

**Adult Protective Services
Quality Assurance Individual Case Review Tool**

Case No: _____ **Intake No:** _____
Client's Name: _____
Assigned Worker: _____ **Worker No:** _____
Unit: _____ **Unit Supervisor:** _____
Reviewer: _____ **Review Date:** _____

Case Information

Date Reported: _____ **Date Assigned:** _____

AV APS History:

Prior Intake (not accepted) Yes No
Prior investigation Yes No
If prior investigation, last disposition: Confirmed Not confirmed

AP APS History:

Prior Intake (not accepted) Yes No
Prior investigation Yes No
If prior investigation, last disposition: Confirmed Not confirmed

Location of Incident:

Own Home/Residence Adult Residential Care Home/Foster Home
 Assisted Living Facility Institutional Care Facility (Hospital, Long term care, Rehab)
 Other _____

Type of Abuse (Check as applicable)

Physical Abuse (PA) Psychological Abuse (PsyA)
 Sexual Abuse (SA) Financial Exploitation (FE)
 Caregiver Neglect (CN) Self-Neglect (SN)

Investigation Disposition:

AP1: Allegation 1: Confirmed Not Confirmed
Allegation 2: Confirmed Not Confirmed N/A
AP2: Allegation 1: Confirmed Not Confirmed
Allegation 2: Confirmed Not Confirmed N/A

A.	AV Interviewed (CA 36) (AV / Legal Guardian)	YES	NO	N/A	COMMENTS
1.	<p>Enter date AV was interviewed.</p> <ul style="list-style-type: none"> • First attempted contact with AV. If subsequent contact is made with AV, change to date of interview with AV. • Death of AV if unable to interview AV before their passing. • If unable to locate AV after multiple attempts, date of first attempted contact. • If multiple AVs in one intake report, latest date that both (married couple) were interviewed. 				
2.	APS explained the reason for the visit?				
3.	Engaged AV in conversation to build rapport?				
4.	Screened AV's capacity?				
	a. APS attempted revisits at different times of the day?				
	b. Explored AV's ability to follow the conversation / respond appropriately to questions?				
	c. Explored AV's orientation to person, place, time?				
	d. Explored AV's level of functioning?				
	e. Explored AV's ability to express understanding of the situation and consequences? <ul style="list-style-type: none"> • I.e.: Is AV able to make appropriate decisions for his/her health, safety and welfare? 				
	f. Collateral contact made to validate AV's capacity? <ul style="list-style-type: none"> • Example: Family, friends, service / treatment providers 				
5.	Did AV accept APS intervention? <ul style="list-style-type: none"> • Verbal consent • Implied consent – AV engaged with APS and provided information requested, etc. 				
6.	Did APS assess AV?				
	a. AV's health / behavioral health, social, financial, nutrition, living environment.				

A. (cont.)	AV Interviewed (CA 36) (AV / Legal Guardian)	YES	NO	N/A	COMMENTS
	b. What led to the current situation?				
	c. Evaluated AV's safety (imminent threats), and took immediate action to improve safety?				
	d. Evaluated risks to AV (likely harm will occur in future), and took timely action to reduce risks?				
	e. Assessed AV's needs and offered assistance?				
7.	Interviewed AV about the abuse allegation(s)?				
	SECTION A: TOTAL				
B.	AP(s) Contacted / Interviewed	YES	NO	N/A	COMMENTS
1.	<p>Enter date AP was interviewed.</p> <ul style="list-style-type: none"> • Use date of first contact attempt with AP. If subsequent contact is made with AP, change to date of interview with AP. • Date of APs death if unable to interview AP before their passing. • If unable to locate AP after multiple attempts, date of first attempted contact. • If multiple APs, use latest date that all APs were interviewed. • If protective services were declined by AV, use date that AV had the ability to decline protective services. 				
2.	Interviewed AP(s) about the abuse allegation(s)?				
3.	Assessed all APs' needs and offered assistance?				
	SECTION B: TOTAL				
C.	Reporter / Witness / Collateral Contact	YES	NO	N/A	COMMENTS
1.	<p>Were contact attempts with the reporter, and all witnesses / collateral contacts are completed?.</p> <ul style="list-style-type: none"> • Enter N/A in situations such as when AV has the ability to decline protective services, and does so. • Witnesses may include the following: other staff, other clients, family or household members, neighbors, friends, 				

	treatment and service providers.				
C. (cont.)	Reporter / Witness / Collateral Contact	YES	NO	N/A	COMMENTS
2.	Interviewed the reporter / witness / collateral contacts about the abuse allegation(s)?				
	SECTION C: TOTAL				
D	Disposition Consult with Supervisor	YES	NO	N/A	COMMENTS
1.	Enter date that the disposition was discussed with the Supervisor.				
2.	Is there a case log documenting consult with Supervisor about the intake and the investigation disposition?				
	SECTION D: TOTAL				
E	Disposition Shared/Explained with AV/Legal Guardian (orally or in writing)	YES	NO	N/A	COMMENTS
1.	<p>Enter date the disposition was shared with AV or their Legal Guardian.</p> <ul style="list-style-type: none"> • Death of AV if unable to share disposition with AV or their Legal Guardian before their passing. • If unable to locate AV, date that contact attempt was made with AV to discuss case disposition. • Date AV had the ability to consent and had declined protective services. 				
2.	<p>Did APS evaluate and address AV's safety?</p> <ul style="list-style-type: none"> • AP will be notified of the disposition. • Safety Plan, TRO, DV resources, etc. 				
	SECTION E: TOTAL				
F	Disposition Shared/Explained with AP(s) (orally or in writing)	YES	NO	N/A	COMMENTS
1.	<p>Enter date the disposition was shared with AP.</p> <ul style="list-style-type: none"> • Death of AP if unable to share disposition with AP before their passing. • If unable to locate AP, date that contact attempt was made with AP to discuss case disposition. • If protective services were declined by AV, date AV had the ability to consent and had declined protective services. • Note: In addition, APS shall provide AP with written 				

	notice, DHS 1636 (see #25).				
	SECTION F: TOTAL				
G	CPSS entry: Disposition and Worker's Findings Report	YES	NO	N/A	COMMENTS
1.	Disposition entered (CA39, Case Status / Disposition) <ul style="list-style-type: none"> • Enter date when ALL alleged types of abuse are addressed. 				
2.	Findings entered (CA62, Worker's Findings Report) <ul style="list-style-type: none"> • Enter date that CA62 screen was finalized and entered into CPSS 				
3.	Disposition entered into CPSS (CA 39 and CA 62) within 60 calendar days of the date of the report? If no:				
	a. Enter the # of months since the date of the report.				
	b. Is there a Supervisor's case log explaining reason for the extension? <ul style="list-style-type: none"> • Cases are eligible for extension only when the disposition is pending. 				
4.	Does the 62 Screen / Worker's Findings Report address:				
	a. All types of abuse (reported and discovered by APS)?				
	b. All alleged perpetrators (reported and discovered by APS)?				
5.	Does the 62 Screen / Worker's Findings Report include a SUMMARY of findings? <ul style="list-style-type: none"> • Includes findings that support and do not support the abuse allegation(s). 				
6.	Does the 62 Screen / Worker's Findings Report include an ANALYSIS of findings? <ul style="list-style-type: none"> • Explains: <ul style="list-style-type: none"> - What is significant about the findings. - Why the decision was made to confirm or not confirm the abuse allegation. 				
G (cont.)	CPSS entry: Disposition and Worker's Findings Report	YES	NO	N/A	COMMENTS
7.	Does the 62 Screen / Worker's Findings Report include Supervisor's statement that the case was discussed with				

	worker and Supervisor approves the disposition?				
	SECTION G: TOTAL				
H	Notice of Disposition (DHS 1636 / DHS 1617) mailing:	YES	NO	N/A	COMMENTS
1.	Enter date DHS 1636 / DHS 1617 was mailed to the AP. <ul style="list-style-type: none"> DHS 1617: confirmed abuse only. If AV declined protective services, date that AV had the ability to consent and declined protective services. 				
2.	Was the DHS 1636 (with DHS 1617 for confirmed abuse) mailed to AP within 60 calendar days of the date of the report?				
3.	Enter date the DHS 1636 was mailed to a third-party government agency listed on the DHS 1636. <ul style="list-style-type: none"> MFCU receives a copy of all DHS 1636. 				
	SECTION H: TOTAL				
I	Case Closure	YES	NO	N/A	COMMENTS
1.	Enter Date the case is closed by Supervisor (NSO2 screen).				
2.	Enter # of months since the date of the report.				
	SECTION I: TOTAL				

