



Children and Family Support Services (CFTSS)

Utilization Management July 2025

Child and Family Treatment and Support Services (CFTSS)

- **Other Licensed Practitioner (OLP)** – clinical services provided in the community or other non-traditional settings such as the home by licensed clinicians
- **Psychosocial Rehabilitation (PSR)** – services intended to restore, rehabilitate, and support a child/youth's functional level for the integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional interventions
- **Community Psychiatric Supports and Treatment (CPST)** - goal-directed supports and solution-focused interventions services intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child's treatment plan
- **Crisis Intervention** - services are provided to children/youth who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress, and which exceeds the abilities and the resources of those involved (e.g. collateral, provider, community member) to effectively resolve it.
- **Family Peer Support Services (FPSS)** - are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community provided by an individual with lived experience navigating systems as a caregiver
- **Youth Peer Support (YPS)** - provide training and support necessary to ensure engagement and active participation in the treatment planning process and with the ongoing implementation and reinforcement of skills provided with a young person with lived experience



Utilization Management

Utilization Management Change for CFTSS



Effective August 18, 2025:

- Implementation of concurrent review of **Psychosocial Rehabilitation (PSR)** and **Community Psychiatric Treatment & Support (CPST)**
 - Before the 4th visit CFTSS providers must submit
 - CFTSS authorization request form
 - CFTSS treatment plan
 - Provider assessment
 - 30 service visits will be reviewed for continued medically necessary services
 - Before the 30 visits are exhausted the provider must send the CFTSS authorization request form along with an updated CFTSS treatment plan.
 - If the member has already utilized 30 service visits, a medical necessity review will be required, and authorization will be established through the treatment plan end date

Submit request via the PAAN portal or email nyharpauthorizations@uhc.com

Utilization Management Change for CFTSS

- **Submit** the CFTSS authorization request form, member assessment, and treatment plan to UnitedHealthcare Community Plan of New York between **August 18 – September 8, 2025**
- Please do not submit information before August 18, 2025
- Once the CFTSS authorization form, assessment and treatment plan is submitted to UnitedHealthcare, you will be notified of the medical necessity determination by phone and in writing within 3 business



Utilization Management Change for CFTSS cont.

Authorizations will be issued through the last date of the Treatment Plan.

- Please note, if the member's treatment plan date is ending, the CFTSS authorization request form and updated treatment plan must be submitted within 14 days of the treatment plan end date.

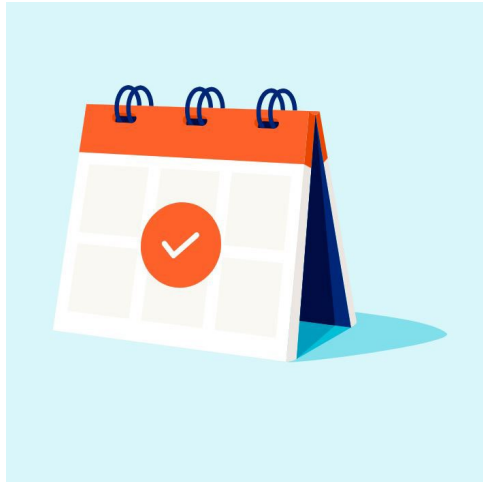
Example 1: Member's treatment plan is from 3/15/25- 9/14/25

- An updated treatment plan and CFTSS authorization request form should be submitted within 14 days prior to 9/14/25
- Recommendation: submit CFTSS authorization request form on or after 9/1/25

Example 2: Member's treatment plan is from 4/1/25- 9/30/25

- An updated treatment plan and CFTSS authorization request form should be submitted within 14 days prior to 9/30/25
- This is in addition to the CFTSS authorization request form, CFTSS assessment and CFTSS treatment plan that must be submitted between 8/18/25 - 9/8/25

CFTSS Authorization Request Form



This form must be submitted for concurrent review for Children and Family Treatment Supports Services Psychosocial Rehabilitation and/or Community Psychiatric Support & Treatment (CPST):

- Before the 4th visit
- Prior to the exhaustion of the first 30 visits / initial authorization end date
- 14 days prior to the concurrent authorization end date

This form must be completed in full. Any missing information will require an extension letter to be sent to the provider to obtain the necessary details.

