

**AGING AND DISABILITY SERVICES DIVISION
ELDER PROTECTIVE SERVICES-CASE REVIEW FORM**

Client Name (First):				Client Name (Last):				Harmony ID #:			
Investigator:				Reviewer:				Review Date:			
Report date:				Case initiation date:				Face to Face Actual Date:			
Allegation Type:		Abandonment <input type="checkbox"/>	Abuse <input type="checkbox"/>	Exploitation <input type="checkbox"/>	Isolation <input type="checkbox"/>	Neglect <input type="checkbox"/>	Self-Neglect <input type="checkbox"/>				
								YES	NO	N/A	
Safety Issues appropriately addressed/noted in Harmony?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participant's current address listed in Harmony?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Missing Data Report show errors?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ITEMS REVIEWED											
INVESTIGATION PLANNING WORKSHEET (IPW)								YES	NO	N/A	COMMENTS
IPW completed for this case?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allegations are listed with the reported supporting information underneath?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All sections are completed?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INITIAL CONTACT								YES	NO	N/A	COMMENTS
If assigned a level 1, was the case initiated within 24 hours?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If initiation was not completed within 24 hours, is there supporting documentation?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone call placed to the Reporting Party (RP)?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initial face-to-face visit reattempted within 5 working days of received report?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ALLEGATION INFORMATION								YES	NO	N/A	COMMENTS
Allegations listed appropriate to case?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are subsequent allegations documented?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does documentation address all reported allegations?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PERSON CENTERED PLANNING								YES	NO	N/A	COMMENTS
Investigator's documentation shows they worked with the client to identify where help was needed and developed a plan to provide that help?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Services and supports align with client's needs, goals, preferences and values?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SERVICE PROVISIONS/INTERVENTIONS								YES	NO	N/A	COMMENTS
Were EPS ancillary services offered as appropriate (hmk, TADs, ER funds)?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Client has been offered information on community resources?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Necessary community referral(s) made on behalf of client?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Referral(s) to regulatory and/or licensing agencies made as appropriate?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DOCUMENTATION/NOTES								YES	NO	N/A	COMMENTS
Documentation/ case notes completed within 3 working days?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unable to contact letter mailed to client?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Service refusal letter mailed to client?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signed Release of Information has been scanned into Harmony notes?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Case related documents uploaded into Harmony?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly face-to-face visits conducted?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person of Interest (POI) contacted as part of the investigation?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LAW ENFORCEMENT (LE) REFERRAL								YES	NO	N/A	COMMENTS
LE referral completed?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If LE referral completed, please provide the date.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If referral was unnecessary, is there supporting documentation?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CLOSING SUMMARY								YES	NO	N/A	COMMENTS
Does documentation support findings of the case?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the Formulating Conclusion Worksheet complete?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the substantiation status match the case determination?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Actions taken to remedy reported allegations noted?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grammar/Spelling corrections needed?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subsequent reports are appropriately associated (a.k.a. linked) in Harmony?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If open over 90 days, is there supporting documentation?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

AGING AND DISABILITY SERVICES DIVISION

Supervisory/Reviewer Comments/ Corrective Action Required:

Date of Review:

Investigator Response/ Corrective Action Taken:

Date of Response: