

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

CHAPTER 1, Referrals and Resources

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**110 Introduction**

Revision Number: 84-1, Effective Date: 01/06/1984

A number of agencies within the state provide similar or related services for adults. The South Carolina Department of Social Services provides social services to eligible adults through direct provision of services by DSS staff and through referrals to other social agencies for services which they provide. The State Department of Social Services also develops agreements with other agencies so that county DSS offices may follow uniform practices in using their resources.

Among the services DSS may arrange for are Special Services for Handicapped and Disabled Adults. The purpose of this service is to provide habilitative and rehabilitative services to handicapped and disabled adults in order to assist individuals to attain or maintain as high a level of functioning and independence as possible.

Social Service needs for aged, blind, and disabled adults vary when they are remaining in their own homes or community. Community Based Counseling permits clients to remain in their homes while receiving assistance to remedy illness, alcohol and/or drug abuse, emotional instability or behavioral problems.

There are times when a client cannot remain in his/her home to receive assistance for mental illness, behavioral problems, alcoholism or emotional disturbances. In such instances, the client may be institutionalized in a facility in the community or state to receive needed treatment.

Information and referral services involves maximum utilization of other agencies providing similar or related services. These services may include those that are mandated by law or available through local resources.

**120 POLICIES**

Revision Number: 92-1, Effective Date: 01/27/1992

**121 County Duties**

Revision Number: 92-1, Effective Date: 01/27/1992

County caseworkers and supervisors are responsible for being knowledgeable about community and state resources in the community. They must maintain cooperative relationships to assure maximum use is made of all local resources.

A file of all known resources should be maintained in the county office. Caseworkers must also know what other units within the Department offer so as to better serve the clients. The supervisor can help the caseworkers know the services offered in the county and state.

To know which resource or service would benefit the client, the caseworker needs to have complete knowledge of the client's situation which is gained through a thorough needs assessment. Section 01.52 of this chapter provides a guideline for needs assessment interviews. While discussing the client's situation, the client and caseworker will discuss what needs to be done to help the client. A case plan with a goal and objective(s) will be formulated and the client and caseworker will decide what action each will take in order for the objective to be met.

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**121.10 Worker Duties in Service Provision**

Revision Number: 92-1, Effective Date: 01/27/1992

Clients will come to our Department with a variety of problems and requests. Some of their problems or requests can be handled directly by the Social Services staff while others must be referred to other local and state agencies. In some instances, there will be no resources available.

When the latter is true, you can either attempt to develop a resource independently or jointly with other agencies.

The worker has these responsibilities in serving clients:

1. Assist the client to identify the problems;
2. Help explore possible solutions to problems;
3. Help the client to decide which problem needs an immediate solution;
4. Inform the client of the appropriate services within the Department, community or state which may be available to him. This includes Department provided services such as: Food Stamps, Medical Assistance, Aid to Families with Dependent Children, etc.;
5. Discuss with the client which services the Department will provide directly;
6. Discuss with the client the services and agency to which he will be referred for services not provided directly;
7. With the client's permission, make referrals to the appropriate agency, community, and state resources;
8. Explain in detail to the client why the information about him that you will share with units or agencies is required and needed;
9. Explain to the client the agency's role and involvement in the services to which he is being referred.

There may be some instances when the client is reluctant to accept the services necessary to help alleviate his problems. Should this occur, it may be necessary to reassess the situation and help the client to accept services needed and requested.

When referring a client to an outside resource, make sure the client knows something about the services and what will be expected of him in order to receive the service.

**121.20 Sensory-Impaired Clients and Clients with Limited English Proficiency**

Revision Number: 04-02, Effective Date: 12/14/2004

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Clients who are not proficient in English must have interpreters arranged for them at no cost. The Accommodation Assessment form, DSS-2664, is used to assess the need for an interpreter. Friends and relatives may advocate for the client but may not serve as interpreter. In addition, accommodations must be made for clients who have audiological or visual impairments which have a profound effect on language use. Each county office has a Client Special Services Coordinator (CSSC) who will provide guidance or assistance.

**122 Referrals**

Revision Number: 84-1, Effective Date: 01/06/1984

**122.10 Basic Principles of Making Referrals**

Revision Number: 84-1, Effective Date: 01/06/1984

The worker must establish a positive relationship with the client thus enabling the client to identify his/her problems and/or the worker to sense them.

The worker and the client should determine which problem is the most urgent. In the worker's mind, this may not be the basic problem; however, it is the one with which the client is most concerned and for which he appears willing and ready to accept help. (There may be some exceptions to this. For example, a client wants vocational training but is not yet willing to accept the physical restoration that precedes the training).

The worker must describe what the resource has to offer the client and encourage him to accept the service. He cannot use a resource unless he knows something about what it has to offer him and what it will expect of him.

**122.20 Follow Through Services**

Revision Number: 84-1, Effective Date: 01/06/1984

**122.20.10 Worker Responsibility for Follow Through**

Revision Number: 84-1, Effective Date: 01/06/1984

The worker must have a clear understanding of his continuing role and responsibility for follow through in the case as well as the role assumed by the other agency. The extent of follow through depends on many factors such as the client's need for supportive care, the nature of the client's problems and plans for dealing with them, services being received from the other agency, and the understanding between the two agencies as to the nature and extent of cooperative agency effort. When the Department is referring a client to another agency for service and there is no need for continued Department involvement, the worker is not required to follow through on the referral.

**122.20.20 Value of Follow Through Services**

Revision Number: 84-1, Effective Date: 01/06/1984

Follow through enables the worker to provide the client with continuing support and encouragement to effectively utilize the resources of the other agency. The worker and client can evaluate the client's movement toward his goal and reevaluate the need for other services by completing follow through.

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**122.20.30 Follow Through on Termination**

Revision Number: 84-1, Effective Date: 01/06/1984

Follow through also assures the most reliable decision for termination of the case. At any point when service is to be discontinued by the Department or other resource, the agency planning to discontinue the service should notify the other agency in advance. This is particularly important when the client has been unable to use the service. This policy enables the appropriate agency to help the client reevaluate the problems and consider other plans immediately. If the interest of the client can best be served by one agency alone, the referring agency should withdraw in a professional manner.

**122.20.40 Recording of Follow Through**

Revision Number: 84-1, Effective Date: 01/06/1984

The total referral service plans and activities must be made an integral part of the client's case record. This is particularly important with follow through service, all changes in service plans, the resource to which the client was referred, and the results achieved. Only by recording to this extent can clarity and continuity of Department efforts be maintained and the client assured of the most effective help the social services agency can provide. When a form which is part of an interagency agreement is used, it is not necessary to record in the contact report information contained on the form.

**123 Resources**

Revision Number: 84-1, Effective Date: 01/06/1984

It is the breakdown in functioning that brings aged or disabled persons to the attention of a social service agency. The breakdown is usually due to lack of money, social isolation or loss of health (physical and/or emotional) or over dependence upon chemicals to meet some of their needs. The Department should have a variety of resources to offer clients to help meet their needs.

In providing services for the aged and disabled, much effort must be put into exploring sources of support from health, service agencies and other public departments. Often the neglected resources are school organizations and classes, church affiliated groups and civic clubs. Every community, even the smallest and most rural, has at least some groups that are willing to provide some support. There may be available in many areas, less formal gatherings of individuals such as service clubs, bridge clubs, ceramics classes or athletic clubs who might be accepting and willing to take a project of mutual interest.

The Department may have to reach out to the elderly or disabled client because the client may come with a feeling of rejection by family and the community. To begin where the client is should be our approach. The worker begins by displaying warmth and particularly a readiness to listen. These attributes should be displayed even though the client may be specific or vague in the request. It should also be remembered that the request may or may not be appropriate for the client. A list of many potential resources is contained in the Reference Section 01.51.10.

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**123.10 Identifying Resources**

Revision Number: 84-1, Effective Date: 01/06/1984

In planning for the older or disabled person, the choices made may be limited. The staff (worker and supervisor) needs to know the available resources; resources that can be created, and what services a community might be encouraged to develop.

There are many in-home services available; one example is homemaker services. These services may be inexpensive when weighed against some of the community resources or institutional cost. Clients may prefer the in-home service which may not meet their needs on a long range plan. Workers must have a thorough knowledge of all available resources. They must know what is actually offered in terms of everyday living, routines and care.

The Department should lend support in its own community to the development and improvement of resources. Also, the county workers can assist with helping to measure the impact and effectiveness of community resources whether existing or newly created.

One way to identify community resources is to have staff, in group discussions and serious study, look at the community, its people, organizations and resources, to see what is available and how these resources can be used to the best advantage.

Many benefits can be received from discovery of new resources and communities frequently find that bringing problems to the attention of the public or certain parts of the public sets in motion the action needed to improve or correct the situation.

Knowledge of existing resources can be gained through identification with service coordinating organizations such as Interagency Councils, Community Service Councils or Human Service Councils. Soliciting ideas from client groups as to what they see as resources can also be helpful. Other possibilities for identifying resources may include studying how other communities have found resources for meeting needs of clients with similar problems.

Publicity directed toward informing the public about unmet needs, which might take the form of staff appearances before civic or religious groups, can be helpful in developing resources to meet specific needs.

Participation of staff in institutes and conferences can aid in ideas for resource utilization, such as substituting one resource for another or finding new ways to use what is already available. Staff that exercises skill and creativity through diligent and thoughtful efforts to find resources to meet client needs will acquire a better knowledge of the community and be better able to judge when it is necessary to look for additional help from the community or beyond.

**123.20 Resource File**

Revision Number: 84-1, Effective Date: 01/06/1984

A resource file is indispensable if the Department is to help clients take full advantage of the services and facilities available. It is especially valuable to a worker who is not familiar with the community, its people and its organizations, but it will not serve its function adequately if not well organized and kept up to date.

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Each county office is responsible for making available to its staff, resource directories which will inform staff members of services offered on state, regional and local levels. This might involve directories of nearby counties and regions, as well as those applicable only to the county or community concerned, since the area in which different services are available will vary considerably and services provided in one area might also be available to counties many miles away. Supervisors should see that service workers are familiar with the directories and know how to use them.

If such directories are to serve their purpose adequately, it will be important that they be kept up to date, substituting new ones for old and making changes as new information is received. These directories may be a part of or used in conjunction with the resource file.

**123.30 Resource Utilization**

Revision Number: 92-1, Effective Date: 01/27/1992

It may be found that some resources are used extensively while others are rarely, if ever, used. This can create the impression on the part of the latter group that the need for their help is non-existent or very small, while too many demands may cause a resource to "dry up". Some review of referrals and utilization of resources should be made from time to time in order to avoid overworking some resources and to make widespread use of all resources available.

**124 Adult Services Face Sheet**

Revision Number: 92-1, Effective Date: 01/27/1992

The Adult Services Face Sheet, DSS-1564, is used in all Adult Services type cases when the client receives direct services from the Department. The form allows the caseworker to maintain demographic information in a central location which will assist the caseworker in identifying resources for the client. The Adult Services Face Sheet is one of the Model for Casework Practice forms used only by Adult Services. The form and instructions are found in section 01.40. Section 01.51 contains Reference Material related to the Model for Casework Practice.

**130 PROCEDURES**

Revision Number: 84-1, Effective Date: 01/06/1984

**131 Arranging for the Provision of Services**

Revision Number: 84-1, Effective Date: 01/06/1984

In arranging for the provision of services to clients we need to be aware of individual differences and consider the specific needs of the person with whom we are working. This is especially true in the provision of services to persons with physical and/or mental limitations, either directly or by referral. DSS staff need to be aware that each person comes with his or her own problems and with varying abilities to cope or adjust. Others have been unable to face their problems realistically and have developed feelings of frustration, anger, shame, guilt or anxiety. Services provided must be those designed to help maximize their remaining capacities and to function within their limitations.

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County Director, Supervisor or Worker

1. Receives referral for services for individual.

County Director or Supervisor

2. Assigns request for services to appropriate worker for follow-up.

Worker

3. Interviews individual, establishing a positive relationship, enabling individual to identify problems and/or the worker to sense them.

Worker and Client

4. Worker and client determine which problem is most urgent (the one with which the client is most concerned and is willing and ready to accept help). See Chapter 300, Case Management Manual.

Worker

5. Determines eligibility for services (see Chapter 200, Case Management Manual) and if service is to be provided directly, authorizes services.
6. If service is not to be provided directly, determines which provider/resource has service(s) most appropriate to meet client's particular needs.
7. Contacts provider/resource to substantiate availability of service (s) for client.
8. Describes what the provider/resource has to offer the client and encourages him/her to accept the service(s).
9. With client's permission, provides information about individual to the agency or organization which will be helpful in the provision of service (s) and make referral for services.
10. Determines if client needs transportation to service access. If necessary, assists in providing or arranging for this service.
11. If client receiving DSS direct services, follows up on referral to see that client receives services from provider/resource.
12. If individual is ineligible for DSS services, makes referral to appropriate resource, follow up desirable, but not required.

**131.01 Arranging for the Provision of Services**  
Revision Number: 06-01, Effective Date: 09/06/2006

Certification of Citizenship



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Changes under the Federal Deficit Reduction Act of 2005 requires all individuals to provide proof of citizenship and identity when they apply for Medicaid benefits after July 1, 2006. The Deficit Reduction Act set forth changes in federal law impacting Medicaid administered by the South Carolina Department of Health and Human Services (DHHS). This section outlines activities to follow when an adult needs to apply or be reviewed for Medicaid eligibility on or after July 1, 2006.

Worker

1. Contact the client or client representative to determine whether identifying information is available to verify citizenship.
2. Contact the Medicaid eligibility worker for assistance to obtain information about your client. (original document must be presented).
3. Completes Medicaid Application as required.
4. Use data match from government agencies like Social Security Administration, Veterans Administration, etc. to obtain identifying information.
5. Contact the Community Care Home Administrator or the Nursing Home Social Worker for clients in placement. Admission information serves as a resource.

Note: If other forms of documentation cannot be obtained, documentation may be provided by a written affidavit from two citizens not related to the applicant who have specific knowledge of the citizenship status. The applicant must submit an affidavit stating why the documents are not available.

Note: For clarification concerning appropriate forms of identification to verify citizenship, refer to DHHS form 1233A @<http://medsweb.clemson.edu/formlisting.htm>

**132**                    **County Duties**  
Revision Number: 89-1, Effective Date: 04/18/1989

Worker

1. Receives referral and determines client's SSBG eligibility.

Client

2. Signs SSBG application.

Worker

3. Completes Needs Assessment. Completes Case Plan with client input.
4. Records Needs Assessment on DSS-1560 and Case Plan on DSS-15103 within 30 days of initial application (see step 1).

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Client

5. Signs Case Plan

or

Worker

Records reason for lack of client signature if client does not sign.

Supervisor

6. Reviews Needs Assessment and Case Plan.

7. Signs Case Plan.

Worker

8. Provides services and continues assessing client needs.

9. Writes reassessments into the record as client needs change. Records date of reassessment on DSS-1560.

10. Completes new Case Plan, DSS-15103, as client needs cause the service delivery plan to change.

11. Reviews initial Needs Assessment and Case Plan (see step 4) within six months to determine if a change is needed. Records review date on Needs Assessment, DSS-1560. Records reassessment, if necessary, in case narrative or on DSS-2503.

or

Unless it is time for annual SSBG review, reviews latest reassessment and Case Plan within six months to determine if a change is needed. Records review date on DSS-1560.

12. Annually, redetermines client's SSBG eligibility.

**150 REFERENCE DATA**

Revision Number: 97-2, Effective Date: 06/20/1997

This section includes supplementary material discussed in this Chapter.

**151 Model for Casework Practice**

Revision Number: 97-2, Effective Date: 06/20/1997

Reference: 01.24, Adult Services Face Sheet

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These questions and answers were developed during the implementation of the Model for Casework Practice (MCP). They have been revised to reflect the changes made necessary by the implementation of Targeted Case Management (TCM).

1. Question: If the client signs the Case Evaluation/Case Closure Form at closure, must we still wait 10 days before closing the case?