Questions/Comments:

Reviewer's Signature

Date Completed

Reviewer's Name (Printed)

**Adult Protective Services
Quality Assurance Individual Case Review Tool**

CAREGIVER NEGLECT

ATTACH TO CASE REVIEW:

Case No: _____ Intake No: _____

Client's Name: _____

Unit: _____

Reviewer: _____ Review Date: _____

A.	INTERVIEWEES	YES	NO	N/A	COMMENTS
	Were the following parties interviewed?				
1.	Primary caregiver (PCG)				
2.	Other caregivers Example: <ul style="list-style-type: none"> • Own home: Other family / household members, friends, home care, home health services, neighbors, friends of household members, etc • Residential facilities: CCFFH / E-ARCH / ARCH substitute caregiver, caregiver's household members, etc • School/Work site/Transportation or community caregivers 				
3.	CCFFH / E-ARCH: Case Management Agency (CMA) RN or SW				
4.	Nursing Facility: Nursing staff (RNs, LPNs, CNAs, NAs), therapy staff, other staff on the unit, administrative staff, maintenance staff, dietary staff, other				
5.	Physician (ALL settings: ER, treating physician in nursing facility or hospital, outpatient PCP, etc.) Ask: <ul style="list-style-type: none"> • Are injuries consistent with caregiver neglect? Why or why not? • Are injuries the result of normal aging or disease process, medications (e.g. bruising), etc.? • Do Injuries match explanation? Why or why not? • Any injuries in various stages of healing? • History of previous injuries? • Signs of other types of abuse? 				
6.	First responders (Police, Fire, Ambulance)				

7.	Service providers Example: SW, Social or health services involved with AV.				
A.	INTERVIEWEES (cont.)	YES	NO	N/A	COMMENTS
8.	Other witnesses: Reporter who called 911; other staff, clients, family or household members; neighbors, friends, etc.				
SECTION A: TOTAL					
B.	EVIDENCE TO CONSIDER Were the following obtained? - Service or Care Plans, contracts, written agreement of service/care by AP, Job Description, Progress Notes, Individual Education Plans, other written documents which show AP failed to do job, failed expected level of care, improper monitoring / care of AV, changes in AV's needs / whether addressed, actions / inactions that contributed to the alleged caregiver neglect, other types of abuse? - Compliance with protocols? - Missing or suspicious documentation?	YES	NO	N/A	COMMENTS
1.	Photos of AV / injuries ASAP after event (taken or obtained).				
2.	Photos of the environment ASAP after event (taken or obtained).				
3.	CCFFH / E-ARCH: Case Management Agency (CMA) and CCFFH or E-ARCH records. <ul style="list-style-type: none"> Request at first encounter, from admission to present. Example: CMA RN's client assessments / head-to-toe examinations, Service Plans, caregiver progress notes, care flow sheets, medication records (prescribed / administered), completion of nursing delegation, etc. 				
4.	ARCH records <ul style="list-style-type: none"> Request at first encounter, from admission to present. 				
5.	Nursing Facility Records <ul style="list-style-type: none"> Request at first encounter, from admission to present. Example: History and Physicals (H&P), Admission Report, 				

