

SOCIALLY NECESSARY SERVICES TOOL
Adult Skill Building
(390)

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 Social Services (BSS), Acentra Health, and the SNS provider community in the delivery of quality services. The *Review Process* is applicable to **all** SNS providers and all BSS case types.

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.	For the period under review, does the service meet Admission Criteria? <ul style="list-style-type: none"> Is there a completed copy of the BSS Initial Assessment/FAST/Agency Assessment in the chart record? Is there a completed copy of the Service/Safety/Case plan in the chart record? <i>Are there three documented attempts to obtain the Service/Safety/Case plan from BSS?</i>	3	1.5	0
3.	Are results of the Casey Life Skills Assessment(s) or other proprietary life skill assessment present in the chart record? Has the client been reassessed at service plan intervals to determine progress?	3	1.5	0
4.	Is there a copy of the referral for services in the record?	1	0	
5.	For the period under review, does the service being provided meet the criteria of the service guideline definition?	3	1.5	0
6.	During the period under review, were the basic home management skills and/or social/emotional support networks to be developed clearly identified? (Is there ongoing documentation assessing the need for additional services not identified in the initial referral/assessment and not currently being provided?)	3	1.5	0
7.	During the period under review, are the services provided and skill deficits being addressed consistent with the most recent assessment/referral/Safety Plan/Case Plan?	6	3	0
8.	During the period under review, is the documentation of each service provided specific to the client receiving the service? (Is the intervention specific to the issues/deficits identified in the assessment and case plan?)	6	3	0
9.	During the period under review, is there documentation of efforts to link the client(s) to natural supports or other community resources?	3	1.5	0
10.	Was the client present (face-to-face) for the intervention? Was the service conducted face-to-face or via BSS approved modality? (Documentation must be present in chart record delineating that the service is approved to be conducted virtually and the reasoning behind the decision.)	3	1.5	0
11.	During the period under review, is there documentation that the client was informed of what ASB goals/objectives must be achieved to be discharged from the service?	3	0	
12.	During the period under review, are all documents signed by the contracted service provider and/or appropriately licensed/credentialed staff responsible for supervision?	3	1.5	0

13.	During the period under review, does the documentation support the duration and frequency of the service provided? (The duration of service authorizations, units invoiced, and consistency.)	3	2	1	0
14.	During the period under review, is the client's response to the intervention provided clearly documented?	3	2	1	0
15.	During the period under review, does a comprehensive review of the circumstances for the referral substantiate continuation of the service. (Is there documentation justifying the need to continue the service or recommendation for the service to end?)	3	2	1	0
16.	During the period under review, is there evidence that the service provided affected/impacted the parent's capacity for solving problems and resolving conflicts?	3	2	1	0
17.	During the period under review, does the documentation substantiate that the client's deficit of skill knowledge was not the result of diagnosed mental health condition or substance use disorder?	3	1.5	0	
18.	<p>For the period under review, do all monthly summaries include the following:</p> <ul style="list-style-type: none"> Identified service needs Service goals and objectives A list of dates of service, the specific services rendered and/or attempts to conduct services Overall summary of progress for the client/family receiving the service(s). Please include if family continues to benefit and/or the barriers to services intervention. Level of participation as it relates to individual consumers Any identified unmet concrete or service needs Plan for further interventions and recommendations Date and name of BSS staff contacted to which any new allegations of abuse/neglect (CPS) or behavioral issues (YS) were reported within the month A monthly summary must be completed and received by BSS Child Welfare Worker by the 10th day of the following month, the original copy kept in the provider chart record, and copy sent to the referring worker. 	6	4	2	0

