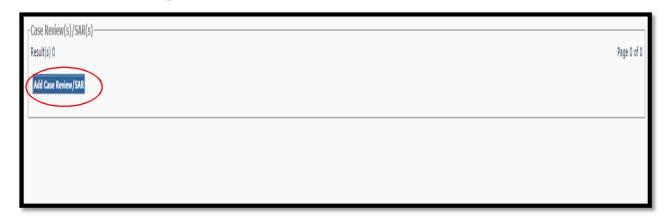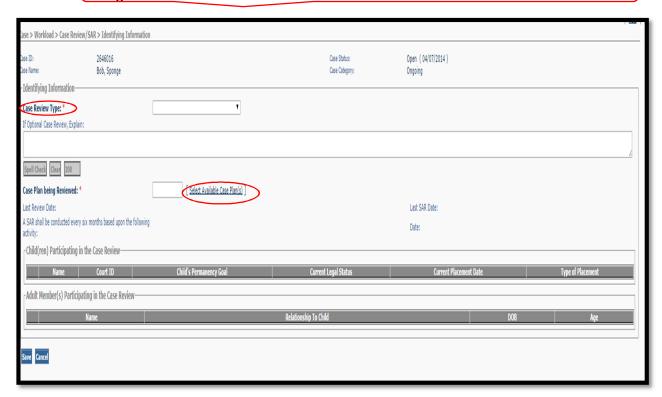# COMPLETING A CASE REVIEW

1. Click the Case Review/SAR link in the navigation menu

2. Click the Add Case Review/SAR button
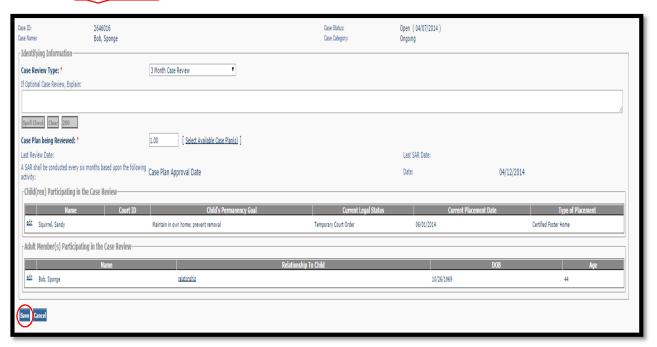
3. Select the Case Review Type from the dropdown then select the Case Plan being Reviewed

4. Once you have selected the Case Plan being Reviewed, click OK

5. Click Save

Case ID: 2646016
Case Name: Bob, Sponge

Case Status: Open (04/07/2014)
Case Category: Ongoing

Identifying Information

Case Review Type: * [3 Month Case Review ▼]

If Optional Case Review, Explain:

[Spell Check] [Clear] [200]

Case Plan being Reviewed: * [1.00] [Select Available Case Plan(s)]

Last Review Date:

A SAR shall be conducted every six months based upon the following activity: Case Plan Approval Date

Last SAR Date:

Date: 04/12/2014

Child(ren) Participating in the Case Review

	Name	Court ID	Child's Permanency Goal	Current Legal Status	Current Placement Date	Type of Placement
edit	Squirrel, Sandy		Maintain in own home; prevent removal	Temporary Court Order	06/01/2014	Certified Foster Home

Adult Member(s) Participating in the Case Review

	Name	Relationship To Child	DOB	Age
edit	Bob, Sponge	relationship	10/26/1969	44

[Save] [Cancel]

6. Select Safety Review from the Case Review Topics page

Case Review Topics

Case Review Type: 90 Day Review Review for Case Plan Number: 1.00 Status: Declined for re-work

Topic	Status
Identifying Information	Completed
Safety Review	Provided
Service Review	Current Case Plan Services - Progress Provided for 1 of 1 Risk Contributors
Strength and Needs Update	Completed
Risk Reassessment	Low Risk Level
Case Analysis	Completed

[Close]

7. Complete all Safety Review Information and the Safety Response Review. Once the information is complete, select Save

Safety Review Information

Select and Complete the Appropriate Case Circumstance: *

A safety threat is not currently active.

1. Describe new information obtained regarding protective capacities. Include information concerning any adult not interviewed for the safety assessment.

NARRATIVE

Spell Check | Clear | 4000

2. Describe new information obtained regarding child vulnerability. Include information concerning any child not interviewed for the safety assessment.

