Adult Protection Coordinating Council

Annual Report

FY2025

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Table of Contents

I. **Foreword**

II. **South Carolina Omnibus Adult Protection Act**

III. **Key Components of the Act**

IV. **Adult Protection Coordinating Council**

V. **Summary of 2025 Activities**

VI. **Future Direction**

VII. **Appendix**

Foreword

The Adult Protection Coordinating Council (APCC) was established under the South Carolina Omnibus Adult Protection Act. Its main purpose is to provide oversight into agencies and recommend improvements to the adult protection system.

The Council is required to submit an Annual Report to the Governor, the Chairman of the Senate Medical Affairs Committee, the Chairman of the House Medical, Military, and Municipal Affairs Committee, and other interested parties.

The Council is tasked with distributing this report to the public. This document serves as the Annual Report for 2025 and provides an overview of the Omnibus Adult Protection Act, the formation of the Adult Protection Coordinating Council, its current activities, and its future direction.

South Carolina Omnibus Adult Protection Act

The South Carolina Omnibus Adult Protection Act (OAPA, S.C. Code Ann. § 43-35-5 et seq.) was enacted in 1993 to centralize and standardize the state's approach to protecting vulnerable adults from abuse, neglect, and exploitation.

Before 1993, adult protective services in South Carolina were fragmented. In 1991, the General Assembly mandated an advisory committee to identify system-wide gaps. This led to the Act's passage on June 11, 1993, with the goal of creating a unified system that clearly defines the roles of state agencies and establishes civil and criminal penalties for maltreatment.

Key Components of the Act

1. Uniform Definitions: It established standard legal definitions for "abuse," "neglect," "exploitation," and "vulnerable adult" (anyone 18+ with a physical or mental condition that impairs self-care).
2. Investigative Jurisdictions: The Act divided responsibility among four primary bodies:
    a. Department of Social Services (DSS): Investigates non-criminal reports in community settings (private homes).
    b. Long-Term Care Ombudsman: Handles reports in licensed facilities like nursing homes.
    c. South Carolina Law Enforcement Department (SLED) Vulnerable Adult Investigations Unit: Investigates criminal abuse in state-operated or contracted facilities.
    d. The Attorney General's Office presents a quarterly report on patient abuse, neglect, and exploitation.
3. Vulnerable Adult Fatality Review Committee**:** Created by Article 5 of the Act to provide a multidisciplinary review of deaths of vulnerable adults to identify abuse, neglect, or exploitation.

4. Adult Protection Coordinating Council: Created by Article 3 of the Act to provide interagency oversight and recommend improvements to the system.

Adult Protection Coordinating Council:
Article Three of the Act established the APCC under the South Carolina Department of Health and Human Services (SCDHHS). This council was created in response to significant concerns about the need for ongoing coordination and collaboration among the various entities involved in the adult protection system.

According to amendments to the Act in 2012, the council comprises 21 public and private organizations, along with 2 representatives who are either consumers of services or family members of consumers. One representative is from the institutional care service provision system, while the other represents the home and community-based service provision system.

The duties of the APCC include:

1. Providing oversight and recommending improvements to the adult protection system.
2. Facilitating problem resolution and coordinating interagency efforts.
3. Developing methods to address the ongoing needs of vulnerable adults, including public awareness initiatives.
4. Staying informed about new trends and national best practices in adult protection.
5. Annually reporting on the council's activities and accomplishments to various government bodies and the public.

Summary of Activities:
In 2025, the APCC held quarterly meetings on February 11, May 13, August 12, and November 17. The APCC includes members from traditional health and human services agencies, as well as representatives from public and private entities and law enforcement organizations (See Appendix A). During these meetings, APCC members reviewed and amended the bylaws, examined data reports from investigative agencies, and discussed their findings.

1. Bylaws Amendment:

The Bylaws were reviewed and amended. An amendment was drafted and submitted to the APCC at the August 2025 meeting. This amendment reflected the reorganization of the former Departments of Mental Health, Developmental Disabilities and Special Needs, and Alcohol and Other Drug Abuse Services into a single Department of Behavioral Health and Developmental Disabilities. (See Appendix B.)

2. Data Review and Investigative Entity Highlights:

   The council reviews data reports from investigative entities, including the Department of Social Services, Adult Protective Services, SLED, the State Long-Term Care Ombudsman, and the Attorney General’s Office, Medicaid Fraud Control Unit. (See Appendix C) The data reports include the following information:

   a. Adult Protection Services (APS) presents a quarterly report on the number and

type of intakes they receive, the number and type of cases they accept, and the length of services for cases.

