



SOCIALLY NECESSARY SERVICES TOOL
Individualized Parenting
(300)

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? (NOTE: If zero, then all questions are scored zero)	3	0		
2.	For the period under review, does the service being provided meet the criteria of the services guideline definition? (NOTE: If zero, then all questions are scored zero) <ul style="list-style-type: none"> • During the period under review is there documentation of the consumer's improvement or lack thereof in one or all of the following areas: knowledge and competence in discipline, appropriate supervision, encouragement of child/adolescent care, age-appropriate development and realistic expectation and standards of child/adolescent behavior? • During the period under review was an evidence-based curriculum used to provide the service? 	3	0		
3.	Is there a copy of the referral for services in the record?	1	0		
4.	During the period under review, are records of the service kept? (NOTE: If zero, then all questions are scored zero)	1	0		
5.	For the period under review is there a completed copy of is there a copy of the SAMS Family Functioning Assessment and and/or service plan and/or safety service plan or Behavioral Control Plan in the record? If the answer is "no", is there documentation of at least three attempts to obtain this information? (NOTE: If no, then question 6 also scores zero)	3	1.5	0	
6.	During the period under review are the services being provided consistent with the most recent referral/Safety Plan/Treatment Plan/Youth Behavior Control Plan/Service Plan?	6	0		
7.	During the period under review is the documentation of each service provided specific to the consumer receiving the service?	6	4	2	0
8.	During the period under review was the service provided in a one-on-one setting (i.e. one provider to one family)?	3	2	1	0
9.	During the period under review is there documentation the consumer was physically present for the service?	3	2	1	0
10.	During the period under review is there documentation the consumer was informed of what goals/objectives must be achieved to be discharged from the service?	3	0		

11.	During the period under review are all documents signed by appropriately licensed/credentialed staff?	3	0		
12.	During the period under review does the documentation support the duration and frequency of the service provided?	3	2	1	0
13.	During the period under review is the consumer's response to the intervention clearly documented?	3	2	1	0
14.	During the period under review, is there documentation of efforts to link the consumer(s) to natural supports or other community resources?	3	0		
15.	During the period under review is there documentation substantiating one of the following deficits is present in current parenting practices: inappropriate expectation of the child/adolescent, inability to be empathetic/aware of child/adolescents needs, difficulty assuming the parental role, and/or lack of knowledge in feeding, bathing, basic medical care and basic supervision?	3	2	1	0
16.	During the period under review is there ongoing documentation assessing the need for additional services not currently being provided (e.g. services not identified at initial referral)?	3	1.5	0	
17.	During period under review is the service provided appropriate to meet the identified need?	3	1.5	0	
18.	During the period under review, do all monthly summaries include the following: <ul style="list-style-type: none"> • identified need • service to address the need • how service is eliminating/reducing/controlling behaviors or conditions requiring intervention • barriers and/or progress towards goal achievement • unmet needs • level of participation as it relates to individual consumers? • is there documentation that monthly summaries were completed and transmitted to the appropriate DHHR worker by the 10th of the following month? 	3	2	1	0