CFTSS Assessment

It is required that an assessment is conducted with the child/youth and family/caregiver to identify the strengths, needs and preferences that inform the delivery of the services. (Can be through an OLP evaluation and signed off by a Non-Physician Licensed Behavioral Health Practitioner (NP-LBHA))

- The assessment should include:
 1. Relevance to the child/youth's age/developmental stage.
 2. Information gathered to assess the strengths, needs and preferences of the child/youth related to the delivery of CFTSS
 3. Identified safety issues for the child/youth through the assessment and provider protocols are followed if indicators of risk arise.
 4. Linkage to the appropriate service if indicated by clinical presentation
 5. Supporting documentation (including the frequency, scope and duration) that substantiates the need for the specific service is maintained in the child/youth's record



CFTSS Treatment Plan

Treatment plan must include the following components:

1. Child's behavioral health diagnosis(es)*, where required; or behavioral health challenges/symptoms to be addressed; (Behavioral health diagnosis(es) may be captured directly in the treatment plan or a notation indicating the diagnosis may be found in a specific assessment document within the case record must be indicated. Presenting challenges/symptoms and needs should be in accordance with the medical necessity admission criteria for a given service.)
2. Child's needs and strengths;
3. Child's goals and objectives (For FPSS, the service interventions/activities are directed to the parent(s)/caregiver(s) to support the needs of the child/youth. Therefore, goal(s) of the treatment plan are child/youth directed, and the objectives and interventions/activities are targeted to the parent/caregiver in alignment with service function and scope);
4. Service(s), service components, interventions or activities necessary to accomplish the goals and objectives;
5. Projected frequency and duration of the services;
6. Location(s) where the service will be delivered
7. Identification of individuals and/or other providers involved in the coordination, integration and/or implementation of services;
8. Safety Plan (The treatment planning process includes the development of a safety plan when indications of risk are identified for the child and/or family and must include safety measures that directly correlate to the risk symptoms and behaviors delineated in the treatment plan. Safety plans can serve as a separate standalone document but referenced within the treatment plan)
9. Criteria for determining readiness for discharge from the service;
10. Name and title of the CFTSS staff providing the specific service;
11. Signature of the child and family/caregiver demonstrating their agreement with the plan and involvement in its development, and; (Follow family/caregiver signature requirements as indicated by lead New York State oversight agency.)
12. Signature of the licensed practitioner or licensed supervisor for OLP, CPST and PSR demonstrating review and approval of the plan

CFTSS Treatment Plan Review

A treatment plan review is due no later than 180 days from the previous treatment plan completion day

Treatment plan review must include:

1. An assessment of progress toward each goal and objective
2. The input of the child, family/caregiver, and any relevant providers or individuals involved in the treatment, on progress toward goals/objectives; current needs, strengths, or changes in preferences regarding services, interventions or participants.
3. Signatures or other indication of participation by the child, family/caregiver and service providers identified on the plan and involved in the child's treatment, demonstrating their agreement and involvement in the review. If the child/youth or person with legal authority refuses or is unable to participate or provide a signature, the reasons are documented in the plan.
4. The adjustment of goals, objectives, interventions, frequency, discharge criteria, and participants, as appropriate.
 - A. If determined a goal should be deferred or cancelled, the rationale is provided
5. The signature of the licensed practitioner or licensed supervisor for OLP, CPST and PSR (for FPSS and YPS, licensed, authorized, or credentialed supervisor) demonstrating their review and authorization of the plan



Authorization Grid

Service	Prior Authorization	Concurrent Review	Before the 4 th visit	Following 30 visits	Ongoing review
Other Licensed Practitioner (OLP)	No	No			
Community Psychiatric Supports and Treatment (CPST)	No	Yes	Submit the CFTSS Authorization form, CFTSS treatment plan and provider assessment before the 4 th visit for authorization prior to further services.	Submit CTSS Authorization form and update CFTSS treatment plan before 30 visits is exhausted or initial authorization end date.	Submit CFTSS Authorization form and updated CFTSS treatment plan 14 days prior to the concurrent authorization end date.
Psychosocial Rehabilitation (PSR)	No	Yes	Submit the CFTS Authorization form, CFTSS treatment plan and provider assessment before the 4 th visit for authorization prior to further services.	Submit CFTSS Authorization form and updated CFTSS treatment plan before 30 visits is exhausted or initial authorization end date.	Submit CFTSS Authorization form and updated CFTSS treatment plan 14 days prior to the concurrent authorization end date.
Family Peer Supports and Services (FPSS)	No	No			
Youth Peer Support (YPS)	No	No			