Answer: Yes.

2. Question: On the Worker Activity and Contacts Form, what is afield visit?

Answer: A field visit is the same as a collateral contact. This is a face to face contact regarding the client with anyone outside the Adult Services work area.

3. Question: On the Risk Assessment Form, when is a safety plan done?

Answer: Anytime the worker must take immediate action (within 24 hours) to protect the client. All high risk factors do not require safety plans.

4. Question: On the Risk Assessment Form, when is the Reassessment Section completed?

Answer: The caseworker reassesses the client's situation and reviews the Risk Assessment Form four to six months after the prior assessment or reassessment was completed.

5. Question: If a husband and wife in the same household are receiving APS, does a Risk Assessment Form have to be completed for both?

Answer: Yes, even though some factors will be rated the same for both.

6. Question: When is staffing used on the Worker Activity and Contacts Form?

Answer: When the caseworker and supervisor staff the case. Other staffings are recorded on the Case Transfer/Case Staffing Form. However, if a Case Transfer/Case Staffing Form is completed, it needs to be noted on the Activity and Contacts Form. For example:

4/23/97	S	See Transfer/Case Staffing Form.
		M. Jones 4/24/97

7. Question: If a task is completed and noted in the Results section of the Service Agreement, what should be recorded on the Activity and Contacts Form?

Answer: More detailed information is recorded on the Activity and Contacts Form.

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8. Question: Is the Service Agreement used on APS cases and other direct Adult Services cases?

Answer: Yes.

9. Question: Where can we list the client's medications?

Answer: In Section III of the Client/Family Assessment Summary for cases which are not APS. In Part III, Other Relevant Information, of the Risk Assessment Form for APS.

10. Question: When the caregiver is given a task on the Service Agreement, can he/she sign it?

Answer: The Caregiver may sign below the client's signature.

11. Question: If you go out to assess a case for Homemaker Services (for example) and realize while there that you have an APS situation, does the worker complete an Intake Form?

Answer: If APS worker, no. If the worker is not an APS worker, an Intake Worksheet should be completed and relayed via office procedures to appropriate staff

12. Question: You do an investigation for APS and decide to unsubstantiate the case after completing the Risk Assessment. You now realize that 4500 or 2200 is what is needed. Do you now complete a Family/Client Assessment Summary?

Answer: No. If enough information is on the Risk Assessment Form, it is not necessary to complete the Family/Client Assessment Summary.

13. Question: When the case decision is made you do a desk review to change the turnaround from A, to investigate, to B, to protect. If it took longer than 30 days to make the case decision, do you have to do a reassessment on the Risk Assessment Form?

Answer: No.

14. Question: Can the investigative unit update the Risk Assessment Form before transferring the case to treatment?

Answer: The safety plan section of the Risk Assessment Form will contain the documentation of immediate action taken by the investigative unit. Other action taken to reduce risk will be recorded on the Worker Activity and Contact Sheet and on the Case Transfer/ Staffing Form.

15. Question: If a 2600 case is open in the SSBG system but the application has not been presented to the client for signature, and the caseworker unsubstantiates the case, should an Evaluation/Closure Form be sent to the client?

Answer: No.

16. Question: Is the "current situation" section of the Case Transfer/Case Staffing screen completed for transfers and staffings?

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Answer: Yes.

17. Question: If we have custody of a person who was placed in a nursing home, do we have to continue doing risk assessments on this person?

Answer: Yes.

18. Question: If the risk assessment was completed over 30 days ago and the case is transferred to another worker, must a reassessment be completed before the transfer if no risk factors have changed?

Answer: No but do complete the case transfer/case staffing screen.

19. Question: Does the Case Evaluation/Case Closure Form, DSS-1599, need to be completed annually ?

Answer: DSS- 1599 must be completed only to notify the client of case closure.

20. Question: If an elderly person is suspicious of signing forms of any kind and will not sign the DSS forms how is this handled?

Answer: Document in the record that the client is incapacitated and will not sign any forms.

21. Question: If the client is away from the county for a brief period of time when it is time to reassess the case and a face to face contact cannot be made, how should this be handled?

Answer: If the client is away from the county for a brief period of time when the reassessment is due, document the circumstances in the record as explanation for the reassessment not being done on time.

22. Question: If the case is being closed because the client has died, is it necessary to complete the DSS-1599, Case Evaluation/Case Closure?

Answer: Not always. If the caseworker has verified the facts of the client's death and documented it in the record a DSS-1599 does not need to be sent. In addition, DSS-1599 does not need to be sent when the case was unsubstantiated and the client was told the case was being closed.

**152            Needs Assessment**

Revision Number: 92-1, Effective Date: 01/27/1992

Reference: 01.21, County Duties

The following information is a guide for conducting needs assessment interviews:

Nature of Needs Assessment: For every person eligible for social services, it is important that there be an assessment of the need for services. The purpose of the needs assessment is to enable the caseworker to understand and individualize the client's social problem(s), and to identify relevant factors in a particular

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situation. A service plan is always completed with the client when the client and the caseworker agree that a specific service or services will help the client obtain a predetermined goal. This material is designed to suggest items of information that might be used in the needs assessment of the client by the caseworker. The basic client data and plan will be recorded on appropriate forms.

Guide for Needs Assessment: A needs assessment and service plan can best be developed within a climate which permits the client to freely discuss problems, helps the caseworker understand what the problems are and what they mean to the client, and permits the sharing of pertinent information which may provide clues to underlying needs which are affecting the client adversely.

Initial Interview: The caseworker and the client start forming opinions of each other during the first interview. It is important for the caseworker to convey a feeling of acceptance and empathy through which a mutual confidence may be established between the client and caseworker. Such a climate allows the client to disclose both facts and feelings, and permits the caseworker to assume an effective helping role. Establishing and maintaining a good relationship with the client through the use of skillful interviewing techniques enables the caseworker to gain knowledge about the client's strengths and weaknesses which are related to the problem, and his ability and readiness to accept and use the agency's service(s).

Things to Avoid During the Needs Assessment Interview

It is essential for a caseworker to refrain from:

- a. Imposing moral judgements upon the client, whereby the client will feel free to discuss personal feelings about pertinent matters without fear of disapproval.
- b. Asking accusing or suspicious questions which only arouse fear and suspicion, not cooperation.
- c. Asking abrupt or tricky questions, as they are inappropriate in a needs assessment interview.
- d. Doing all the talking.

Things to Do During the Needs Assessment Interview

Clients soon recognize the attitude of their caseworker and tend to respond best when they feel the presence of a real desire to understand and to help; therefore, the caseworker should:

- a. Conduct the needs assessment interview in an atmosphere of acceptance and openness.
- b. Ask questions to obtain specifically needed information, and to direct the client's conversation from fruitless to fruitful channels.
- c. Let the client talk. Sometimes the client will not only state the problem(s), but will also suggest a course of action to overcome the problem(s). In such a case the client's suggestions can be supported and strengthened by the caseworker. The fact that the client regards it as his own solution makes him more likely to follow through with it.
- d. Respect the client's right to make decisions unless the client is unable to act in his/her own behalf.

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e. Caseworkers should be aware of, and make appropriate referrals to all community resources. Knowing the resources of the community is more complex than may initially appear. The caseworker should know what services are offered, how and to whom they are available, what demands are made upon the seeker, and other formal aspects of the service delivery pattern. In addition, the caseworker needs to have an informal knowledge of the delivery system. That is, the caseworker needs to know what actually happens when a client tries to avail himself/herself of a particular resource. In short, the caseworker should have the pulse of the community at his fingertips and should constantly revise the inventory of resources with information learned in day by day contacts. Entailed here is firsthand knowledge amassed from actual contact with the resource(s). This means that one priority for the caseworker is to become personally acquainted with related services so that he/she has adequate knowledge when suggesting various resources to clients.

The Needs Assessment Interview

Normally, the needs assessment is formulated by inquiry and client response. Careful consideration of all questions and responses should result in a reasonable, accurate assessment of the client's problem(s) or need(s).

Identifying and Stating the Problem(s)

In order to develop a strategy for dealing with a problem or need, it is helpful for the caseworker and client to have some understanding of what is producing it. Identification is a joint undertaking by the caseworker and client, usually guided by the caseworker's inquiries; i.e., With what problem(s) does the client think he/she wants help? How and when did the problem(s) begin? What has the client done or tried to do about the problem(s)? What other people are involved in the problem(s)?

Factors Related to Client's Problem

In identifying the particular problem to be dealt with, the caseworker should discuss many of the following topics with the client:

- a. Referral Source. Did the client come to the agency and request service(s) of his/her own accord? Did someone else request service(s) for the client? If so, who requested the service(s) and what is his/her relationship to the client?
  
- b. The Family. What is the composition of the immediate family: their names, ages, relationship to the client? What are the strengths and weaknesses which have bearing on the client's problem(s)? If family members are not living in the home, where do they live? If persons other than close family members are related to-the client's problems and service needs, learn relevant information about them.
  
- c. Client's Financial Functioning and Household Management. What are the client's financial circumstances (as they relate to his need for social services), his capacity to earn income, his attitudes and feelings toward himself with respect to job opportunity? What are the client's physical and mental capabilities for employment? Does the client have previous training and work experience? What is the client's attitude toward his financial status? What is the pattern for household management? What are the client's patterns for using credit and available income in meeting necessities such as food, clothing, shelter, and health?

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d. Living Arrangements. In the home situation if the client lives alone, who takes responsibility for planning for him? Who sees the client regularly? Can relatives, friends, or volunteers be enlisted if needed? If client does not live alone, how many reside in the home? What are the relationships? What are their responsibilities?

If home itself constitutes a problem, what change in living arrangements is advisable?

e. Institutional Care. If the individual is being released from institutional care, why? What level of care is being recommended by the physician? How long has the client been in an institution? What was the original reason for admission? Does the client wish to leave the institution? How do relatives feel about the client's release? What advantages or problems do they anticipate? What affect will the client's return have on the family situation if the client is to live with them? What changes and adjustments will be required? What other living arrangements are needed and/or desired? What resources and services will be necessary to carry out the plan? Does the client need assistance in locating appropriate living arrangements? What can relatives, friends, and others do about the move? Are interim plans indicated such as foster home, residential home care, or with relatives, before attempting independent living?

f. Legal Protection. If the individual is totally unable to manage personal affairs, or if limitations create serious hazards, what steps are taken to prohibit abuse, neglect, or exploitation? Is there someone interested in the client who could be recommended as guardian, if one is needed, and who would be able to give personal attention?

g. Health Functions. What is the client's physical and mental condition according to the client and the caseworker's observation? Is the client receiving medical care? Does the client require some assistance in securing medical care? Has the client's handicap been diagnosed by a physician? What are the client's complaints? How long has the client had the handicap? What form of treatment is required such as medicine, diet, injections, laboratory followup dressings, amount of bed rest, special exercise(s), etc.? If disability is mental, how does it affect the client's behavior, appearance, or ability to care for himself/herself?

h. Social Functioning. If the service(s) required for the client is related to problems of social functioning, information will be needed such as the client's delegated role, client's inter-relationship with members of the immediate family and with other important persons associated with the client problem(s), client's problem(s), client's relationship to the community including relationship to individuals, family members, organizations and groups, and attitude toward family members and the community.

Analyzing the Dynamics of the Social Situation

Before identifying alternative goals, objective(s), tasks, and strategies for the change which appears desirable for the client, the caseworker must elaborate the initial statement of the problem(s) in a more detailed analysis of the dynamics of problematic situation. The caseworker needs to know how the pieces of the picture identified in the statement of the problem(s) or the need(s) fit together. In doing this the caseworker will not be directing efforts at pinpointing any single cause. Rather, the aim will be to develop an understanding of how various elements in the situation are operating to produce or maintain given behavioral or social conditions. As the caseworker identifies the problematic situation, and the roots thereof, he must keep in mind the factors which impede the client's ability to cope with life tasks and determine why various resources previously attempted failed to provide the appropriate help.

Establishing Goals, Objectives and Plans. On the basis of the caseworker's understanding of the dynamics of the problem, he, with the client, must establish goal(s), and objective(s) for the planned change and decide upon



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tasks with respect to the objective. Aspects of goal and objective setting that are important to problem solving are feasibility and priorities.

- a. Feasibility. The planned change goal to which the caseworker and client shall be working must be feasible and relevant to the client's problem(s) or need(s). An unrealistic goal will lead to frustration, apathy, and withdrawal from any planned, changed effort.
  
- b. Priorities. The defining of priorities is implicitly or explicitly a value problem. Priorities are not just a matter of long-term versus short-term goals. Goals should be given preference in the face of the greatest need and available resources. Alleviating immediate distress and providing for the basic necessities such as food, housing and medical care have always been a priority in serving our clients, but upon moving past such basic necessities, establishing priorities becomes more difficult. For example, consider a young unwed mother who wants to accomplish and eliminate four (4) barriers in her life situation? (1) to work so she doesn't have to be dependent on her parents, or assistance payments; (2) to continue her education so she can get a better, more satisfying job; (3) to avoid leaving her infant at home with a baby sitter all day; and (4) to improve her relationship with her parents who want her to give up the child for adoption. While the caseworker must help the client sort through her own values and aspirations so she can decide upon a course of action, her decision on ends and means must be intertwined.

Determining Tasks and Strategies. All of the steps in needs assessment discussed earlier will affect the decisions the caseworker makes regarding a course of action for a planned change effort. Identification and statement of problem, analysis of the dynamics of the situation, and the selection of goals, objectives, tasks, and targets provide help in three (3) specific areas: (1) determining actual and potential members of client, action, and target systems with respect to method and outcome of the goal; (2) suggesting points of entry in dealing with the problem, and (3) indicating resources the worker will be able to utilize, and the kinds of relationships to be established.

Intervention. A caseworker's activities can be characterized under one of three approaches to intervention which encompass all case management functions. These approaches can be called education, facilitation, and advocacy.

- a. Education. The educational approach involves the responsibility of the caseworker to assume a number of roles such as teacher, expert, and consultant. Typical activities in which the caseworker might engage are giving information and advice, providing feedback, teaching skills, and demonstrating behavior.
  
- b. Facilitation. This will encompass such activities as eliciting information and opinions, facilitating expression of feelings, interpreting behavior, discussing alternative courses of action, clarifying situations, providing encouragement and reassurance, and practicing logical reasoning, etc.
  
- c. Advocacy. This approach allows the caseworker to assume a role of advocate on behalf of the client. The objective of this strategy is to help the individual obtain needed resources) or service(s), to obtain a policy change or concession from a resistant, disinterested individual or agency, and in many cases to monitor the activities of a program in which the client participates when the service is offered through another agency or resource.

Stabilizing the Change Effort. The final consideration in problem assessment is anticipating what new problem(s) or need(s) might arise as a result of the change effort, and what can be done to see that the change is

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maintained once it is achieved. Changing one aspect of the client's social situation will have consequences for other aspects, and new problems may be brought to light. This is why helping to develop the coping and problem solving capacities of clients is always the implicit goal which is to be dealt with, as well as the explicit goals which were mentioned previously.

Continued Needs Assessment. Contacts between the caseworker and the client should be as frequent as necessary to carry out the agreed upon tasks, and to assess progress in relation to achieving or maintaining the designated goal/objective with the client. Therefore, the needs assessment continues throughout the process. While the initial assessment serves as a blueprint, it must be modified as ideas are tested out and new information and data are gathered. The caseworker must continually reassess the nature of the problem, the need for supporting data, and the effectiveness of approaches chosen.

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**310 Introduction**

Revision Number: 84-1, Effective Date: 01/06/1984

The Homemaker Services Program provides in-home services to eligible citizens of South Carolina. Homemaker Services include a variety of in-home services geared to individual client needs. Frail elderly and disabled individuals are often unable to manage normal household chores such as grocery shopping, meal preparation and light housework. In addition, some of these individuals need personal care such as assistance with bathing. Without Homemaker Services, the clients would be forced to seek alternate living arrangements or be placed in institutions. Through Homemaker Services, families receive valuable assistance in learning to manage households, learning parenting skills and budgeting.

