



SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
Adult Services

South Carolina Department of Social Services

Adult Protective Services

Policy Manual

Emergency Funds

**South Carolina Department of Social Services
Adult Protective Services Policy and Procedure Manual**

APS Program Policy – Emergency Funds

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APS Program Policy: Emergency Funds

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110 INTRODUCTION

The Adult Protective Services Emergency Fund may be used to purchase services when resources needed to secure the services are not otherwise available to the vulnerable adult. A variety of bills may be paid on behalf of the client. However, the Emergency Fund cannot be used to purchase long term placements, pay hospital bills nor any services funded by an existing pay source that's already available to the client.

The Emergency Fund budget is limited and it is not intended to provide long term financial support to the client. Community resources and the client's income and resources must be used before a request is made for emergency funds. The case manager must ensure that applications such as Medicaid have been completed and submitted for benefits the client is not receiving but may be eligible for. The case manager is responsible for assessing all financial resources that may exist before requesting emergency funding. The case manager should interview the client/collaterals to verify what financial resources may be available. Examples are Veteran's Allotment, Social Security, Railroad Retirement, Disability, etc.

Requests for reimbursement for transportation, hotel provisions and food for the vulnerable adult must be requested separately from homemaker or sitter services.

120 PRIOR APPROVAL TO ACCESS THE EMERGENCY FUND

Prior approval must be received from the Adult Advocacy Division in the state office to access the Emergency Fund. When requesting prior approval, it will be necessary to explain the circumstances of the situation including the following: Why is it an Adult Protective Service case? Why is it an emergency? What resources are available now? What is the plan for future payment for bills? Did the county APS staff gather information about the client's income, follow through with the seventy-two (72) hour hearing and include in the petition the appropriate language in order to obtain temporary access to the client's funds for his/her care?

Responsibilities of the APS Case Manager

1. Contact your regional APS Area Manager via e-mail explaining what the emergency entails (a summary/statement of the situation) and the amount of the funds requested.
2. After the case manager or APS supervisor has had a discussion with his/her APS Area Manager in reference to the specifics of the case situation, the case manager completes at least the top portion of the **Request For Payment Authorization Adult Protective Services Emergency Fund** (DSS Form 1577).
3. Forward the DSS Form 1577 attached with the prior approval e-mail request to the APS Area Manager at the Adult Advocacy Division at the state office. No signature is required on the form for pre-approval.

121 SECURING THE EMERGENCY FUND REQUEST

The case manager must immediately follow up with the request for emergency funds according to the following instructions:

1. Within thirty (30) to sixty (60) days, the DSS Form 1577 must be updated because some of the requested information may not have been available at the initial submission of the DSS Form 1577. At this time, all of the required blank fields must be completed with all required signatures.

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2. Information such as W-9 Tax ID, invoice, receipts, etc. must be submitted along with the updated DSS Form 1577.
3. The DSS Form 1577 must be uploaded to “Linked Files” for each client in CAPSS.

122 PURCHASED LEGAL SERVICES

The Adult Protective Services Emergency Fund may be used to provide legal representation before and during a court hearing concerning the safety of Adult Protective Services clients.

The attorney engaged represents the adult, not DSS. The proceedings usually are probate court hearings. Prior approval must be secured from the regional APS Area Manager at the Adult Advocacy Division in the state office before the attorney begins work on the case. **Agreement for the Use of Legal Services** (DSS Form 3060) is used to secure prior approval.

123 ATTORNEY FEES

Attorneys are paid an hourly rate not to exceed the current hourly rate approved by the South Carolina Attorney General based upon that attorney’s years of experience. The current fee structure as set out by the Attorney General’s Office is:

Attorneys with 10 or more years of experience up to \$150.00 per hour

Attorneys with 6 – 9 years of experience up to \$110.00 per hour

Attorneys with 3 – 5 years of experience up to \$90.00 per hour

Attorneys with up to 3 years of experience up to \$80.00 per hour

In addition to the fee, certain expenses such as filing fees may be paid. The attorney will complete the **Attorney Time Sheet** (DSS Form 1507) after the work on the case is finished. All fees must be thoroughly documented on the DSS Form 1507. The completed DSS Form 1507 must be sent to the APS Area Manager at the Adult Advocacy Division at the state office.

