



SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES  
Adult Services

# South Carolina Department of Social Services

**Adult Protective Services**

**Policy Manual**

**Intake Services**

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

APS Program Policy – Intake Services

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## APS Program Policy: Intake Services

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## **APS Program Policy: Intake Services**

### **1.1 Purpose of Intake**

The purpose of intake is to provide South Carolina with a twenty-four (24) hour system for receiving reports of maltreatment of a vulnerable adult.

Each report is assessed to determine (1) if the subject of the report is an adult over the age of 18; (2) if the adult meets the criteria of vulnerability as defined by APS Policy Manual section 1.3.8; (3) if there is an allegation of maltreatment at the hands of a caregiver; (4) if the alleged maltreatment occurred in a community setting as defined by APS Policy Manual section 1.3.3; and (5) if the alleged maltreatment occurred at the hands of a caregiver (or the adult themselves). Past history with SCDSS is **not** a determining factor for an intake decision.

Through the intake process, APS will receive and determine the most appropriate response to a report of alleged abuse, neglect or exploitation of a vulnerable adult.

#### **1.1.1 Centralized Intake Process**

All APS reports, regardless of how the report was received must be processed through the 24-hour, centralized intake process, the Hub, 1-800-227-3487 (1-800 CARE4US). The centralized process aids in ensuring consistency in the scope of intake, which includes the APS Intake Tool, information gathering, assigning response times, creating, documenting and processing APS reports. The scope of the intake process does not include investigating, case management or case decisions.

#### **1.1.2 Reports Requiring County Assistance**

When a report of maltreatment is made to a county office, all effort should be made to redirect the report through the 24-hour centralized intake Hub. This includes calls, emails and walk-ins. In extreme cases, county APS staff may be required to assist the reporter with contacting the Hub when accessibility may be a concern.

#### **1.1.3 Online Reports**

When online reports are made, the reporter will be led through the APS Pre-Screener and the APS Intake Tool through an automated process. If the APS Intake Tool screens out the report, the online reporting system will notify the reporter that the report does not meet the requirements of an APS intake. The information gathered on all online reports, whether screened out or not, will be forwarded to a Hub Supervisor, who will review the intake decision and agree with or override the intake decision. For an online report, reporters must provide a phone number for the Hub to call if they need additional information. Reporters who do not want to provide a phone number will be referred to the Hub to make their report.

#### **1.1.4 Intake Practitioners**

APS intake practitioners are responsible for receiving reports, gathering information through the APS Intake Tool, interpreting the information gathered, making the appropriate intake decision based on the information, and conducting the corresponding steps associated with the intake decision according to APS Policy 2.3 - 2.7.

APS intake practitioners do not investigate or engage in activities associated with assessing/investigating a case. If the intake decision is to accept the case, the APS intake practitioner assigns the appropriate response time according to APS Policy 2.2.7 and forwards the case to the county where the adult is currently located for assessment.

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APS intake practitioners report to the intake supervisor but must follow APS Policy and Procedure. APS intake practitioners must meet the qualifications and training requirements listed in APS Policy 1.5.

When an APS intake practitioner is not available to take a report, another Hub intake practitioner may take the report. This practitioner will follow the same policies outlined above for an APS intake practitioner.

**1.2 Accepting Reports**

In order for a report to be accepted, five criteria must be met. (1) The adult must be over the age of 18; (2) the adult must meet the criteria for determining vulnerability; (3) there must be an allegation of maltreatment by a caregiver; (4) the reported maltreatment must have occurred in a community setting; and (5) The maltreatment must have occurred at the hands of a caregiver (or adult themselves). If any of the five criteria are not met, the report will be screened out or not accepted and may be reported or referred to another agency or organization.

Intake practitioners must collect adequate information on the APS Intake Tool. This includes information to allow the case manager to locate the adult. If the adult's name and/or address is not known there must be enough identifying information for the case manager to reasonably locate the adult.

**1.2.1 Age Criteria**

To be appropriate for APS services and for a report to be accepted for APS assessment, the subject of the report must be an adult aged 18 or over.