NARRATIVE

Spell Check | Clear | 4000

Safety Response Review

○ None Selected
● Maintain
○ Create
○ Modify
○ Discontinue   Date:
○ Previously Discontinued

Apply | Save | Cancel

8. Select Service Review from the Case Review Topics page

Case Review Topics

Case Review Type:	90 Day Review	Review for Case Plan Number:	1.00	Status:	Declined for re-work

Topic	Status
Identifying Information	Completed
Safety Review	Provided
Service Review	Current Case Plan Services - Progress Provided for 1 of 1 Risk Contributors
Strength and Needs Update	Completed
Risk Reassessment	Low Risk Level
Case Analysis	Completed

Close

9. From the Current Case Plan Services tab click the edit progress link

Current Case Plan Services	Prior Case Plan Unlinked Services	Services Not linked to Case Plan

Case ID: 2646016   Case Status: Open (04/07/2014)
Case Name: Bob, Sponge   Case Category: Ongoing

Case Review Type: 90 Day Review   Review for Case Plan Number: 1.00   Status: Declined for re-work

Service Review Information

Concerns

		Name(s)	Risk Contributors	Progress Addressing Concerns
edit progress	services	Bob, Sponge Squirrel, Sandy	Parenting Practices	Significant Progress

Close

10. Complete the Service Details Information and select Save. You will need to complete this step for each concern in this case plan.

Services Details

Case Plan Participant: Bob, Sponge - 10/26/1969
Squirrel, Sandy - 10/22/2003

Risk Contributor: Parenting Practices

⊞ What are the Concerns?

⊞ What behavior will need to change to reduce risk and address safety issues of the child(ren)?

⊞ What activities do family members need to do to make this change?

Discuss the impact toward addressing safety, risk, permanency and/or child well-being issues in detail. If applicable, include any existing barriers to services. * (expand full screen)

NARRATIVE

Spell Check | Clear | 4000

Progress Addressing Concern: Significant Progress ▾

Apply | Save | Cancel

11. From the Current Case Plan Services tab click the services link

Current Case Plan Services	Prior Case Plan Unlinked Services	Services Not linked to Case Plan

Case ID:	2646016		Case Status:	Open (04/07/2014)
Case Name:	Bob, Sponge		Case Category:	Ongoing

Case Review Type:	90 Day Review	Review for Case Plan Number:	1.00	Status:	Declined for re-work

Service Review Information

Concerns

		Name(s)	Risk Contributors	Progress Addressing Concerns
edit progress	services	Bob, Sponge Squirrel, Sandy	Parenting Practices	Significant Progress

Close

12. Click the edit link next to the service you are reviewing

Service Review Details

Case Plan Participant:	Bob, Sponge - 10/26/1969
	Squirrel, Sandy - 10/22/2003
Risk Contributor:	Parenting Practices

Below, identify all Services Provided/Planned to Address this Concern.

	Case Member Name(s)	Service Category / Type	Service Classification	Effective Dates
edit	Bob, Sponge; Squirrel, Sandy	Case Management / Information & Referral Services	Case Member	04/07/2014 -
	Case Member / Caregiver History			

Close

13. Click the Service Review Tab

Service Information	Service Review	Service Activity

Case ID: 2646016   Case Status: Open (04/07/2014)
Case Name: Bob, Sponge   Case Category: Ongoing

Service Information

Agency: IHS Training
Risk Contributors: Impact of Past Services

Effective Date: * 04/07/2014   Estimated Service End Date:
Service Category: * Case Management   Service Type: * Information & Referral Services

Member Service Status History

○ Current Status   ○ All Statuses

Case Member	Status	Provider	Service Description	Provider Address	Status Begin Date/End Date	Created in Error
edit Bob, Sponge - 10/26/1969	Needed				04/07/2014	
edit Squirrel, Sandy - 10/22/2003	Needed				04/07/2014	

Case Member Name: * [ ] Add Status / Provider

Apply Save Cancel

14. Click the Add Service Review button

Service Review

	Case Member(s) / DOB	Review Date	Service Recommendation	Participation Status	Barrier Type	
edit view	Squirrel, Sandy - 10/22/2003; Bob, Sponge - 10/26/1969	04/14/2014	Continue			delete
edit view	Squirrel, Sandy - 10/22/2003; Bob, Sponge - 10/26/1969	04/14/2014	Continue			delete

