services
- The youth needs a behavioral health diagnosis to access all services except for OLP.

Types of Services:

- **Other Licensed Practitioner (OLP)** – Provides evaluation/assessment, treatment planning, psychotherapy, and crisis intervention in non-traditional settings, including home, community, and other site based setting when appropriate.
- **Community Psychiatric Supports and Treatment (CPST)** – Designed to provide community based services to children and families who may have difficulty engaging in formal office settings. Includes intensive intervention (individual and family counseling, behavior management support), crisis avoidance and crisis management, education about treatment options based on needs, strengths-based service planning, support for physical health and safety.
- **Psychosocial Rehabilitation (PSR)** – Hands on, task orientated activities focused on rehabilitative needs of the youth which are usually provided in the community, including the home. Includes interventions to work on: personal and community competence, social and interpersonal skills, daily living skills, and community integration.
- **Family Peer Support Services (FPSS)** – Provides a structured, strength based relationship between a Family Peer Advocate (FPA) and the parent/family member/caregiver for the benefit of the child/youth. Includes engagement, bridging and transition support, self-advocacy, self-efficacy, and empowerment, parent skill development, developing community connections and natural supports.
- **Youth Peer Support and Training (YPST)** – Engagement, support, community connection, and skill building from a credentialed Youth Peer Advocate professional, who has past experience(s) in the service system.
- **Crisis Intervention (CI)** – (began in January 2020; not available in Monroe County) Mobile services provided to youth who are identified as experiencing acute psychological/emotional change which results in an increase in personal distress and exceeds the ability of those involved to effectively resolve it. Face-to-face interventions and either face-to-face or in person follow up.