**320 POLICIES**

Revision Number: 84-1, Effective Date: 01/06/1984

**321 Federal Regulations, Primary Goals, Clients**

Revision Number: 84-1, Effective Date: 01/06/1984

**321.10 Federal Regulations**

Revision Number: 84-1, Effective Date: 01/06/1984

No person shall be excluded from receiving Homemaker Services on the grounds of race, color, national origin, or religion. No qualified handicapped individual shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefit of, or be sub-jected to discrimination under this program.

**321.20 Primary Goals**

Revision Number: 84-1, Effective Date: 01/06/1984

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

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

**321.30 Clients**

Revision Number: 84-1, Effective Date: 01/06/1984

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Homemaker Services are provided without fee to all eli- gible clients as stated in the Case Management Manual.

**322            The Homemaker's Role**

Revision Number: 84-1, Effective Date: 01/06/1984

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

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

**323            Initiating Homemaker Services**

Revision Number: 84-1, Effective Date: 01/06/1984

The worker is responsible for determining eligibility for Homemaker Services, providing a case plan which will include objectives for Homemaker Services related to each client's individual needs. He/she is also responsible for filling out DSS-1537, Request for Homemaker Services. The decision to use Homemaker Services in a given situation must be made objectively and should include assessment of the following:

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

**323.10        The Decision to offer Services**

Revision Number: 84-1, Effective Date: 01/06/1984

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If the worker and the supervisor agree on Homemaker Services for the client, they will discuss the situation in detail with the homemaker supervisor.

**323.20 Explanation to the Client**

Revision Number: 84-1, Effective Date: 01/06/1984

When the decision has been made to offer Homemaker Services, the worker explains the services to the client. If the client is not in a position to make a decision, the explanation is made to someone who can act in his behalf.

**323.30 Team Conference**

Revision Number: 84-1, Effective Date: 01/06/1984

After the worker explains the service to the client or his representative and the client agrees to the service, the homemaker supervisor assigns a homemaker and a team conference is held. The team members are the worker, the homemaker and their supervisors.

**323.40 The Introductory Visit**

Revision Number: 84-1, Effective Date: 01/06/1984

The introductory visit is most important to the success of the service. The worker or the supervisor must accompany the homemaker on the introductory visit. During the introductory visit, every client has the opportunity to accept or reject Homemaker Services. The services can not be forced on an unwilling client. Exceptions to this policy may be made in cases of persons who are seriously ill and cannot make the decision and there is a responsible person willing to make the decision, or in Protective Services cases of clients unable to care for themselves.

**324 Responsibility of the Homemaker Supervisor**

Revision Number: 84-1, Effective Date: 01/06/1984

The homemaker supervisor is responsible for assigning cases to homemakers for service, taking into consideration the kinds of services needed by each client and the skills of the homemaker concerned, the length and frequency of visits, the types of problems involved, goals established for the individual being served and distances traveled.

**325 Duties of the Homemaker**

Revision Number: 84-1, Effective Date: 01/06/1984

The homemaker is responsible for participating in conferences regarding the suitability of Homemaker Services, working cooperatively as part of the social service team, and for performing for the client specific duties agreed on by the client, the homemaker and the social service worker.

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Homemakers do only those things the client is not able to do for himself. Heavy seasonal cleaning is not done by homemakers. DSS homemakers are paid by the Department to provide services in homes when families can not afford to pay for services. Homemakers work with the worker as a team toward achieving casework goals that have been set up toward helping clients. Homemakers provide services for a specific purpose. The homemakers are qualified to teach family members how to improve their standard of living.

**325.10 Specific Duties**

Revision Number: 84-1, Effective Date: 01/06/1984

The specific duties of the homemaker will vary with each individual service plan and will be determined in advance by the homemaker and the worker in cooperation with the client and/or others who are helping to plan for his care. As work with the client progresses, the homemaker or the worker may see the need for changing the specific duties of the homemaker, such changes should be agreed on by the worker, the homemaker, and the client, or others on behalf of the client, depending upon the needs of the client. Specific duties of the homemaker may include, but not be limited to the following:

1. Routine cleaning, sweeping, dusting, changing bed linens, defrosting and cleaning the refrigerator, cleaning the range, light laundry, ironing, mending and mopping;
2. Meal planning, marketing, preparing and service; pre-paration of special diets; helping the client to understand the diet prescribed, and the value of adhering to it;
3. Providing recipes and information on money saving meals and prepare ahead dishes-for the working mother;
4. Providing information on wise grocery shopping and correct use of food stamps;
5. Running errands to laundromat, drugstore, to pay utility bills, etc.;
6. Doing essential shopping;
7. Helping client follow treatment prescribed by the physician;
8. Helping client take prescribed medication, but not administering the medication;
9. Providing transportation for access to Homemaker Services. If transportation is provided, it should be a vital part of Homemaker Services, such as grocery shopping or to the laundromat (no homemaker case should be opened just for transportation);
10. Providing personal services, such as help with bathing, dressing, shaving, and care of hair;
11. Teaching the most practical methods of managing household tasks;
12. Teaching how to care for and train children;
13. Preparing work schedule for older children to help organize and share household chores;

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14. Helping the mother, who has never experienced a positive parent-child attitude, develop a positive attitude toward her children;
15. Provide assistance, motivation, and stimulation to prevent physical and/or mental deterioration;
16. Providing emotional support and encouragement to individuals and their families who are overwhelmed by catastrophic illness or disability;
17. Working a budget with the client to show all income and expenditures.

**325.20 Inappropriate Duties**

Revision Number: 84-1, Effective Date: 01/06/1984

The homemaker does not assume the responsibility of other persons hired by the family, therefore, the following duties are inappropriate:

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

**326 Types of Situations Served**

Revision Number: 84-1, Effective Date: 01/06/1984



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The types of service the homemaker provides will vary with each individual and family, because client goals and needs are different. The goal in many situations is to teach individuals certain skills so they can do for themselves at a more effective level. With some ill, aged, and handicapped persons, the homemaker will necessarily perform tasks instead of demonstrating or teaching.

**326.10 Families with Children**

Revision Number: 84-1, Effective Date: 01/06/1984

Families with children are served by homemakers who do the following.

1. Preserve the home for children when one or both parents must be absent from the home temporarily or permanently for any reason when:
  - a. The mother or father is out of the home or temporarily incapacitated in the home and a substitute parent is needed to avoid unnecessary foster care or out-of-home placement;
  - b. Family life is disrupted by illness, confinement, desertion, divorce, or death and temporary care is needed until a suitable plan for child care can be developed;
  - c. The father or mother is not in the home and the other parent is physically, mentally, and emotionally unable to care for the home or the children.
2. Help families with disabled children (e.g. physically handicapped, mentally ill, or mentally retarded).
  - a. A child is seriously ill, the family needs help at home to relieve parent;
  - b. The family is unable to deal with the special problems of a disabled child.
3. Assist parents through demonstration and teaching skills to create and/or maintain a wholesome and satisfying family life when there are:
  - a. Parents without knowledge or skills in child care and home management;
  - b. Families with neglected, abused, or exploited children (prevention of further abuse, neglect, or exploitation through observation, teaching of skills and providing emergency care).
4. Provide supportive and preventive services in situations which may develop around confinement or emergencies such as:
  - a. Mothers and infants;
  - b. Parents confined because of constant care required for children or others in the home (special needs of some members in family, poor health, single parent with dual role, handicapped children);
  - c. Child with special problems and special needs; i.e. older children in conflict with parents;

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- e. Caring for disabled or ill parents so that children will not have to remain out of school.
5. Provide help where other pressing problems require time, energy and attention that would normally be devoted to the children and the home.

**326.20      Adult Families**

Revision Number: 84-1, Effective Date: 01/06/1984

Homemakers may be needed with adult families to do the following:

1. Enable clients living in a family group or alone to maintain their home during illness, disability or convalescence.
2. Make it possible for ill, incapacitated, or confused clients to stay in their own homes when they are able to take partial responsibility for their personal and household needs.
3. Help a client dependent on a family member to remain in his home during the temporary absence of the family member.
  - a. Give the family member temporary relief and/or help with the care of an aged person;
  - b. Help an ill, aged, or disabled adult who lives with a family member who would have to give up his employment (enable wage earner to continue to work and reduce absenteeism relieving economic strain).
4. Enable adult client to shorten or a ,void institutional care.
5. Provide support to the client in the home in order that disabled clients (blind, deaf, other physical handicapped, mentally ill, and mentally retarded) may realize their maximum capabilities.
  - a. In maintaining the home, shopping, preparing meals, maintaining clothing;
  - b. Personal care.
6. Assist the aged in poor health to remain at home in situations where the normal pattern of living is threatened by that person's declining health.
7. Provide a supportive and preventive service to home-bound aged, disabled adults who are isolated to a considerable extent from social contact by:
  - a. Maintaining the home;
  - b. Providing personal care.
8. Help family members who are doing all they can to maintain the client in the home but need additional help with an ill, aged, or disabled adult.

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9. Prepare meals for clients who are:
  - a. Not receiving Home Delivered Meals and are unable to leave home frequently enough to eat at a congregate meal site;
  - b. Unable to shop for food or unable to cook meals with raw food that is available;
  - c. In a home with no other family members to market and/or prepare meals regularly.

**326.30 Protective Services**

Revision Number: 84-1, Effective Date: 01/06/1984

Where abuse, neglect, or exploitation of children or adults is suspected or known, the homemaker may be of valuable assistance to the family and worker in determining whether the home situation can be improved, other problems alleviated or whether the agency should consider alternative methods of care and protection. If the homemaker suspects or sees an incident of abuse, it is her responsibility to report it to her supervisor.

**327 Termination**

Revision Number: 84-1, Effective Date: 01/06/1984

Preparation for termination of homemaker services should be planned as carefully and thoughtfully as initiation of service and with the consensus of those involved (the client, worker, homemaker, and the supervisor.)

Termination should be gradual, reducing the number of homemaker visits over a period of time, but with a termination date set and mutually agreed on by the client, worker and homemaker. Such an agreement should be reached before the tapering off period, and the household should be taught to adjust to assuming full responsibility when homemaker visits have been discontinued.

**327.10 The Decision to Terminate**

Revision Number: 84-1, Effective Date: 01/06/1984

The decision to terminate is the responsibility of the social service worker, or the homemaker and her supervisor when the homemaker is the only person providing services. Matters taken into consideration include information provided by the homemaker, original tentative plans for termination, and reassessment of the case by the worker. It is appropriate to discontinue services when:

1. The goals of service have been achieved;
2. Service being rendered by the homemaker no longer seems appropriate;
3. There is a joint decision that the client has reached a point at which the homemaker's services can no longer be helpful;

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4. There is mutual recognition that the client is becoming unnecessarily dependent on the service, is able to manage without the service, and continuation would mitigate independent functioning;
5. Because of physical danger, contagious disease, or disrespectful treatment, the homemaker's well-being is in jeopardy;
6. The client's family becomes able to care for him/her, the client is hospitalized, or is placed in residential care.

**327.20 Record of Termination**

Revision Number: 84-1, Effective Date: 01/06/1984

When it is decided that Homemaker Services should be terminated, the termination must be recorded in the client's record giving the reasons for termination and comments.

**330 PROCEDURES**

Revision Number: 84-1, Effective Date: 01/06/1984

**331 Initiating Homemaker Services**

Revision Number: 84-1, Effective Date: 01/06/1984

This is the procedure for initiating Homemaker Services:

Client or Someone acting in his/her behalf

1. Calls or comes to County DSS Office to make application for Homemaker Services.

Worker

2. Explains the services, to the client or someone acting in his/her behalf.
  - a. Helps the client understand that these services enable individuals and families to cope more adequately with their life situations;
  - b. States clearly that the services are Free and all things said or seen in the home will be kept confidential, and that Homemaker Services is not maid service;
  - c. Informs clients that home-makers will help him/her so that he/she will be able to manage his/her affairs with more satisfaction to himself /herself.

Client or Someone acting in his/her behalf

3. Discusses the service.
4. Decides that the service is wanted and needed.

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Worker

5. Determines eligibility and completes related forms (see Manual of Case Management, Volume XII).
6. Completes narrative recording (see Manual of Case Management, Volume XII).
7. Completes DSS-1537, Request for Homemaker Services.

**331.10            The Decision to Offer Services**

Revision Number: 84-1, Effective Date: 01/06/1984

Worker and Supervisor

1. Discusses offering services to the client.
2. Agrees to offer services to the client.
3. Sends DSS-1537 to Homemaker Supervisor. Discuss the situation in detail with the Homemaker Supervisor.

Homemaker Supervisor

4. Assesses the availability of homemaker staff to offer the services needed.
5. Makes final decision.

**331.20            Team Conference**

Revision Number: 92-1, Effective Date: 01/27/1992

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Worker

1. Presents to the homemaker an explanation of the client's situation and the case plan.

Caseworker and Social Services Aide

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

Supervisors

3. Emphasizes that the Social Services Aide, caseworker and their supervisors need to have frequent team conferences concerning services the client receives.

**331.30            The Introductory Visit**

Revision Number: 92-1, Effective Date: 01/27/1992

Caseworker

1. Restates explanation of Homemaker Services Program to client.
  - a. Includes the need for communication between Social Services Aide, caseworker and client;

Client, worker, Social Services Aide

2. Agree on the goal, objective, tasks, frequency, and number of hours of Homemaker Services delivery;

Worker

3. Completes DSS-15103, Service Agreement, and DSS-15103-A if necessary making sure that all parties understand what is recorded on the form;

Worker, client, Social Services Aide

4. Sign and date the completed form;

Supervisor of worker

5. Signs and dates the-original DSS-15103, Service Agreement, or DSS-15103-A when he/she reviews it.

**332                    Termination**

Revision Number: 84-1, Effective Date: 01/06/1984

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The procedure for termination of Homemaker Services can begin with the review of a case, or when the services are no longer needed.

Client or someone acting in his/her behalf, Worker, Supervisor and Homemaker

1. Discusses termination of services and reason for termination.
  - a. Plans termination date;
  - b. Plans tapering off of services.

Homemaker

2. Tapers off services until terminated.

Worker

3. Sends termination notice to client.
4. Records in the client's record the termination date and the reason for termination with comments.

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**400 Introduction**

Revision Number: 02-01, Effective Date: 11/18/2002

The Adult Protective Services Program has the legal authority and responsibility to assess reports of abuse, neglect, and exploitation of vulnerable adults in certain settings. In addition, there is a mandate to protect victims, or potential victims, from abuse, neglect, and exploitation. While meeting the legal mandates, attention must be given to the client's right to self determination, the client's lifestyle and culture, and the requirement that services be provided in the least restrictive environment. This Chapter sets forth the Department's policy and procedures for assessing reports and the provision of Adult Protective Services.

**401 Definitions**

Revision Number: 94-1, Effective Date: 04/15/1994

The following terms and definitions are commonly used in the Adult Protective Services' Program.

**401.01 Adult Protective Services**

Revision Number: 94-1, Effective Date: 04/15/1994

Adult Protective Services are those services whose objective is to protect a vulnerable adult from harm caused by the vulnerable adult or another. These services include but are not limited to, evaluating the need for protective services, securing and coordinating existing services, arranging for living quarters, obtaining financial benefits to which a vulnerable adult is entitled, and securing medical services, supplies, and legal services.

**401.02 Vulnerable Adult**

Revision Number: 94-1, Effective Date: 04/15/1994

A vulnerable adult is a person eighteen years or older who has a physical condition or mental condition which substantially impairs the person from adequately providing for his/her own care or protection. This includes impairments due to infirmities of aging including, but not limited to, organic brain damage, advanced age, and physical, mental, or emotional dysfunctional. Legal competency is not an issue for consideration.

**401.03 Abuse**

Revision Number: 94-1, Effective Date: 04/15/1994

Abuse is defined in section 43-35-10 (8) and (10) of the statute which is found in the Reference Section of this chapter.