How to Obtain Authorization or Make Notification

Electronic	<ul style="list-style-type: none"> Electronic Prior Authorization, Notifications and Supporting Documentation (e.g., LOCADTR) can be submitted to: uhcprovider.com > Health Plans by State > New York > UnitedHealthcare Community Plan of New York home page > Prior Authorization and Notification Tool For additional information on how to use the Prior Authorization and Notification (PAAN) system, go to: providerexpress.com > Our Network > State-Specific Provider Information > New York > Clinical Information https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html Existing Users: must log in with One Healthcare ID New Users: New User Registration can be found by selecting “New User & User Access” on: uhcprovider.com/paan
Telephone	<p>Call Toll-free Provider Line (from the back of the Member card): (866)-362-3368</p> <p>Follow the below system prompts:</p> <ul style="list-style-type: none"> Question: “Why are you calling?” Say: “Prior authorization” Question: “What type?” Say: “Behavioral health” Question: “What’s the DOB/MM-DD-YYYY?” Say or enter: Member’s DOB using the dial pad Question: “What type of behavioral health?” Say: the level of care you are requesting Question: “What’s the NPI?” Say or enter: NPI using the phone dial pad (if the caller fails to enter the NPI two times, then the IVR will ask the caller to enter the provider TIN)
Email	<ul style="list-style-type: none"> Children’s CFTSS Notification & Authorization Form to email nyharpauthorizations@uhc.com
Fax	<ul style="list-style-type: none"> Children’s CFTSS Notification & Authorization Form to fax number (877-339-8399)

UHC Provider Portal: Prior Authorization and Notification (PAAN)

[Prior authorization and notification | UHCprovider.com](https://UHCprovider.com)

- New User Registration can be found by selecting “New User & User Access”
- Existing users must log in with One Healthcare ID
- Quick Reference Guide and other helpful resources, videos and training.

Access the Prior Authorization and Notification Tool

TrackIt: Action Required, Quick Links & Resources

Customize Your View

Click the Prior Authorizations & Notifications tab and click **Go to the Prior Authorizations/Notifications tool** to access the tool.

The screenshot displays the UnitedHealthcare Provider Portal interface. At the top, there's a header with the UnitedHealthcare logo, a search bar, and user information (Payer: 87726 - UnitedHealthcare, Provider: Jamie Doctor). Below the header is a navigation bar with tabs: Eligibility, Claims & Payments, Referrals, Prior Authorizations (highlighted), Clinical & Pharmacy, Documents & Reporting, and Additional Tools. A secondary navigation bar shows 'TrackIt: Action Required' with a sub-note 'Take action on any tickets that require attention.', 'Claims', 'Completed', and 'Prior Authorizations' with a '3 Require Action' indicator. The main content area is titled 'Welcome, Taylor!' and includes a note about verifying payer and provider information. On the left is a sidebar menu with icons for Eligibility, Claims & Payments, Prior Authorizations & Notifications (highlighted), Referrals, Documents & Reporting, and UnitedHealthcare Updates. The central panel, titled 'Prior Authorizations & Notifications', shows the 'Currently Selected Provider: Jamie Doctor' and lists functions: 'Check prior authorization/notification requirements', 'Submit new prior authorizations and inpatient admission notifications', and 'Check the status of an existing request'. A button at the bottom of this panel says 'Go to the Prior Authorizations/Notifications tool'. On the right, there are sections for 'PAAN Resources' (Tool resources, Interactive training guide, Peer to peer requests), 'Quick Links & Tools' (Practice Assist, Secure Messenger Clinical Data Submission, Individual Health Record, Care Conductor and Notification of Pregnancy).

Utilization Management Appeal

Options for submitting Appeals:

Phone: Toll free appeals line: **1-866-504-3267**, say “*Claims Appeal Status*” when prompted. This will correctly route your call to appeal an UM decision

Phone number can be used to check status of an appeal and verbally submit an appeal

Note: Any Appeal filed verbally must also be followed up with a written, signed appeal

- Enrollees/Providers have 60-calendar days from the date of denial to request an appeal
- Only one internal appeal allowed
- Clinical appeal turnaround time is 72-hours

Mail: UM appeals for ALL Behavioral Health Services should be sent to:

UnitedHealthcare Community Plan
Attn: UM Appeals Coordinator
P.O. Box 31364
Salt Lake City, UT 84131



Resources

Resources

Child and Family Treatment and Support Services (CFTSS) [NYS Children and Family Treatment and Support Services \(CFTSS\) Provider Manual](#)

New York State Department Of Health CFTSS guidance including rates and provider manual:
[Children and Family Treatment and Support Services](#)

Medicaid State Plan Children and Family Treatment and Support Services (CFTSS) Provider Guidance: Health Record Documentation [CFTSS Documentation Guidance Updated](#)

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