Optum | United Healthcare Community Plan

New York Medicaid - Children and Family Treatment Supports Services Notification Form

Instructions: Submit this form for new clients who begin receiving Psychosocial Rehabilitation (PSR) and/or Community Psychiatric Support & Treatment (CPST), following the first visit. Please note: if both services are provided and start on different dates, the notification form is only required for the earliest starting date. This notification ensures administrative authorization for the initial three visits and helps prevent claim denials.

A treatment plan and provider assessment must be completed before the fourth visit.

Note: Prior authorization is not required for CFTSS. This is a notification only.

Member Information

Member Name: ____________________________________ Member DOB: ____________________________

Member's Insurance ID Number: _____________________ Member's Medicaid Number: ________________

Provider/Agency Name: ____________________________ Tax ID #: ________________________________

Provider/Agency Contact: ___________________________ Contact Number: __________________________

Type of Service(s) and units provided

Community Psychiatric Supports and Treatment (CPST):

Date of initial appointment: ________________

Units: ___________ Off-site units: __________ Anticipated units to be used in the next 2 visits: ___________

Psychosocial Rehabilitation (PSR):

Date of Initial appointment: _________________

Units: ___________ Off-site units: __________ Anticipated units to be used in the next 2 visits: ___________

© 2024 Optum, Inc. All Rights Reserved United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum