

SOCIALLY NECESSARY SERVICES TOOL
Safety Services
(450)

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.

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| 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"> A copy of the safety plan, based on the Impending Safety Threats identified in the CPS Initial Assessment, is in the chart record, and SNS Provider will be required to provide Acentra a copy of the completed, signed BSS Safety Plan prior to the authorization of Safety Service Bundle. Service will not be authorized without Safety Plan. | 3 | 0 | | |
| 3. | Does the documentation in the chart record support that the service being provided meets the criteria of the service guideline definition? <ul style="list-style-type: none"> Documentation supports that services are coordinated with other formal and informal safety services to assure that the safety threat is controlled. Eighty percent of the services must occur in the family's home or community The remaining twenty percent of the activities may be administrative functions/activities that directly relate to the control of the Impending Safety Threats. Service must commence within 24 hours of referral. Documentation of weekly contact with the current BSS worker is in the chart record. A BSS Initial Assessment is included in the chart record (upon completion and approval by BSS Supervisor). Safety Services include at least 3 of the following: Change to services supported by SP <ul style="list-style-type: none"> Scheduled In-Person Observation Unscheduled In-Person Observation Basic Parenting Skills Navigation and Support Urgent Adult Skill Building Urgent Home Sanitation | 6 | 4 | 2 | 0 |
| 4. | During the period under review are the services being provided consistent with the most recent referral/Safety Plan? <ul style="list-style-type: none"> Is there documentation of the specific intervention(s) provided? | 3 | 2 | 1 | 0 |
| 5. | During the period under review is the documentation of the service specific to the consumer receiving the service? | 6 | 4 | 2 | 0 |
| 6. | During the period under review, is there documentation of a formal or informal discharge Plan for the service? (If scored "0", question 13 also scores zero) | 3 | 1.5 | | 0 |
| 7. | During the period under review are all documents signed by appropriately licensed/credentialed staff? | 3 | 2 | 1 | 0 |

HEALTH

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| 8. | During the period under review does the documentation support the duration of the service provided units invoiced? | 3 | 2 | 1 | 0 |
| 9. | During the period under review, does a comprehensive review of the circumstances for the referral, substantiate the need for continuation of the service? | 3 | 1.5 | 0 | |
| 10. | During the period under review, is the consumer's response to the intervention clearly documented? | 3 | 1.5 | 0 | |
| 11. | During the period under review, is there sufficient documentation to support the frequency/intensity of services? | 3 | 2 | 1 | 0 |
| 12. | During the period under review, is there ongoing documentation that the child(ren) is safe in current living conditions? <ul style="list-style-type: none"> Does the documentation support that services are controlling conditions behaviors that make the child unsafe or could result in an entry/re-entry into foster care? | 3 | 2 | 1 | 0 |
| 13. | During the period under review, is there documentation of the client/family's progress toward discharge? (If question 6 scored zero, then this question will also score zero). | 3 | 1.5 | 0 | |
| 14. | During the period under review, do all monthly summaries include the following: <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 |

