

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

APS Program Policy – Investigation Services

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APS Program Policy: Investigation Services

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3.1 Purpose and Scope of Investigation Services

PURPOSE – Investigations is the second phase of the lifecycle of a case. The purpose of the investigation is to determine if 1) the alleged victim is a vulnerable adult and unable to protect themselves and 2) the vulnerable adult is at substantial risk of being or has been a victim of maltreatment and protective services are necessary.

Both vulnerability and maltreatment must be confirmed for a case to be substantiated and not all accepted intake reports will be substantiated. Case managers are required to collect adequate information and conduct a thorough evaluation to determine if a case will be substantiated.

SCOPE - The Adult Protective Services Program investigates all reports of maltreatment of a vulnerable adult, aged 18 or older, in a community setting that are accepted through the Hub. APS does not have the authority to investigate adults maltreated in facilities, such as jails, hospitals, and nursing homes. In situations where the maltreatment occurred in a community setting but the adult is presently located in a jail, hospital or nursing home, the case manager is required to visit the adult where they are located.

In order for an investigation to be thorough, the scope of APS Investigative Services includes:

- Making face to face contact with the adult in their environment;
- Interviewing collateral contacts with or without the adult or caregiver's consent;
- Obtaining and reviewing records such as medical, financial, psychological/behavioral and legal;
- Completing the South Carolina Needs and Vulnerability Assessment (SCANVA);
- Developing and implementing an initial Service Plan;
- Securing services to mitigate harm and coordinating with appropriate agencies, including obtaining consent for services and notification of adult's rights;
- Participating in staffings with team leaders, team coordinators, regional directors and legal staff as necessary;
- Documenting all investigation activities in dictation and linked files in CAPSS;
- Making an appropriate case decision; and
- Participating in court proceedings as needed.

A case manager will protect the adult's right to self-determination by balancing the adult's wishes with any safety concerns while receiving the adult's input in the needs and vulnerability assessment and service plan. Vulnerable adults are more than just a "case record", they are individuals with unique needs, challenges, strengths and opportunities.

3.2 The Investigation

All investigation cases will result from an accepted intake report from the Hub. The report will have been accepted through the APS Intake Tool, either through an individual report, or as an Emergency Protective Custody (EPC) case. EPC cases are still reported through the Hub. Please refer to section 3.6.1 of this chapter for more guidance on EPC cases. The process for investigating an accepted intake report will be the same regardless if the report was the result of an intake tool decision or an EPC, with the exception of the timeframe for making initial contact.

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If a team leader has reason to believe that an accepted report should not have been accepted, the team leader will contact their team coordinator who will submit the request to state office for final approval. Any reconsideration of an accepted intake report must have adequate and appropriate justification as to why the report did not meet the criteria for APS involvement. No reconsiderations will be granted for cases assigned to the wrong county. Granting reconsiderations are extremely rare and not considered standard procedure for APS. Please refer to APS Intake Services Policy; section 1.7 for additional guidance on reconsiderations.

Medicaid and Social Security Income must be addressed for all adults. If the adult is not currently receiving or is currently ineligible for Medicaid or Social Security, case managers should work with the adult during the investigation phase to secure these services. Please refer to section 3.2.7 of this chapter for more guidance on Medicaid and Social Security.

During the investigation case managers are required to respect the adult's right to self-determination. This means that if an adult has not been deemed incompetent by a court, they have the right to refuse APS services, to make choices that may seem unsafe, and should have input in the investigation – including expressing what their wishes are for where they reside, and the services provided to them.

In order for an investigation to be thorough, a case manager must treat every adult as an individual. The number of and frequency of visits must be based on each adult's unique needs. A case manager is required to make at least one visit per month, but some cases may require more, such as adults placed in emergency stabilization beds.

3.2.1 Initial Contact

All accepted APS intake reports will be investigated in a timely manner. In all cases a visit must be made to the location of the adult and the case manager must interact face to face with and assess the adult within the specified time frame. A pre-initial contact supervisory staffing is required before the initial contact is completed. Please refer to section 3.3.1 of this chapter for more guidance on pre-initial contact staffings. If the adult cannot be located or observed in the specified time frame, the investigator must complete an activity note in CAPSS to show the continued efforts to make contact and the reason(s) why face to face contact with the adult was not made. Failed attempts to make face to face contact with the adult must be staffed immediately with the APS team leader to obtain further instruction and direction. Diligent efforts are described, and further guidance is located in section 3.7.2 of this chapter.