The APS Division is housed in the Department of Social Services and is tasked with investigating/assessing non-criminal reports of abuse, neglect and/or exploitation that occur in the community. The mandate for APS to be involved in an adult's life is that the adult be deemed vulnerable by the standard of clear and convincing evidence, a maltreatment must have occurred at the hands of a caregiver or the adult themselves, the adult must be 18 years or older and the abuse had to have occurred in the community (as opposed to a facility, hospital, or institution). The value statement for APS is, "Every action taken by APS must balance the safety of the vulnerable adult with the adult's right to self-determination." Seventy-eight percent of those served by APS are aged 60 years or older, 19% were between the ages of 25-59 and 2% were between the ages of 18-24. APS serves both older adults and adults with disabilities who meet the above-mentioned criteria. In 2025 APS accepted 6,788 cases through the DSS intake hub (this includes custody cases) and employed approximately 130 case managers who managed cases in multiple counties. Of the accepted intakes, 56% of the vulnerable adults were female and 44% were male. Eighty-two percent of the cases were accepted for either neglect by a caregiver or self-neglect, 8% of the cases were for abuse and 9% were for exploitation. APS protective services are intended to be short-term until the harm is mitigated, and services are in place. Last year 79% of APS's cases were closed between 0-6 months, 18% between 6-18 months and 3% more than 18 months. Those complicated cases opened longer than 1 year were in need of a conservator, a guardian, or awaiting eligibility for Medicaid or Social Security.

b. The SLED Vulnerable Adults Investigations Unit (VAIU) operates within the Special Victims Unit (SVU) and consists of five agents, one lieutenant, and one administrative coordinator. In 2025, one agent position was vacant, and one agent split duties between the VAIU and another unit within the SVU. The VAIU lieutenant and agents conducted 14 training sessions on the abuse, neglect, and exploitation of vulnerable adults, which were attended by approximately 397 participants. These training sessions also covered VAIU's role under the Omnibus Adult Protection Act (OAPA) and the state statute that mandates reporting to the VAIU Hotline.

   In 2025, the VAIU Hotline received 616 intakes. Among these, five were reported veteran fatalities and documented as information only, while 429 were referred to other state agencies or local law enforcement for investigation.

   During the same year, the VAIU opened 179 cases. Of these, one case originated from six separate VAIU intakes, and one resulted from a request by local law enforcement. A total of five cases led to five arrests. Throughout 2025, 171 cases were closed, including 21 that were declined for prosecution by solicitors and six that were adjudicated. Additionally, 144 closed cases were found to be unfounded, which included fatality investigations.

c. The Attorney General's Office presents a quarterly report on patient abuse, neglect, and exploitation. The Vulnerable Adults and Medicaid Provider Fraud Unit (VAMPF), which operates within the South Carolina Office of the Attorney General, is staffed by 14 criminal investigators, 5 prosecutors, 3 auditors, and 2 administrative support personnel. This dedicated team focuses on investigating and prosecuting cases involving fraud in the Medicaid program as well as the abuse, neglect, and exploitation of vulnerable adults.

   In 2025, VAMPF received 173 complaints related to cases involving vulnerable adults. These complaints resulted in the opening of 72 new cases during the year. By the end of 2025, the unit had successfully closed 52 cases, while 113 cases remained open and pending further action. Through investigative and prosecutorial efforts, VAMPF secured 33 arrests, obtained 27 indictments, and achieved 24 convictions. Courts ordered a total of $195,053.65 in restitution as part of these outcomes.

   A key 2025 highlight for VAMPF was coordinating two in-person forensic interview trainings tailored specifically for its investigators and focused on vulnerable populations, including older adults, individuals with cognitive impairments, and those with developmental disabilities.