124 REPAYMENT OF EMERGENCY FUNDS

The client or the estate of the client may be required to reimburse the Emergency Fund for third party payments made on behalf of the client. Staff should request this language or similar language in all court petitions.

125 THE HOMEMAKER SERVICES PROGRAM

The Homemaker Services Program provides in-home services to eligible citizens of South Carolina. Homemaker services include a variety of in-home services geared to individual client needs. Frail elderly and disabled individuals are often unable to manage normal household chores such as grocery shopping, meal preparation and light housework. Without homemaker services, the clients would be forced to seek alternative living arrangements or be placed in a facility. Through homemaker services, families receive valuable assistance in learning to manage households and budgeting.

Where abuse, neglect, or exploitation of adults is suspected or known, the homemaker may be of valuable assistance to the family and case manager in determining whether the home situation can be improved, other problems alleviated or whether the agency should consider alternative methods of care and protection.

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No person shall be excluded from receiving homemaker services on the grounds of race, color, national origin, or religion. No qualified disabled individual shall, solely by reason of his/her disability, be excluded from the participation in, be denied the benefit of, or be subjected to discrimination under this program. All persons receiving homemaker services must have an open APS Treatment Services case in CAPSS.

126 THE PRIMARY GOALS OF THE HOMEMAKER SERVICES PROGRAM

The primary goals of the Homemaker Services Program are to provide those services (free of charge to the clients) needed to assure adequate individual and/or family functioning by:

1. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency and out of home placement;
2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
3. Preventing or remedying neglect, abuse or exploitation of adults unable to protect their own interests;
4. Preventing or reducing inappropriate institutional care by providing home-based care;
5. Providing services to individuals while awaiting referral or admission for institutional care.

127 THE HOMEMAKER'S ROLE

The role of the homemaker as a member of the service team may be one or more of the following:

1. Supplementing or taking over some of the duties of an overburdened family member when the demands of one member result in undue stress;
2. Protecting, or through her service, assisting in the identifying and correcting of hazardous living conditions;
3. Supporting, or through encouragement, helping clients maintain their own homes;
4. Teaching or through demonstration, assisting family members to continue or improve standards of living and increase understanding of responsibilities;
5. Motivating, or stimulating clients to make better use of what limited resources they have to meet their needs.

128 INITIATING HOMEMAKER SERVICES

The Department of Social Services employs homemakers and contracts with Qualified Licensed Providers to provide homemaker services.

The case manager is responsible for determining eligibility for homemaker services, providing a service plan which will include objectives for homemaker services related to each client's individual needs. The decision to use homemaker services in a given situation must be made objectively between the homemaker supervisor, which may be the APS supervisor and the APS case manager and should include assessment of the following:

The amount and kind of services needed to achieve the service goals;

1. The nature and degree of social problems in the situation;
2. The nature and degree of the individual's illness, disability, or infirmity, if any;
3. The extent to which the family or responsible person can and should retain responsibility;
4. The effect homemaker services will have on all members of the household and comparison of homemaker services with other possible plans.
5. Expected completion date of services.

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If using a DSS homemaker, the case manager is also responsible for filling out **Request for Homemaker Services** (DSS Form 1537).

If using a contracted homemaker, the case manager is responsible for securing prior approval for homemaker services. The request must be in writing and the approval must be in writing from the Adult Advocacy Division in the state office before securing a contracted homemaker. The services provided by the contracted homemaker must be entered in CAPSS.

129 EXPLANATION TO THE CLIENT

When the decision has been made to offer homemaker services, the case manager explains the services to the client. If the client is not in a position to make a decision to accept homemaker services, the explanation is made to someone who can act in the vulnerable adult's behalf.

130 THE TEAM CONFERENCE

After the APS case manager explains the service to the client or his/her representative and services for the client is agreed upon, the homemaker supervisor assigns a homemaker and a team conference is held. The team members are the case manager, the homemaker, the homemaker supervisor and the APS supervisor. The team conference will take into consideration the kinds of services needed for the vulnerable adult and the skills of the homemaker, the length and frequency of visits, the types of problems involved, goals established for the individual being served and distances traveled.

