

New York CFTSS Services Record Tool

Effective Date: May 1, 2025

General Documentation

Question

- 1 Each member has a separate record.
- 2 The record is clearly legible to someone other than the writer.
- 3 Each record includes the member's address, telephone numbers including emergency contacts, relationship or legal status, and guardianship information if relevant.

Admission/ Assessment

Question

- 4 Outreach is made to youth and family /caregiver to establish initial contact.
- 5 An appointment is made in an established time per service and per service type, in accordance with agency standards and requirements AND Contact is maintained and continued engagement efforts are made with the youth and family /caregiver until the appointment occurs.
- 6 The scope of services to be rendered and service guidelines are clearly described to the youth and family /Caregiver. This information is provided verbally and in writing in a language/format that is understandable to the youth and family /caregiver.
- 7 The youth, family /caregiver and collaterals are provided with the information necessary to contact the appropriate service provider for both routine follow-up and immediate access in times of crisis (if applicable).
- 8 All communication with referral sources, family/ caregivers, the multidisciplinary team, and other collaterals is HIPAA compliant and documented in the youth's case record.
- 9 There is evidence in the record that the provider ensures the assessment and interventions acknowledge, respect and integrate the youth's and family/caregiver's beliefs, cultural values, and practices.
- 10 There is evidence in the record the Provider ensures the assessment is relevant to the child's age/developmental stage.
- 11 Information is gathered to assess the strengths, needs and preferences of the youth related to the delivery of the specific CFTSS service
- 12 There is evidence in the record that the Provider ensures safety issues for the youth are identified through the assessment and provider protocols are followed if indicators of risk arise.
- 13 There is evidence in the record that the Provider ensures linkage to appropriate service is expedited if indicated by clinical presentation and/or need for medication and/or medical intervention.
- 14 There is evidence in the record that the CFTSS services being rendered to the member are recommended through the initial assessment.
- 15 There is evidence in the record that the CFTSS services are documented as separate and distinct services
- 16 All assessments identify the methods and/or evaluation tools utilized and provide justification for the treatment plan recommendations
- 17 There is evidence in the records that supporting documentation that substantiates the need for the specific service including frequency, scope and duration is maintained in the youth's record.

Service Provision

Question

- 18 Services are delivered in a trauma-informed, culturally and linguistically competent manner.
- 19 The record documents missed appointments and there is evidence of consistent follow-up on missed appointments.
- 20 The record documents that scheduling is flexible and includes evenings and weekends, if applicable
- 21 Barriers to participation in services are identified and addressed with youth and family /caregiver.

- 22 Services settings are determined by the multidisciplinary team and include the youth and family/caregiver's preferences, make full use of natural environments and supports and is conducive to the provision of services in meeting treatment goals/objectives.
- 23 Services are provided in accordance with the treatment plan; only services recommended in the assessment by an LPHA are delivered.