   Based on the Safe and Accessible Forensic Interviewing with Elders (SAFE) protocols, the sessions emphasized open-ended, non-leading questions, trauma-informed rapport-building, and adaptations for cognitive or communication challenges. This approach reduces suggestibility, prevents evidence contamination, and yields more reliable, detailed victim accounts that withstand legal scrutiny. By empowering victims historically overlooked or dismissed, these techniques are increasing disclosure rates, strengthening prosecutions in abuse and exploitation cases, and promoting justice for vulnerable adults.

d. The Long-Term Care Ombudsman presents a quarterly report on reports they receive on allegations of abuse, neglect, and exploitation from nursing homes, assisted living facilities, as well as facilities operated or contracted for operation by OIDD and OMH, intermediate care facilities, and mental health facilities. The Long-Term Care Ombudsman Program (LTCOP) advocates for residents living in long term care settings, including nursing homes, residential care/assisted living facilities, and long-term care facilities operated by or under contract with the Office of Mental Health and the Office of Intellectual and Developmental Disabilities. The program is housed within the South Carolina Department on Aging and operates through staff located in the ten regional Area Agencies on Aging offices.

   During calendar year 2025, the LTCOP investigated 404 complaints involving Abuse, Neglect, or Financial Exploitation. Of these, 295 were related to abuse, 81 to neglect, and 28 to financial exploitation.

   Over the past year, 20 long-term care facilities closed statewide, resulting in the loss of 625 beds. Many of the closed facilities served residents with low

incomes and individuals who are more difficult to place, creating additional challenges for resident relocation and access to appropriate long-term care options.

3. Presentations:
    a. HCBS Policy Updates — Margaret Alewine
    b. Facility Closure Statistics/Trends — Dale Watson
    c. Scam Letters — Kathy Bradley
    d. Personal Needs Allowance — Margaret Alewine

Future Direction:
Since the onset of COVID-19, the APCC has focused on fulfilling its essential duties. Recent discussions have highlighted several challenges that the APCC is currently facing.

1. The first challenge is the shortage of public and private representatives, as mandated by statute, needed to participate in APCC meetings. Due to retirements and staffing changes, the APCC does not have full membership and has actively sought replacements since the beginning of the pandemic.

2. With the retirement of a staff member who previously provided direct coordination and support for the APCC, it has become increasingly difficult to expand public awareness and training efforts. Nevertheless, APCC members agree that the public should have access to data, the annual report, and information on how to report allegations of abuse, neglect, and exploitation. The APCC has discussed ways to disseminate this information through its website and social media, as well as by sharing it with partner organizations.

3. Additionally, there has been discussion about the need to access non-investigative reports from facilities. The APCC plans to invite the Executive Director of AARP of South Carolina to present the 2023 AARP Long-Term Services and Supports (LTSS) report. APCC members are very concerned about the findings of this report, which ranks South Carolina 49th out of 50 states for long-term care, placing it in the bottom tier (Tier 5) due to significant systemic gaps in care affordability, access, staffing, and quality. South Carolina ranked 50th in affordability and access, 46th in safety and quality, and 34th in choice of setting.

4. The APCC also plans to invite a representative from the Department of Behavioral Health and Developmental Disabilities to discuss the impact of the reorganization on their quality assurance and reporting processes for facility management.

5. Additionally, APCC has requested that the investigative agencies present information on their role in reporting data and the requirements they must adhere to based on the mandates given to them.

Appendix A
APCC Members/Designees

Name	Agency/Organization
Kelly Cordell	SC Department of Social Services/APS
Dawna Keith	SC Office of Intellectual and Developmental Disabilities
Margaret Alewine	SC Department of Health and Human Services
Theresa Brown	SC Department of Labor, Licensing and Regulation
Beth Franco	Disability Rights SC
Sabrina Fellers	SLED SVU/Vulnerable Adult Investigation Unit
Kathy Bradley	Family Member of Consumer of Institutional Services
Brenda Marchant	SC Department on Aging
Shiaza Tindell	SC Court Administration
Jennifer Aplin	SC Commission on Prosecution Coordination
Scott Cooke	Department of Consumer Affairs
Jeffrey Gauge	SC Office of Mental Health
Sally Foster	SC Sheriffs' Association
Wilson Dillard	SC Health Care Association
Krisdee Clark	SC Home Care and Hospice Association
John "JJ" Jones	SC Police Chiefs Association
John Frampton	Attorney General
Dale Watson	Long Term Care Ombudsman
Beverly McClerklin	SC Office of Mental Health
Angie Smith	SC Department of Public Health

Appendix B
Bylaws of APCC

Article I. Name

The name of the group shall be the Adult Protection Coordinating Council herein referred to as the Council.

Article II. Mission and Purpose

Section 1:

Section 43-35-320 of the S.C. Code of Laws provides that the Council shall generally:

1. Coordinate the planning and implementation efforts of the entities involved in the adult protection system.

2. Facilitate problem resolution and develop action plans to overcome problems identified within the system.

3. Develop methods of addressing the ongoing needs of vulnerable adults, including increasing public awareness of adult abuse, neglect and exploitation.

