To promote timely delivery of services and reduce number of service plans being returned due to errors.

Please check all of the following BEFORE submitting the Service Plan to the CSA:

- Strategies are strengths based, descriptive and target a desired behavioral change. When services are requested to implement strategies, the service intensity should be consistent with the desired outcome and appropriate to implement the related strategies. i.e.
  1. 'Child will express emotions related to trauma' should be targeted by an appropriate therapeutic service code OR
  2. 'Youth will learn alternative positive ways to express emotions' could be targeted by several different service methods such as mentor service (learning by modeling) or counseling (improving communication skills by which to express emotions, etc.)

- When requesting a service, ensure that you are using the correct service code.
  Service codes commonly used by MRSS are; H0032TJ (8 week stabilization-128 units), H0036TJU1 (IIC Licensed), H0036TJU2 (IIC-Masters), H2014TJ (Behavioral Assistant-up to 160 units), CSC02 (PHP-183 days/780 units) AND
  The Crisis Assessment includes a detailed description of symptoms and risk behaviors (severity, frequency, on-set) whenever rated as moderate or severe.

- Clinical justification warranting intensity of service requested should be clearly described within the actual ICP document fields. Care Management requests should include barriers to MRSS efforts to link the family to appropriate community resources.

- If the plan was returned, the reasons for the return described in CSA progress note have been updated.

- All services requests should include end dates and units.

- For Youth/families receiving services for 72-hour period, the transition ICP is the only required ICP document.

- Services should not be requested on an ICP if Care Management (CMO) is involved unless it is a combined unit county.

**Daily:** Check My Plans box in CYBER for any Service Plans that may have been returned by the CSA to avoid delay.