To: New York State Children's Service Providers

Re: Accessing the new Child and Family Treatment and Support Services - An Example of a Medical Necessity/LPHA Recommendation Form (*Not a required form)

Date: January 11, 2019

Starting in January 2019, New York State (NYS) has launched three of the new behavioral health services under Medicaid, called Child and Family Treatment and Support Services (CFTSS). The services include:

- **Other Licensed Practitioner (OLP)** – provides individual, group, or family therapy in the home or in the community for a child who has or may be at risk of a mental health or substance use diagnosis.
- **Community Psychiatric Supports and Treatment (CPST)** - maintains youth in their home and community, by helping to improve communication and interactions with family, friends and others for a child who has or may be at risk of a mental health or substance use diagnosis.
- **Psychosocial Rehabilitation (PSR)** – helps youth relearn skills to help support the child in their home, school and community. The child must have a mental health or substance use diagnosis to receive this service.

In order to access the new CFTSS, anyone can make a referral for a child who has or may be demonstrating a mental health or substance use need to a NYS designated provider of the service(s) ("Find a Designated Provider at: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/provider_design.htm), and the provider will determine if the child is eligible.

In addition, a Licensed Practitioner of the Healing Arts (LPHA) can make a determination of medical necessity (Medical Necessity Criteria can be found at: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm) and make a recommendation in writing for one or more of the services to a designated CFTSS provider. A LPHA can include an individual currently licensed as one of the following practitioners: Registered Professional Nurse, Nurse Practitioner, Psychiatrist, Licensed Psychologist, Licensed Psychoanalyst, Licensed Master Social Worker, Licensed Clinical Social Worker, Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, Licensed Creative Arts Therapist, or Physician.

To make a recommendation, when an LPHA identifies a particular need in a child/youth based on ongoing treatment and/or a completed assessment, the LPHA would document the medical necessity for the service and submit the recommendation in writing to the NYS designated provider. The attached form is an ***example*** of how an LPHA may document medical necessity and recommend one or more of the CFTSS.

PLEASE NOTE: The form is **not** required to be used for a recommendation for CFTSS, but only demonstrates an example of how medical necessity can be determined and documented. This form is intended to serve as an example of the elements necessary for making a recommendation, but is **not** a required form by the State. It is an optional form, to be used at the discretion of the recommending LPHA and/or designated CFTSS provider.

Medical Necessity Form - LPHA Recommendation for Children & Family Treatment & Support Services

(NOT A REQUIRED FORM. This form is NOT required to be used, but a sample template to capture the information necessary to demonstrate medical necessity.)

Instructions: This form can only be completed and signed by a Licensed Practitioner of the Healing Arts (Individual currently licensed as a Registered Professional Nurse, Nurse Practitioner, Psychiatrist, Licensed Psychologist, Licensed Psychoanalyst, Licensed Master Social Worker, Licensed Clinical Social Worker, Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, or Licensed Creative Arts Therapist, or Physician).

Recommendation for Rehabilitative Service(s)

Participant Name:	Date of Birth:
Parent/Caregiver:	Relationship:
Address:	Phone:
County of Residence:	Medicaid CIN #:

Behavioral Health Information: (*A MH/SUD diagnosis is only required for a recommendation of PSR) *Check all that apply:*

List	Diagnosis Category	Specific Diagnosis or Symptoms of Mental Illness (MH)/Substance Use (SUD)	DX Code
Primary			
Secondary			
Other			

Areas of Functioning: (As a result of the symptoms or diagnosis of MH/SUD, the child/youth has functional impairment that interferes with or limits functioning in at least one of the following areas and is likely to benefit from and respond to the service(s) recommended to prevent the onset or worsening of symptoms.) *Check all that apply:*

Check	Domain	Description of Impairment
	Self-Direction/Control	
	Self-Care	
	Family Life	
	Social Relationships	
	Symptom Management	

Recommended Child and Family Treatment and Support Service(s): *Check all that apply:*

Check	Rehabilitative Service	Description of Needed Intervention (if known/applicable)
	Other Licensed Practitioner (OLP)	
	Community Psychiatric Supports and Treatment (Intensive counseling)	
	* Psychosocial Rehabilitation (Skill development and building)	

Reason for recommendation:

_____

_____

_____

_____

***By signing below, I am recommending the above-named individual for Child and Family Treatment and Support Service(s)*

_____ _____ _____ _____

**LPHA Signature | Printed Name | NPI# | Date