4. Remain abreast of new trends in adult protection from national clearinghouses and appropriate entities.

Section II:

Section 43-35-330 of the S.C. Code of Laws requires the Council to specifically:

1. Provide and promote coordination and communication among groups and associations which may be affected by the council's actions and recommended changes in the system.

2. Identify and promote training on critical issues in adult protection, facilitate arrangements for continuing education seminars and credits, when appropriate, and determine and target problem areas for training based on analysis of the data.

3. Coordinate data collection and conduct analyses including periodic monitoring and evaluation of the incidence and prevalence of adult abuse, neglect and exploitation.

4. Assist with problem resolution and facilitate interagency coordination of efforts to address unmet needs and gaps in the system.

5. Promote and enhance public awareness.

6. Promote prevention and intervention activities to ensure quality of care for vulnerable adults and their families; and

7. Annually prepare a report of the council's activities and accomplishments for the calendar year and distribute the report to council members, the Chairman of the Medical Affairs Committee of the Senate, the Chairman of the Medical, Military and Municipal Affairs Committee of the House of Representatives, directors or chairs of member agencies or entities who have a designee serving on the council, and other interested parties as well as publishing the report on the legislative committee's website.

Section III:

The Council has no authority to direct or require any implementing action from any member or entity.

Section IV:

Duties of the Council are subject to the appropriation of funding and allocation of personnel sufficient to carry out the functions of the Council.

Section V:

The Council shall review within two years studies or reports that have not been implemented. The purpose of this review will be to determine the pertinence or appropriateness of the subject matter for follow-up study or action.

Article III. Membership

Section I:

Membership shall include:

1. One member from the institutional care service provision system or a family member of a consumer of the system, and one member from the home and community-based service provision system who is a consumer or a family member of a consumer of that system, both of whom must be appointed by the council for a term of two years or until a replacement is found.

2. These members who shall serve ex officio:

(a) Attorney General or a designee

(b) Office on Aging, Executive Director or designee

(c) Criminal Justice Academy, Executive Director or designee

(d) South Carolina Department of Public Health, Commissioner, or a designee

(e) South Carolina Office of Intellectual and Developmental Disabilities, Director or a designee

(f) Adult Protective Services Program, Director or a designee

(g) South Carolina Department of Health and Human Services, Executive Director or a designee

(h) Police Chiefs' Association, President, or a designee

(i) South Carolina Commission on Prosecution Coordination, Executive Director, or a designee

(j) Protection and Advocacy for People with Disabilities, Inc., Executive Director or a designee

(k) South Carolina Sheriffs' Association, Executive Director or a designee

(l) South Carolina Law Enforcement Division, Chief, or a designee

(m) Long Term Care Ombudsman or a designee

(n) South Carolina Medical Association, Executive Director, or a designee

(o) South Carolina Health Care Association, Executive Director, or a designee

(p) South Carolina Home Care Association, Executive Director, or a designee

(q) South Carolina Department of Labor, Licensing and Regulation, Director, or a designee

(r) Executive director or president of a provider association for home and community-based services selected by the members of the council for terms

of two years or until a replacement is found, or a designee

(s) South Carolina Court Administration, Executive Director, or a designee

(t) Executive director or president of a residential care facility organization selected by the members of council for terms of two years, or a designee.

3. Vacancies on the council must be filled in the same manner as the initial appointment.

Section II:

1. Members selected for terms of two years shall be limited to no more than two full two-year terms or until an appropriate replacement is found.

2. Members from the institutional care service provision system and community-based service provision system will be current consumers or family members of current consumers and will be selected by the Chair and Vice Chair from suggestions submitted by Council members utilizing the Council's form to obtain potential member information.

3. Members from the provider associations for home and community-based services and organizations for residential care facilities will be selected on a rotating basis.

Section III:

Each Commissioner, Executive Director, Director or manager of a member entity, or a selected member, shall be entitled to one vote. Interim and Acting Commissioners, Executive Directors, Directors or managers of a member entity, or their designees, and selected members, will be full voting members of the Council for the duration of their appointments.

Section IV:

Members selected by Council shall serve without compensation. State employees shall serve in the course of their regular duties and are not eligible for compensation from the Council.

