FAMILY SUPPORT IN CENTRAL NEW YORK, INC.

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

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).

Recommendations for Rehabilitative Service(s)

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

Behavioral Health Information (*A MH/SUD diagnosis is only required for recommendation of PSR, FPSS, and YPST.)

List	Diagnosis Category	Specific Diagnosis or Symptoms of Mental Illness (MH) and/or 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 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	Rehabilitation Service	Description of Needed Intervention
☐	*Family Peer Support Services (FPSS)	
☐	not currently offering in Madison Co. *Youth Peer Support and Training (YPST)	

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/ Title	NPI#	Date

Return this form to:
(or similar medical necessity form with required information)

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