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| SOCIALLY NECESSARY SERVICES TOOL Agency Transportation Chafee (106) |
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| 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.

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|-----------|--|---|-----|---|---|
| 1. | During the period under review are records of the service kept? (NOTE: If this question is scored zero all remaining questions are scored zero) | 1 | 0 | | |
| 2. | Is there a copy of the referral for this service in the record? | 1 | 0 | | |
| 3. | Does the service plan from DHHR document the need with specific areas or appointment types that are targeted for improvement? | 3 | 1.5 | 0 | |
| 4. | Does each case note contain: <ul style="list-style-type: none"> • summary of purpose of the intervention/ appointment/ visit • client's response (must be in vehicle) • relation to the service plan / service provided • time/ location/ duration/ mileage of appointment • Signature of the provider and his/her title or credentials • A copy of the Angel-Casey Modules and/or service plan must be present in the case record | 3 | 2 | 1 | 0 |
| 5. | Was service used in conjunction with UM Guideline identified needs (oversight, crisis response, adult life skills based on Daniel Memorial)? | 3 | 0 | | |