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

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

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

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

During the initial contact, the case manager will begin assessing for vulnerability and maltreatment. This includes beginning the South Carolina Needs and Vulnerability Assessment (SCANVA).

3.2.2 Assessing Vulnerability and Maltreatment

Both vulnerability and maltreatment must be confirmed for a case to be substantiated. It is mandatory that the case manager use the South Carolina Needs and Vulnerability Assessment (SCANVA) to assist them in confirming and documenting how the standard of evidence was met or not met. Competency must be addressed when making the determination if an adult meets the standard of evidence required for vulnerability and maltreatment as described below.

Vulnerability

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

Maltreatment

The standard of evidence for maltreatment is preponderance of evidence. This means that it is more likely that maltreatment occurred than did not occur. Unlike vulnerability, the evidence does not have to be completely convincing, only that it is more likely than not to be true. When making this decision in self-neglect cases, case managers should consider the degree of competency and right to self-determination. If competent, adults are, by law, allowed to make decisions that may seem harmful to themselves as long as these decisions do not harm other people.

The case manager is responsible for confirming that maltreatment occurred but not who committed the maltreatment. By law, APS cannot name perpetrators. This allows the focus of the investigation to be the adult themselves and the non-criminal (or human) aspects of the case.

The following section will be effective once SCANVA is fully implemented

3.2.3 SCANVA

The South Carolina Adult Needs and Vulnerability Assessment (SCANVA) is a tool and process designed to assist case managers in understanding relevant circumstances in order to identify needs, confirm vulnerability and maltreatment, aid in effective supportive decision making and to

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address adult well-being. The SCANVA is a communimetric tool, meaning that it provides context by taking into account a person's circumstances, their perspective and how their situation changes over time. Communimetric tools are designed to be conversational between the case manager and the adult and allows the case manager to hear the specific needs from the adult. Using a variety of information types, the case manager will rate the adult's needs and strengths based on the adult's circumstance at that time. The SCANVA is also designed to be administered multiple times with the same adult to measure change over time.

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

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

Conducting the Initial SCANVA

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

During the ten (10) day staffing, the team leader will review the results of the initial assessment with the case manager and will discuss the adult's wishes, appropriateness of the ratings, thoroughness of the rationales and what action steps should be included in the Service Plan. The team leader will inform the case manager of their intent to "Approve" the initial SCANVA or "return with comments". If edits are required, the case manager has two (2) calendar days to complete edits and once submitted, the team leader has one (1) calendar day to "Approve".

A new SCANVA must be completed every thirty (30) days from the date of the previous assessment.

The following section will be effective once SCANVA is fully implemented

3.2.4 Service Plan

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

Completing the Service Plan

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

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

3.2.5 Securing Services to Mitigate Harm

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

Consent for Services

Adults must be consulted on services available to them, and when an adult has not been deemed incompetent by a court, consent for the coordination of services should be secured by signature for adults not in APS custody. If an adult initially refuses to consent to services, diligent efforts must be made to ensure that the adult understands what is available to them, are given the opportunity to describe other services that they may be in need of and are provided with an individualized service array. If diligent efforts are made and the adult still refuses services, the case manager must respect the adult's decision and close the case unless the refusal for services will result in the adult's life being in danger. These cases must be consulted with team leaders and county legal team for further guidance. For more specific information on securing services to mitigate harm, please refer to APS Policy Manual, Chapter 7 – Securing Services to Mitigate Harm.

Medicaid and Medicare

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

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

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benefits on behalf of the adult. If the adult refuses Medicare benefits, the case manager must document the adult's wishes in CAPSS.

Social Security

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

3.2.6 Adult Centered Planning

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

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

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

3.2.7 CAPSS and Documentation

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

A complete case record contains all required documents and related information, such as correspondence, case narratives, and documentation of all case activity pertaining to the adult receiving services. Complete case records should reflect that the case manager has a thorough

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understanding of the adult's vulnerability and the maltreatment, has explored appropriate resources, has followed through on a service plan to meet the needs of the adult and to the best of their ability met the wishes of the adult. Case managers are not required to print narratives, SCANVA assessments, and service plans from CAPSS. However, when the above forms are printed from CAPSS, each page must be signed and dated reflecting the date they were printed. All case records, including dictation is to remain confidential.

