

## SOCIALLY NECESSARY SERVICES TOOL Private Transportation One (101)

| 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. | During the period under review are records of the service kept? <b>(NOTE:</b> If this question is scored zero all remaining questions are scored zero)   |   | 0   |   |   |
|----|--|---|-----|---|---|
| 2. | Is there a copy of the referral for this service in the record?  |   | 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?   |   | 1.5 | 0 |   |
| 4. | Does each transportation case note contain:  The date of each trip  Mileage amount  The reason for the trip  | 3 | 2   | 1 | 0 |
| 5. | Was the transportation code utilized in accordance with the service definition?  • to transport a foster child to medical services in which NEMT could Not be accessed  • to transport the child or parent/caretaker to services/treatment, Office visits, MDT's, reviews and court hearings explicitly Documented on the DHHR child/family service plan  • to facilitate a sibling visitation | 3 | 2   | 1 | 0 |