

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

APS Program Policy – APS Response



SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
Adult Services

South Carolina Department of Social Services

Adult Protective Services

Policy Manual

APS Response

APS Program Policy: APS Response

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UNDER REVIEW

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3.1 Purpose and Scope of APS Response

PURPOSE - The purpose of the APS Response is to assess how the adult’s vulnerability and experience of maltreatment and/or self-neglect is uniquely impacting the adult’s life and their ability to provide care and protection for themselves. As a result of these experiences, APS will assess the adult’s individual needs and work with the adult to coordinate services. APS’ response to these questions should include a person specific and adult centered service plan that will require ongoing monitoring and reassessment as their situation changes through the lifecycle of each case.

Together with the adult, APS identifies the service needs of the adult and develops a plan, including recommendations or referrals to other entities, such as social services programs. Assessing, service planning and referral often simultaneously during the lifecycle of the case. It is not the role of APS to investigate a crime or to name a perpetrator.

SCOPE – APS response refers to the range of actions and activities undertaken as the result of a report received by APS. The scope of APS response involves two key components. These components overlap in practice and are not mutually exclusive. Meaning, activities associated in one component may carry over into another. Case work that includes a thorough APS response involves an Assessment component and a Service Coordination component.

The Assessment component is how we respond to state and federal mandates that require APS to investigate the needs of all adults where there is a report of maltreatment and vulnerability for those aged 18 or older, in a community setting that are accepted through the Intake Hub. APS does not have the authority to assess reports of maltreatment in facilities, such as jails, hospitals, and nursing homes. However, in situations where the maltreatment occurred in a community setting APS will assess the needs of the adult regardless if that adult is presently located in a jail, hospital or nursing home. The case manager will visit the adult in their current location to provide the assessment.

The Service Coordination component is how we respond to state and federal mandates that require APS to provide protective services for eligible vulnerable adults if the adult consents to receiving services. These services must always be provided in the least restrictive and culturally sensitive manner appropriate for the vulnerable adult. Adult’s lives and situations change at different rates. Therefore, constant monitoring of services and reassessment is crucial to ensure that services continue to be delivered as per the adult’s wishes and in the least restrictive manner.

3.2 APS Community focused Preservation of Adult’s Safety and Self-Determination (ComPASS) Practice Model

The APS ComPASS Practice Model provides a framework for APS case work. South Carolina APS adopted the APS ComPASS Practice Model to assist staff with navigating the expectations of excellent and consistent case work. The model outlines the values, guiding principles and practice skills necessary to balance APS’ duty to protect the safety of a vulnerable adult with services and the adult’s right to self-determination. This model provides the structure needed for APS staff to move towards uniform

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practice and facilitates improved outcomes. By using the ComPASS Practice Model as a standard, APS can navigate a path towards well-being and dignity for vulnerable adults.

3.2.1 Value Statements

The APS ComPASS Value Statements represent the core of APS.

- Every Action taken by APS must balance the duty to protect the safety of the vulnerable adult with services and the adult’s right to self-determination.
- Vulnerable adults who are victims of maltreatment should be treated with dignity and respect.

3.2.2 APS Guiding Principles

The APS ComPASS Practice Model Guiding Principles are derived from the value statements and provide a framework for decision-making and practice. These guiding principles provide a sense of direction in case work.

- Whenever possible, a vulnerable adult’s right to self-determination should be preserved, including the right to accept or refuse services.
- Vulnerable adults have the right to be free from abuse, neglect, and financial exploitation, treated with dignity, and reside in the least restrictive environment possible.
- Vulnerable adults have the right to make decisions about their lives, well-being and services, with or without the support of friends or family of the adult’s choosing.
- All services should be adult-centered and focused on well-being, while considering the individual needs, strengths, goals, culture, family and values.

From these statements, six defining guiding principles emerge;

- | | |
|----------------------|--------------|
| • Self-Determination | • Dignity |
| • Community | • Safety |
| • Adult-Centered | • Well-being |

3.2.3 APS Practice Model Skills

In order to achieve the standards, set forth through the APS ComPASS Practice Model, seven research and evidence-based practice skills were identified to assist APS on all levels.

- | | |
|--------------|--------------|
| • Advocating | • Partnering |
| • Assessing | • Engaging |
| • Planning | • Empowering |
| • Adapting | |

3.3 Assessment Component of Case Work

APS has historically referred to the assessment component of case work as an investigation, however, APS’ assessment is the process by which APS examines and gathers information about a possible

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allegation of adult maltreatment and/or self-neglect and how that maltreatment or self-neglect impacts the adult's life, what their needs are and what services can effectively mitigate harm caused by the maltreatment and/or self-neglect. APS relies on law enforcement to investigate whether or not a crime has been committed and if there is a perpetrator. APS does not name perpetrators but instead mitigates harm by assisting the adult with the coordination of supportive services.

APS assesses whether or not the adult is vulnerable as a result of maltreatment, is unable to protect themselves and is in need of services to mitigate the harm. Although, APS does not investigate for a crime or perpetrator, both vulnerability and maltreatment or self-neglect must be confirmed (exist) for a case to be substantiated and for APS to coordinate needed services. Through these activities, case managers are required to collect and document adequate information and conduct a thorough assessment of the adult's vulnerability, needs and strengths in order to provide services. While an adult has the right to choose not to participate in the assessment or to receive services, APS still has the obligation to complete the assessment. For an assessment to be thorough, the case manager must at a minimum:

- Make face to face contact with the adult in their environment to hear their wishes and assess their needs;
- Assess the adult's support system and their relationship to the adult;
- Review records such as medical, financial, psychological/behavioral and legal to determine how these records may impact the service plan;
- Complete the South Carolina Needs and Vulnerability Assessment (SCANVA) tool;
- Develop, implement and reassess a Service Plan;
- Secure services to mitigate harm and coordinate with appropriate agencies, including obtaining consent for services and notification of adult's rights;
- Engage in staffings with team leaders, team coordinators, regional directors and legal staff as necessary;
- Document all assessment and service coordination activities in CAPSS;
- Make an appropriate case decision; and
- Participate in court proceedings as needed.

During these activities, APS must understand that each adult is different. Their circumstances, needs and strengths are unique. Services, service plans, and goals therefore must be unique to each individual.