Documentation

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

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

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

3.3 Critical Staffings

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

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

3.3.1 Pre-Initial Contact Staffing

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

- Determine if initial contact must be made prior to the assigned response time
- Review of the alleged maltreatment
- Identify possible safety threats or concerns for the adult

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- Identify optional safety services to mitigate threats
- Determine if any interpreter services will be needed or other barriers exist that would impact speaking with the adult
- Determine case manager safety concerns and needs. The Team Leader must document the Pre-Initial Contact staffing in CAPSS appropriately.

3.3.2 10 Day Staffing

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

3.3.3 Transfer Staffing

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

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

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

3.3.4 Legal Staffing

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

Since legal staffings are attorney-client privileged, and dictation is discoverable, APS staff should not enter detailed notes from this staffing into their dictation. However, a hard copy staffing sheet for this meeting should be filled out following each legal staffing, outlining what was discussed, action

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steps and signed by the participants in the staffing. The legal staffing should be kept in the physical file, clearly marked as privileged, and are not to be produced.

3.3.5 Interagency/Multi-Agency Inter-Disciplinary Staffing

Information about vulnerable adults, may be discussed during Staffings with other agencies when the purpose is to secure/coordinate services for the benefit of the vulnerable adult. The case record may be present as needed for reference. Members of formal interdisciplinary teams sign confidentiality pledges when they become team members. All counties are required to conduct interagency staffings with community partners to ensure maximum service delivery to the vulnerable adult.

3.3.6 Case Decision Staffing

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

3.4 Case Decision

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

Case Decisions for EPC or Ex-Parte Action

If an adult is taken into custody by EPC or Ex-Parte action, the case manager should complete the investigation as quickly as possible in order to provide information and a decision to the Family Court at the forty (40) Day Merits Hearing. Case managers should make a decision based solely on the evidence collected regarding vulnerability and maltreatment and decisions should be independent of a pending court decision. If the case decision is to unsubstantiate the case based on not being able to confirm either vulnerability, maltreatment, or both, case managers must enter the decision on the decision tab but keep the Investigation line open until the pending court decision. If a judge orders DSS to keep the case open, the decision tab should be updated with the correct decision. The Investigation line may then be closed and a Protective Service opened.

Case Decision Outcomes

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

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- Vulnerability Not Confirmed, Maltreatment Not Confirmed – Case Unsubstantiated

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

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

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

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

3.5 Legal Cases

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

3.5.1 Emergency Protective Custody

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

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

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

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

3.5.1.1 Probable Cause Hearing

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

3.5.1.2 Guardian Ad Litem

A Guardian Ad Litem (GAL) is appointed within ten (10) days following the filing of the petition of protective custody. The GAL is responsible for representing the best interests of the vulnerable adult by advocating for the welfare and rights of the adult involved in an abuse, neglect or exploitation proceeding. The APS case manager and team leader must coordinate with the GAL to provide appropriate requested documents.

3.5.1.3 Comprehensive Evaluation

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

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

- The vulnerable adult's current address and with whom the vulnerable adult is residing;
- a list of all persons or agencies currently providing services to the vulnerable adult and the nature of these services;

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- a summary of services, if any, provided to the vulnerable adult by APS;
- if needed, a medical, psychological, social, vocational, or educational evaluation;
- Recommendations for Protective Services which would serve the best interests of the Vulnerable Adult; however, when these services are to be provided by another state agency, these recommendations must be developed in consultation with the other agency. SC Code – 45-35-45 (D)

3.5.1.4 Merits Hearing

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

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

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

Full Hearing

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

3.5.2 Ex Parte Removal Order

At any time during an APS investigation a vulnerable adult is in imminent danger due to abuse, neglect or exploitation and consent to services cannot be obtained, DSS may petition the family court for an order to provide the necessary services. In those cases requiring emergency removal of the vulnerable adult from the place the adult is located or residing, the APS Program may seek ex-parte relief. The county attorney representing DSS will present an ex parte complaint to the family court. The court may expedite the ex parte proceeding to any extent necessary to protect the vulnerable adult. The family court may order ex parte that the vulnerable adult be taken into emergency protective custody without the adult's consent if the court determines there is probable cause to believe that by reason of abuse or neglect there exists an imminent danger to the vulnerable adult's life or physical safety. The court also may order emergency services or other relief as necessary to protect the vulnerable adult. SC Code 45-35-45 (B).

