

## SOCIALLY NECESSARY SERVICES TOOL Case Management (400)

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		
<ul> <li>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)</li> <li>During the period under review, did provider successfully link consumer to needed services in her/his area that would assist in maintaining safety of children?</li> <li>During the period under review, is there documentation that the provider met face-to-face with the client?</li> </ul>		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? ( <b>NOTE:</b> If zero, then all questions are scored zero)		0		
5.	During the period under review is the documentation of each service provided specific to the consumer receiving the service?		2	0	
6.	During the period under review are all documents signed by appropriately licensed/credentialed staff?		0		
7.	During the period under review does the documentation support the duration and frequency of the service provided?		1	0	
8.			1.5	0	
9.			0		
10.	During the period under review, do all monthly summaries include the following:  • 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	3	2	1	0

completed and transmitted to the appropriate DHHR worker		
by the 10 <sup>th</sup> of the following month?		