

SOCIALLY NECESSARY SERVICES TOOL Case Management (400)

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 zero, then all questions are scored zero)	1	0	
2.	 For the period under review does the service meet Admission Criteria? Is there documentation supporting that the client was given the option of whether to utilize case management services? Is there documentation from BSS Regional Manager approving case management service? Referrals from PATH for this service may only be made by the BSS Supervisor after receiving BSS Regional Program Manager approval. 	3	1.5	0
3.	 For the period under review, does the service being provided meet the criteria of the services guideline definition? During the period under review, did the provider successfully link the client to needed services in her/his area that would assist in maintaining the safety of children? During the period under review, is there documentation that the provider met with the client in the home? Is there documentation indicating that the provider attempted contact with the referred client within 72 hours of acceptance of the referral? 	3	1.5	0
4.	Is there a copy of the referral for services in the record?	1	0	
5.	During the period under review, is the documentation of each service provided specific to the client receiving the service?	4	2	0
6.	During the period under review are all documents signed by appropriately licensed/credentialed staff?	3	0	
7.	During the period under review, does the documentation support the duration and frequency of the service provided?	6	3	0
8.	During the period under review, is service appropriate to meet identified need?	3	0	

Needs Assessment and Service Plan was transmitted to the referring BSS worker/Supervisor within 30 days of initial contact with client(s)?		e Plan was transmitted to the referring BSS
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