Responsibilities of the APS Case Manager

- Presents to the homemaker an explanation of the client's situation and the service plan.

APS Case Manager and Homemaker

- Agree on the tentative number of visits, including the time of arrival and the number of hours of service.
 - The length of service must be flexible to allow for termination earlier or later than initially planned;
 - Decides the time and date of introductory visit to the client's home.

Responsibilities of the Homemaker Supervisor

- Emphasizes that the homemaker, case manager and the homemaker supervisor must have frequent team conferences concerning services the client receives.

131 THE INTRODUCTORY VISIT

The introductory visit is essential to the success of the service. The case manager or the homemaker supervisor must accompany the homemaker on the introductory visit. During the introductory visit, every client or his/her designated representative has the opportunity to accept or reject homemaker services. The services cannot be forced on an unwilling client.

Responsibilities of the APS Case Manager

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- Restates explanation of homemaker services program to client. This includes the need for communication between the homemaker, case manager and the vulnerable adult.
- Completes **Service Agreement** (DSS Form 15103) making sure that all parties understand what is recorded on the form;

Vulnerable Adult, APS Case Manager, Homemaker

- Agree on the goal, objective, tasks, frequency, and number of hours of homemaker services delivery;
- Sign and date the completed DSS Form 15103;

Responsibilities of the Homemaker Supervisor

Sign and date the original DSS Form 15103 or DSS-15103-A when he/she reviews it.

132 DUTIES OF THE HOME MAKER

The homemaker is responsible for participating in team conferences regarding the suitability of homemaker services, working cooperatively as part of the social service team, and for performing for the client specific duties agreed on by the client, the homemaker and the case manager. Homemakers do only those things the client is not able to do for himself. Heavy seasonal cleaning is not done by homemakers. DSS homemakers are paid by the Department to provide services in homes when vulnerable adults cannot afford to pay for services. Homemakers work with the case manager as a team toward achieving objectives and goals that have been set up for helping the client. Homemakers provide services for a specific purpose. The homemaker is responsible for reporting back to the homemaker supervisor if he/she believes that an assessment from the supervisor or case manager is warranted due to neglect issues or other concerns for the well-being of the vulnerable adult.

133 SPECIFIC DUTIES

The specific duties of the Homemaker will vary with each individual service plan and will be determined in advance by the homemaker and the case manager in cooperation with the vulnerable adult and/or others who are helping to plan for the client's care. As work with the client progresses, the homemaker or the case manager may observe the need for changing the specific duties of the homemaker. Such changes should be agreed on by the case manager, the homemaker, and the vulnerable adult, or others on behalf of the client. Specific duties of the homemaker may include, but not be limited to the following:

1. Routine cleaning, sweeping, dusting, changing bed linens, defrosting and cleaning the refrigerator, cleaning the range, light laundry, ironing, mending and mopping;
2. Meal planning, marketing, preparing and service; preparation of special diets; helping the client to understand the diet prescribed, and the value of adhering to it;
3. Providing recipes and information on money saving meals and prepare ahead dishes for the vulnerable adult;
4. Providing information on wise grocery shopping and correct use of food stamps;
5. Running errands to laundromat, drugstore, to pay utility bills, etc.;
6. Doing essential shopping;
7. Helping client follow treatment prescribed by the physician;

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8. Assisting client with retrieving prescribed medication from the pharmacy and delivering medicine bottles to client, but **not administering the medication** by taking medicine out of bottles and giving the client the actual dosage of medication to take;
9. Providing transportation for access to homemaker services. If transportation is provided, it should be a vital part of homemaker services, such as grocery shopping or to the laundromat;
10. Teaching the most practical methods of managing household tasks;
11. Provide assistance, motivation, and stimulation to prevent physical and/or mental deterioration;
12. Providing emotional support and encouragement to individuals and their families who are overwhelmed by catastrophic illness or disability;
13. Working a budget with the vulnerable adult to show all income and expenditures.