**401.03.01 Physical Abuse**

Revision Number: 08-01, Effective Date: 04/11/2008

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Physical abuse means intentionally inflicting or allowing to be inflicted physical injury on a vulnerable adult by an act or failure to act.

Physical abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery as defined in S.C. Code Section 16-3-651, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment except that a therapeutic procedure prescribed by a licensed physician or other qualified professional or that is part of a written plan of care by a licensed physician or other qualified professional is not considered physical abuse. Physical abuse does not include altercations or acts of assault between vulnerable adults.

**401.03.02 Sexual Battery**

Revision Number: 94-1, Effective Date: 04/15/1994

Sexual Battery is defined in Section 16-3-651 (h) as sexual intercourse, cunnilingus, fellatio, anal intercourse, or any intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of another person's body, except when such intrusion is accomplished for medically recognized treatment or diagnostic purposes.

**401.03.03 Psychological Abuse**

Revision Number: 94-1, Effective Date: 04/15/1994

Deliberately subjecting a vulnerable adult to threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other.

**401.04 Neglect**

Revision Number: 94-1, Effective Date: 04/15/1994

Neglect is defined in Section 43-15-10 (6).

**401.04.01 Neglect by a Caregiver**

Revision Number: 94-1, Effective Date: 04/15/1994

The failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a vulnerable adult including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services. This may be repeated conduct or a single incident which has produced or can be proven to result in serious physical or psychological harm or substantial risk of death.

**401.04.02 Self Neglect**

Revision Number: 94-1, Effective Date: 04/15/1994

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Neglect includes the inability of the vulnerable adult, in the absence of a caretaker, to provide for his or her own health or safety which produces or could reasonably be expected to produce serious physical or psychological harm, or substantial risk of death.

**401.05      Exploitation**

Revision Number: 94-1, Effective Date: 04/15/1994

Exploitation is defined in Section 43-35-10(3) of the statute.

**401.05.01      Exploitation of a Person**

Revision Number: 94-1, Effective Date: 04/15/1994

Causing or requiring a vulnerable adult to engage in activity or labor which is improper, unlawful, or against the reasonable and rational wishes of the vulnerable adult. Required participation in an activity or labor which is part of a written plan of care or which is prescribed or authorized by the licensed attending physician is not included.

**401.05.02      Exploitation of Property**

Revision Number: 94-1, Effective Date: 04/15/1994

Improper, unlawful, or unauthorized use of funds, assets, property, power of attorney, guardianship, or conservatorship of a vulnerable adult by a person for the profit or advantage of that person or another person.

**401.05.03      Exploitation by Swindling**

Revision Number: 04-01, Effective Date: 11/17/2004

Causing a vulnerable adult to purchase goods or serviced for the profit or advantage of the seller or another person

through: (i) undue influence, (ii) harassment, (iii) duress, (iv) force, (v) coercion, or (vi) swindling by overreaching (outwitting), cheating, or defrauding the vulnerable adult through cunning arts or devices that delude the vulnerable adult and cause him to lose money or other property.

**401.06      Caregiver**

Revision Number: 08-01, Effective Date: 04/11/2008

A caregiver is a person who provides care to a vulnerable adult, with or without compensation, on a temporary, permanent, [full](#) or part-time basis and includes, but is not limited to, a relative, household member, day care personnel, adult foster home sponsor, and personnel of a public or private institution or facility.

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**401.07 Facility**

Revision Number: 08-01, Effective Date: 04/11/2008

A facility is a nursing care facility, community residential care facility, a psychiatric hospital, [or any residential program operated or contracted](#) for operation by the Department of Mental Health or the Department of Disabilities and Special Needs.

**402 Reporting**

Revision Number: 02-01, Effective Date: 11/18/2002

Certain individuals are listed in the statute as being required to report when they have reason to believe abuse, neglect, or exploitation of a vulnerable adult has occurred or is likely to occur. DSS staff is required to report. Any person with actual knowledge of abuse, neglect, or exploitation of a vulnerable adult is required to report. The report must be made within twenty-four hours or the next business day. The statute provides penalties for knowingly and willfully failing to report. A copy of statute is in the reference section of this chapter.

**402.01 Health Care Professional**

Revision Number: 02-01, Effective Date: 11/18/2002

An allegation that a health care professional abused, neglected, or exploited a vulnerable adult must be reported to the occupational licensing board by whom that person is licensed.

**402.01.01 Occupational Licensing Board**

Revision Number: 08-01, Effective Date: 04/11/2008

[This is a health professional licensing board which is a state agency that licenses and regulates health care providers and includes, but it not limited to, the Board of Long Term Health Care Administrators, State Board of Nursing for South Carolina, State Board of Medical Examiners, State Board of Social Work Examiners, and the State Board of Dentistry.](#)

**402.02 Immunity**

Revision Number: 02-01, Effective Date: 11/18/2002

A person who makes a report or participates in an assessment or judicial proceeding in good faith is immune from civil and criminal liability. In a civil or criminal proceeding, the lack of good faith would have to be proven.

**402.03 Death**

Revision Number: 02-01, Effective Date: 11/18/2002

A person required to report or assess reports who has probable cause to believe a vulnerable adult died as a result of abuse or neglect must report the death and suspected cause to the coroner or medical examiner and the appropriate law enforcement agency.

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**403 Assessments**

Revision Number: 04-02, Effective Date: 12/14/2004

The purpose of the assessment is to determine if the adult is a vulnerable adult, unable to provide for his/her own care and protection, and to determine if the adult is a victim of abuse, neglect, psychological abuse, self neglect, exploitation or a potential victim of abuse, neglect, self neglect, or exploitation. Reports may not be screened out.

During the assessment, information is gathered from the reporter and from the client to determine if the client has a communication limitation (i.e. limited English proficiency, speech or hearing impaired). If such a situation exists, refer to Limited English Proficiency/Sensory Impairment (LEP/SI) Policy and Procedures in Directive Memo D02-39 dated September 23, 2002.

**403.01 After Hours Response**

Revision Number: 02-01, Effective Date: 11/18/2002

In order to ensure that vulnerable adults are protected as soon as possible, county staff are required to maintain on-call systems so reports may be responded to after office hours, on holidays and weekends.

**403.02 Accepting Reports**

Revision Number: 02-01, Effective Date: 11/18/2002

All complaints alleging that an adult with an impairment, including advanced age, may be the subject of abuse, psychological abuse, self neglect, neglect by another, or exploitation is accepted as a report for assessment. People making complaints are not expected to use the vocabulary of the statute. The person taking the complaint must ask questions in order to get a good description of the adult and the situation being discussed. The date and time of intake is the date and time of the complaint. The Adult Protective Services Worksheet, DSS-1559, or the comparable computer screen, is used to guide the interview with the reporter. DSS- 1559 and instructions are found in the Forms Appendix.

**403.03 Facilities**

Revision Number: 08-01, Effective Date: 04/11/2008

Unless otherwise provided by Memorandum of Agreement, DSS has no legal authority to assess alleged incidents which occur in facilities.

A “Facility” is defined by the Omnibus Adult Protection Act as “... a nursing care facility, community residential care facility, a psychiatric hospital, or any residential program operated or contracted for operation by the Department of Mental Health or the Department of Disabilities and Special Needs.”

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Incidents in facilities are assessed by the Long Term Care Ombudsman Office or the Vulnerable Adults Investigations Unit of the State Law Enforcement Division (SLED).

**The Long Term Care Ombudsman's Office investigates non-criminal reports of alleged abuse, neglect, and exploitation of vulnerable adults occurring in facilities. The Long Term Care Ombudsman Program may develop policies, procedures, and memoranda of agreement to be used in reporting these incidents and in furthering its investigations.**

**The Vulnerable Adults Investigations Unit (VAIU) of SLED shall receive and coordinate the referral of all reports of alleged abuse, neglect, or exploitation of vulnerable adults in facilities operated or contracted for operation by the Department of Mental Health (DMH) or the Department of Disabilities and Special Needs (DDSN). The unit also investigates or refers to appropriate law enforcement those reports in which there is reasonable suspicion of criminal conduct. The VAIU shall also refer those reports in which there is no reasonable suspicion of criminal conduct to the appropriate investigative entity, i.e. APS or Long Term Care Ombudsman's office, for investigation. SLED may develop policies, procedures, and memorandum of agreement with other agencies to be used in conducting investigations concerning allegations of abuse, neglect, exploitation and fatalities of vulnerable adults.**

**The Adult Protective Services Program (APS) shall investigate or cause to be investigated non-criminal reports of alleged abuse, neglect, and exploitation of vulnerable adults occurring in all settings other than those facilities investigated by the Long Term Care Ombudsman Program. APS may promulgate regulations and develop policies, procedures, and memoranda of agreement to be used in reporting these incidents, in furthering its investigations, and in providing protective services. APS shall refer reports of abuse, neglect, and exploitation to the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division if there is reasonable suspicion of criminal conduct. *Note: SLED has stated that it prefers that reports involving allegations of maltreatment of vulnerable adults occurring in settings other than facilities be forwarded to local law enforcement.***

**Individuals up to age 21 in need of mental health treatment may be residents of residential treatment facilities for children and adolescents. Should there be a complaint that any of these individuals are being abused or neglected, the county will**



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**make a referral to the Out of Home Care Unit at State DSS. The Out of Home Care Unit will conduct an assessment.**

**403.03.01 Reports To Ombudsman**

Revision Number: 02-01, Effective Date: 11/18/2002

Should DSS receive a report involving an incident in a facility, DSS staff will forward it to the Ombudsman no later than the next business day. If DSS staff ask the reporter to contact the Ombudsman, DSS staff must also forward the report to the Ombudsman within one business day. If the report involves an emergency, it will also be reported by DSS staff to the law enforcement agency with jurisdiction. DSS will keep a record to demonstrate that the report was forwarded to the Ombudsman.

**403.03.02 DDSN Programs and Services**

Revision Number: 02-01, Effective Date: 11/18/2002

DSS, DDSN and the Long Term Care Ombudsman have entered into a Memorandum Of Agreement that allows DDSN to assess reports in DDSN programs and make a report to the county DSS office. DDSN will notify DSS that a report has been received and DDSN will conduct the assessment if the alleged incident happened in one of the following settings: Level I community training home, Levels I and II supervised living program, day services (adult development centers, supported employment, job coach, work enclave and mobile work crew), summer services (day camp, residential camps, summer day services) and Board arranged care (respite, sitter service, and attendant care). DDSN may request an independent or joint assessment by DSS. A copy of the Memorandum of Agreement (MOA) is found in the reference section of this chapter.

Should DDSN make the report to DSS and request that DSS conduct an assessment, DSS staff should first remind DDSN staff that they have the authority under the MOA to assess. If DDSN wants an independent assessment or a joint assessment, DSS will proceed.

After DDSN staff conclude the assessment and complete the report, the report will be sent to DSS. DSS staff will review the report and may accept it as written or may request additional information DSS also has the option to conduct an independent assessment. DSS will notify the DDSN staff who conducted the assessment of the disposition of the report. A record of the report and any action taken on it will be maintained by DSS county offices.

**403.03.03 Abuse, Neglect, Exploitation of Hospitalized Adult**

Revision Number: 02-01, Effective Date: 11/18/2002

The alleged abuse, neglect, or exploitation of vulnerable adults in general hospitals (in-patient or emergency room) is investigated by the local law enforcement with jurisdiction. The regulatory staff at the South Carolina Department of Health and Environmental Control is also notified.

**403.04 Initiating the Assessment**

Revision Number: 02-01, Effective Date: 11/18/2002

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When complaints, reports or requests are received by the county office, county staff assess the circumstances of the reported client to determine if the client needs protective services. The assessment may include, but is not limited to, home visits, interviews with neighbors, and a review of medical and other records. Abuse assessment must be initiated within 24 hours of the report, self neglect within 72 hours, and all other reports within 48 hours. In all cases, a visit must be made to the location of the client and the client must be directly observed during the specified time frame. Should unusual circumstances prevent the caseworker from being in direct contact with the client in the required time frame, these circumstances must be documented in the record. Adults hospitalized after being abused, neglected, or exploited must be visited and observed within the same time frame.

**403.05        Notifications**

Revision Number: 02-01, Effective Date: 11/18/2002

**403.05.01    Notification to Attorney General**

Revision Number: 02-01, Effective Date: 11/18/2002

A Proviso to the 1998- 1999 Appropriations Act requires that the Attorney General be notified of possible criminal abuse, neglect, and exploitation of vulnerable adults. A Memorandum of Understanding (MOU) between DSS and the Attorney General has been developed to further define the responsibilities of the two agencies. A copy of the MOU is in the reference section of this Manual. The Director of Elder Abuse and Adult Protection, Office of the Attorney General, is notified of substantiated cases involving actual and intentional abuse, neglect by another, or exploitation of vulnerable adults. The appropriate computer screen will be used to provide this notification. Before mailing the number and date. A copy will be mailed to the state office. DSS-1506, Notification to Law Enforcement, continues to be available for use if printed screen, the worker will sign his/her name, provide his/her title, phone necessary. DSS - 1506 with instructions is found in the Forms Appendix of this Manual.

**403.05.02    Notification To Law Enforcement**

Revision Number: 02-01, Effective Date: 11/18/2002

Within two business days of receiving a report, county staff must determine if law enforcement notification is necessary because of criminal activity. Criminal activity involves the intentional abuse, neglect, or exploitation of a vulnerable adult by another person. Immediate involvement of law enforcement is especially important if evidence needs to be preserved. Intakes involving financial exploitation, sexual battery, and physical abuse with visible injuries are appropriate for immediate notification. The Supervisor will review the Intake, DSS-1559, or the Intake on the computer screen, to make the initial determination regarding notification to law enforcement. If he/she decides that law enforcement should be notified before the caseworker begins the assessment, he/she will complete the Notification to Law Enforcement Form, DSS- 1506, or the computer screen. If law enforcement has not been notified by the supervisor, the caseworker will initiate the assessment and notify law enforcement within two work days of the report if criminal activity is substantiated or suspected. If the computer screen is used, the worker and supervisor must sign and date it giving their phone numbers and address. The notification must be in the hands of law enforcement within three business days of the report. A copy is mailed to the state office. Should the caseworker call law enforcement to the location of the client to

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secure evidence or take the client into Emergency Protective Custody, law enforcement will be notified by DS S-1506 or a copy of the computer screen with the law enforcement number written on it.

**403.06            Securing Information**

Revision Number: 02-01, Effective Date: 11/18/2002

During the course of an assessment, it may become necessary to view documents such as bank records, medical reports, etc. The institution holding the documents may provide them after a verbal request or may require that the request be written. A written request must include the relevant section of the statute (43-35-20). If the institution does not respond to the written request, an Administrative Subpoena may be issued to require that the documents be brought to the office or any designated location. Subpoenas may also be issued requiring the appearance of a person. A subpoena, form DSS-1504, will be used. Instructions for DSS-1504 are found in the Forms Appendix.

State agencies, law enforcement, and investigative agencies may share information relating to an investigation. Information in investigative records is confidential.

Required reporters and DSS may take color photographs of visible traumas and may have radiological and medical examinations performed without the consent of the adult.

**403.07            Securing Access to the Adult**

Revision Number: 02-01, Effective Date: 11/18/2002

If consent cannot be obtained for access to the adult, or the premises, and there is probable cause that the adult is a vulnerable adult and has been abused, neglected, exploited, or is at risk of abuse, neglect, or exploitation, an Inspection Warrant form may be obtained from the Family Court.

**403.08            Assessing Risk**

Revision Number: 02-01, Effective Date: 11/18/2002

During the assessment, the caseworker assesses the vulnerability of the client and the risk factors in the situation.

**403.08.01        Initial Assessment and Reassessments**

Revision Number: 08-01, Effective Date: 04/11/2008

The initial risk assessment is completed within 45 days of the Intake. The completed risk assessment will be entered into the CAPSS system. The risk assessment is completed prior to the case decision. A reassessment of the case is completed and entered into CAPSS by the sixth month assigned reassessment date. All reassessments, to include, Caregiver/Perpetrator assessments will be recorded in the CAPSS system.

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Forms: Adult Protective Services Risk Assessment, DSS-1565; Adult Protective Services Risk Attachment, DSS- 1565S, Adult Protective Review of Risk, DSS- 1532; and Adult Protective Services Review of Caretaker/Perpetrator Risk Factors, DSS-1533, forms will continue to be available.

The above forms are located in the Forms Appendix of this Manual. The technical instruction to create an assessment and or reassessment is located in the CAPSS Users Guide.

**403.08.02 Additional Reports/Complaints**

Revision Number: 02-01, Effective Date: 11/18/2002

Should a second report or additional reports be received on a client after the initial assessment is recorded, another assessment) will be completed and recorded.

**403.09 Assessments Involving Multiple Counties**

Revision Number: 02-01, Effective Date: 11/18/2002

Usual assessment 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:

- A. Should the alleged abuse, neglect, or exploitation happen in the county of the adult's usual residence (where the client pays rent, .taxes and/or receives mail) and the client is hospitalized in another county, the county of the adult's usual residence will be the primary assessment county (case management county). The primary county may request the DSS office in the county where the client is hospitalized to interview the client and complete or partly complete any appropriate forms and forward them to the primary county.
- B. Should the alleged abuse, neglect, or exploitation take place in a county where the adult is visiting, the county where the reported event happened will be the primary assessment county if the client remains in the county. However, if the adult has returned home (county of usual residence), the home county office will be the primary assessment county. The county where the alleged event occurred will assist the primary assessment county as requested by that office. An exception to this practice would involve adults who usually reside in an institution and the reported event happened while the adult was visiting in the community in another county. In these situations, the county office with primary assessment responsibility would be the county where the alleged event occurred. The county office in the county of the institution would assist as requested.

**403.10 Alleged Abuse, Neglect, or Exploitation by an Employee or Employee's Immediate Families**

Revision Number: 08-01, Effective Date: 04/11/2008

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When a report is received alleging that an employee of the county DSS office has abused, neglected, or exploited an adult in the county, the county office may request a neighboring county office to assess the situation. The neighboring county would be the primary assessment office and would transfer the case to the county of residence if the assessment reveals a need for service delivery.

If there is a report that is received on an employee's family member (parents, grandparents, children, siblings, aunts or uncles) the APS intake worker will staff this report with the APS county supervisor. The APS county supervisor will notify the County Director. The APS county supervisor will contact the neighboring county APS supervisor regarding the intake.

This process will assist the caseworker to insure that an objective assessment will be conducted in an impartial manner. Counties will assist each other as required for the assessments.

Technically, CAPSS has an administrative security capability that will limit user access to the data when assessing alleged abuse, neglect, or exploitation by an employee or employee's immediate families.

**403.11 Assessing a Vulnerable Adult Aging Out of Foster Care by Court Order into Adult Protective Services**

Revision Number: 08-01, Effective Date: 04/11/2008

When assessing a youth aging out of Foster Care and it appears protective services are still necessary, the Foster Care/MTS worker and his/her supervisor will staff the case with the Adult Protective Services worker

and supervisor if it is thought that the individual will need Adult Protective Services. An invitation to participate

in this staffing should be sent to all other state agencies or entities providing services to the youth.

The staffing will take place in advance of the individual's 17th birthday so that the Adult Protective

Services staff can determine the individual's needs as an adult and develop an appropriate case plan.

If Adult Protective Services staff determines that custody will be necessary when the individual becomes an adult,

they will initiate action under the Omnibus Adult Protection statute. The Adult Protective Services staff will

complete an assessment to determine the need for custody under the Adult Protective Services statute.

Court Orders should not be received which transfer custody of adults into Adult Protective Services through proceedings

brought under the Children's Code.

**403.12 Case Decision**

Revision Number: 08-01, Effective Date: 04/11/2008

Case decisions are made after the completion of the Risk Assessment. Case Decisions will be documented on or

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before forty-five days following the report (date of intake). Cases that have unusual situations may complicate the time frame, therefore; taking longer than the 45 days. Should the decision take longer, the reason must be documented in the case narrative. Reports involving several types of maltreatment to the vulnerable adult may involve substantiating one type of mistreatment, such as neglect. After this substantiation of maltreatment, the caseworker will develop a service agreement to protect the client while the investigation of the other alleged mistreatment continues. The assessment of the second type of alleged mistreatment will continue even though the case decision has been made. The Treatment Plan will be revised **as needed** when the second type of mistreatment is substantiated or unsubstantiated. The above information will be entered into the CAPSS system in the Case Decision Tab.

**403.13      Adults Who Do Not Need Protective Services**  
Revision Number: 02-01, Effective Date: 11/18/2002

If the assessment does not reveal a need for Adult Protection, the services will be deleted/case closed. However, if the client needs services from another agency or from another section of DSS, the referrals will be made before the case is closed.

**404            Service Delivery**  
Revision Number: 01-02, Effective Date: 11/09/2001

When the assessment reveals that the adult is a vulnerable adult who has been abused, neglected, or exploited or is a vulnerable adult in a marginal situation with the potential for abuse, neglect, or exploitation, Adult Protective Services are provided.

**404.01        Service Plan**  
Revision Number: 08-01, Effective Date: 04/11/2008

Services are planned with the client to the extent that the client is able to participate. Caregivers and others who are helping the client are also involved in the service plan. However, the primary focus is on the client's protection and safety.

A creative approach will be necessary to arrange support systems for the client. In addition to services provided by the case manager and the Department, services from other state and local agencies may be needed. Relatives, friends, neighbors, and church members of the client may be enlisted to assist the client.

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Clients with sufficient income [may be able to contribute financially to the provision of services with case manager's assistance.](#)

[The service plan will be completed within 15 days of the case decision and entered into CAPSS. The technical instruction to create a Service Plan is located in the CAPSS Users Guide.](#)

**404.01.01 Service Coordination**

Revision Number: 01-02, Effective Date: 11/09/2001

After arranging the necessary services, it becomes the caseworker's job to coordinate the services and keep the support system in place. The caseworker will maintain client contact to the degree necessary to ensure the client's protection. Some clients may need to be visited daily or several times a week. When staff from other agencies are in frequent contact with the client and the caseworker is in contact with the other agency staff, a monthly visit may be sufficient. However, when monthly interaction with the client becomes sufficient (except for court ordered services or custody cases), the case should be staffed for possible closure.

**404.01.02 Case Closure**

Revision Number: 01-02, Effective Date: 11/09/2001

Cases will be closed when the client's safety is no longer dependent on involvement by Adult Protective Services. When objectives and tasks on the treatment plan have been achieved and the client's risk level is "no/low" case closure should be discussed with the supervisor and the client and his/her support system. If the client is in custody or receiving services through court order, the agency will need to be relieved before the case is closed.

**404.02 Special Considerations**

Revision Number: 02-01, Effective Date: 11/18/2002

In providing services, as in conducting assessments, the caseworker must be mindful of the clients preferred life style and not impose his/her values on the client. Clients have freedom of choice in personal appearance, keeping pets, lovers and other matters which society leaves to individual choice. Clients have the same rights of self-determination and choice that all adults have. Eccentric behavior does not necessarily endanger the client. The caseworker's concern is with behavior and living arrangements that present danger to the client. While eliminating danger to the client, services must be provided in the least restrictive setting. Preference is given to in-home services with court ordered placement/services as a last resort.

**404.03 Medical Care**

Revision Number: 02-01, Effective Date: 11/18/2002

Adult Protective Services clients frequently are in need of medical care. Caseworkers often need to convince clients to see doctors, set up appointments, take clients to appointments, help clients understand the instructions given by the doctor, and assist the clients in carrying out the instructions.

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**404.03.01 Advance Directives**

Revision Number: 02-01, Effective Date: 11/18/2002

Clients make the decisions about their own medical care unless the court has ordered certain care or given the Agency authority to consent for the client. Some clients may have made advance directives (Health Care Power of Attorney and Living Will) and the caseworker needs to know if these directives have been made. Clients who have not made advance directives and are able to understand should be encouraged to make these directives about the type of care they want should they become unable to consent. In the absence of an advance directive, DSS has no authority to agree to the withholding of medical treatment, food, or water.

**404.03.02 Health Care Consent Act**

Revision Number: 94-1, Effective Date: 04/15/1994

The Department does not secure custody of adults for the sole purpose of giving consent for medical treatment. 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 care provider should follow procedures in the Adult Health Care Consent Act which is found in the reference section of this chapter.

**404.04 Emergency Fund**

Revision Number: 94-1, Effective Date: 04/15/1994

The Adult Protective Services Emergency Fund may be used to purchase services when resources needed to secure the services are not available. A variety of bills may be paid on behalf of the client. However, hospital bills (inpatient and emergency room) will not be paid.

**404.04.01 Access to the Emergency Fund**

Revision Number: 08-01, Effective Date: 04/11/2008

The Emergency Fund budget is limited and it is not intended to provide overall support to the client. Local resources and the client's income and resources must be used before a request is made to the Emergency Fund.

Applications must be made for benefits the client is not receiving but may be eligible for. [The county is responsible to assess all financial resources that may exist before requesting emergency funding. The county should interview the client/collaterals to verify what financial resources may be available. Examples are: Veteran's Allotment, Social Security, Railroad Retirement, Disability etc...](#)

Prior approval must be received from Adult Services in the State Office. When requesting prior approval, it will be necessary

to explain the circumstances of the situation including the following: Why is it an Adult Protective Service case?



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Why it is an emergency? [What resources are available now? What is the plan for future payment for bills?](#)

[If the situation is an EPC, the county is required to secure client's income, follow through with the 72 hour hearing and include in the petition the appropriate language in order to obtain financial resources to access client's funds to secure placement.](#)

The Request for Payment Authorization - Adult Protective Services Emergency Fund, DSS-1577, is used to process the request after prior approval has been received. This form and instructions are found in the [Master Forms Index on the Intra net.](#)

**404.04.02 Purchased Legal Services**

Revision Number: 08-01, Effective Date: 04/11/2008

The Adult Protective Services Emergency Fund may be used to provide legal representation before and during a court hearing concerning the safety of Adult Protective Services clients. [The attorney engaged represents the adult, not DSS.](#)

[The proceedings usually are Probate Court hearings.](#) Prior approval must be secured from Adult Services in the State Office before the attorney begins work on the case. Agreement for Legal Services, DSS-3060, is used to secure prior approval. This form and instructions are found in the [Master Forms Index on the Intranet.](#)

**404.04.02.01 Fees**

Revision Number: 94-1, Effective Date: 04/15/1994

Attorneys are paid an hourly fee of sixty five dollars an hour per case. In addition to the fee, certain expenses such as filing fees may be paid. The attorney will complete Attorney Time Sheet, DSS-1507, after the work on the case is finished. Fees in excess of three hundred dollars must be thoroughly documented on DSS-1507. DSS-1507 and instructions-are found in the Forms Appendix of this Manual.

**404.04.02.02 Payment Process**

Revision Number: 94-1, Effective Date: 04/15/1994

The completed DSS-1507 and DSS-1577 are sent to Adult Services in the State office for processing.

**404.04.03 Repayments**

Revision Number: 94-1, Effective Date: 04/15/1994

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The client or the estate of the client may be required to reimburse the Emergency for third party payments made on behalf of the client.

**404.05           Emergency Caretakers**

Revision Number: 94-1, Effective Date: 04/15/1994

Emergency Caretaker Services allow the Department to immediately place a responsible adult in the home of a protective services client who is in need of protection and supervision. The client must agree to Caretaker Services.

**404.05.01       Hiring Emergency Caretakers**

Revision Number: 94-1, Effective Date: 04/15/1994

County offices are responsible for recruiting, hiring, and training Emergency Caretakers. At least one face to face interview will be held with the prospective Caretaker by the county director or his/her designee. References from three individuals (at least one non-relative) whose names are supplied by the prospective Caretaker are checked. A health statement is obtained to verify that the individual does not have a contagious disease. The Agency does not pay for the medical exam. When the decision is made to engage the individual as a Caretaker, the individual's name is entered on the Caretaker Register, DSS-1556. The Contract, DSS-1550A, is explained to the individual and completed. DSS-1550A, DSS-1556 and instructions are found in the Forms Appendix of this Manual.

The Caretaker must understand that he/she is not an employee of the Department and will not have state medical coverage. No State Retirement, unemployment compensation, or social security benefits are paid. The Caretaker must understand the payment process. The Caretaker is an independent contractor rather than an employee of the Department.

when hiring an Emergency Caretaker consideration must be given to the individuals ability to be available immediately, report the date and time of arrival accurately, to be away from home up to 24 hours, complete invoices accurately, make accurate observations, and fulfill the conditions in the contract. In addition, Caretakers must provide their own transportation.

**404.05.02       Duties of the Emergency Caretaker**

Revision Number: 94-1, Effective Date: 04/15/1994

Emergency Caretakers provide in-home supervision to Adult Protective Services clients in emergency situations on a temporary basis. Caretaker Services are not a substitute for Homemaker Services, nursing services, personal care aide services, or nursing home placement. Caretakers shall not transport clients, pay bills for clients, take laundry out of the home for washing, handle clients bills, do grocery shopping, or provide personal care. Caretakers are to provide responsible temporary in-home supervision of the client in order to call for help in case a crisis develops, to keep the client from, wandering off or accidentally setting the house on fire. Light meal preparation, changing soiled bed linen, or helping the client to the bathroom are reasonable activities for the Caretaker to perform if these services are not the primary purpose for the use of the Caretaker. Relatives may not be engaged as Caretakers.

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**404.05.03 Responsibilities of the Supervisor**

Revision Number: 94-1, Effective Date: 04/15/1994

The Supervisor will provide general supervision to ensure that the Caretaker. Services are being used appropriately. This includes assuring that proper documentation is in the client record and the Caretaker record, that invoices are properly completed and submitted promptly, and to conduct monthly conferences with the Caretaker. In addition, the supervisor will ensure that the Caretaker has the necessary orientation and training. If the Caretaker provides unsatisfactory service the supervisor will remove his/her name from the Registry.

**404.05.04 Responsibilities of the Caseworker**

Revision Number: 94-1, Effective Date: 04/15/1994

The caseworker introduces the Caretaker to the client, explains the duties to be performed by the Caretaker, and the hours when service will be provided. Agreement to Provide Caretaker Services, DSS-1546, is completed by the worker (instructions for DSS-1546 are found in the Forms Appendix of this Manual). The caseworker will confer with the Caretaker when he/she leaves the client's location. The caseworker or supervisor will be available to the Caretaker at all times the Caretaker is on duty.

**404.05.05 Maintenance of Records**

Revision Number: 01-01, Effective Date: 04/10/2001

Individual case records will be maintained on each Caretaker. These records include the Caretaker's references, health statement, Contract between Department and Caretaker, DSS-1550A, and copies of Adult Protective Services Invoice, DSS-1555A.

The caseworker will document the delivery of Emergency Caretaker Services in the client record. The nature of the client emergency, the reason for using Caretaker Services, the dates and hours of Caretaker Services, the name of the Caretaker, and any observations of the Caretaker at a minimum will be documented.

**404.05.06 Fees**

Revision Number: 01-01, Effective Date: 04/10/2001

Caretakers are contracted as needed and are reimbursed for the time spent in travel, the time in the client's home, time spent being trained, a monthly conference with the supervisor, and for time in case conference with the caseworker. The fee is the minimum wage (\$5.15 beginning September 1, 1997) for hours between 6:00 a.m. and 6:00 p.m. A fee of \$5.30 (minimum wage plus fifteen cents) is paid for each hour of service between 6:00 p.m. and 6:00 a.m. Any part of one hour is rounded off to one hour.

Should a Caretaker sit with two clients at the same time, the Caretaker will be reimbursed for the total hours worked. The payment will not be doubled because there are two clients.

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Minimum fees are paid when the Caretaker arrives at the home expecting to stay two hours or more and service is terminated in less than two hours. A minimum fee of \$10.30 (minimum wage time two) is paid for less than two hours of service.

