

SOCIALLY NECESSARY SERVICES TOOL Family Time with Parent Coaching (630)

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 scores zero all other questions score zero) | 1 | 0 | | |
|----|---|---|-----|---|---|
| 2. | For the period under review, does the service meet Admission Criteria? Is a copy of the BSS Initial Assessment/FAST and current Service/Case Plan in the chart record? Is there a copy of the BSS/Agency Visitation Plan in the chart record? Is there documentation indicating that the family is concurrently receiving Individualized Parenting? Identified clients are currently participating in Individualized Parenting or Step by Step parenting intervention services. The same SNS contracted provider authorized for parenting interventions will conduct the Family Time with Parent Coaching service. | 3 | 1.5 | 0 | |
| 3. | For the period under review, does the service being provided meet the Service definition? • Does documentation support that pre and post visit meetings occurred with the parent(s) to address parenting techniques and evaluate implementation? • Is there documentation that the observer/assessor provided coaching and/or role modeling for the parent during the visit? • Is there documentation that the observer/assessor met with the resource parent(s) to review possible child behaviors or reactions to visit? | 6 | 4 | 2 | 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 the service specific to the consumer receiving the service? • Does the documented intervention support the parenting education being addressed through intervention? | 3 | 2 | 1 | 0 |
| 6. | During the period under review, are all documents signed by the contracted service provider and/or appropriately licensed/credentialed staff responsible for supervision? | 3 | 0 | | |

| 7. | During the period under review, is the frequency/duration of the visit consistent with the current visitation plan? | | | 0 | |
|-----|---|---|---|---|---|
| 8. | Is there documentation of the parent's attempt to use the knowledge/skills/ learned techniques during family time? | | | 1 | 0 |
| 9. | During the period under review, does the documentation support that the visit/intervention occurred in a setting (time-appropriate and environmentally appropriate) conducive to facilitating, maintaining, or building bond between parent/child? | | | 1 | 0 |
| 10. | During the period under review is the consumers' response to the intervention clearly documented? | 3 | 2 | 1 | 0 |
| 11. | During the period under review, do all monthly summaries include the following: 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 |

| 9. | During the period under review is there documentation of the parent's skill in meeting the child's needs during the visit? | 3 | 1.5 | 0 | |
|----|--|---|-----|---|---|
| 0. | During the period under review is there documentation of the appropriateness of the visit and the safety of child during the visit? (e.g. documentation of parent/child behaviors, interactions and consumer safety) | 6 | 3 | 0 | |
| 1. | | 6 | 3 | 0 | |
| 2. | | 3 | 2 | 1 | 0 |
| 3. | During period under review is the service provided appropriate to meet the identified need? | | | | |
| 4. | 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 completed and transmitted to the appropriate DHHR worker by the 10th of the following month? | 3 | 2 | 1 | 0 |