134 INAPPROPRIATE HOMEMAKER DUTIES

The homemaker assumes a limited role in the client's household. Duties that are inappropriate for the homemaker to provide include but are not limited to the following:

1. Repairing electrical sockets or wall outlets;
2. Mowing lawns;
3. Replacing broken windows;
4. Repairing clogged drains;
5. Washing walls or windows;
6. Care of catheters or colostomies;
7. Administering medication;
8. Changing surgical dressings;
9. Cutting fingernails or toenails;
10. Providing transportation as a main service for medical purposes;
11. Doing heavy seasonal cleaning of the house.

135 TERMINATION OF HOMEMAKER SERVICES

The decision to terminate homemaker services is the responsibility of the case manager, the homemaker and the homemaker supervisor. Matters taken into consideration include information provided by the homemaker, original tentative plans for termination, and reassessment of the Needs Assessment and the Service Plan by the APS case manager. It is appropriate to discontinue services under the following conditions:

1. The goals of the service plan in regards to homemaker services have been achieved;
2. Service being rendered by the homemaker is no longer appropriate to meet the needs of the vulnerable adult;
3. There is mutual recognition that the client is becoming unnecessarily dependent on the service, is able to manage without the service, and continuation would mitigate independent functioning;
4. Because of physical danger, contagious disease, or disrespectful treatment, the homemaker's well-being is in jeopardy;
5. The client's family becomes able to care for him/her, the client is hospitalized, or is placed in residential care.

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Preparation for termination of homemaker services should be planned as carefully and thoughtfully as initiation of service and with the consensus of those involved (the client, case manager, homemaker, and the supervisor). Termination should be gradual, reducing the number of homemaker visits over a period of time; but, with a termination date set and mutually agreed on by the client, case manager and homemaker. Such an agreement should be reached before the tapering off period, and the household should be taught to adjust to assuming full responsibility when homemaker visits have been discontinued.

Responsibilities of APS Staff, Vulnerable Adult and Homemaker

- Discusses termination of services and reason for termination.
 - Plans termination date;
 - Plans start and end dates of tapering off of homemaker services.

Homemaker

- Tapers off services until terminated.

APS Case Manager

- Sends termination of homemaker services notice to client.
- Records in the client's record in CAPSS the termination date and the reason for termination with comments.

136 PERSONAL CARE ASSISTANTS (PCA)/SITTER SERVICES

The Department of Social Services (DSS) has contracted with Qualified Licensed Providers to provide sitter services to prevent or remedy further abuse, neglect, or exploitation of ill, injured, impaired, disabled or aged adults who are in the custody and/or care of DSS by ensuring the recipients' safety and health until more permanent living arrangements are secured for the recipient.

Prior approval must be made for PCA/sitter services. The request must be in writing and the approval must be in writing from the Adult Advocacy Division in the State Office before securing a sitter. When requesting prior approval, it will be necessary to explain the circumstances of the situation including the following: reason for open Adult Protective Service case? Why it is an emergency and sitter services are needed? What period of service is needed? Medicaid status? Level of Care? Status of PPD? Income amount and status? Provide start/end time of services, start/end date of services, total number of hours needed and the total amount requested.

When the need for sitter services occurs after 5 pm, on weekend or holidays, the approval should be made by the APS on-call supervisor/county director for the county referenced. The supervisor should contact the APS Area Manager in the state office on the next business day to staff and submit an email request for final approval.

Initial approvals may be granted for up to fourteen (14) days. If additional time is needed beyond the fourteen (14) days, a second request should be submitted two (2) days prior to the expiration of the first approval. Approval for PCA services must not exceed twenty (20) days.

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137 HOW TO USE SITTER SERVICES

Options:

When the vulnerable adult is unable to remain in his/her home alone and community services do not meet service needs, please follow these instructions in the order given:

1. If feasible (home location does not present safety/risk concerns), allow APS clients to remain in their home with the personal care aide.
2. Provide a sitter at the hospital for clients in DSS care when requested to do so by hospital staff for the safety of the vulnerable adult.
3. Seek placement in a licensed facility for the APS clients in DSS custody and/or clients with an open APS case.
4. Request use of the Emergency Funds for private pay in a licensed facility (nursing home care, assisted living and community residential care home) for thirty (30) days at the Medicaid rate. You must have this worked out before requesting funds. Requests beyond thirty (30) days must be requested on a monthly basis as required. The appropriate Medicaid application must be filed prior to this request.