**405            Legal Action**

Revision Number: 02-01, Effective Date: 11/18/2002

Legal intervention becomes necessary when the client or caregiver will not agree to the services necessary to protect the client.

**405.01        Emergency Protective Custody**

Revision Number: 02-01, Effective Date: 11/18/2002

A law enforcement officer may take a vulnerable adult into protective custody if the vulnerable adult is in a life threatening situation and there is probable cause to believe there is an imminent danger to the adult's life or physical safety due to abuse, neglect, or exploitation. In addition, there is not time to secure a ExParte Order and the adult or caregiver will not give consent for the adult's removal. The law enforcement officer will transport the adult to a place of safety that is not a jail and will notify DSS.

After the placement in protective custody, the adult is in custody of DSS and the caseworker will initiate an assessment. The caseworker will secure a copy of the incident report from the law enforcement officer. If a copy of the incident report cannot be secured, a DSS-15109, Emergency Protective Custody of a Vulnerable Adult, may be completed. This form is found in the Forms Appendix of this manual.

The attorney for DSS will file a petition within one business day of receiving notification of the emergency protective custody action. The Family Court will hold a hearing within three business days of the petition being filed. The DSS attorney will represent DSS and law enforcement at the hearing. The purpose of the hearing is to determine if there was probable cause for law enforcement to take the adult into protective custody. If the APS assessment revealed a need for continued custody by DSS, the petition will also request that the adult remain in custody and services and a hearing be held within forty days.

**405.02        Ex Parte**

Revision Number: 96-3, Effective Date: 08/01/1996

When a vulnerable adult is at substantial risk to be abused, neglected, or exploited and consent cannot be obtained to provide services or placement, the family court may be petitioned for an order to provide the necessary services. In an emergency situation involving imminent danger an ExParte Complaint will be presented to the court by the attorney representing the county DSS.

**405.03        Merits Hearing**

Revision Number: 96-3, Effective Date: 08/01/1996

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A merits hearing will be held after an ExParte Order has been received. Notice will be given to interested parties. Within ten days of the ExParte Petition the court will appoint a guardian ad litem and attorney for the client and within forty days of the petition, will hold a hearing. The caseworker will conduct a comprehensive evaluation and write a report. The report will cover the items addressed in section 43-3 5-45 (C) of the statute which is found in the reference section of this chapter.

A copy of the report of the evaluation will be provided to the court, the guardian ad litem, and the attorney for client at least five working days before the hearing.

**405.04 Full Hearing**

Revision Number: 96-3, Effective Date: 08/01/1996

Legal action on nonemergency situations begins with a full hearing.

The action is necessary because a vulnerable adult is at substantial risk to be or has been abused, neglected, or exploited and consent to provide services cannot be obtained. The attorney representing the county office will draft a petition and file it with the court. Notice will be served on interested individuals. Within ten days of the petition, the court will appoint a guardian ad litem and attorney for the client. The caseworker will conduct a comprehensive evaluation and prepare a report covering the items addressed in section 43-35-45 (C) of the statute. A copy of the report will be provided to the court, the guardian ad litem, and the attorney for the client at least five working days before the hearing.

**405.05 Six Months Report**

Revision Number: 94-1, Effective Date: 04/15/1994

After receiving a court order from a merits hearing or full hearing, the caseworker must evaluate the client's situation and submit a written report to the Court at least every six months. The report will address the client's continued need for court ordered services. If the order required that individuals be given copies of the reports, the caseworker will send them.

**405.06 Special Provisions**

Revision Number: 94-1, Effective Date: 04/15/1994

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 service to the client, or the client's placement and authorization for routine and emergency medical care. In addition, the Court may find that the client is financially able to pay for third party services, and may order payment from the financial resources of the client. In exploitation cases, the Court may order that the financial records be made available for inspection.

The caseworker will request that the attorney representing the county office to make efforts to prevent the inclusion of provisions which would restrict the Department in service delivery, or would require additional court appearances by the Department for a change in plans. Specific service plans, placement in specific facilities, specific agreements, and provisions for the case to be closed, are to be avoided if possible.

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**405.06.01 Adults in Agency Custody**

Revision Number: 08-01, Effective Date: 04/11/2008

**Vulnerable adults who have been adjudicated into SCDSS custody will be provided appropriate living and healthcare arrangements. Vulnerable adults must be placed in a licensed facility that is least restrictive. Preference where the vulnerable adult will live must be given to community based living situations over institutional settings.**

**In home or community based services should be utilized whenever appropriate and available to meet the vulnerable adult's needs.**

**Responsibility APS Worker**

**Actions:**

**(1.) Maintains an updated listing of Community Residential Care Facilities (CRCF), nursing homes, and Intermediate Care Facilities (ICF). The licensing information is listed @: <http://www.scdhec.gov/hr/licen/hlpwe.htm>**

**(2.) Documents in CAPSS all legal action, placement, dictation, and the risk assessment to verify that the placement meets the client's needs physically, mentally, socially, psychologically, and medically.**

**(3.) Monitors/Updates the Plan of Care for APS clients who are residing in licensed facilities.**

**405.07 Relief of Custody**

Revision Number: 98-3, Effective Date: 09/22/1998

When the client's safety is no longer dependent on being in custody of the Department, the Family Court will be petitioned for relief of custody. ExParte Orders do not expire at the end of forty days. It is always necessary to return to court to be relieved of custody or any court order.

**405.08 Probate Court**

Revision Number: 98-3, Effective Date: 09/22/1998

Each county has a Probate Court and their operational procedures vary from county to county. Caseworkers need to be familiar with the procedures of the court in their county.

**405.08.01 Guardianship and Conservatorship**

Revision Number: 98-3, Effective Date: 09/22/1998

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The Probate Court may appoint a conservator to manage the financial affairs of an incapacitated adult or appoint a guardian for custody of the person. It is not appropriate for DSS staff, or county offices, to serve as conservators or guardians of clients. It would be appropriate to facilitate the appointment of a trusted relative or friend of the client. Guardians and conservators must make annual reports to the court and may be removed by the court if good cause is demonstrated in a hearing.

**405.08.02 Commitment**

Revision Number: 98-3, Effective Date: 09/22/1998

Involuntary admissions to facilities for the mentally ill, mentally retarded, and alcoholic/drug abusers are handled by the Probate Court. Caseworkers may need to facilitate emergency involuntary admissions of mentally ill clients or clients abusing alcohol/drugs by completing the initial application at the Probate Court. County DSS Directors may petition the Court for involuntary admission of clients with mental retardation who are in need of treatment.

**405.08.03 Probating Estates**

Revision Number: 98-3, Effective Date: 09/22/1998

The Probate Court is responsible for probating the estates of all deceased persons. If DSS is representative payee of a client at the time of the client's death, all funds and bills will be turned over to the Probate Court.

**405.08.04 Burial Expenses of Clients in the Department's Custody**

Revision Number: 97-1, Effective Date: 04/21/1997

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

**406 Prosecutions**

Revision Number: 97-1, Effective Date: 04/21/1997

The Adult Protective Services Law was amended in 1993 to clarify roles among agencies and law enforcement. Also, to facilitate prosecutions of individuals who willfully and knowingly abuse, neglect, or exploit vulnerable adults. Early involvement of law enforcement is essential to this effort. Law enforcement will gather evidence, secure crime scenes and establish controls on the evidence. The amount of reliable evidence will be a determining factor in the Solicitors decision to prosecute. The Notification to Law Enforcement, DSS form

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1506, is used to set the process in motion. DSS-1506 and instructions are found in the Forms Appendix of this manual.

**407            Adult Services Case Management Procedure**  
Revision Number: 06-04, Effective Date: 12/18/2006

**Purpose:**

To ensure a uniform approach to supply information in a readily accessible manner enabling the case manager to better meet client's needs. Timely and complete case records ensure continuity of service delivery when there is a change of case managers. Case records also serve as a basis for reports required by either State or Federal laws. Timely documentation in CAPSS or statewide automated system will ensure immediate access to case information and ensure the electronic case file is comprehensive and complete.

**407.01    Case Policy:**

A single case record will be maintained for each client to provide a continuing record of the service to the client. When the amount of material compiled in an ongoing service case necessitates the use of more than one file folder, each folder must be marked as a volume of the single case record. CAPSS or the statewide automated system is the official electronic file. Staff and supervisors must utilize the forms and tabs in the system to ensure that the electronic file is comprehensive and complete.

**407.02    Contents of the Case Record:**

A complete case record contains all required documents and related information, such as correspondence, case narratives/s, and documentation of all case activity, pertaining to the person or family unit requesting or receiving services. Complete case records should reflect that the case manager has a thorough understanding of the client's problems, has explored appropriate resources, and has followed through on a sound plan to meet the needs of the client. **(Note: You are not required to print narratives, risk assessments, and service plans from CAPSS. However, when the above forms are printed from CAPSS, follow the rule of signing and dating the form for the date it was originally created in CAPSS.)**

**407.03    Contents of Case Narrative**

At a minimum, the case narrative should contain the following when appropriate;

1. The purpose of the contact or case activity;
2. The person or persons with whom the contact occurred and the relationship to the client;



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3. The case management intervention delivered;
4. The location where the activity took place (Sources provided) or (site visits with the vulnerable adult);
5. The outcome of the contact/activity; and
6. The follow-up needed/plan. (Future plans for working with the vulnerable adult. i.e. assessment of needs, monitoring service plan, etc.)

**Note:** All case narratives or forms printed from CAPSS or the statewide automated system must be signed and dated by the case manager with the date of creation in CAPSS. (This is not considered back dating since the userid acts as the worker's electronic signature.)

#### **407.04 Responsibilities**

##### **407.04.01 Case Manager Responsibilities**

1. Conducts at least one face to face interview per month and maintains contact with the client, family, and providers as required in accordance with the service plan and/or client circumstances. Enters into CAPSS or the statewide automated system by the end of the month of the visit all case narratives documenting the monthly face to face interview with the APS client.
2. Completes all case narratives and forms that are available on CAPSS or the statewide automated system in the system.  
**(Note: Forms from the Lotus Notes Master Forms Index should not be substituted for Risk Assessments, Service Plans, or writing case narratives.)** Acceptable paper versions for the hard case file must be printed from CAPSS in order to be considered valid.
3. Keeps the CAPSS or statewide automated file current. **(Note:** All documentation that fails to meet the time frames established in items #1 and #3 through #7 must be signed off by the County Director.)
4. Enters in CAPSS or statewide automated system within 30 calendar days all case narratives documenting a routine event (i.e. monthly contact to review/monitor service delivery, assess client functioning, non-eventful sharing of information, etc.)
5. Enters in CAPSS or statewide automated system within 10 calendar days of the contact all case narratives documenting a critical event (i.e. injury, placement/address change, change in medication, injury, arrest, legal status change, etc.) **Note:** Supervisors should guide workers on a case by case basis to identify critical case activity to ensure immediate access to critical information.

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6. Enters in CAPSS or statewide automated system by the end of the month of the contact all case narratives documenting an initial face-to-face contact with the client to avoid a “flag”/edit on your Monthly Case Management report, but no later than 5 working days of the contact.

7. Enters in CAPSS or statewide automated system by the end of the month of the contact to avoid a “flag”/edit on your Monthly Case Management report, but no later than 5 working days of the decision all case narrative documenting the case decision.

#### **407.04.02 Supervisor Responsibilities**

Supervision is a management function that has a direct and crucial role in case management. The supervisor should direct, plan, staff, evaluate, motivate, and communicate with staff. Some of the specific duties supervisors perform include:

1. Documents review and approval of the Intake Referral in CAPSS.
2. Ensures that each Intake assigned to a case manager is entered in CAPSS or the statewide automated system within the mandated timeframes according to the typology of the report.
3. Arranges a schedule for supervisory staffing to ensure each report has been staffed after the initial contact, ensures documentation on the DSS Form 3062, and ensures the staffing is documented in CAPSS or the statewide automated system.
4. Conducts a supervisory review after the case manager has completed the Risk Assessment and prior to case decision to ensure that all areas of the report have been adequately assessed, that recommendations from the staffing have been addressed, confirms that the case narrative(s) are up to date and supports the case manager’s recommendations, and documents supervisory review in CAPSS or the statewide automated system.
5. Establishes a written protocol or procedure for staffing of all critical events and documents the staffing in CAPSS or the statewide automated system. Examples of critical incidents include but are not limited to; EPCs, emergency removals, injuries to the client, hospitalization of the client, suicide attempts by the client or caregiver, client or caregiver threats to harm another, client whereabouts unknown, death of the client or caregiver, etc.
6. Reviews the statewide automated file and paper file prior to case closure and documents on the Supervisory Review Tool and

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documents in CAPSS or the statewide automated system.

7. Monitors case manager workload to include assistance or instruction in prioritizing workload if and when necessary.
8. Utilizes information obtained from record reviews to provide the case manager individualized instruction for correcting errors and enhancing skills.
9. Reviews statewide automated system generated reports with the case manager to help manage the caseload and meet performance outcomes.

**407.04.03 County Director Responsibility**

1. The County Director establishes a written procedure to handle review of all case narratives that are not entered in CAPSS or the statewide automated system in compliance with documentation time frames established in items #1 and #3 through #7 of Section 407.04.01.
2. The County Director approves all late or misplaced entries in CAPSS.

**407.05 Organization of Adult Protective Services Case File**

File documentation in chronological order with the most recent information on top in the following order (within each tabbed section, documentation would be filed in chronological order, rather than by type; i.e., subsequent Service Plans would be filed as they occur, rather than together with the initial Service Plan.)

**Note:** Documents must be secured in the file. Once the prongs cannot adequately secure the documents, the case manager should create a new volume to the case. Ensure that an up to date face sheet is in the most recent volume.

**SIDE 1 CASE MANAGEMENT**

- A. Adult Services Face Sheet (put on top / most current date case opened)
- B. DHHS Form
- C. Central Registry Forms for APS Cases

**SIDE 2 WORKER ACTIVITY AND CONTACTS**

- SIDE 3**
- A. INTAKE AND ASSESSMENT (On top)**  
-Adult Services/Intake Worksheet (most recent on top)

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- Risk Assessment Forms (most recent on top)
- Client/Family Assessment Summary (Support Services)
- Any Investigative Information
  - pictures of abuse/neglect
  - interviews/statements
  - police reports
  - Notification to Law Enforcement (DSS 1506)
  - copies of warrants

**B. COURT AND LEGAL INFORMATION**

- Court Information Sheet
- Petitions
- Subpoenas
- Court Orders
- Court Summaries/Updates
- Other Court Information (Probate, Criminal Court)

**SIDE 4 SERVICES INFORMATION**

- A. Case Plan (most recent on top)
  - Service plan/Treatment plan (most recent on top)
  - Case Staffing and/or Case Transfer
  - Case Evaluation/Case Closure Form 1599
- B. MEDICAL INFORMATION
  - Medical Records
  - Psychiatric Records
  - Psychological Evaluations
  - CLTC Contracts/Forms
  - HIPPA Form 4000

**SIDE 5 HOMEMAKER SERVICES**

- DSS 1537 Request for Homemaker Services
- DSS 1541 Homemaker Services Rendered

**SIDE 6 A. CORRESPONDENCE (on top)**

- All correspondence not included in the above sections

**B. FINANCIAL INFORMATION**

- Payee Information
- SSI, Social Security, Medicaid
- Emergency Caretaker Information

**408 Confidentiality**

Revision Number: 02-01, Effective Date: 11/18/2002

**408.01 Assessments**

Revision Number: 02-01, Effective Date: 11/18/2002

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Unless prohibited by law, state agencies, law enforcement, and DSS (or Ombudsman) may share information related to an assessment.

**408.02 DSS Records**

Revision Number: 02-01, Effective Date: 11/18/2002

Adult Protective Services records may not be viewed by members of the public. Clients, their legal representatives, or their guardians ad litem may read the case record and may receive copies upon request. Should the request for copies become burdensome, a reasonable fee may be charged. The alleged perpetrator, relatives of the client, etc. may not read records or receive copies. In some situations, perpetrators who are also parties to the Family Court proceedings may be entitled to some information from the record. If there is any question about a request, contact the local DSS attorney or the Office of General Counsel.

