

SOCIALLY NECESSARY SERVICES TOOL Chafee Youth Transitioning Program: Transitional Living Placement Phase Two- Part One (501)

Provider:	Provider's Consumer ID:	
Consumer FACTS #:	Consumer Medicaid #:	
Review Date:	Reviewer Name:	
Consumer Name:		

Purpose: The Review Tool is a part of an integrative review process that evaluates/assesses technical compliance and the administrative application of Socially Necessary Services (SNS) by contracted providers. The Review Tool is a resource utilized to further enhance the collaborative efforts of the Bureau for Children and Families (BCF), KEPRO, and the SNS provider community in the delivery of quality services. The Review Process is applicable to **all** SNS providers and all BCF case types.

1.	For the period under review does the service meet Admission Criteria?				
	Is service plan based on Ansell-Casey?				
	Does service plan show Phase 1 objectives were met?	3			
2.	For the period under review does the service being provided meet the service		0		
	definition?				
	 Service plan must indicate purpose and dictate exact behaviors/ 				
	objectives/goals to be monitored via face-to-face and/ or phone calls				
3.	Is there a copy of the referral for this service in the record?	1	0		
4.	During the period under review does the documentation support service inclusions	6	1	0	
	are being met?				
	Chafee oversight: face-to-face and/or phone contact				
	crisis response: available 24 hours a day				
	transportation (youth in vehicle)				
	adult life skills: independent/ self preservation skills				
	community resources/ referrals/ ties vouth's desumentation of planned weekly activity and monthly hydget.				
5.	youth's documentation of planned weekly activity and monthly budget Diving partial under region in the partial provided appropriate to meet identified.	4	0		
э.	During period under review is the service provided appropriate to meet identified needs based on an annual Ansell-Casey?	1	0		
6.	During the period under review is there sufficient documentation to support the	6	3	0	
0.	frequency/intensity/ duration of services?	0	3	U	
7.	During the period under review is there documentation of efforts to link the	3	0		
	consumer(s) to natural supports and/ or other community resources for new		Ŭ		
	impending unmet needs?				
	• (financial aid counseling, tutoring, computer skill sets, driving lessons,				
	medical assistance, tuition waivers)				
8.	During the period under review, is there ongoing documentation that supports the	6	0		
	youth are achieving original service plan goals (independence: skill sets, education,				
	employment, housing, self preservation skills, keeping appointments)				
9.	During the period under review are all records/ monthly summaries of the services	6	3	1	0
	kept and signed by appropriately licensed/credentialed staff?				
	identified needs/ services to address impending/unmet needs				
	how service is reducing/enhancing deficits in behaviors/conditions				
	examples of barriers and/or progression towards goals South of courts/or participation Court of courts/or participation				
	level of youth's participation monthly summaries completed and transmitted to appropriate				
	 monthly summaries completed and transmitted to appropriate DHHR worker by the 10th of the following month 				
	copy of youth's 40 hours of planned weekly activity				
	. Cop, or youth a following or plainted freekly activity			1	

• copy of youth's monthly budget submitted

Tool: Chafee 2 Pt 2 FINAL DATE Page 2 of 2