

Date \_\_\_\_\_

Fax Referrals to: 716-881-0652

E-Mail Referrals to: [smoser@cfsbny.org](mailto:smoser@cfsbny.org)

Client \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Presenting Problem \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Medicaid CIN #: \_\_\_\_\_ Example: (XX12345X)

Referring Agency \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Contact info:**  
Sara Moser  
716-335-7383  
[smoser@cfsbny.org](mailto:smoser@cfsbny.org)

**CFTS Services' Other Licensed Practitioner to Make Determination of Medical Necessity.**

**Other Licensed Practitioner (OLP)**  
(birth-21) Assessment, treatment planning, psychotherapy (counseling), and crisis intervention activities. Erie County residents. Medicaid.

**Community Psychiatric Support and Treatment Services (CPST)** (birth -21)  
Intensive intervention, crisis avoidance counseling, intermediate rem crisis management counseling, rehabilitative psychoeducation, strength based service planning, rehabilitative supports. Home, school, and community based treatment with the goal of maintaining the individual in community. Medicaid and Erie County residents.

**Licensed Practitioner recommendation for Medical Necessity for OLP, CPST or PSR services is attached along with assessment, diagnosis and treatment plan.**

**Psychosocial Rehabilitation (PSR)**  
(birth-21) Home, school and community based service to restore, rehabilitate and support to reduce the effects of the child's diagnosis. Improve functional level and facilitate age appropriate participate in community, school and family activities. Medicaid and Erie County Resident.