3.3.1 Initial Contact

All accepted APS intake reports will be assessed in a timely manner. In all cases a visit must be made at the location of the adult and the case manager must interact face to face with and assess the adult's needs within the specified time frame. A pre-initial contact supervisory staffing is required before the initial contact is completed. Please refer to section 3.7.1 of this chapter for more guidance on pre-initial contact staffings. If the adult cannot be located or observed in the specified time frame, the case manager must complete an activity note in CAPSS

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to show the continued efforts to make contact and the reason(s) why face to face contact with the adult was not made. Failed attempts to make face to face contact with the adult must be staffed immediately with the APS team leader to obtain further instruction and direction. Diligent efforts are described, and further guidance is located in section 3.9.2 of this chapter.

Emergency Protective Custody (EPC) intakes require immediate action (0-2 hr. response after intake decision).

APS staff are not first-responders. All non-emergency accepted reports, regardless of typology, must be initiated no later than 48 hours after Intake Decision time. 48 hours is the maximum time allowed to make initial contact but may not always be appropriate for the situation described in the intake report. Team leaders may, at their discretion, require a case manager to respond sooner than 48 hours, and in emergency situations may deem an immediate response necessary.

Below are examples of situations where a team leader may require a response time sooner than 48 hours. This is not an exhaustive list and other situations may also apply:

- There is a report of serious injury to a vulnerable adult;
- There is an allegation of sexual abuse;
- The adult is located in a dangerous environment;
- The adult is bedbound without a caregiver.

During the initial contact, the case manager will immediately begin assessing for vulnerability and maltreatment so that necessary services may be put in place. This includes beginning the South Carolina Needs and Vulnerability Assessment (SCANVA).

3.3.2 Assessing for Vulnerability

Vulnerability is one of the two criteria that must be confirmed for a case to be substantiated. It is mandatory that the case manager use the South Carolina Needs and Vulnerability Assessment (SCANVA) to assist them in confirming and documenting how the standard of evidence was met or not met.

Many factors must be considered when making this determination. Diagnosis, ability or inability to perform ADLs, capacity, cognitive, mental and physical impairments must be documented, however none of these in and of itself should determine vulnerability. Case managers must weigh all of the above factors and to what degree these factors impact the adult's functioning and ability to provide care and protection for themselves. The needs and vulnerability assessment will also assist the case manager in determining when further cognitive evaluations may be appropriate and when they are not appropriate. Full cognitive evaluations are intrusive and must only be done when necessary.

3.3.2.1 Standard of Evidence for Vulnerability

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The standard of evidence for vulnerability is clear and convincing evidence. This means that the evidence gathered during the assessment component must support that it is highly probable that the adult is vulnerable. The Jane Doe court case, *Doe v. S.C. Dep't of Soc. Servs. (In re Doe)*, 757 S.E.2d 711, 407 S.C. 623 (S.C. 2014) found that SCDSS did not provide adequate evidence that Jane Doe was vulnerable and established the standard of clear and convincing evidence for vulnerability.

3.3.2.2 What does Vulnerability Mean in APS

The terms vulnerable and vulnerabilities are used in many ways depending on who is using the term and in what context. For APS, a vulnerable adult is operationally defined as a person eighteen (18) years or older who has a physical or mental impairment which **substantially impairs** the person from adequately providing for his/her own care or protection. This can include impairments due to advanced aging, organic brain damage, and physical, mental, or emotional disabilities (APS Policy-Ethical Framework-1.3.8). Not all adults with a disability are vulnerable. Many adults have learned strategies to help them provide care and protection for themselves. That is why it is important to look at each individual and their circumstances. Two individuals with the same impairment may have different case service plans, goals, case decisions and outcomes. One of those individuals may be considered a vulnerable adult, while the other is not. Likewise, poverty or age alone are not sufficient to meet the standard of evidence for vulnerability.

It is not the disability, impairment, adult's age or poverty status itself that is evidence of vulnerability. It is *how* this disability or impairment impacts the adult's life.

3.3.2.3 Physical Impairments

Physical impairments may significantly limit an adult's ability to move or perform physical activities or basic life functions. These impairments can include but is not limited to:

- Amputations;
- hearing or vision loss;
- cerebral palsy;
- spinal cord injuries; and
- muscular dystrophy.

When considering whether a physical impairment has a significant impact on the adult's ability to provide care and protection for themselves, find out what, if any, strategies the adult may have developed and what assistive devices does the adult use to compensate for the impairment.

3.3.2.4 Cognitive Impairments

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Cognitive impairments may significantly limit the adult's ability to think, learn, remember, use judgement and make decisions. These impairments can include but is not limited to:

- traumatic brain injury (TBI);
- dementia; and
- intellectual disabilities.

Usually, cognitive issues fall on a continuum and there are varying degrees of impact on a person's ability to provide care and protection for themselves. Alzheimer's, for example, has several stages. An individual in early-stage Alzheimer's may experience little impact on their ability to provide care and protection for themselves and may have adequate decisional abilities. An individual in late-stage Alzheimer's may experience a significant impact on their ability to provide care and protection for themselves and have inadequate decisional abilities.

3.3.2.5 Mental Impairments

Mental impairments are mental or psychological disorders that may have a significant impact on an adult's ability to provide care and protection for themselves. Mental impairments include but are not limited to:

- schizophrenia;
- bi-polar disorder;
- anxiety; and
- post-traumatic stress disorder (PTSD).

Similar to the other impairments, mental impairments vary in how they impact a person's ability to provide care and protection for themselves. Some adults do well on medication or other treatments.

3.3.3 Assessing the Impact of Maltreatment or Self-Neglect

Maltreatment or Self-Neglect is the second criteria that must be confirmed for a case to be substantiated. While APS does not investigate to determine who mistreated the adult, maltreatment must have occurred, or be confirmed in order for APS to become involved. It is mandatory that the case manager use the South Carolina Needs and Vulnerability Assessment (SCANVA) to assist them in confirming and documenting how the standard of evidence was met or not met. There are many factors to consider when confirming maltreatment or self-neglect. The maltreatment must have been committed by a caregiver. In the case of self-neglect, there is no perpetrator, the actions or inactions is on the part of the adult themselves. When assessing the impact of self-neglect, case managers should consider the degree of competency and right to self-determination. If competent, adults have the right to make decisions that may seem

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harmful to themselves, as long as these decisions do not harm other people. The maltreatment must also have occurred in a community setting (not a jail, hospital or licensed facility). Case managers are responsible for confirming that maltreatment occurred, not who committed the maltreatment. By law, APS cannot name perpetrators. This allows the focus of the assessment to be the adult themselves and the non-criminal (or human) aspects of the case.

