Children and Family Treatment and Support Services (CFTSS) Provision in a Community Residence (CR)

June 2019

Children/youth residing within an OMH Children’s CR* setting can receive most CFTS services, as long as they have been determined to meet the medical necessity criteria and have a recommendation from a licensed practitioner of the healing arts. To promote wellness and recovery, CFTSS may be provided to augment existing services provided by the CR in the milieu, community or child/youth's home setting. This is particularly beneficial to help prevent the need for more restrictive and intensive levels of care and support the child to return to their home and community.

There are limitations regarding which CFTS services CR recipients are eligible to receive. The CR program is responsible for providing a variety of services to their recipients, for which they receive reimbursement, that cannot be delegated to other community providers. This limitation in the access to CFTS services is restricted to the time the child/youth is admitted to the CR program. Once discharged to their home and/or community, the child will be able to access the full array of CFTSS. As such, please reference the table below to understand which CFTS services are permissible for youth enrolled in a CR.

As with all allowable settings, the services within the CFTSS array may be provided individually or as a coordinated, comprehensive package of treatment and rehabilitative supports, depending upon the unique needs of a child/youth and family, and may be used to compliment the provision of other services in a collaborative and integrated approach. Furthermore, the need for CFTS services will vary depending upon the child’s age, developmental stage, needs of the family/caregiver, whether the child has an identified behavioral health need, and the degree of the child’s clinical complexity.

It is important to note that although these services can be provided in the CR milieu to augment existing service provision, CFTSS are intended to support the comprehensive nature of the child and subsequently, address needs in multiple natural environments, as appropriate and needed. Therefore, although CFTSS can be provided in the CR setting, they may also be provided with the child and/or family in the home and community; not only to support the child while in the CR setting, but also to engage in interventions that support the child and family for the child’s transition to the community.

* A CR is a single site residence that provides group living for six to eight children and or adolescents. The program provides a supervised, therapeutic environment which seeks to develop the resident's skills and capacity to live in the community and attend school/ work as appropriate.
<table>
<thead>
<tr>
<th>CFTSS</th>
<th>Exclusions or Limitations when Serving a Child/Youth Enrolled in a CR</th>
<th>Activities Provided via CR that Duplicate Aspects of CFTSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Licensed Practitioner (OLP)</td>
<td>Permissible. (no restrictions or limitations)</td>
<td>N/A</td>
</tr>
<tr>
<td>Community Psychiatric Support and Treatment (CPST)</td>
<td>Permissible (no restrictions or limitations)</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| Psychosocial Rehabilitation (PSR) | Excluded. PSR cannot be provided while a child is enrolled in a CR. | In-House: Within the Community Residence program, each child shall be provided the following services:  
• Teaching of daily living and social skills  
• Behavioral Support |
| Family Peer Support (FPS)  
(Becomes CFTSS 7/1/19) | Permissible. (no restrictions or limitations) | N/A                                                      |
| Crisis Intervention (CI)  
(Becomes CFTSS 1/1/2020) | Permissible. (no restrictions or limitations) | N/A                                                      |
| Youth Peer Support and Training (YPST)  
(Becomes CFTSS 1/1/2020) | Permissible. (no restrictions or limitations) | N/A                                                      |

As a reminder, CFTS services can only be provided by a State designated provider. Therefore, if the CR agency has not been designated to the provide the services, the CR can work to find other designated providers in the area. When determining which designated provider(s) may be best to serve the child, it is important to work with the family/caregiver to consider where the services should be provided. Based on the needs of the child, and/or how close the child’s county of residence may be to the CR, services may best be provided in or close to the CR, or in the home and community of the child and their family/caregiver.

Additional Resources:
- Children and Family Treatment and Support Services Provider Manual for EPSDT Services
- EXAMPLE Medical Necessity Form - LPHA Recommendation for CFTSS

To Join the OMH Listserv for CFTSS Designated Providers for the General Mental Health Population, please follow the below instructions:
- STEP #1: send an email to: listserv@listserv.omh.ny.gov: no cc or bcc or subject. no salutation
- STEP #2: in the message field type: "sub listname first name last name" (ex: sub omhcftss jane doe)
- STEP #3: Send e-mail.
  - NOTE: “sub” stands for subscribe.