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| SOCIALLY NECESSARY SERVICES TOOL Public Transportation One (111) |
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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 for this service and have specific areas or appointment types that are targeted for improvement? | 3 | 1.5 | 0 | |
| 4. | Was the transportation code utilized in accordance with the service definition? <ul style="list-style-type: none"> • transportation to medical services in which NEMT could NOT be accessed • to participate in services/treatment, office visits, MDT's, reviews, & court hearings explicitly documented on the DHHR child/family service plan • to facilitate a sibling visitation | 3 | 2 | 1 | 0 |
| 5. | Were copies of the receipts kept? | 1 | 0 | | |