3.3.3.1 Standard of Evidence for Maltreatment and Self-Neglect

The standard of evidence for maltreatment is preponderance of evidence. This means that it is more likely that maltreatment occurred than did not occur. Unlike vulnerability, the evidence does not have to be completely convincing, only that it is more likely than not to be true.

3.3.3.2 What does Maltreatment and Self-Neglect Mean in APS

Maltreatment is defined in APS Policy – Ethical Framework – 1.3.6. These are abuse, neglect and exploitation. Self-neglect is not committed by a caregiver and is more difficult to confirm. APS has operationally defined self-neglect as involving great bodily injury resulting in a substantial risk of death. This means that without intervention death or great bodily harm will *likely* occur, not that it *could* occur.

3.3.4 Assessing for Services and Intervention

Assessing for services and intervention begins as soon as the case is open. This is done by completing the South Carolina Vulnerability and Needs Assessment (SCANVA). Case managers must not wait until a Protective Service line is open in CAPSS to begin putting services in place.

3.3.4.1 Adult Centered

Service planning should be unique to each adult and their individual needs and strengths. Asking the adult how they perceive their situation and what they want to happen in their plan is key to services being adult centered. Adults should be involved in case planning from the very beginning. An adult-centered approach respects the adult's right to self-determination.

3.3.4.2 Least Restrictive

The Administration for Community Living (ACL) APS regulation, Section 1324.402(b)(1) requires that APS policies and procedures be person-directed and rely on the concept of the least restrictive alternative. APS should maximize the adult's independence and community integration through holistic case planning and service provision (§1324.401).

All services and interventions should be at the least restrictive level possible. This includes nursing home arrangements when an adult must reside away from their home.

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The level of care should be monitored, and the adult stepped down if their situation improves. Conservatorship and guardianship is extremely intrusive and restrictive and should only be considered when there is no other alternative.

3.3.4.3 Ongoing and Adaptable

Assessing for services and interventions should be an ongoing process. As adult's situation changes, so should services and interventions if they are no longer working or appropriate. This includes stepping down services or interventions that may be still needed but not at the same level.

3.3.5 SCANVA

The South Carolina Adult Needs and Vulnerability Assessment (SCANVA) is a tool and process designed to assist case managers in understanding relevant circumstances in order to identify needs, confirm vulnerability and maltreatment, aid in effective supportive decision making and to address adult well-being. The SCANVA is a communimetric tool, meaning that it provides context by taking into account a person's circumstances, their perspective and how their situation changes over time. Communimetric tools are designed to be conversational between the case manager and the adult and allows the case manager to hear the specific needs from the adult. Using a variety of information types, the case manager will rate the adult's needs and strengths based on the adult's circumstance at that time. The SCANVA is also designed to be administered multiple times with the same adult to measure change over time.

The SCANVA measures six domains; General Functioning, ADLs/IADLs, Sensory/Cognitive Functioning, Risky Considerations, Use of Help, and Strengths. Each individual item on the assessment will fall under one of these six domains.

Items will be rated on a using a 4-point scale. Lower numbers indicate a lower need for intervention and higher numbers indicate a higher need for intervention. There is not a list of specific questions on the SCANVA as each adult and each situation is unique. There are suggested questions to consider for all items.

Conducting the Initial SCANVA

The initial SCANVA will be completed within seven (7) calendar days of the case opening. This is to begin at initial contact and may continue within the seven (7) calendar days through follow-up contacts. Once the initial SCANVA has been completed by the case worker, it will be sent to the case worker's team leader for review. The team leader has ten (10) calendar days from case opening to review the completed SCANVA and must be reviewed before the ten (10) day staffing.

During the ten (10) day staffing, the team leader will review the results of the initial assessment with the case manager and will discuss the adult's wishes, appropriateness of the ratings, thoroughness of the rationales and what action steps should be included in the Service Plan. The

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team leader will inform the case manager of their intent to “Approve” the initial SCANVA or “return with comments.” If edits are required, the case manager has two (2) calendar days to complete edits and once submitted, the team leader has one (1) calendar day to “Approve”.

Only one (1) SCANVA is required to be completed when the Investigation Line of Service is open in CAPSS. Once a Protective Service Line of Service is open in CAPSS, a new SCANVA must be completed every sixty (60) days from the date of the previous assessment.

3.3.6 Service Plan

If the case will be substantiated, the initial Service Plan will be generated after the ten (10) day staffing and must be completed no later than ten (10) calendar days after the ten (10) day staffing. A Service Plan is not required but may be completed if the case will not be substantiated and the adult agrees to services.

Completing the Service Plan

Items identified on the SCANVA that require attention on the Service Plan will auto-populate from the SCANVA and must have action items to address each of these items. Action items are activities the case manager will perform, coordinate or monitor.

The Service Plan may be updated each time a SCANVA is complete, depending on the rating of each item. There will only be one Service Plan during the Investigation Line of Service. It is ideal, but not required that all items on the Service Plan be completed before case closure or moving to Protective services. In circumstances where items cannot be completed case managers must get approval from their team leader.

3.3.7 Case Decision

Case Decisions are made after enough evidence is collected to confirm or not confirm vulnerability and maltreatment based on the standard of evidence for each. The Case decision is due forty (40) days from the date the intake is received. Case decisions may be completed before the 40-day deadline, if sufficient information has been collected to confirm or not confirm vulnerability and maltreatment.

Case Decisions for EPC or Ex-Parte Action

If an adult is taken into custody by EPC or Ex-Parte action, the case manager should complete the assessment as quickly as possible in order to provide information and a decision to the Family Court at the forty (40) Day Merits Hearing. Case managers should make a decision based solely on the evidence collected during their assessment regarding vulnerability and maltreatment. Decisions should be independent of a pending court decision and results of APS’ assessment should be conveyed to the court. If the case decision is to unsubstantiate the case based on not being able to confirm either vulnerability, maltreatment, or both, case managers must enter the decision on the decision tab but keep the Investigation Line of Service open until the pending court decision. If a judge orders DSS to keep the case open, the decision tab should

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be updated with the correct decision. The Investigation Line of Service may then be closed and a Protective Service Line of Service opened.