**408.03 Inter-agency Staffing**

Revision Number: 02-01, Effective Date: 11/18/2002

Information about clients, may be discussed during staffings with other agencies when the purpose is to secure/coordinate services for benefit of the clients. The case record may be present as needed for reference. Members of formal Interdisciplinary Teams sign confidentiality pledges when they become team members.

**408.04 Subpoenas For Records**

Revision Number: 02-01, Effective Date: 11/18/2002

Information in Adult Protective Services records is confidential. Should a subpoena be received for a case record, the local DSS attorney or the Office of General Counsel should be contacted for advice.

**408.05 Records in Court**

Revision Number: 95-4, Effective Date: 11/09/1995

Case records may be taken to court for reference if needed. Case workers should prepare their testimony with the DSS attorney prior to appearing in court. The record may not be taken on the witness stand. However, prepared notes or extracts from the record may not be used in court for information not easily remembered . On cross-examination, or if questioned by the judge, the record should be in the courtroom so the worker can use it to answer questions or produce documents. If any individual or attorney from outside DSS requests to see the case record while in court or at the court house, the DSS attorney will decide whether to allow access, to require the requesting individual to obtain a court order, or to make appropriate motions before the court on behalf of DSS.

**450 Accepting Reports**

Revision Number: 94-1, Effective Date: 04/15/1994

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This procedure involves Adult Protective Services reports. Refer to Section 403.02 and Section 403.05 for instances when this procedure is used.

Caseworker

1. Receives a report that an adult is believed to be unable to adequately provide for his/her care or protection and is thought to be abused, neglected, or exploited. Enters information known by the reporter on Intake Worksheet, DSS-1559.
2. Gives DSS-1559 with the information provided by the reporter to the supervisor.

Supervisor

3. Reviews DSS-1559. Signs the form and enters the date of signature. Decides if law enforcement should be notified at that time. If so, complete Adult Protective Services Notification to Law Enforcement Form, DSS-1506.
4. Assigns report to caseworker.

**451 Assessments**

Revision Number: 02-01, Effective Date: 11/18/2002

This procedure involves Adult Protective Services assessments. Refer to Section 403 for instances when this procedure is used.

Caseworker

1. Receives Adult Protective Services Intake Worksheet, DSS-1559 (or comparable computer screen).
2. Reviews any Agency records on the client.
3. Makes direct contact with the client. Secures collateral information.
4. Begins entering information on the Risk Assessment Form, DSS-1565/Risk Assessment Supplement, DSS-1565S, and Adult Services Face Sheet, DSS-1564 (or the appropriate computer screens).
5. Sends completed Adult Protective Services Notification to Law Enforcement Form, DSS-1506, to the law enforcement agency with jurisdiction within two days of the report if the situation is not self neglect.

or

Completes DSS-1565/DSS-1565S (or the comparable computer screen). Makes case decision. Completes Adult Protective Services Reporting Form, DSS-1595.

6. Makes case decision. Completes DSS-1565/1565S. Completes Adult Protective Reporting Form, DSS-1595.

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or

Sends completed DSS-1506 to the law enforcement agency with jurisdiction within two days of the report if the client has actually been abused, neglected, or exploited by another.

**452            Emergency Protective Custody**

Revision Number: 02-01, Effective Date: 11/18/2002

This procedure involves Emergency Protective Custody. Refer to Section 405 for instances when this procedure is used.

Law Enforcement Officer

1. Takes a vulnerable adult into Emergency Protective Custody (EPC).
2. Transports adult to a place of safety.
3. Notifies DSS.

Caseworker

4. Initiates an assessment.

Caseworker and Supervisor

5. Decide whether or not DSS needs continued custody of the client.

Caseworker

6. Meets with County DSS Attorney.

County DSS Attorney

7. Files petition with Family Court within one work day of notification of EPC.

Family Court

8. Holds a hearing within three work days of the petition.

**453            Additional Reports/Complaints**

Revision Number: 02-01, Effective Date: 11/18/2002

This procedure involves additional reports/complaints and risk, assessments on open cases. Refer to Section 403 for instances when this procedure is used.

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Caseworker

1. Receives an intake/report on an open case. The initial DSS-1565 (or comparable computer screen) has been completed. No reassessments have been completed.

or

Receives an intake/report on an open case. DSS-1532 (or comparable computer screen), Adult Protective Services Review of Risk was used at the last reassessment.

2. Initiates an assessment following the procedures found in section 451.
3. Uses a new DSS-1565 to assess and record risk.
4. Makes case decision and revises Service Agreement as necessary.
5. Reassess risk at an interim (5 to 7 months) between service authorization date and eligibility review using the second part (reassessment section) of the DSS-1565 (or comparable computer screen) initiated in steps 2 and 3 above.

**460 Protocol for Emergency Preparedness**  
Revision Number: 06-02, Effective Date: 09/12/2006

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CHAPTER 4, Protocol  
Revision Number: Effective Date: 07/01/2006

**460 Protocol for Emergency Preparedness**

**Adult Protection Services Protocol for Emergency Preparedness Plan**

**DISASTER PREPAREDNESS PLAN INTRODUCTION**

It is the purpose of this section to provide the procedures and guidelines that staff is to follow in the event of severe weather or natural and/or other disasters.

Adult Protective Services (APS) has developed the following APS Disaster Preparedness Plan in an attempt to ensure the safety and well-being of vulnerable adults in agency custody and other high risk clients. It is important that this plan is followed and communications remain open between



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the local APS staff and the APS program consultants during times of emergency. It is the responsibility of each county office to maintain and update the APS Disaster Preparedness Plan as changes occur.

The APS Disaster Preparedness Plan covers all points to promote the continued safety of clients during severe weather or natural disasters.

It has precise procedures and guidelines for staff to follow in the event the Disaster Preparedness Plan needs to be activated.

Local DSS offices are directed to enter into Memorandums of Understanding (MOU) with local state agencies, nonprofits, religious organizations, local governments, hospitals and clinics and transportation providers in order to enhance the provision of services during the course of a disaster. The MOU should cover roles and responsibilities for each agency and entity involved. A copy of the state Memorandum of Understanding is provided in Appendix C and should be used as a guide in drafting the local agreements.

**The APS Disaster Preparedness Plan only addresses the procedures and guidelines for promoting the safety and well-being of clients in DSS custody and high risk clients.**

**I. General Provisions:**

- A. The Disaster Preparedness Plan should be given to each current Adult Services staff and reviewed in full.
- B. Staff will keep the Disaster Preparedness Plan in a place that is easily accessible in their office.
- C. Each new employee should receive a copy of the plan from his/her supervisor and should review it with the supervisor within the first week of employment.
- D. The case record of custody and high risk clients should be marked and easily identified by all APS staff.
- E. Supervisors need to periodically review the Disaster Plan with their staff, especially during severe weather seasons.
- F. Communication and preparedness are essential to making things run as smoothly as possible during severe weather and natural disasters. Each APS county office is responsible for maintaining and making changes to the disaster preparedness plan as the need for revisions arises. Any changes made to duties or obligations of the county office staff in local disaster preparedness plan must first receive approval from the State Office.

**II. Definitions**

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**A. Severe Weather** – This phrase is generally used to describe any destructive weather event. However, it mostly applies to localized storms, such as severe thunderstorms (i.e., damaging wind & large hail) tornadoes, and hurricanes.

**B. Watch** – An official statement issued by the NWS (National Weather Service), meaning that a hazardous weather-related event is possible in the near future. Watches are issued for significant winter storms, flash floods, severe thunderstorms, tornadoes, high winds, hurricanes, etc. Winter storms and hurricane watches are typically posted 12-36 hours ahead of the storms expected arrival, while severe thunderstorm, tornado, and flash flood/flood watches may be issued only a few hours or less in advance. In general, watches are issued before a warning. The only exceptions are in flash floods, severe thunderstorms, and tornadoes— if these events are isolated a watch will not be issued, but just a warning. Otherwise, a watch will be issued.

**C. Warning** – An official statement issued by NWS offices, meaning that a hazardous weather-related event is imminent or already occurring. A warning means that there is a serious threat to life and property. Warnings are issued for significant winter storms, flash floods, severe thunderstorms, tornadoes, high winds, hurricanes, etc.

### III. High Risk Clients

**A.** Each case manager will provide the names and contact information of the APS client to their supervisor along with a brief explanation for designating the client as “high risk.” When a client is in DSS custody, an emergency plan contact information form should be completed.

**B.** The supervisor and/or county director are responsible for developing and maintaining a master list of high risk clients within their given area.

**C.** As new cases are acquired by the case manager, they should immediately be added to the master list for that area. The case manager should consider removal of obese clients and discuss plans for evacuation and make it a part of planning for services.

**D.** Custody cases should be included even though these clients are considered to be in protective environments.

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The South Carolina Department of Health and Environmental Control (DHEC) has an Emergency Evacuation Plan Component for Nursing Homes, Hospitals and Community Residential Facilities.

**IV. Actions to Take on “High Risk Clients” during Severe Weather/ Natural Disaster Watch**

**A.** APS staff will make contact (by phone or home visit) and assess safety and well-being of each high risk client. Resident administrators should be contacted to make sure the emergency plan contact information (including alternate contact) in the event of any medical emergency or relocation of client is correct. Case managers should make sure arrangements for medication refills and other special needs like oxygen are in place for the client.

**B.** The APS staff will attempt to ensure that each high risk client is aware of evacuation procedures for his/her\ county and the location of local shelters. Facility administrators should be reminded of DHEC’s emergency evacuation plan.

**C.** The APS staff will attempt to ensure that high risk clients have access to emergency supplies (first aid kits, flashlights, radios, batteries, etc.). The local Red Cross should be contacted regarding availability of emergency kits. If there are no kits available, the Red Cross should be asked to provide information to the county director/supervisor as to how to obtain these supplies in advance so that they are readily available to the client.

**D.** The APS staff will ensure each high risk client has telephone numbers for police, hospitals, neighbors, friends, family or any other resources that are able and willing to assist in meeting needs during times of severe weather or natural disaster.

**E.** After other resources (law enforcement, etc) have been explored, APS staff may be required to provide and/or arrange transportation for high risk clients to shelters. **This will need to be done during the early stages of a severe weather watch as it is not expected that staff put themselves or others in danger while severe weather is occurring. Appendix A and Appendix B categorize Hurricanes and Tornadoes.**

**F.** Following the end of severe weather / natural disaster, APS staff will follow up with the high risk client and/or facilities to assess the client’s safety and see if there are any immediate needs that should be addressed.

**V. ESTABLISHING COMMUNICATION FOR SEVERE WEATHER**

**A.** Establish a chain of command for each county and ensure each staff member has an understanding of his/her role.

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There must be a clear line of authority so that communications run smoothly during events of severe weather.

Once the county director becomes aware of the threat or disaster then he/she should contact appropriate staff to

inform them that the local disaster preparedness plan is in effect. The chain of command should be as follows:

1. State Director
2. Deputy State Director
3. County Director
4. Program Supervisor
5. APS Case Managers

**B.** Attach a list of team members with both work and after-hour phone numbers (cells, pagers, home, etc.) to the Disaster Preparedness Plan.

## **VI. RESOURCES**

Each county office will develop and maintain a list of resources readily available to assist in meeting client needs

in preparation for or after severe weather or natural or other disaster. Resources should include the following:

- A. Access to local area council/agency on aging
  1. Coordinate services and resources which will be available for APS clients during times of disaster
  2. Update service information and contacts periodically to ensure accuracy and availability
- B. Memorandum of Understanding
  1. The MOU should be developed with local community representatives to clarify roles and responsibilities of participating agencies
  2. The MOU should address evacuation routes and the destination points of the routes (see Appendix C)
- C. State Emergency Management Team
  1. The county staff should be familiar with the State Emergency Management Team
  2. The county staff should review the information from the State Management Team periodically to ensure accuracy and familiarity with the county's role and responsibilities

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**APPENDIX A**

**SAFFIR-SIMPSON HURRICANE SCALE**

<b>RATING</b>	<b>DESCRIPTION</b>
<b>CATEGORY 1</b>	<b>Winds 74 to 95 miles per hour (mph) Minimal structural damage Manufactured housing at risk Power lines, signs and tree branches blown down</b>
<b>CATEGORY 2</b>	<b>Winds 96 to 110 mph Moderate structural damage to walls, roofs, and windows Manufactured housing at greater risk Large signs and tree branches blown down Storm surge 6 to 8 feet</b>
<b>CATEGORY 3*</b>	<b>Winds 111 to 130 mph Extensive structural damage to walls, roofs and windows Trees blown down Storm surge 9 to 12 feet</b>
<b>CATEGORY 4*</b>	<b>Winds 131 to 155 mph Extreme damage to structure and roofs Trees uprooted Storm surge 13 to 18 feet</b>
<b>CATEGORY 5*</b>	<b>Winds in excess of 155 mph Catastrophic damage Structures destroyed Storm surge 18 feet or higher</b>

**NOTE: Flying debris or projectiles such as signs, trees, glass, roof, shingles, lawn furniture and toys can cause severe property damage as well as major injuries or even death.**

**\*Category 3 or higher is defined as a “Major Hurricane.”**

## APPENDIX B

### Fujita-Pearson Tornado Scale

#### F0 – Gale Tornado (40-72 mph)

Light damage, some damage to chimneys: branches broken off trees; shallow-rooted trees pushed over; sign boards damaged.

#### F1 - Moderate Tornado (73-112 mph)

Moderate damage; The lower limit is the beginning of Hurricane wind speed; peels surface off roofs; mobile homes pushed off foundations or overturned; moving autos pushed off the road; attached garages may be destroyed.

#### F2 – Significant Tornado (113-157)

Considerable damage; entire roofs torn from frame houses; mobile homes demolished; boxcars pushed over; large trees snapped or uprooted; light-object missiles generated.

#### F3 – Severe Tornado (158 – 206)

Severe damage; walls torn from well-constructed houses; trains overturned; most trees in forests uprooted; heavy cars lifted off ground and thrown.

#### F4 – Devastating Tornado (207 – 260)

Well constructed houses leveled; structures with weak foundations blown off some distance; cars thrown and large missiles generated.

#### F5 – Incredible Tornado (261-318)

Strong frame houses lifted off foundations and carried considerable distances to disintegrate; automobile-sized missiles fly through the air 100 yards or more; trees debarked; steel reinforced concrete structures badly damaged.

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**APPENDIX C**

**South Carolina Department of Social Services**

**MEMORANDUM OF UNDERSTANDING  
Emergency Preparedness Plan**

This **MEMORANDUM OF UNDERSTANDING** is entered into by and between the South Carolina Department of Social Services (SCDSS), the South Carolina Emergency Management Agency (SCEMA), the (local) Law Enforcement (LE), the South Carolina Department of Mental Health (DMH) and South Carolina Department of Disabilities and Special Needs (DDSN), the American Red Cross (ARC) and the South Carolina Department of Health and Environmental Control (DHEC) for the purpose of establishing the responsibilities of each agency in the operation of Medical Needs Shelters within the State of South Carolina.

**WHEREAS**, during emergency events, citizens of South Carolina with certain medical conditions may need assistance in maintaining pre-event levels of health; and

**WHEREAS**, the signatory agencies of this agreement have designated responsibilities under the State Emergency Operations Plan (EOP) and obligations to the citizens of the state:

**NOW THEREFORE**, the below signed parties hereto covenant as follows:

**SCDHEC** will assure the provision of medical care and equipment including, but not limited to, medical staff, emergency medical services, medical supplies, medical records and archiving of records, cots/beds for medical patients, linens for medical beds, safety staff, cleaning of medical care areas and disposal of medical waste.

**SCDSS** will assure participation in the operation of emergency shelters, but not limited to, arranging MOU's with agencies providing emergency shelter, arranging for opening and closing of shelter facilities and general food service for shelter staff patients and families.

**SCEMA** will assure: final site selection after coordination with shelter security, backup power, cots for staff, families of patients and communication equipment.