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3.5.3 Probate Court

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

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

3.5.4 Inspection Warrant – Securing Access to the Adult and the Adult's Information

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

3.5.5 Court Orders to Redirect Funds to Facilities

If the court determines that vulnerable adult is financially capable of paying for third party provided services it orders, then payment from the adult's resources can be ordered (Refer to SC 45-35-45 (I)). In such cases, the APS program will coordinate to have the adult's funds redirected directly to the service provider or facilitate, if necessary, the eligible service provider in directly seeking the funds from the adult's funding source. The APS Program will not directly receive the adult's funds to pay the service provider.

3.5.6 Legal Alternatives to Guardianship and Conservatorship

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

3.6 Special Circumstances

All APS cases should be looked at individually and should balance safety with the adult's right to self-determination. Working with adults may include special circumstances that do not fit the norm for an APS caseload. Some of these situations are outlined below and are not all inclusive. If a case involves

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special circumstances that have no written policy or guidance, case workers should consult with their team leader for support and direction.

3.6.1 Notification to Law Enforcement

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

3.6.2 Unable to Locate Adult - Diligent Efforts

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

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

Diligent efforts should include multiple visit attempts and phone calls to resources listed above for a minimum of two weeks. The case manager must document all diligent searches in CAPSS, staff with the APS team leader and complete the case decision section in CAPSS, indicating the case manager was unable to locate the client. If the Intake reporter requested a callback, the case manager must let the reporter know that APS was unable to locate the adult.

3.6.3 Cases Involving Two Vulnerable Adults

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

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3.6.4 Investigations Involving Multiple Counties

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

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

3.6.5 Children Aging Out of Foster Care

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

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

The law does not give the authority to by-pass the intake criteria for any specific population. The Intensive Foster Care & Clinical Services (IFCC) Case Manager may include APS in case staffings as consultants. APS should only be used as temporary protection and should not be used as a long-term solution.

3.6.6 Health Care Consent for Medical Treatment

APS case managers must not sign any consent for health-related services to treat physical or mental illness. Relatives, guardians, and persons named as the health care power of attorney may give consent for medical treatment of impaired adults who are unable to give informed consent. In the absence of relatives, a guardian, or health care power of attorney, the health care provider should follow procedures in the Adult Health Care Consent Act: S.C. Code of Laws, § 44-66-10 et seq.

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

3.6.7 Reporting Critical Incidents and Fatalities Involving Vulnerable Adults

All APS staff are required to immediately report critical incidents that management should be aware of or that management may learn of the incident through an external source, such as media,

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legislators, law enforcement, and/or concerned citizens. Failure to report critical incidents may be grounds for disciplinary action. Refer to SCDSS Human Resource Manual, Policy 137 Critical Incident Reporting Policy and Procedures for further instructions and guidance.

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

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

3.6.8 Investigations of Maltreatment in Adult Day Care Facilities

It is appropriate for APS to investigate maltreatment of a vulnerable adult in adult day care facilities, subject to all terms and restrictions contained in law, regulation, and APS policy.

SCDSS will share information with involved agencies and organizations in response to specific requests received. The SCDSS response will come from a designated official in the SCDSS state office and not from local county offices or staff.

3.7 APS Roles and Responsibilities

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

3.7.1 Case Manager Assistants

Case manager assistants are responsible for supporting the APS case manager with casework during the investigation phase. Specific duties include, but are not limited to:

- Request and upload medical, dental, law enforcement and other records into CAPSS;
- Assist with casework data entry;
- Participate in case related meetings (staffing, MDTs, etc.);
- Assist with action items on services plans.