Case Decision Outcomes

- Vulnerability Confirmed, Maltreatment Not Confirmed – Case Unsubstantiated
- Vulnerability Confirmed, Maltreatment Confirmed – Case Substantiated
- Vulnerability Not Confirmed, Maltreatment Confirmed – Case Unsubstantiated
- Vulnerability Not Confirmed, Maltreatment Not Confirmed – Case Unsubstantiated

If the case is not substantiated it may be closed. However, if the adult requests or consents to services or if the case is substantiated, the Investigation Line of Service will be closed and a Protective Service Line of Service will remain open until services are secured.

When completing the Case Decision screen, case managers will address the evidence collected to confirm vulnerability and maltreatment, as well as any new issues discovered during the assessment. All fields in the decision tab must be completed. Please refer to section 3.2.2 of this policy for guidance on the standard of evidence for substantiating vulnerability, maltreatment and for documenting case decisions.

If the Case Decision cannot be made within forty (40) days, permission to extend the decision date must be made by the APS regional director in a staffing with the APS team leader, team coordinator and case manager prior to the due date. This information must be thoroughly explained by the case manager in the narrative in CAPSS. Reasons to extend the case decision date includes, but is not limited to delays in the following:

- Locating and interviewing the adult or their support system;
- Receiving medical records to properly assess adult;
- Receiving reports such as financial documents that influence the case decision; and
- Receiving key evidence from law enforcement that is vital to the case decision.

3.4 Service Coordination/Protective Service Component of Case Work

Protective Services ordered pursuant to S.C. Code of Laws, SECTION 43-35-45 (F), must be provided in the least restrictive setting available and appropriate for the vulnerable adult. Service coordination, including protective services, should eliminate or minimize risk, increase safety and well-being and respect the adult's dignity and self-determination. As mentioned earlier in this chapter, Service coordination must be adult-centered, least restrictive, ongoing and adaptable. Although CAPSS requires that an assessment line of service be closed out and a protective services line of service opened, as a reminder, service provision begins at day one of the case being opened.

3.4.1 Contacts with Adults During Protective Service/Service Coordination Phase

Case Managers must make contact with adults who have an open Protective Service Line of Service in CAPSS at least every thirty (30) days. More may be needed or appropriate, depending on the complexity of the case. In-person, face to face contact is required.

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3.4.2 Reassessing Needs and Strengths through SCANVA

When a Protective Service Line of Service is open in CAPSS, the case manager must complete a SCANVA reassessment within seven (7) days. It is important that case manager note changes to ratings by documenting in the rating rationale. Once a Protective Service Line SCANVA has been completed, a reassessment must be conducted at least every sixty (60) days. If an adult's situation significantly changes before the next reassessment is due, the case manager should complete a reassessment even if it has been less than 60 days. A SCANVA reassessment will also be due before case closure.

3.4.3 Updating the Service Plan

Service Plans must be updated every sixty (60) days once the Protective Service Line SCANVA has been completed. The Service Plan can be added to, but action items cannot be deleted from previous Service Plans. It is ideal, but not required that all action items be completed before a case is closed. If action items cannot be completed, case managers should seek approval from their team lead. Case managers should also document action items not completed in CAPSS and why they were not completed.

3.4.4 Monitoring and Adjusting Services and Interventions

Monitoring and adjusting services and interventions happens in all components of casework, however, it is the primary function of Service Coordination/Protective Services. Monitoring and reassessing during the Service Coordination component include assessing for additional vulnerabilities, changes in vulnerability, and additional maltreatment.

3.4.5 Case Closure

Cases can be closed when coordinated services have eliminated or minimized unsafe conditions and the adult's safety and well-being no longer depends on the involvement of APS. A final SCANVA must be completed prior to case closure as well as a review or final update of the Service Plan. The case manager must also staff the case with their team lead before case closure. Cases cannot be closed when there are scheduled ACP meetings, unresolved probate concerns or unresolved Medicaid eligibility.

The adult's or the adult's family member's refusal to answer the door or cooperate with the APS assessment is not a valid reason for closure of an APS case. If the adult is in DSS custody or receiving services through court order, APS will need to be relieved of custody by the court before the case is staffed for closure.

Financial arrangements must be completed with placement resources before a case is closed when the adult remains in a facility. The financial arrangements must be completed and the case must be monitored for at least three (3) to six (6) months to ensure that the adult is stable before case closure. The case must be closed out in CAPSS through the Program Services tab and the Treatment Services line. Preference is given to in-home services with out of home placement services as a last resort.

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3.5 Adult Centered Planning

Adult Centered Planning (ACP) is a variation of supported decision making. Using supported decision making allows vulnerable adults to retain a higher level of autonomy while still providing the protective assistance they need. Supported decision making is a less restrictive alternative to guardianship or conservatorship. Instead of taking away the individual's decision-making authority, it identifies and uses a network of trusted supporters who can assist the person in understanding their options, gathering information, and expressing their preferences.

In Adult Centered Planning, the vulnerable adult selects their supporters, who can be family members, friends, or professionals. These supporters work closely with the person to help them understand the consequences of their decisions and ensure their wishes are respected. In Adult Centered Planning, it is recognized that individuals with disabilities can make choices and communicate their preferences effectively with the right support. This approach also maximizes the adult's self-determination, autonomy, and inclusion, giving them the opportunity to actively participate in decisions affecting their lives.

Case managers will be responsible for referring all cases to the ACP team. The ACP team will select adults appropriate for ACP meetings. The regional ACP coordinator will then work closely with the case manager throughout the life of the case or until ACP meetings are no longer beneficial. ACP coordinators will also work with case managers on cases not selected for ACP meetings and provide coaching on engagement strategies.

3.6 Coordinating and Securing Services to Mitigate Harm

At any point in the APS Response, beginning with initial contact, the adult may be in need of necessary services to mitigate harm. This may include crisis intervention to provide life-sustaining services, such as food, heating/air or shelter. Whether or not a case is substantiated, these services must be provided to the adult and should begin as early as the needs are identified. Specific services will be unique to each adult and their individual needs. Adults must be consulted on services available to them, and when competent, consent for APS to coordinate services should be secured by signature.