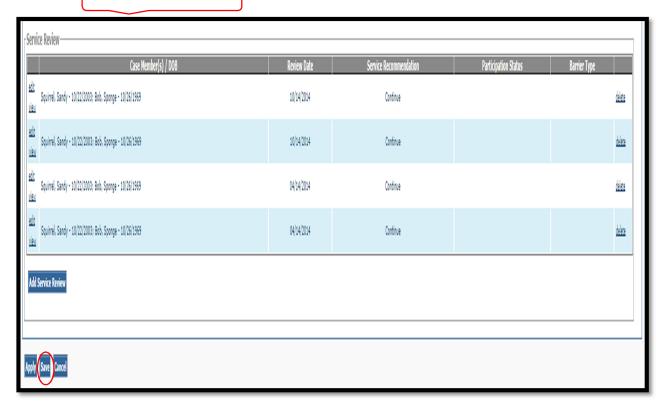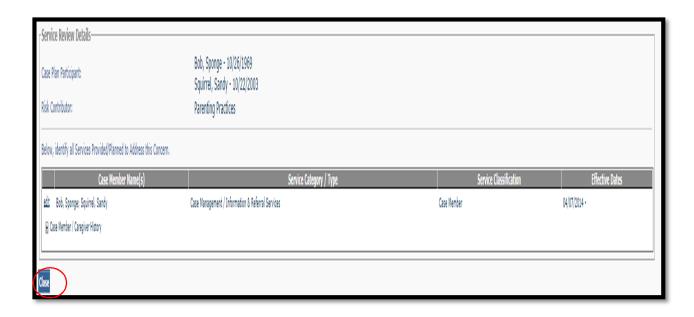Add Service Review

Apply Save Cancel

15. Complete the necessary information. Enter the review date, select Case Members, Service Recommendation and Participation Status if one is required for the service you are reviewing. If Barriers exist, enter the Barrier Type and Barrier Comments. You have the option to complete the Recommendation Comments and Participation Comments narrative text boxes, however, they are not required. Select Save.

Service/Activity Review Details

Review Information

Review Date: 10/14/2014

	Case Member(s) / DOB	Service Recommendation	Participation Status	Barrier Type
☐	Bob, Sponge - 10/26/1969	▼	▼	▼
☐	Squirrel, Sandy - 10/22/2003	▼	▼	▼

Recommendation Comments:

Spell Check Clear 2000

Participation Comments:

Spell Check Clear 2000

Barrier Comments:

Spell Check Clear 2000
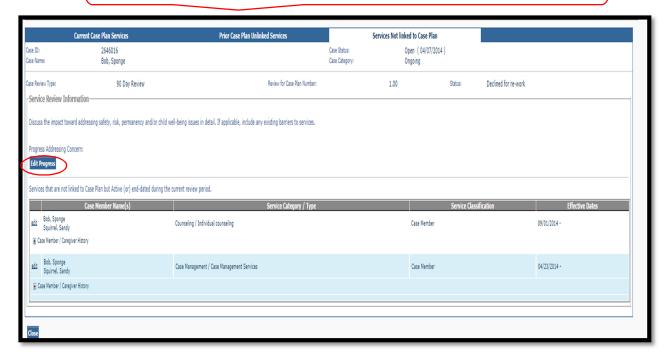
Save Cancel

16. Click the Save button

17. The Service Review has been completed for this service. Continue these same steps for all services. When all services have been reviewed, click the Close button.

18. From the Prior Case Plan Unlinked Services tab if unlinked serivces exist, you need to complete steps 9 through 17 for these unlinked services.

Current Case Plan Services	Prior Case Plan Unlinked Services	Services Not linked to Case Plan

Case ID:	2646016	Case Status:	Open (04/07/2014)
Case Name:	Bob, Sponge	Case Category:	Ongoing

Case Review Type:	90 Day Review	Review for Case Plan Number:	1.00	Status:	Declined for re-work

Service Review Information

Concerns

		Name(s)	Risk Contributors	Progress Addressing Concerns
edit progress	services	Bob, Sponge Squirrel, Sandy	Parenting Practices	Significant Progress

Close

19. From the Services Not linked to Case Plan tab if not linked services exist, click the Edit Progress button.

Current Case Plan Services	Prior Case Plan Unlinked Services	Services Not linked to Case Plan	

Case ID:	2646016	Case Status:	Open (04/07/2014)
Case Name:	Bob, Sponge	Case Category:	Ongoing

Case Review Type:	90 Day Review	Review for Case Plan Number:	1.00	Status:	Declined for re-work

Service Review Information

Discuss the impact toward addressing safety, risk, permanency and/or child well-being issues in detail. If applicable, include any existing barriers to services.

Progress Addressing Concern:

Edit Progress

Services that are not linked to Case Plan but Active (or) end-dated during the current review period.