3.7.2 Case Manager Responsibilities

Case managers are responsible for conducting a thorough investigation on all abuse and neglect allegations through intake. Case managers are expected to complete the investigation following the APS Guiding Principles in the Ethical Framework Chapter of the APS Policy Manual. During the investigation, specific responsibilities include, but are not limited to:

- Conduct timely initial contact;
- Conduct at least one face to face interview per month with the adult and enter dictation into CAPSS within five (5) days but no later than by the end of the month in which the visit was conducted;
- Complete initial SCANVA Assessments within seven (7) calendar days of the case opening;

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- Attend Pre-Initial Contact, 10-day and any other required staffings and follow any recommendations;
- Obtain medical records, medical documents or obtain medical condition from a medical professional;
- Complete initial Service Plan and any associated action items on the Service Plan;
- Determine Medicaid status and complete applications, if needed;
- Determine what the adult wishes are and respect self-determination;
- Review monthly APS Batch Reports to assist in managing caseload;
- Keep the CAPSS file current;
- Document all investigative actions in CAPSS within 5 days of the action completed;
- Complete case decision

3.7.3 Team Leader Responsibilities

Supervision is a management function that has a direct and crucial role in case management. The APS team leader should direct, plan, staff, evaluate, and communicate with staff. Some of the specific responsibilities during the Investigation phase for team leaders include:

- Ensure that case manager per caseload ratio is maintained. The standard ratio is 1:12. It is recommended that APS case managers carry a caseload of no more than 12 cases each;
- Ensure that caseloads are balanced according to case manager's level of experience so that new case managers do not have higher caseloads than more experienced case managers;
- Review initial SCANVA and provide appropriate feedback, if necessary;
- Conduct the pre-initial, 10-day and other relevant staffings, providing quality feedback and recommendations;
- Conduct a Supervisory Review prior to case decision to ensure that all areas of the SCANVA has been adequately addressed, that recommendations from any 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;
- Staff all significant events with case managers and documents the staffing in CAPSS. Examples of significant events include, but are not limited to: Transfers, EPCs, emergency removals, injuries to the adult, hospitalization of the client, suicide attempts by the adult or caregiver, adult or caregiver threats to harm another, adult whereabouts unknown, death of the adult or caregiver, etc. If the significant event is a critical incident, The APS team leader completes the Critical Incident Reporting process according to DSS Human Resources Policy and Procedure Manual, 137, Critical Incident Reporting Policy and Procedures;
- Review the electronic file in CAPSS prior to case closure and document that the case has been reviewed in CAPSS;
- Close Investigation Service line after completion of investigation and open Protective Service line, if applicable;
- Monitor the case managers workload to include assistance or instruction in prioritizing workload if, and when necessary. Ensure that new case managers are assigned cases according to their ability to manage their caseload;

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- Review CAPSS generated reports such as APS batch reports and clean up reports with the case manager to help manage the caseload and meet performance outcomes;
- Review Medicaid application, if applicable, to ensure accurate completion;
- Participate in case decision extension request with the case manager and team coordinator, if applicable, between 35th and 38th day of the open Investigation Service line.

3.7.4 Team Coordinator Responsibilities

Team Coordinators are responsible for guiding and supporting APS staff through team leaders in the counties assigned to them. This includes but is not limited to mentoring and coaching team leaders. Specific responsibilities for the investigation phase include:

- Participate in case decision extension request staffing with team leader and case manager;
- Consult with regional director for case decision extension request;
- Review CAPSS generated reports such as APS batch reports and clean up reports to assist with and ensure management of caseloads and meet performance outcomes.

3.7.5 Regional Director Responsibilities

APS regional directors are responsible for supervision of all APS staff in the regions assigned to them. Regional directors guide practice and support staff through the following during the investigation phase:

- Approves all late or misplaced entries in CAPSS;
- Consult with team coordinators to authorize case decision extension;
- Reviews CAPSS and ADR reports and monitors trends and/or issues;
- Accountable for APS timelines;

3.8 Confidentiality of Case Records

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

3.9 Case Closure

APS Investigations may be closed after case decisions are completed and it has been determined that the Investigation is not confirmed because there is no evidence of abuse, neglect or exploitation and/or the adult is not vulnerable or is no longer in need of Protective Services from DSS. Cases should never be closed when the program owes money regarding that case or there is Probate action on the case.

If it is determined that the vulnerability and maltreatment is confirmed. The Investigation Service line of service should be closed and a Protective Service line should be opened.

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Cases should never be closed when the program owes money or there is Probate action regarding that case. When there is an open Probate action on the case and APS receives confirmation that the appointment of the Guardian, Conservator or other probate action has been completed (i.e. POA HCPOA, or other legal representative), APS staff must no longer take any action on behalf of the adult other than what is required by court order. APS staff are to take all necessary final steps to seek closure of its case, notify all necessary parties of its case closure once accomplished, and direct any third party inquires to the new court-appointed party for the adult.