3.6.1 Consent for Services

Adults must be consulted on services available to them, and when an adult has not been deemed incompetent by a court, consent for the coordination of services should be secured by signature for adults not in APS custody. If an adult initially refuses to consent for services, diligent efforts must be made to ensure that the adult understands what is available to them, are given the opportunity to describe other services that they may be in need of and are provided with an individualized service array. If diligent efforts are made and the adult still refuses services, the case manager must respect the adult's decision and close the case unless the refusal for services will result in the adult's life being in danger. These cases must be consulted with team leaders and county legal team for further guidance.

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3.6.2 Medicaid and Medicare

Medicaid is a joint federal and state eligibility-based program that provides health coverage for eligible residents of South Carolina. People who have Medicaid qualify for the program in one or more different eligibility categories. The Medicaid category(s) that they are in will determine the level of benefits and services they are eligible to receive. Case managers should verify Medicaid eligibility status for all adults in the APS system. If the adult has Medicaid benefits, the case manager should verify it is the correct type to best meet the needs of the adult. If the adult does not currently have Medicaid, it is the case manager's responsibility to apply for Medicaid on behalf of the adult. If the adult is denied or is ineligible, it is the case manager's responsibility to determine next steps.

Medicare is a federal age-based health insurance program. All adults 65 years or older (or younger if the adult has a disability) are eligible to sign up for a Medicare option. Case managers should verify Medicare status for all adults in the APS system. If the adult had Medicare benefits, the case manager should verify which option. If the adult does not currently have Medicare and they meet the age and/or disability requirement, it is the case manager's responsibility to apply for Medicare benefits on behalf of the adult. If the adult refuses Medicare benefits, the case manager must document the adults wishes in CAPSS.

3.6.3 Social Security

Social Security is a federal program that administers retirement, disability, survivor, and family benefits for eligible recipients across the nation. Social Security also enrolls individuals in Medicare. Case managers should verify Social Security status for all adults in the APS system. If the adult currently has Social Security benefits; the case manager should verify where the adult's funding is going and to whom, if the adult does not manage their own finances. If the adult does not currently have Social Security benefits, it is the case manager's responsibility to apply for eligible Social Security benefits on behalf of the adult. If the adult is denied or is ineligible, it is the case manager's responsibility to determine what must be done in order for the adult to be eligible. If the adult refuses Social Security benefits, the case manager must document the adults wishes in CAPSS.

3.7 Critical Staffings

Case staffings are a crucial part of case work. The purpose of staffings is to increase communication, collaboration and provide the opportunity for team leaders, team coordinators and regional directors to provide support, guidance and constructive feedback to assist case managers in their growth and professional development. Ultimately, case staffings lead to better outcomes by providing quality and relevant services to the vulnerable adult.

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Case staffings can be held for any reason and at any time during the life of a case. At a minimum, the following staffings must take place.

3.7.1 Pre-Initial Contact Staffing

Following receipt of an accepted report and prior to initial contact of all APS Responses, a pre-initial contact staffing must be completed. Documentation of this staffing must be entered into dictation by the close of the next business day. This is a formal staffing between the team leader and case manager to provide supervision, support and guidance to the case manager. The staffing requires, but is not limited to, the following:

- Determine if initial contact must be made prior to the assigned response time
- Review of the alleged maltreatment
- Identify possible safety threats or concerns for the adult
- Identify optional safety services to mitigate threats
- Determine if any interpreter services will be needed or other barriers exist that would impact speaking with the adult
- Determine case manager safety concerns and needs. The Team Leader must document the Pre-Initial Contact staffing in CAPSS appropriately.

3.7.2 10-Day Staffing

Within ten (10) business days, not including holidays, after the intake decision date, the case manager must staff with the APS team leader to discuss of the status of the case, the results of the SCANVA, the wishes of the adult, strategies for the service plan, and receive directions and guidance on how to proceed with the APS Response. Prior to staffing, the SCANVA must be submitted by the case manager and reviewed by the team leader. The Staffing must be documented on the Case Staffing form, added to dictation and uploaded to the CAPSS Case Management file. The case manager must make recommended changes to the SCANVA, if required, and create the service plan.

3.7.3 Transfer Staffing

Before a case is transferred, either to a different case manager or to another county, a Case Staffing/Transfer form must be completed and entered in CAPSS documentation. A staffing must also take place with the transferring county staff and the receiving county staff to ensure all are aware of circumstances surrounding the case and what the transferring county staff has completed up until the staffing date. All documentation must be entered in CAPSS.

When cases are transferred from the Investigation Line of Service in CAPSS to a Protective Service Line of Service in CAPSS, the team leader will complete a Case Staffing Transfer form and outline action items from the service plan. All documentation including the initial contact narrative, SCANVA, service plan, and any recommendations from the staffing must be updated in CAPSS.

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When transferring a case to another county due to jurisdictional reasons, the assigned county must verify that the adult is permanently located in a county other than where the case was assigned. Initial contact must be made and entered in CAPSS before the case can be transferred. The initial SCANVA must be completed. The APS team leader must staff the case with the team leader in the county where the case will be transferred.

3.7.4 Legal Staffing

All cases that have court involvement must be staffed with the county legal department before the court hearing. All court summaries and court paperwork must be completed before the case manager and APS team leader schedules a staffing with the county legal team. Legal Staffing sheets should be marked clearly.

Since legal staffings are attorney-client privileged, and dictation is discoverable, APS staff should not enter detailed notes from this staffing into their dictation. However, a hard copy staffing sheet for this meeting should be filled out following each legal staffing, outlining what was discussed, action steps and signed by the participants in the staffing. The legal staffing should be kept in the physical file, clearly marked as privileged, and are not to be produced.

3.7.5 Case Decision Staffing

After the completion of the SCANVA and within forty (40) days of the case opening, the case manager and APS team leader must complete a Case Decision Staffing to determine the outcome of the assessment. The Case Decision Staffing must be entered into CAPSS by the team leader stating the results of the assessment, whether or not both vulnerability and maltreatment was confirmed and met the standard of evidence. If the standard of evidence was met that confirmed both vulnerability and maltreatment the case will be substantiated. If the standard of evidence was not met and either vulnerability or maltreatment, or both, was not confirmed, the case will be unsubstantiated. The Case Decision Staffing must include recommendations from the team leader to direct the case manager on how to proceed with the case after the case decision.