Section V:

Any member absent for two (2) meetings in a calendar year of the Council without notice will be notified by letter from Council Chair that his/her membership is not in good standing. The member will be requested to notify Council of his/her intentions for continued active participation. A third absence without notice will result in the removal of the individual from membership. If the member is a

designee for his/her agency or entity, the agency or entity will be notified of the designee's absenteeism.

Article IV. Officers

Section 1:

The officers shall be Chairman and Vice Chairman.

Section II:

The term of office shall be one two-year term.

Section III:

Election of new officers shall be held at the meeting immediately prior to the expiration of the current officers' two-year term. Duties will be assumed at the meeting following the meeting in which elections were held.

Section IV:

The Chair will assume the following duties:

1. Preside at all meetings.
2. Be the spokesperson of the group.
3. Appoint committees as necessary.
4. Be responsible for working with designated staff that provide support for the Council's activities.
5. Perform other duties as necessary.

The Vice Chair shall perform duties of the Chairman in his or her absence or disability and other assigned or delegated duties at the request of the Chair.

Section V.

Service in any one office shall be limited to no more than two full two-year terms. After a break in service, a member may again be considered for an office.

Section VI:

If the office of the Chair should become vacant, the Vice-Chair shall assume the

position of Chair. If the office of the Vice-Chair becomes vacant, the remaining members shall vote at their earliest convenience on the vacancy to fill the unexpired term. Election to an unfulfilled term shall not be considered in determining the two consecutive two-year terms.

Section VII:

Officers shall be elected by simple majority of the membership.

Article V. Meetings

Section I:

The Council shall meet at least once each calendar quarter. Meetings may be called by a petition of two-thirds of the Council membership.

Section II:

Meeting dates shall be established by consensus of the Council members. A regularly scheduled meeting may be canceled and rescheduled.

Section III:

All material relevant to agenda items shall be provided one working week in advance of the meeting date. Exceptions may be made when this is unavoidable.

Section IV:

Actions voted on in the previous meeting may not be reconsidered due solely to the absence of any member.

Section V:

A quorum is thirteen voting members. Members shall sit in the areas designated for members.

Section VI:

A simple majority of the members shall represent the desire of the Council.

Section VII:

Staffing for the Council shall be the responsibility of the South Carolina Department of Health and Human Services. Staff from member and non-member agencies may be requested to provide expertise at the pleasure of the Council and the convenience of the manager of the agency or organization.

Article VI: Committees

Standing committees shall not be created by the Council unless: (1) there is an

appropriation of funding and allocation of personnel sufficient to carry out the functions of the Council as mandated in Section 43-35-330 or, (2) member entities agree to provide staff support until the Council is funded and has a staff allocation.

Article VII: Amendments

Bylaws may be amended by a two-thirds majority of the voting membership of the Council, provided the proposed changes are not in conflict with the South Carolina Statutes. Such changes shall be presented at the regularly scheduled meeting preceding the meeting at which the proposed change is voted on.

Article VIII: Parliamentary Authority

Roberts Rules of Order shall constitute the ruling authority in all cases in which they are not inconsistent with the Bylaws or any other statute of this State.

Adopted February 7, 1994
Revised February 11, 2002 (Article II, Section V added, technical changes made)
Revised February 11, 2013 (Article II and III revised pursuant to Omnibus Adult Protection Act amendments for membership and duties)
Revised February 13, 2017 (Article III, Section II revised; Personal Care Providers Association and Adult Day Care Association no longer exist)
Revised February 11, 2019 (Article III, Section V added regarding member absenteeism)
Review and Revised August 11, 2025

Appendix C
Data

The data below represents the total number of reports for the investigative entities for the calendar year 2025.

ADULT PROTECTIVE SERVICES - Total reports: 6,788

For further information, see the Data and Resources section of the South Carolina Department of Social Services at https://dss.sc.gov/about/data-and-resources/.

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LONG TERM CARE OMBUDSMAN - Total reports: 404

For further information, call the State Long Term Care Ombudsman, Department on Aging at 803-734-9900 or 1-800-868-9095.

VULNERABLE ADULTS AND MEDICAID PROVIDER FRAUD UNIT – Total reports: 173

For further information, call the Vulnerable Adults and Medicaid Provider Fraud Unit (VAMPF), South Carolina Attorney General's Office, at 803-734-3660.

VULNERABLE ADULT INVESTIGATIONS UNIT – Total reports: 616

For further information, call the Vulnerable Adult Investigations Unit, SLED, at 803-896-7654.

2025 - Annual Report - APCC.pdf