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| <b>SOCIALLY NECESSARY SERVICES TOOL</b><br><b>Supervision</b><br><b>(175)</b> |
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|--------------------------|--|--------------------------------|--|
| <b>Provider:</b>         |  | <b>Provider's Consumer ID:</b> |  |
| <b>Consumer FACTS #:</b> |  | <b>Consumer Medicaid #:</b>    |  |
| <b>Review Date:</b>      |  | <b>Reviewer Name:</b>          |  |
| <b>Consumer Name:</b>    |  |                                |  |

**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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|------------|--|---|-----|---|---|
| <b>1.</b>  | For the period under review does the service meet Admission Criteria? <b>(NOTE: If zero, then all questions are scored zero)</b>   | 3 | 0   |   |   |
| <b>2.</b>  | For the period under review does the service being provided meet the service definition? <b>(NOTE: If zero, then all questions are scored zero)</b><br><ul style="list-style-type: none"> <li>• During the period under review is there documentation the consumer was physically present for the service?</li> </ul>  | 3 | 0   |   |   |
| <b>3.</b>  | Is there a copy of the referral for services in the record?  | 1 | 0   |   |   |
| <b>4.</b>  | During the period under review are records of the service kept? <b>(NOTE: If zero, then all questions are scored zero)</b>   | 1 | 0   |   |   |
| <b>5.</b>  | For the period under review is there a completed copy of the SAMS Family Functioning Assessment and/or service plan and/or safety service or Behavioral Control Plan in the case record? If the answer is "no" is there documentation of at least three attempts to obtain this information? <b>(NOTE: If this question scores 0 then question 6 also scores zero)</b> | 3 | 1.5 | 0 |   |
| <b>6.</b>  | 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 | 4   | 2 | 0 |
| <b>7.</b>  | During the period under review is the documentation of each service provided specific to the consumer receiving the service?   | 6 | 4   | 2 | 0 |
| <b>8.</b>  | During the period under review are all documents signed by appropriately licensed/credentialed staff?  | 3 | 0   |   |   |
| <b>9.</b>  | During the period under review does the documentation support the duration and frequency of the service provided?  | 3 | 2   | 1 | 0 |
| <b>10.</b> | During the period under review does a comprehensive review of the circumstances for the referral substantiate continuation of the service?   | 3 | 0   |   |   |
| <b>11.</b> | During the period under review is the consumer's response to the intervention clearly documented?  | 3 | 2   | 1 | 0 |
| <b>12.</b> | During the period under review is there ongoing documentation that the child(ren) is safe in current living conditions or the current living conditions are safe for the return of the child(ren)?   | 6 | 2   | 0 |   |
| <b>13.</b> | During period under review is the service provided appropriate to meet the identified need?  | 3 | 1.5 | 0 |   |

| <b>14.</b> | <p>During the period under review, do all monthly summaries include the following:</p> <ul style="list-style-type: none"> <li>• identified need</li> <li>• service to address the need</li> <li>• how service is eliminating/reducing/controlling behaviors or conditions requiring intervention</li> <li>• barriers and/or progress towards goal achievement</li> <li>• unmet needs</li> <li>• level of participation as it relates to individual consumers?</li> <li>• is there documentation that monthly summaries were completed and transmitted to the appropriate DHHR worker by the 10<sup>th</sup> of the following month?</li> </ul> | 6 | 4 | 2 | 0 |
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