3.7.6 Case Closure Staffing

Prior to a case being closed, the case must be staffed with the case manager's team lead to ensure the appropriateness and whether or not there are any outstanding recommendations.

3.8 Legal Cases

Case managers shall consult with their team leader and county legal team on all legal cases. Any dictation entered in CAPSS on the legal aspect of cases should be summarized and not include names of participants in staffing or consultation. Legal staffings and consultations contain attorney/client privileged information and are not subject to Freedom of Information Act (FOIA) Requests. All

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information regarding the case, including any appropriate legal information to be entered into CAPSS, shall be added by the case manager or APS program staff and not the legal team.

3.8.1 Emergency Protective Custody

Law enforcement has the authority to place a vulnerable adult into protective custody in a life-threatening situation if:

- There is probable cause to believe that by reason of abuse, neglect, or exploitation there exists an imminent danger to the vulnerable adult's life or physical safety;
- The vulnerable adult or caregiver does not consent to protective custody; and
- There is not time to apply for a court order.

When a law enforcement officer takes protective custody of a vulnerable adult, the officer must transport the vulnerable adult to a place of safety, such as a hospital to be evaluated. APS has custody of the vulnerable adult pending the family court hearing to determine if there is probable cause for protective custody.

The APS case manager will initiate an APS Response upon law enforcement placing an alleged victim into Emergency Protective Custody and the case manager must notify the county legal department via telephone or e-mail within two (2) hours that the EPC has occurred. The case manager will secure a copy of the incident report from the law enforcement officer stating that the adult is placed into Emergency Protective Custody. If a copy of the incident report cannot be secured, a signed copy of the Emergency Protective Custody of a Vulnerable Adult form may be completed and signed by the officer. The attorney for DSS will file a petition of protective custody within one (1) business day of receiving notification of the Emergency Protective Custody action. If the APS assessment reveals a need for continued custody by DSS, the petition will also request that the adult remain in DSS custody and the services that are to be coordinated. SC Code – 43-35-55.

3.8.1.1 Probable Cause Hearing

The family court shall hold a hearing to determine whether there is probable cause for the protective custody within seventy-two (72) hours of APS filing the petition, excluding weekends and legal holidays. Law enforcement will testify as to the purpose of the EPC. APS staff must also be prepared, through the attorney's questioning, to testify as to the evidence of vulnerability and maltreatment of the adult, if the facts are available at that time. The judge will determine if there is probable cause for the adult to be in APS custody. A judge may rule that there is no need for the adult to be in the custody of DSS, but the case file is to remain open to provide services to the client.

3.8.1.2 Guardian Ad Litem

A Guardian Ad Litem (GAL) is appointed within ten (10) days following the filing of the petition of protective custody. The GAL is responsible for representing the best interests

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of the vulnerable adult by advocating for the welfare and rights of the adult involved in an abuse, neglect or exploitation proceeding. The APS case manager and team leader must coordinate with the GAL to provide appropriate requested documents.

3.8.1.3 Comprehensive Evaluation

Before the Merits Hearing, the APS case manager must conduct a comprehensive evaluation of the vulnerable adult. The report will cover the items addressed in S.C. Code of Laws, Section – 43-35-45 (D).

The original copy of the report should be turned over to the legal department and the legal department will ensure that the report is filed with the clerk of the court with copies submitted to the required interested parties. A copy of the comprehensive evaluation report will be provided to the court, the Guardian ad Litem, and the attorney for the adult at least five (5) working days before the hearing. Reasonable expenses incurred for evaluations required by this subsection must be paid by the APS Program which must seek reimbursement for these evaluations, where possible. The evaluation must include, but is not limited to:

- The wishes of the vulnerable adult;
- The vulnerable adult's current address and with whom the vulnerable adult is residing;
- a list of all persons or agencies currently providing services to the vulnerable adult and the nature of these services;
- a summary of services, if any, provided to the vulnerable adult by APS;
- if needed, a medical, psychological, social, vocational, or educational evaluation;
- Recommendations for protective services which would serve the best interests of the vulnerable adult; however, when these services are to be provided by another state agency, these recommendations must be developed in consultation with the other agency. SC Code – 45-35-45 (D)

3.8.1.4 Merits Hearing

A Merits Hearing must be held forty (40) days after the filing of the petition for protective services.

At the hearing on the merits, the court may order the APS Program to provide protective services if it finds that the vulnerable adult is at substantial risk of being or has been abused, neglected, or exploited and the vulnerable adult is unable to protect herself or himself; and protective services are necessary to protect the adult. Protective services ordered at the merits hearing must be provided in the least restrictive setting available

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and appropriate for the vulnerable adult. However, if commitment to a treatment facility is required, the APS Program may initiate commitment proceedings.

When the merits hearing results in a court order for protective services, at least every six months, the APS Program must submit a written report to the court, and other parties required by the court, addressing the adult's continued need for protective services. SC Code – 43-35-45 (H)

Full Hearing

The parties may submit a consent order for the merits hearing if all parties fully agree to the issues presented. When the Merits Hearing is contested or in other situations deemed necessary by the family court judge, a full hearing on the merits may be required.

3.8.1.5 Six Months Report to the Court

After the court orders custody of the vulnerable adult to DSS or otherwise orders protective services, the case manager must evaluate the adult's situation and submit a written report to the Court at least every six months. The report will address the adult's continued need for court ordered services. These reports should be submitted to the county legal department which should then be responsible for ensuring that the appropriate parties/individuals are provided copies as is the Court. The report must be documented in LCMS so that information is transmitted to CAPSS.

3.8.1.6 Relief of Custody

When the adult's safety is no longer dependent on being in custody of DSS, the Family Court will be petitioned for relief of custody. Ex-Parte Orders do not expire at the end of forty (40) days. It is always necessary to return to court to be relieved of custody given to DSS by a court order. The agency must be relieved of custody before the case can be considered for closure. APS custody is temporary and should never be considered permanent. It is not appropriate for APS or the Family Court to provide that custody of a vulnerable adult be granted to another adult. Nor should the agency ask the Family Court to be granted temporary access to a vulnerable adult's funds when DSS no longer has custody of the vulnerable adult. Funds should be re-directed to placement resources prior to case closure.

