



**SOCIALLY NECESSARY  
Chafee Youth Transitioning Program:  
Transitional Living Placement Phase Two- Part Two  
(502)**

<b>Provider:</b>		<b>Provider's Consumer ID:</b>	
<b>Consumer FACTS #:</b>		<b>Consumer Medicaid #:</b>	
<b>Review Date:</b>		<b>Reviewer Name:</b>	
<b>Consumer Name:</b>			

**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.

<b>1.</b>	For the period under review does the service meet Admission Criteria? <ul style="list-style-type: none"> <li>Is service plan based on Ansell-Casey?</li> <li>Does service plan show Part 1 objectives were met?</li> </ul>	3	0		
<b>2.</b>	For the period under review does the service being provided meet the service definition? <ul style="list-style-type: none"> <li>Service plan must indicate purpose and dictate exact behaviors/objectives/goals to be monitored via face-to-face and/ or phone calls</li> </ul>	3	0		
<b>3.</b>	Is there a copy of the referral for this service in the record?	1	0		
<b>4.</b>	During the period under review does the documentation support service inclusions are being met? <ul style="list-style-type: none"> <li>Chafee oversight: face-to-face and/or phone contact</li> <li>crisis response: available 24 hours a day</li> <li>transportation (youth in vehicle)</li> <li>adult life skills: independent/ self preservation skills</li> <li>community resources/ referrals/ ties</li> <li>youth's documentation of planned weekly activity and monthly budget</li> </ul>	6	1	0	
<b>5.</b>	During period under review is the service provided appropriate to meet identified annually by Ansell-Casey?	1	0		
<b>6.</b>	During the period under review is there sufficient documentation to support the frequency/intensity/duration of services?	6	3	0	
<b>7.</b>	During the period under review is there documentation of efforts to link the consumer(s) to natural supports and/ or other community resources for new impending unmet needs? <ul style="list-style-type: none"> <li>(financial aid counseling, tutoring, computer skill sets, driving lessons, medical assistance, tuition waivers)</li> </ul>	3	0		
<b>8.</b>	During the period under review, is there ongoing documentation that supports the youth are achieving original service plan goals (independence: skill sets, education, employment, housing, self preservation skills, keeping appointments)?	6	0		
<b>9.</b>	During the period under review are all records/ monthly summaries of the services kept and signed by appropriately licensed/credentialed staff? <ul style="list-style-type: none"> <li>identified needs/ services to address impending/unmet needs</li> <li>how service is reducing/enhancing deficits in behaviors/conditions</li> <li>examples of barriers and/or progression towards goals</li> <li>level of youth's participation</li> <li>monthly summaries completed and transmitted to appropriate DHHR worker by the 10<sup>th</sup> of the following month</li> <li>copy of youth's 40 hours of planned weekly activity</li> <li>copy of youth's monthly budget submitted</li> </ul>	6	3	1	0