**SCDMH** will assume care for or make arrangements for the provision of care for patients with serious mental illnesses and significant emotional disorders.

The patients' care or arrangements for care may include but is not limited to the provision of staff, equipment and supplies as needed including but not limited to the provision of staff, equipment and supplies as needed.

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**SCDDSN** will assume care or will make arrangements for the provision of care for patients with issues pertaining to mental retardation and related disabilities, autism, traumatic brain injury and spinal cord injury and conditions. The patient s’ care or arrangements for care may include but is not limited to the provision of staff, equipment and supplies as needed.

Local units of **ARC**, at the request of the proper local DSS office, *may* provide limited feeding support, provided resources are available for such support without interfering with other service delivery. This feeding support will be the same as other recipients of American Red Cross feeding operations.

American Red Cross workers cannot deliver food when weather conditions make travel dangerous.

**LE** will state its plan for the specific county \_\_\_\_\_

Entered into by signature below:

\_\_\_\_\_  
Date \_\_\_\_\_  
Director or Designee  
South Carolina Department of Health  
and Environmental Control

\_\_\_\_\_  
Date \_\_\_\_\_  
Director or Designee  
Department of Social Services

\_\_\_\_\_  
Date \_\_\_\_\_  
Director or Designee Emergency Management Agency

\_\_\_\_\_  
Date \_\_\_\_\_  
Director or Designee  
South Carolina Department of Mental Health

\_\_\_\_\_  
Date \_\_\_\_\_  
Director or Designee  
South Carolina Department of Disabilities  
and Special Needs

\_\_\_\_\_  
Date \_\_\_\_\_  
Director of Preparedness and Response  
American Red Cross Southeast Service Area



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\_\_\_\_\_  
Law Enforcement Agency

Date \_\_\_\_\_

- 480 Reference Data**  
Revision Number: 04-01, Effective Date: 11/17/2004
- 486 Adult Health Care Consent Act**  
Revision Number: 93-3, Effective Date: 10/11/1993
- 487 Memorandum of Agreement Between DSS, The Department of Disabilities and Special Needs, and the Long Term Care Ombudsman**  
Revision Number: 93-3, Effective Date: 10/11/1993
- 488 Memorandum of Understanding with Elder Abuse and Adult Protection Unit of the Office of Attorney General is Obsolete**  
Revision Number: 08-01, Effective Date: 04/11/2008



488.pdf

**[This Memorandum of Understanding \(MOU\) is OBSOLETE. The current document that replaces this is the MOA signed October 23, 2006. Refer to Section: 489.](#)**

- 489 MOA: Memorandum of Agreement DSS APS, SLED VAIU**  
Revision Number: 08-01, Effective Date: 04/11/2008

**[This Memorandum of Agreement is executed by the following agencies as joint participants: Adult Protective Services \(APS\) Program of the South Carolina Department of Social Services \(DSS\) and the Special Victim's Unit-Vulnerable Adults Investigative Unit \(VAIU\) with the South Carolina Law Enforcement Division \(SLED\).](#)**



moa.pdf

- 490 Relocation Guidelines CRCF**  
Revision Number: 08-01, Effective Date: 04/11/2008

**[The following guidelines are provided for agencies to assist residents in community residential care facilities in relocating when the CRCF closes. The agencies include: DSS, DMH, DHHS, DHEC, DDSN, and the Long Term Care Ombudsman's Office.](#)**

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[RelocationGuidlines.pdf](#)

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**500 Introduction**

Revision Number: 96-2, Effective Date: 07/01/1996

Out of home. placement becomes necessary when client needs cannot be met through formal or informal services in the community. Most adults prefer to remain in their own homes rather than going into a facility and the philosophy of the Department is to provide and arrange in-home services to delay or prevent placement. However, some adults have few support systems and have such extensive medical problems that their needs cannot be met in the community. Placement then becomes necessary. Clients may ask the Department to assist them in arranging for placement, may agree to placement when it is suggested by the case worker, or it may be necessary to place the client through a court order.

**501 Definitions**

Revision Number: 96-2, Effective Date: 07/01/1996

The following terms and definitions are commonly used when placing clients.

**501.01 Placement**

Revision Number: 96-2, Effective Date: 07/01/1996

Placement involves the client moving from his/her home or usual resident to an alternate arrangement which is usually a licensed facility but may be the home of a relative or private home.

**501.02 Community Residential Care Facilities**

Revision Number: 08-01, Effective Date: 04/11/2008

Community Residential Care Facilities (CRCFs) are licensed by the Department of Health and Environmental Control. These are facilities which offer room and board and a degree of personal assistance (assistance with activities of daily living, [making appointments](#), monitoring the activities of the resident on the premises, etc.) for a period of time in excess of twenty-four consecutive hours for two or more adults unrelated to the administrator within the third degree of [consanguinity](#). Included in this definition is any facility (other than a hospital) which offers, or represents to the public that it offers, a beneficial or protected environment specifically for the mentally ill, drug addicted, or alcoholic, or provides or purports to provide any specific procedure or process for the cure or improvement of that disease or condition. Some Home Health Services may be provided to [residents of community residential care facilities](#).

[What to do when a CRCF closes. DSS will proceed with the business protocol as outlined in the Relocation Guidelines. The Relocation Guidelines are located in Chapter 4 Adult Protective Services Section 490 of this Manual.](#)

**501.03 Nursing Homes**

Revision Number: 96-2, Effective Date: 07/01/1996

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Nursing homes are licensed by the Department of Health and Environmental Control. Those participating in the Medicare and Medicaid programs are also certified for these programs by the Department of Health and Environmental Control.

**501.04            Levels of Care**

Revision Number: 96-2, Effective Date: 07/01/1996

Skilled care and intermediate care are the two levels of nursing home care. Skilled care is for individuals with more severe functional deficits who require more hands-on assistance than individuals at the intermediate level of care.

Community Long Term Care (CLTC) staff determines the level of care needed through an assessment.

**501.05            Plan of Care**

Revision Number: 96-2, Effective Date: 07/01/1996

Plans of Care are completed for individuals being admitted to Community Residential Care Facilities. They describe the assistance in activities of daily living needed by the individual, the medical regimen, requirements for being seen by health care providers, and desirable recreational/social activities. Agencies placing clients in RCFs are required by state law to develop and monitor Plans of Care on the clients placed.

**501.06            Activities of Daily Living**

Revision Number: 96-2, Effective Date: 07/01/1996

Activities of daily living includes walking, dressing, eating, bathing, grooming, shopping, self-administration of medication, and similar activities.

**502                Licensing of Facilities**

Revision Number: 96-2, Effective Date: 07/01/1996

DSS places clients only in facilities which have been licensed.

**502.01            Nursing Homes**

Revision Number: 96-2, Effective Date: 07/01/1996

The South Carolina Department of Health and Environmental Control has the responsibility for licensure and certification of skilled and intermediate long term care facilities. Once a facility is licensed, the Department of Health and Environmental Control (DHEC) provides certification services for the Medicaid program in order to determine that the facility meets conditions for payment specified by Medicaid.

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**502.02 Community Training Homes**

Revision Number: 96-2, Effective Date: 07/01/1996

The Department of Disabilities and Special Needs provides licensure to Community Training Homes which are for individuals with mental retardation or similar disabilities. Placement is made through the local agency of the Department of Disabilities and Special Needs.

**502.03 Private Homes**

Revision Number: 96-2, Effective Date: 07/01/1996

There is no licensure requirement or authority for private homes where one adult unrelated to the home owner is placed to receive room, board, and some personal care. Should DSS staff place a client in such a setting, it will be necessary for the case worker to inspect the home for obvious safety hazards such as exposed wires, etc. Also, the case worker may request references.

**503 The Placement Process**

Revision Number: 96-2, Effective Date: 07/01/1996

Before any client is placed, all alternatives are fully explored. When placement is the only alternative, clients are placed at the appropriate level of care where their needs can be met.

**503.01 Preplacement**

Revision Number: 96-2, Effective Date: 07/01/1996

**503.01.01 Level of Care**

Revision Number: 96-2, Effective Date: 07/01/1996

When the need for placement becomes apparent, or is requested by the client, a determination must be made about the level of care needed by the client. Ambulatory clients usually can be placed in community residential care facilities. A medical statement must be completed by a physician on clients going into residential care facilities. The statement must demonstrate that the client's needs can be met in the facility and that the client is free of contagious or infectious disease. An example form for this purpose is found in the reference section of this Chapter.

Non ambulatory clients often need nursing home care and will need to be assessed by CLTC. The case worker will need to ensure that the client's level of care is determined.

**503.01.02 Financial Assistance**

Revision Number: 96-2, Effective Date: 07/01/1996

Clients going into residential care facilities may have sufficient resources and income to pay the facility bills. However, many will need assistance and the case worker will need to assist the client in applying for the

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Optional State Supplement (OSS). Clients going into nursing homes will probably need assistance from Medicaid and the case worker will need to assist in getting the application made.

**503.01.03 Selection of a Facility**

Revision Number: 96-2, Effective Date: 07/01/1996

If the client has friends or interested family members, they should be involved in the placement, especially in the selection of the facility. In the absence of close friends or relatives, the case worker will need to take the client to visit residential care facilities. This will allow the client to make a choice and alleviate fear of the unknown. If there is no vacancy in the preferred facility, the client may wait for a vacancy or go to another facility until a vacancy occurs at the preferred facility.

**503.02 Placement**

Revision Number: 96-2, Effective Date: 07/01/1996

**503.02.01 Signing Application Forms**

Revision Number: 96-2, Effective Date: 07/01/1996

Facilities, especially nursing homes, have detailed application forms which they require a person other than the client to sign. It is appropriate that a relative of the client sign the forms. In the absence of a relative willing to complete and sign the forms, the case worker may have to sign the forms in order for the client to be admitted. In these circumstances, the case worker should sign the forms and write the following statement on the form: "any liability assumed is subject to limitations of the rules, regulations, policies, and procedures of the South Carolina Department of Social Services and state and federal law governing the participation of the Agency in social service programs." This statement must be written on the form rather than written on a separate sheet of paper and attached. Failure to write this statement on the forms may cause the facility to hold the case worker responsible for the client's bill.

**503.02.02 Plan of Care**

Revision Number: 96-2, Effective Date: 07/01/1996

Section 44-7-350 of the South Carolina Code of Laws requires that agencies placing clients in community residential care facilities develop individual plans of care for each client in cooperation with the facility administrator, or designee, and the client. The Plan must be developed and signed by the client, the case worker, the administrator, or designee, within seven days of the client's admission. The Plan describes the following: activities of daily living with which the client needs assistance, the medication regimen, desirable social activities, requirements and arrangements for visits by health care professionals. In addition, the Plan includes provisions for monitoring the Plan by the placing agency. The Plan must delineate the responsibilities of the placing agency and the facility in meeting the client's needs. DSS must complete an initial plan of care on each client placed without the active involvement of the client's family or friends. The client's ability to sign admission forms does not relieve the Department of the responsibility for the plan of care.

The plan will be written on the Service Agreement Attachment, DSS-15103A The client, the facility administrator, or designee, and the caseworker will agree to the tasks, etc. to be recorded on the Service

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Agreement and each will sign it. The administrator will sign in the space under the client's signature. The worker will return a Xerox of the Service Agreement to the administrator for filing in the client's record at the facility.

If DSS will be providing services to the client after placement, the Service Agreement Attachment will be monitored, reviewed, and revised as necessary but no less than yearly. In addition, the reassessment section of DSS-1565, Risk Assessment, or a Review of Risk, DSS-1532, must be completed every four to six months (beginning four to six months after service authorization). A change in risk factors may necessitate a change to the Service Agreement. Should the client not need DSS services after a period of adjustment, the caseworker will notify the administrator in writing that DSS will no longer participate in the Plan of Care. The notification will state that DSS has determined that such participation is no longer necessary and is therefore closing its case.

Should an interested relative or friend of the client be located after the client is placed, DSS may ask this person to assume the responsibility of monitoring the Plan. If the relative or friend agree, the case worker will notify the facility in writing that DSS will no longer participate in reviewing or monitoring the Plan as the friend or relative has agreed to assume this responsibility.

**503.02.03 Disposal of Personal Property**

Revision Number: 96-2, Effective Date: 07/01/1996

Clients entering facilities without the expectation of returning to independent living in the community may have furniture or other usable personal property which cannot be taken to the facility. Clients, with the help of family and friends, usually make arrangements to dispose of these items. However, in some cases nobody comes forward to help the client and it becomes the responsibility of the caseworker to assist in disposing of the items. In these situations, the worker will write any known relatives regarding the items. If the relatives do not respond or are unwilling to assume responsibility, the case worker will make an inventory of the property in the presence of a witness. The case worker and the witness will sign the inventory. The case worker will make every effort to dispose of the property according to the client's wishes. If the client has no preference, or is unable to express a preference, the case worker will arrange for the sale of the property. Any proceeds from the disposal of the property will be turned over to the client.

If the Department is seeking custody of the client, the petition (complaint) will seek permission from the court to dispose of the personal property. When the court orders the Department to dispose of the property, the action described above will be initiated.

Should it appear to the supervisor and case worker that the items have significant value, it will be necessary to have a conservator appointed by the probate court.

**504 Services to Clients in Facilities**

Revision Number: 96-2, Effective Date: 07/01/1996

Services to clients in community residential care facilities will be guided by the activities agreed upon and recorded on the Plan of Care. When clients are placed in nursing homes, the case is closed after a time is allowed for the client's adjustment and for the agency to conclude any business being conducted on the client's



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behalf. However, cases will not be closed if DSS has custody or is under a court order to provide a particular service to the client.

**505 Placement in Another County**

Revision Number: 96-2, Effective Date: 07/01/1996

Applications for Medicaid, Optional Supplement, and Social Services are taken by the county office where the client resides. If the client is placed in another county, the economic services case is transferred to the county office where the client resides in the facility. The Adult Services case will also be transferred if DSS does not have custody and the client will need services while in the facility. Plan of Care cases not involving custody will be transferred.

**506 Placement of a Client in a Licensed Facility Out of State**

Revision Number: 08-01, Effective Date: 04/11/2008

**It is recommended that we assess all placements within South Carolina, and within the vicinity where the client has family, friends, and community support systems. Placing out of state is a last resort.**

This section describes the process to initiate for an out of state placement of a client.

The worker should reevaluate the need (s) of the client to ensure that proper care and treatment is necessary to relocate the client out of state. The APS worker should determine if the placement is appropriate and be familiar with the regulatory provisions set forth by the receiving state. The Plan of Care should be updated and staffed with the county supervisor and county attorney. If the county determines that this is in the best interests of the client, than the worker should discuss the Plan of Care with the client, family, and the facility administrator or designee of the receiving state.

The County Attorney should petition the court to seek relinquishment of custody, relief of providing services, and request case closure.

Once the court order has been signed and dated **by the judge, the worker should proceed to finalize the relocation plans for the client.**

Once the case is legally closed the worker should update and **close** the case in CAPSS system.

**550 The Placement Process**

Revision Number: 96-2, Effective Date: 07/01/1996

This procedure outlines activities engaged in prior to the placement of a client. Refer to Section 503, The Placement Process.

**Caseworker**

1. If client is believed to need nursing home care, secures a level of care determination from Community Long Term Care.

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2. Assists client or relatives in making necessary applications for financial assistance (OSS or Medicaid). May need to make the application for the client.
3. If client needs placement in a community residential care facility rather than a nursing home, assists the client in securing a medical statement.
4. Takes client who needs residential care placement to visit residential care facilities if no friends or relatives are able to do it.
5. Arranges for client to be transported to the selected facility or transports client if no friends or relatives are available to do it.
6. If client was placed in a residential care facility without friends or relatives being actively involved, develops a Plan of Care with the client and facility administrator or designee.
7. Monitors Plan of Care for clients in residential care facilities who are receiving DSS services.
8. Closes case on client placed in nursing home if the client is not in custody.

**580**

**Reference Data**

Revision Number: 96-2, Effective Date: 07/01/1996