3.8.2 Ex Parte Removal Order

At any time during an APS assessment a vulnerable adult is in imminent danger due to abuse, neglect or exploitation and consent to services cannot be obtained, DSS may petition the family court for an order to provide the necessary services. In those cases, requiring emergency removal of the vulnerable adult from the place the adult is located or residing, the APS Program may seek ex-parte relief. The county attorney representing DSS will present an ex parte complaint to the family court. The court may expedite the ex parte proceeding to any extent

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necessary to protect the vulnerable adult. The family court may order ex parte that the vulnerable adult be taken into emergency protective custody without the adult's consent if the court determines there is probable cause to believe that by reason of abuse or neglect there exists an imminent danger to the vulnerable adult's life or physical safety. The court also may order emergency services or other relief as necessary to protect the vulnerable adult. SC Code 45-35-45 (B).

3.8.3 Probate Court

When APS determines that a vulnerable adult in need of protection cannot remain protected due to incapacity and there are not sufficient alternatives to guardianship or conservatorship, a petition for the appointment of a guardian and/or conservator can be filed with a probate court. Information and guidance on considerations for probate court is located in APS Policy Manual; Chapter 5 – Probate Policy.

Furthermore, the choice to pursue probate guardianship or conservatorship for an adult, which is primarily determined by their perceived incapacity, should be considered as a measure of last resort for any vulnerable adult, as this option significantly and often excessively limits the adult's autonomy, essentially superseding their right to self-determination.

3.8.4 Legal Alternatives to Guardianship and Conservatorship

In some situations, a guardianship and/or a conservatorship may be the best choice to protect an adult or that adult's rights, which could include a full or limited guardianship or a full or limited conservatorship. However, there are less restrictive alternatives to guardianship and conservatorship that allow the adult to be involved in decisions about his or her care, well-being, and financial affairs and/or assets, while still providing protection for the person. Because a guardianship and/or a conservatorship can be very restrictive for an individual, it is important to explore other alternatives first.

3.8.5 Inspection Warrant

If consent cannot be obtained for access to the vulnerable adult or the premises, APS may seek a warrant from the family court to enter and inspect and photograph the premises and the condition of the vulnerable adult. Videotaping is not allowed. The county attorney will ask the court for the warrant based on facts from the case manager and the court shall issue a warrant upon a showing of probable cause that the vulnerable adult has been abused, neglected, or exploited or is at risk of abuse, neglect, or exploitation. Refer to SC Code of Laws, SECTION 43-35-45(A).

3.8.6 Court Orders to Redirect Funds to Facilities

If the court determines that vulnerable adult is financially capable of paying for third party provided services it orders, then payment from the adult's resources can be ordered (Refer to SC

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45-35-45 (l)). In such cases, the APS program will coordinate to have the adult's funds redirected directly to the service provider or facilitate, if necessary, the eligible service provider in directly seeking the funds from the adult's funding source. The APS Program will not directly receive the adult's funds to pay the service provider.

3.8.7 Special Provisions

Special provisions may be included in Family Court Orders in response to the petition (complaint) or on the Court's initiative. Examples are, restraining provisions against persons who would interfere with services to the vulnerable adult, such as housing or authorization for routine and emergency medical care. In addition, the court may find that the vulnerable adult is financially able to pay for third party services and may order payment from the financial resources of the adult. In exploitation cases, the Court may order that the financial records be made available for inspection. APS staff should coordinate with local county attorney to request from the court that APS not be restricted from performing assessments and providing service delivery. APS staff and attorneys should always promote the least restrictive environment and that the adult's wishes be respected, if possible. should not ask the court for special provisions which conflict with APS Policy.

3.8.8 Commitments

APS staff should always engage the Department of Mental Health (DMH) in conjunction with DSS/DMH mental health consultant, to assist with the appropriate resources for vulnerable adults with mental illnesses. Involuntary admissions to facilities are handled by the Probate Court and coordinated by DMH. If an involuntary admission is deemed necessary, coordinate with DMH after staffing with your supervisor.

3.8.9 Legal Case Management System

In order to initiate a legal action, a referral must be made by the case manager. It is the responsibility for the local legal staff to update LCMS. In order to make a referral of an APS case to LCMS, the case manager/team lead or designee should follow this procedure:

1. Open the adult's case in CAPSS.
2. Select the program service line to be referred (Investigations or Protective Service).
3. Click on "Legal."
4. Click on "Update."
5. Select the LCMS Referral Type (Urgent or Non-Urgent).
6. Click "Commit."

The case manager will know that the referral was successful, if the LCMS Referral Sent Date appears in CAPSS within thirty (30) minutes of entry. This action is a one-time referral needed by the case manager. If the initial referral is made in the Investigation Line of Service, another referral must be made in the Protective Service line after closing the Investigation Line of Service. No other action is needed by the case manager. Any time court action is initiated, a referral to LCMS must be made

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immediately by following the above steps. LCMS must be informed as to which service line in CAPSS the court data is forwarded, i.e. Investigation or Protective Services.

3.9 Special Circumstances

All APS cases should be looked at individually and should balance safety with the adult's right to self-determination. Working with adults may include special circumstances that do not fit the norm for an APS caseload. Some of these situations are outlined below and are not all inclusive. If a case involves special circumstances that have no written policy or guidance, case workers should consult with their team leader for support and direction.

3.9.1 Notification to Law Enforcement

When an accepted intake report is received by the county APS office, the APS team must determine if law enforcement notification is necessary because of a reasonable suspicion of criminal activity. Criminal activity may include the intentional maltreatment of a vulnerable adult by another person, or other offenses that place the vulnerable adult in imminent danger or puts the adult's safety at a substantial risk. Reports involving financial exploitation, sexual battery, and physical abuse with visible injuries must be reported immediately. The APS team leader will review the intake report to determine if notification to law enforcement is necessary and if notification was not initiated by the intake case manager. If the APS team leader decides that law enforcement should be notified the proper notification form should be completed. Once notification has been made, the APS team leader will ensure that the case is properly monitored by the APS case manager. The APS case manager will immediately notify law enforcement at any time during the APS Response if the APS case manager suspects that criminal activity places the adult in imminent danger. If the case manager calls law enforcement to the location of the adult and the adult is taken into Emergency Protective Custody (EPC), the case manager will note law enforcement's involvement and upload all completed forms in CAPSS.