	Discharge Report, MD examinations, MD and RN Progress Notes, MD orders, Care Plans, Care Flow sheets, wound care / skin condition records, body map / diagram, X-rays, lab reports, Incident Reports, facility's policy / procedures regarding situations as the alleged event.				
6.	School/Work site/Transportation Records <ul style="list-style-type: none"> Request at first encounter, from admission to present. Video or audio recordings, records, photos of event 				
7.	ER / Hospital records / Clinic Notes <ul style="list-style-type: none"> History and Physicals (H & P), Admission Report, Discharge Report, MD examinations, MD and RN Progress Notes, MD orders, prescriptions/medical treatments, body map / diagram, X-rays, lab reports. Indications of caregiver neglect, other types of abuse? 				
8.	Outpatient health care records (medical / behavioral health): <ul style="list-style-type: none"> Clinic notes, Progress Notes, X-rays, labs, reports other diagnostic exams, photos, etc. 				
9.	Police report				
10	TRO				
11	Pertinent Hawaii Administrative Rules (HARs) or other authority. Example: <ul style="list-style-type: none"> DOH: Chapter 11-800: Regulation of Home and Community-Based Case Management Agencies and Community Care Foster Family Homes DHS: Chapter 17-1444: Nurse Aide Training and Competency Evaluation Programs 				
	SECTION B: TOTAL				

**Adult Protective Services
Quality Assurance Individual Case Review Tool**

SELF NEGLECT

ATTACH TO CASE REVIEW:

Case No: _____ Intake No: _____

Client's Name: _____

Unit: _____

Reviewer: _____ Review Date: _____

A.	INTERVIEWEES	YES	NO	N/A	COMMENTS
	Were the following parties interviewed?				
1.	Physician (PCP, ER, hospital) For example, to explore: <ul style="list-style-type: none"> • Whether the AV has decisional capacity. • Do the injuries indicate self-neglect? Why or why not? • Do the injuries match explanation? Why or why not? • Are injuries result of normal aging or disease process, medications (impair skin integrity), etc.? • Are there injuries in various stages of healing? (history) • Indicators of other types of abuse? 				
2.	Other health care providers <ul style="list-style-type: none"> • Example: Other physicians (psychiatrist, specialist), psychologist, therapist, etc. 				
4.	Service providers to AV Example: Social workers, etc.				
5.	First responders (Police, Fire, Ambulance)				
6.	Other witnesses Example: Person who called 911; other staff, clients, family or household members; neighbors, friends, etc. <ul style="list-style-type: none"> • To explore, for example: Observations of AV - changes in AV presentation / behavior, concerns? 				

B	EVIDENCE TO CONSIDER Were the following obtained?	YES	NO	N/A	COMMENTS
1.	Photos of AV / injuries ASAP upon investigation (taken or obtained).				
2.	Photos of AV's environment ASAP upon investigation (taken or obtained).				
3.	MD capacity assessment				
4.	ER / Hospital records Example: <ul style="list-style-type: none"> • History and Physicals (H &P), Admission Report, Discharge Report, MD examinations, MD and RN progress notes, MD orders, body map / diagram, X-rays, lab reports. ✓ Indications of self-neglect, other types of abuse? 				
5.	Outpatient health care records (medical / behavioral health) Example: Progress notes, medications prescribed, X-rays, labs, other diagnostic exams, photos, etc.				
6.	Police report				
	SECTION B: TOTAL				

**Adult Protective Services
Quality Assurance Individual Case Review Tool**

FINANCIAL EXPLOITATION

ATTACH TO CASE REVIEW:

Case No: _____ Intake No: _____

Client's Name: _____

Unit: _____

Reviewer: _____ Review Date: _____

A.	INTERVIEWEES	YES	NO	N/A	COMMENTS
	Were the following parties interviewed?				
1.	Physician: For example, to explore: <ul style="list-style-type: none"> • Does AV have decisional or financial capacity? • Has AV kept appointments? 				
2.	Bank staff: Teller, Supervisor, Manager, Security, Investigator.				
3.	Health and Social Service Providers: Home care, home health, social services, etc.				
4.	Other professional services: Lawyers, accountants, etc.				
5.	Police				
6.	Other witnesses: Example: Person who called 911; other staff, clients, family or household members; neighbors, friends, etc.				
7.	Was undue influence considered? Example: Controlling / isolating AV, makes AV dependent, keeps AV unaware, creates us vs. them mentality, preys on AV's vulnerability, manipulates AV, changes or controls AV's finances, presents self as AV's protector.				
	SECTION A: TOTAL				