Last Option:

Placement in a motel using contracted sitter services for short term – fourteen (14) days until PPD is placed and read with a negative result. If the client is in a hospital setting at initial contact, request PPD to be placed.

Placement of a vulnerable adult in a motel occurs only after all reasonable efforts to find other placement are exhausted and those efforts have been thoroughly documented in CAPSS. The APS case manager and supervisor must continuously re-evaluate the vulnerable adult's need to remain in the motel and the case manager must document continued efforts to find a more appropriate placement. The case manager must make arrangements for the client's daily needs to be met while at the motel including necessary medical services. The APS case manager must enter all authorizations for personal care assistant services into CAPSS under the support svcs/NYTD tab.

138 THE REPRESENTATIVE PAYEE

A representative payee is an individual or organization that is approved by the income source or administering entity to receive Social Security and or Supplemental Security Income (SSI) payments, retirement income or VA benefits. The Veteran's Administration appoints a fiduciary to manage the veteran's affairs if someone cannot manage or direct the management of his or her funds. Payees should use the funds for the current and future needs of the vulnerable adult and save any remaining funds for the client's personal use.

DSS county offices and staff should not serve as a representative payee for an APS client. The agency should maintain a list of individuals, providers or agencies willing to serve as the representative payee for APS clients. All cases requiring representative payee services should be referred to the provider or agency as soon as it becomes known to the case manager that the client's money is not being used for his/her care or the vulnerable adult is unable to manage his/her funds. If the client has a large amount of assets, the case manager must staff the case with the APS supervisor to secure an attorney in order to petition probate court to have a

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guardian or conservator appointed for the client. If an attorney can be secured by the VA to petition the probate court for the appointment of a guardian or conservator; emergency funds may be obtained to pay the filing fee of \$150.00 for this action. Language can be added to the court order for reimbursement of these funds to the DSS upon completion of the appointment of the guardian or conservator.

If the client is placed in a residential care facility or nursing home, the administrator can be advised to apply to Social Security Administration (SSA) to become representative payee of the vulnerable adult's funds. The agency's responsibility is to monitor the activities of these agencies to ensure that they are managing the clients' funds appropriately as long as the agency remains involved with the client.

To apply to become representative payee, the provider should contact the SSA office to submit an application form entitled **Request to be Selected as Payee** (SSA-11-BK) and documents to prove the client's identity. SSA requires that the payee application be completed in a face-to-face interview. The case manager should work within a limited time frame to locate a responsible individual or relative, provider or agency to manage the income.

During the referral process the case manager should direct the client to submit all bills and expenditures to the provider. The case manager should inform relatives to submit client's present income, debit card and check book to the provider. If the relative refuses, the case manager must consult with the DSS county attorney for assistance to intercept the client's income for the next month.

When the Agency receives a report that the vulnerable adult may need placement due to EPC, Ex- parte Order or Nonemergency Removal Order, the Service Provider or APS case manager must contact the nearest Social Security Administration Office. If the client is receiving SSI or SSA, the client's resources must be redirected to the facility. If the client is receiving retirement benefits or VA benefits and funds are direct deposited, the case manager must contact the provider to report payment sources for the client. The case manager must staff the case with the APS supervisor and the county attorney regarding the income, if the client is not cooperating.

The case manager must make sure that the necessary Medicaid applications are completed on behalf of the client for nursing home or residential care placement.

139 BURIAL EXPENSES OF CLIENTS IN AGENCY CUSTODY

DSS is not responsible for burial expenses of clients in the custody of the agency. Relatives usually take responsibility and clients often leave advance instructions and funds for burial. However, if the client left no funds and relatives do not claim the body and make burial arrangements, state law requires that the Board for Distribution and Delivery of Dead Human Bodies be contacted. The Board is comprised of professors of anatomy and surgery at South Carolina schools authorized by law to teach medical science and issue diplomas. If the client died in a hospital or other public institution, the designated staff of the hospital or institution will contact the board. If the client died in another location such as a nursing home or residential care facility, the coroner is notified and the county medical examiner or the deputy medical examiner will contact the board. If the board does not accept the body, it will be turned over to the coroner of the county where the death took place for disposition according to the policy of that county government.