3.9.2 Unable to Locate Adult

A diligent search must be provided to locate the adult to include, but not limited to, the following actions:

- contacting family members if provided on the report;
- contacting the reporter;
- contacting hospitals; checking with neighbors;
- checking with the postal service;
- contacting law enforcement and jails;
- Interviewing the client's landlord, if applicable.

Diligent efforts should include multiple visit attempts and phone calls to resources listed above for a minimum of two weeks. The case manager must document all diligent searches in CAPSS, staff with the APS team leader and complete the case decision section in CAPSS, indicating the

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case manager was unable to locate the adult. If the Intake reporter requested a callback, the case manager must let the reporter know that APS was unable to locate the adult.

3.9.3 Cases Involving Two Vulnerable Adults

When there is a situation involving the abuse or neglect of two vulnerable adults living in the same household (i.e. husband/wife, sister/brother; sister/sister and/or brother/brother) there must be two separate intakes and two separate cases. The APS process must be completed with a thorough assessment in both cases. Relationships must be respected and, when possible, efforts must be made to place adults together when requested.

3.9.4 APS Responses Involving Multiple Counties

APS Response procedures and time frames will apply even though several counties may be involved in an assessment. Unusual situations will require cooperation and agreement among county offices. The following guidelines will apply:

The county where the adult is currently located is always the primary response county, regardless of where the maltreatment occurred. Examples of this include when the adult is hospitalized or visiting in a county different from where they reside or where maltreatment occurred. The primary county is responsible for making initial face to face contact and beginning the initial assessment. Once the adult has returned to their primary residence or has been permanently moved to new county, the county transfer staffing can take place.

3.9.5 Children Aging Out of Foster Care

When children are aging out of Foster Care and protective services are still necessary, it is in the best interest of the child to remain in the current placement through an extension of Foster Care services. Adult Protective Services is not a continuation of Foster Care and should not be used as an aging-out plan. All intakes must meet the criteria for an accepted report;

- The person must be 18 years of age or older,
- The adult must meet the legal definition of vulnerable,
- There is an allegation of maltreatment at the hands of a caregiver,
- The maltreatment must have occurred in the community.

The law does not give the authority to by-pass the intake criteria for any specific population. The Foster Care case manager may include APS in case staffings as consultants. APS should only be used as temporary protection and should not be used as a long-term solution.

3.9.6 Health Care Consent for Medical Treatment

APS case managers must not sign any consent for health-related services to treat physical or mental illness. Relatives, guardians, and persons named as the health care power of attorney may give consent for medical treatment of impaired adults who are unable to give informed consent. In the absence of relatives, a guardian, or health care power of attorney, the health

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care provider should follow procedures in the Adult Health Care Consent Act: S.C. Code of Laws, § 44-66-10 et seq.

In the event there is no one available under the Adult Health Care Consent Act and the physician/hospital refuses to make health care decisions for the APS patient who is unable to consent, the case manager should contact their county attorney and the APS regional director for advisement. Refer to APS Policy; Chapter 5 Probate Policy, section 1.8 for further information and guidance.

3.9.7 Reporting Critical Incidents and Fatalities Involving Vulnerable Adults

All APS staff are required to immediately report critical incidents that management should be aware of or that management may learn of the incident through an external source, such as media, legislators, law enforcement, and/or concerned citizens. Failure to report critical incidents may be grounds for disciplinary action. Refer to SCDCSS Human Resource Manual, Policy 137 Critical Incident Reporting Policy and Procedures for further instructions and guidance.

For APS, Critical Incidents for vulnerable adults known to DSS are defined as follows:

- Death as a result of abuse or neglect
- Near death as a result of abuse or neglect
- Serious injury as a result of abuse or neglect
- Other incidents that endanger the life, health, or physical safety of a vulnerable adult in the custody of DSS, for example, sexual assault or human trafficking

3.9.8 Assessment of Maltreatment in Adult Day Care Facilities

Because an adult day care facility is located in the community, and the residents do not live in the facility, it is appropriate for APS to assess the needs of a vulnerable who experienced maltreatment in an adult day care facility. This assessment is no different from all other APS assessments. However, APS is not able to provide the name of a perpetrator or recommend Human Resource guidance for day care staff.

3.10 APS Roles and Responsibilities

While there are defined roles and responsibilities in APS, the division will act as a team when conducting case work. APS is responsible to the vulnerable adults in the APS system and quality case management and positive outcomes are dependent on all roles working together.

3.11 CAPSS and Documentation

APS team leaders will ensure the creation of the initial case file in CAPSS is attached to an accepted intake report. Case managers and team leaders must utilize the forms and tabs in the system to ensure that the CAPSS case management file is comprehensive and complete.

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A complete case record contains all required documents and related information, such as correspondence, case narratives, and documentation of all case activity pertaining to the adult receiving services. Complete case records should reflect that the case manager has a thorough understanding of the adult's vulnerability and the maltreatment, has explored appropriate resources, has followed through on a service plan to meet the needs of the adult and to the best of their ability met the wishes of the adult. Case managers are not required to print narratives, SCANVA assessments, and service plans from CAPSS. However, when the above forms are printed from CAPSS, each page must be signed and dated reflecting the date they were printed.

3.11.1 Confidentiality of Case Records

All case records, including documentation is to remain confidential. Adult Protective Services records may not be viewed by members of the public. All requests from individuals asking to either review or copy the file shall be referred to the county legal department for appropriate response. According to S.C. Code of Laws SECTION 43-35-60: "Unless otherwise prohibited by law, a state agency, an investigative entity, and law enforcement may share information related to an investigation conducted as a result of a report made under this chapter. Information in these investigative records may be shared between investigative entities only. Information must not be disclosed publicly".

3.11.2 Documentation

At a minimum, the case narrative in dictation should contain the following:

- The purpose of the contact or case activity;
- The person or persons with whom the contact occurred and the relationship to the adult;
- The case management assessment or intervention implemented;
- The location where the activity took place;
- The outcome of the contact/activity; and
- The follow-up needed

It is crucial that documentation in CAPSS be thorough and accurate. Quality documentation will include not cutting and pasting from other fields in CAPSS, correct grammar, and clear and complete representation of case work. Dictation should be clear and to the point. Details that relate to the adult or the adult's situation, such as conversations about the adult's wishes, needs and challenges are crucial to a thorough understanding of the case. However, it is not necessary for dictation to include detail that does not pertain to the adult's case.