Treatment Planning

Question

- 24 The treatment plan must include the Child's behavioral health diagnosis(es), where required; or behavioral health challenges/symptoms to be addressed.
- 25 The treatment plan includes the child's needs and strengths.
- 26 There is evidence that the treatment plan goals and objectives are aligned with the OLP Evaluation description of impairment domains and recommendations.
- 27 The treatment plan includes goals that are objective and measurable.
- 28 The treatment plan includes service(s), service components, interventions, or activities necessary to accomplish the goals and objectives.
- 29 The treatment plan identifies the scope, frequency, and duration of each recommended CFTSS service outlined in the OLP evaluation.
- 30 The treatment plan frequency, scope and duration are aligned with the OLP evaluation recommendations.
- 31 The treatment plan includes the location where the service will be delivered.
- 32 The treatment plan includes the identification of individuals and/or other providers involved in the coordination and/or implementation of services.
- 33 The treatment plan includes the criteria for determining readiness for discharge from the service.
- 34 The treatment plan includes the name and title of the CFTSS staff providing the service.
- 35 The treatment plan is individualized to the circumstances and preferences of the youth and family /caregiver and includes signatures of youth and/or family /caregiver demonstrating their agreement with the plan and involvement in its development.
- 36 The treatment plan includes the signature of the licensed practitioner or licensed supervisor for OLP, CPST and PSR (for FPSS and YPS, licensed or credentialed supervisor) demonstrating review and approval of the plan.
- 37 If a safety or risk issue is identified, there is evidence of safety crisis plan in the record.
- 38 If a Safety Plan is identified, 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.
- 39 If a Safety Plan is identified, there is evidence in the record that the youth and family /caregiver are assisted in implementing a written, individualized safety/crisis plan that contains at least the following elements: identification of triggers, warning signs of increased symptoms, management techniques of self-regulation, contact information for supportive persons and plan to get emergency help as needed; a copy is provided. (If applicable)
- 40 Treatment plan review occurs regularly and reflects ongoing coordination with the multidisciplinary team as well as active participation with the family, to review progress of the youth toward goals and objectives.
- 41 The Initial Treatment plan is completed within 30 days of initial service session.
- 42 A concurrent treatment plan review is completed no later than 180 days from the previous comprehensive treatment plan.

Treatment Planning Review

Question

- 43 There is evidence that the provider routinely evaluates and address changes in functioning, circumstances, and risk factors related to treatment goals by making the needed adjustments in goals, objectives, interventions, or service recommendations.

Progress Notes

Question

- 44 All progress notes include who rendered services, their job title, including any relevant licensure/certifications and are dated and signed (including electronic signature for EMR systems) where appropriate.
- 45 All progress notes include the date of service.
- 46 All progress notes include the time of service provided.
- 47 All progress notes document the length of service rendered.
- 48 All progress notes document the modality of the service; on-site or off-site.
- 49 For OLP and CPST only, if service is provided via telehealth, it is documented in the progress note (Telehealth is not allowable for services other than OLP and CPST).
- 50 All progress notes include who is present for services.
- 51 Progress notes are directly linked to goals and objectives by summarizing the services provided, interventions utilized, the youth and family caregiver's response, and evidence of progress made toward goals.
- 52 Progress notes include any significant information impacting services, including youth and family caregivers' preferences, coordination with the multidisciplinary team, and consideration of the need for changes to the plan.
- 53 The setting of the service is clearly documented and is the least-restrictive most natural environment.
- 54 All progress notes must identify when interventions are administered via evidenced based practices (EBP). Documentation must clearly identify how the needs and priorities of the youth and family are appropriate for the EBP.

Discharge/Transfer

Question

- 55 The discharge plan is part of the treatment/service plan and is developed at the start of service delivery and is regularly reviewed and amended as needed.
- 56 Discharge plan considers the youth and family/caregiver's circumstances and preferences, and the record reflects that decision making occurs with the child/youth, family /caregiver and collaterals regarding readiness for discharge and needed follow up services.
- 57 Discharge summaries are completed that identify services provided, the youth's response, progress toward goals, circumstances of discharge and efforts to re-engage if the discharge was not planned.
- 58 If the recipient transferred/discharged from the service, there was evidence the transition was coordinated with other appropriate agencies and/or support and linkage to services is facilitated (e.g., identification of alternative providers, assistance with obtaining appointments, contact names and numbers provided, etc.).
- 59 The discharge plan summarizes the reason(s) for treatment and the extent to which treatment goals were met.
- 60 Treatment records are completed within 30 days following discharge.
- 61 Treatment Services are provided by the appropriately credentialed staff.
- 62 There is evidence of supervisory oversight of the treatment record. (Records are reviewed on a regular basis with appropriate actions taken).

Children and Family Treatment and Support Services (CFTSS) are behavioral health services covered by New York State Medicaid. CFTSS help children and youth with mental health and substance use needs by working with each child/youth to provide care in a way that works best for them and their families. CFTSS is a federal law and are part of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. EPSDT services help find and treat children's health problems early so that they can have the best health and development possible.