	Case Member Name(s)	Service Category / Type	Service Classification	Effective Dates
edit	Bob, Sponge Squirrel, Sandy	Counseling / Individual counseling	Case Member	09/01/2014 -
	Case Member / Caregiver History			
edit	Bob, Sponge Squirrel, Sandy	Case Management / Case Management Services	Case Member	04/23/2014 -
	Case Member / Caregiver History			

Close

20. Complete the Service Details information and select Save.

21. To review Services Not Linked to Case Plan, follow steps 12 – 17.

22. Select Strengths and Needs Update from the Case Review Topics Page

Case Review Topics

Case Review Type:	90 Day Review		Review for Case Plan Number:	1.00	Status:	Declined for re-work

Topic	Status
Identifying Information	Completed
Safety Review	Provided
Service Review	Current Case Plan Services - Progress Provided for 1 of 1 Risk Contributors
Strength and Needs Update	Completed
Risk Reassessment	Low Risk Level
Case Analysis	Completed

Close

23. Complete the Risk Contributors by selecting a drop down value for each one. You must complete each narrative text box unless N/A is selected. Select the Strengths and Needs status and then select Save

---

Strengths and Needs Update Information

Risk Contributors

Complete the following elements currently contributing to risk for anyone in the family:

Child Functioning		**Family Functioning**	
Self Protection:	No ▾	Family Roles, Interactions, and Relationships:	Yes ▾
Physical/Cognitive/Social Development:	Yes ▾	Resource Management and Household Maintenance:	Yes ▾
Emotional Functioning:	Yes ▾	Extended Family, Social and Community Connectedness:	Yes ▾
Adult Functioning		**Historical**	
Cognitive Abilities:	Yes ▾	Caretaker's Victimization of Other Children:	Yes ▾
Physical Health:	No ▾	Caretaker's Abuse/Neglect as a Child:	No ▾
Emotional/Mental Health Functioning:	Yes ▾	Impact of Past Services:	No ▾
Domestic Relations (Domestic Violence):	Yes ▾		
Substance Abuse:	No ▾		
Response to Stressors:	No ▾		
Parenting Practices:	No ▾		

Family Perception Information

Describe how the family and other individuals involved in the case view their own strengths and problem areas.

NARRATIVE

Spell Check | Clear | 4000

Consider the elements above and the impact of provided services as discussed in Section 3A. For children in PC, describe what child characteristics continue to be identified as a need.

NARRATIVE

Spell Check | Clear | 4000

Describe what family dynamics, new life events, or underlying conditions which continue to create or increase the likelihood of maltreatment to a child.

NARRATIVE

Spell Check | Clear | 4000

Summarize the key case activities, including the frequency and type of agency visits with parent or caretaker and child, which have occurred since the last assessment or review.

NARRATIVE

Spell Check | Clear | 4000

Describe the quality of visitation between siblings placed separately which occurred since the last assessment or review.

Spell Check | Clear | 4000
☑ N/A - Child(ren) are not placed separately

Describe the quality of visitation between the parent(s) and child(ren) placed out of the home which occurred since the last assessment or review.

Spell Check | Clear | 4000
☑ N/A - Children not placed out of the home

Strength/Needs Status: *   Completed ▾

Apply | Save | Cancel

24. Select Risk Reassessment from the Case Review Topics Page

Case Review Topics	
Case Review Type: 90 Day Review	Review for Case Plan Number: 1.00 Status: Declined for re-work

Topic	Status
Identifying Information	Completed
Safety Review	Provided
Service Review	Current Case Plan Services - Progress Provided for 1 of 1 Risk Contributors
Strength and Needs Update	Completed
Risk Reassessment	Low Risk Level
Case Analysis	Completed

Close

25. Complete the Risk Reassessment if required (required unless "yes" is selected for the question "Is this a non-child abuse and neglect case or child"ren" are in PC?") by answering each question and Calculate Score this will display the Policy Override page

Risk Reassessment | Policy Overrides

Case ID:	2646016	Case Status:	Open (04/07/2014)
Case Name:	Bob, Sponge	Case Category:	Ongoing

Case Review Type:	90 Day Review	Review for Case Plan Number:	1.00	Status:	Declined for re-work

Risk Reassessment Information

Is this a non-child abuse and neglect case or child(ren) are in PC ?   [No ▾]

Scores

R1.   Number of Prior Reports
- ○ None Specified
- ⦿ a. None
- ○ b. One or Two
- ○ c. Three or More

R2.   Number of Children in the Home (at the time of most recent report)
- ○ None Specified
- ⦿ a. Two or Fewer
- ○ b. Three or More

R3.   Number of Adults in the Home (at the time of most recent report)
- ○ None Specified
- ⦿ a. Two or more
- ○ b. One/none

R4.   Current Age of Primary Caregiver
- ○ None Specified
- ⦿ a. 28 or older
- ○ b. 27 or younger