B	EVIDENCE TO CONSIDER	YES	NO	N/A	COMMENTS
	<p>Were the following obtained?</p> <p>To evaluate for:</p> <ul style="list-style-type: none"> ✓ Are the AV's assets being used for his / her needs? ✓ Changes in fiduciary, living situation, spending behavior, missing property / assets 				
1.	<p>MD statement(s) of AV's decisional or financial capacity:</p> <p>To determine:</p> <ul style="list-style-type: none"> • Did AV have capacity when documents where signed, transactions made, etc. 				
2.	Guardianship, and any amendments				
3.	Conservatorship, and any amendments				
4.	Trust, and any amendments				
5.	POA / DPOA / Revocation of POA or DPOA				
6.	<p>Verification of all sources of AV's income, and how dispersed</p> <p>Example:</p> <ul style="list-style-type: none"> • Pension, Social Security (SS, SSI, SSDI, SSP), VA, General Assistance, SNAP, stock dividends, etc. • Dispersed to AV via mailed check to what location, direct deposit to AV to what account, etc. 				
7.	<p>Bank statements:</p> <p>For example, to explore:</p> <ul style="list-style-type: none"> ✓ Suspicious transactions (unexplained, out of AV's normal behavior, large / frequent withdrawals or transfers, change in spending habits, ATM withdrawals out of AV's character or domain, wires, etc.) ✓ Missing transactions: Are deposits of AV's income or earnings present? 				
	a. AV's				
	b. AP's				
	c. Joint accounts (AV / AP)				

B	EVIDENCE TO CONSIDER (Cont.)	YES	NO	N/A	COMMENTS
8.	Checks / other transactions (wire of money, etc.): For example, to explore: ✓ Forgery of AV signature ✓ Suspicious transaction that AV not able to complete				
9.	Unpaid bills, eviction notices, notice to turn off utilities.				
10.	AV's proof of ownership of valuable property. Example: Real estate, vehicles, stocks / bonds / CDs, safe deposit box, other valuable possessions (jewelry, etc.).				
11.	Documents related to sale or transfer of AV's property. Example: • Escrow check – payable to AV, deposited to AV's account • Verbal agreements supported by documentation.				
12.	Timeline of events / changes in AV finances - Created by APS based upon information gathered				
	SECTION B: TOTAL				

**Adult Protective Services
Quality Assurance Individual Case Review Tool**

PHYSICAL ABUSE

ATTACH TO CASE REVIEW:

Case No: _____ **Intake No:** _____

Client's Name: _____

Unit: _____

Reviewer: _____ **Review Date:** _____

A.	INTERVIEWEES	YES	NO	N/A	COMMENTS
	Were the following parties interviewed?				
1.	Physician (PCP, ER, hospital) For example, to explore: <ul style="list-style-type: none"> • Are injuries consistent with physical abuse? Why or why not? • Do the injuries match explanation? Why or why not? • Are injuries result of normal aging or disease process, medications (impair skin integrity), etc.? • Are there injuries in various stages of healing? (history) • Indicators of other types of abuse? 				
2.	Other health care providers involved in case <ul style="list-style-type: none"> • Example: Other physicians (psychiatrist, specialist), psychologist, therapist, home care, home health, etc. 				
4.	Service providers to AV Example: Social workers, etc.				
5.	First responders (Police, Fire, Ambulance)				
6.	Other witnesses: Example: Person who called 911; other staff, clients, family or household members; neighbors, friends, etc.				
	SECTION A: TOTAL				

B	EVIDENCE TO CONSIDER Were the following obtained?	YES	NO	N/A	COMMENTS
1.	Photos of AV / injuries ASAP after event (taken or obtained).				
2.	Photos of the environment ASAP after event (taken or obtained).				
3.	ER / Hospital records Example: <ul style="list-style-type: none"> • History and Physicals (H &P), Admission Report, Discharge Report, MD examinations, MD and RN progress notes, MD orders, body map / diagram, X-rays, lab reports. ✓ Indications of physical abuse, other types of abuse? 				
4.	Outpatient health care records (medical / behavioral health) Example: Progress notes, medications prescribed, X-rays, labs, other diagnostic exams, photos, etc.				
5.	Police report				
6.	TRO				
	SECTION B: TOTAL				

**Adult Protective Services
Quality Assurance Individual Case Review Tool**

PSYCHOLOGICAL ABUSE

ATTACH TO CASE REVIEW:

Case No: _____ Intake No: _____

Client's Name: _____

Unit: _____

Reviewer: _____ Review Date: _____

A.	INTERVIEWEES	YES	NO	N/A	COMMENTS
	Were the following parties interviewed?				
1.	Psychiatrist, other MD, Psychologist For example, to explore: <ul style="list-style-type: none"> • Assessment of AV's mental capacity at the time of the alleged incident(s). • Evaluation of whether AV was profoundly confused or frightened by AP's words or actions, or whether AV's confusion or fear is due to AV's impaired cognitive functioning. 				
2.	Witnesses to the event Example: Person who called 911; other staff, clients, family or household members; neighbors, friends, etc. For example, to explore: <ul style="list-style-type: none"> • Their perception of the event by which the AV may have been profoundly confused or frightened. • What signs did AV exhibit that conveyed AV was profoundly confused or frightened. • Whether witness is able to provide information regarding any past incidences between the AV and AP to establish a pattern of behavior resulting in "profoundly" confusing or frightening the AV over time. 				
4.	Service providers who are familiar with AV Example: Social workers, etc.				
5.	First responders (Police, Fire, Ambulance)				
	SECTION A: TOTAL				

B	EVIDENCE TO CONSIDER Were the following obtained?	YES	NO	N/A	COMMENTS
1.	Photos of AV / injuries ASAP after event (taken or obtained).				
2.	Photos of the environment ASAP after event (taken or obtained).				
3.	ER / Hospital records Example: <ul style="list-style-type: none"> • History and Physicals (H &P), Admission Report, Discharge Report, MD examinations, MD and RN progress notes, MD orders, body map / diagram, X-rays, lab reports. ✓ Indications of psychological abuse, other types of abuse? 				
4.	Outpatient health care records (medical / behavioral health) Example: Progress notes, medications prescribed, X-rays, labs, other diagnostic exams, photos, etc.				
5.	Police report				
6.	TRO				
	SECTION B: TOTAL				

**Adult Protective Services
Quality Assurance Individual Case Review Tool**

SEXUAL ABUSE

ATTACH TO CASE REVIEW:

Case No: _____ Intake No: _____

Client's Name: _____

Unit: _____

Reviewer: _____ Review Date: _____

A.	INTERVIEWEES	YES	NO	N/A	COMMENTS
	Were the following parties interviewed?				
1.	Physician (PCP, ER, hospital) For example, to explore: <ul style="list-style-type: none"> • Are the injuries consistent with sexual abuse? Why or why not? • Do the injuries match explanation? Why or why not? • Are injuries result of normal aging or disease process, medications (impair skin integrity), etc.? • Are there injuries in various stages of healing? (history) • Indicators of other types of abuse? 				
2.	Other health care providers <ul style="list-style-type: none"> • Example: Other physicians (psychiatrist, specialist), psychologist, therapist, clinics, etc. 				
4.	Service providers familiar with AV Example: DD case manager, other social workers, work site, etc. To explore: <ul style="list-style-type: none"> • Changes in AV presentation / behavior (depressed, angry, anxious, fearful, etc.)? • Changes in AV presentation in presence of AP. 				
5.	First responders (Police, Fire, Ambulance)				
6.	Other witnesses: Example: Person who called 911; other staff, clients, family or household members; neighbors, friends, etc.				
	SECTION A: TOTAL				

B	EVIDENCE TO CONSIDER Were the following obtained?	YES	NO	N/A	COMMENTS
1.	Photos of AV / injuries ASAP after event (taken or obtained).				
2.	Photos of the environment ASAP after event (taken or obtained).				
3.	ER / Hospital records Example: <ul style="list-style-type: none"> • History and Physicals (H &P), Admission Report, Discharge Report, MD examinations, MD and RN progress notes, MD orders, body map / diagram, X-rays, lab reports. ✓ Indications of sexual abuse, other types of abuse? 				
4.	Outpatient health care records (medical / behavioral health) Example: Progress notes, medications prescribed, X-rays, labs, other diagnostic exams, photos, etc.				
5.	Police report				
6.	TRO				
	SECTION B: TOTAL				