R5.   Either Caregiver Currently has Major Parenting Skills Problem (Excessive Discipline, Over-Controlling, Other Major Problem)
- ○ None Specified
- ⦿ a. No
- ○ b. Yes

R6.   Either Caregiver is Currently Involved in Harmful Relationships
- ○ None Specified
- ⦿ a. No
- ○ b. Yes (some problems, major problem and/or domestic violence)

R7.   Either Caregiver has a Current Substance Abuse Problem
- ○ None Specified
- ⦿ a. No
- ○ b. Yes, alcohol and/or drug
- ○ c. Yes, and refuses treatment

R8.   New Complaints of Abuse/Neglect Since Last Assessment
- ○ None Specified
- ⦿ a. No, or complaint was unsubstantiated and screened out
- ○ b. Yes, complaint was substantiated or indicated

R9.   Primary Caregiver(s) Progress Towards Case Plan Goals Since Last Assessment
- ○ None Specified
- ⦿ a. Successfully completed all programs recommended or actively participating in programs; pursuing case plan objectives; usually demonstrates desired behavior
- ○ b. Moderate participation in pursuing case plan objectives; occasionally demonstrates desired behavior
- ○ c. Minimal participation or refuses involvement; rarely or never demonstrates desired behavior

R10.   Secondary Caregiver(s) Progress Towards Case Plan Goals Since Last Assessment
- ○ None Specified
- ⦿ a. Not applicable, only one caregiver in home
- ○ b. Successfully completed all programs recommended or actively participating in programs; pursuing case plan objectives; usually demonstrates desired behavior
- ○ c. Moderate participation in pursuing case plan objectives; occasionally demonstrates desired behavior
- ○ d. Minimal participation or refuses involvement; rarely or never demonstrates desired behavior

Actual Risk Level Summary

Actual Risk Level: Low

[Calculate Scores]

[Apply] [Save] [Cancel]

26. You have the ability to apply Policy Overrides by completing the Policy Override Information. You also have the ability to select the Override Final Risk Level. Select Save.

Risk Reassessment | Policy Overrides

Case ID:	2646016	Case Status:	Open (04/07/2014)	
Case Name:	Bob, Sponge	Case Category:	Ongoing	

Case Review Type:	3 Month Case Review	Review for Case Plan Number:	1.00	Status:	Declined for re-work

Policy Override Information

Actual Risk Level Summary

Actual Risk Level: Low

Policy Override Information

Apply Policy Override: No ▾

Override to Intensive. Check appropriate reason
- ☐ An in-home or out-of-home safety plan is still active
- ☐ A non-accidental physical injury to any age child requiring medical treatment
- ☐ Death (previous or current) of a caregiver's child or any other child in their care as a result of abuse or neglect
- ☐ Sexual abuse cases where the alleged perpetrator is likely to have immediate access to the child victim
- ☐ Cases with non-accidental physical injury to an infant
- ☐ Positive toxicology screen of child at birth

Describe Reasons for Any Policy/Discretionary Override:

[Spell Check] [Clear] [4000]

Select Override/Final Risk Level: Low ▾

[Apply] [Save] [Cancel]

27. Select Case Analysis from the Case Review Topics Page

Case Review Topics

Case Review Type:	90 Day Review	Review for Case Plan Number:	1.00	Status: Declined for re-work

Topic	Status
Identifying Information	Completed
Safety Review	Provided
Service Review	Current Case Plan Services - Progress Provided for 1 of 1 Risk Contributors
Strength and Needs Update	Completed
Risk Reassessment	Low Risk Level
Case Analysis	Completed

[Close]

28. Complete the Case Analysis Information and Select Save. (You can also Process your Case Review for Approval at this time)

Case Analysis

| Case Review Type: | 90 Day Review | Review for Case Plan Number: | 1.00 | Status: | Declined for re-work |

Case Status Information

Agency Involvement: Continue Agency Involvement - Family in need of Agency Services ▾

☑ In-Home Supportive Services

☐ Protective Supervision

☐ Out-of-Home Placement

Describe the reasons for the case status selected above. Discuss how the risk reassessment, safety review, family perception, case progress review, including strengths and needs summary and services review informs change readiness of the family, permanency planning and service provision. If case is being closed, provide a summary justifying case closure. * (expand full screen)

NARRATIVE

Spell Check | Clear | 10000

Case Review Completed Date :   04/12/2014   SAR Held with Family Date:

Will the case plan be amended as a result of this review? *   No ▾

Do you need to complete a reunification assessment? *   No ▾

Validate for Approval | Process for Approval

Apply | Save | Cancel