**1.2.2 Criteria for determining vulnerability**

For a report to be accepted for assessment, the adult must be considered vulnerable. A vulnerable adult is defined by statute, the SC Supreme Court and is cited in APS Policy 1.3.8. The Adult Advocacy Division has operationally defined a vulnerable adult by using the APS Intake Tool. Vulnerability is determined by indicating that a physical and/or cognitive disability or a mental illness is present and rating the degree the impairment impacts the adult's ability to protect themselves. These conditions are defined in APS Policy 1.3.8. Second, if one or more of these conditions are present, there must be verification that the adult cannot perform basic ADLs (Activities of Daily Living) without assistive aids, as defined in the APS Intake Tool.

**1.2.3 Maltreatment Criteria**

For a report to be accepted for assessment, an allegation of maltreatment must be present in the report. Maltreatment could be physical abuse, neglect or exploitation and is defined in APS Ethical Framework Policy 1.3.6. APS intake practitioners do not verify or investigate if maltreatment actually occurred, only that an allegation has been made.

**1.2.4 Community Setting Criteria**

For a report to be accepted for assessment, the maltreatment must have occurred in a community setting. If the maltreatment occurs in a facility, APS does not have the authority to investigate and the report should be referred to the Ombudsman, SLED, local Law Enforcement or the SC Attorney General's Office to investigate.

**1.2.5 Caregiver Criteria**

For a report to be accepted for assessment, the maltreatment must have occurred at the hands of a caregiver. In cases of self-neglect, the caregiver is considered the adult themselves. A caregiver can be paid or unpaid.

**1.2.6 APS Intake Tool**

The APS Intake Tool is designed to assist the APS intake practitioner in gathering necessary information, determining vulnerability and making an intake decision. APS intake practitioners must include as much

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information as they can when completing the APS Intake Tool. The Decision Screen on the APS Intake Tool will indicate “Accepted” if all five criteria for APS intake have been met through the APS Intake Tool. If any of the five criteria have not been met, the Decision Screen will indicate “Not Accepted”. Reports that are not accepted are still recorded in the CAPSS data system and referrals are made where appropriate. The intake practitioner should only document in CAPSS the reason the tool did not accept the report. If there is a concern with the tool’s decision, the intake practitioner should staff with their supervisor.

**1.2.7 Assigning Response Time**

All typologies require a response time of 48 hours after Intake Decision Time. Reports involving Emergency Protection Custody (EPC) should be noted by checking the appropriate box in CAPSS and assigning a response time of 0-2 hours.

**1.3 Supervisory Override**

Intake decisions can be overridden as outlined in APS Policy Section 1.3.1. The APS Pre-Screener and the APS Intake Tool cannot account for all scenarios. If a report does not appear to meet the criteria for determining vulnerability, or if it is unclear whether maltreatment occurred, but the agency feels there is just cause to accept the case, the intake decision can be overridden by an APS intake Hub supervisor. Prior to granting an override, the Intake Hub supervisor should consult with the APS team coordinator for final approval. The APS team coordinator may consult with the APS regional director, if needed. This override must be documented in the APS Intake Tool. All intake decisions that are overridden will be reviewed by the APS State Office.

**1.4 Reporting or Referring to Other Agencies**

Intake practitioners must document all referrals that are made to other agencies. It is the responsibility of the intake practitioner to make appropriate referrals to other agencies within twenty-four (24) hours of the time that the Intake Report was received.

**1.4.1 Law Enforcement or SLED**

As required by SECTION 43-35-40 of the South Carolina Code of Laws, The Adult Protective Services Program must refer reports of abuse, neglect, and exploitation to local Law Enforcement or to the Vulnerable Adult Investigations Unit of the South Carolina Law Enforcement Division (SLED) immediately but no later than twenty-four (24) hours after the report is received if there is reasonable suspicion of criminal conduct regardless of how the report is otherwise processed. It is the responsibility of the intake practitioner to make the referral using the correct form and to document the notification in CAPSS.

**1.4.2 LTCOP**

SECTION 43-35-15 of the South Carolina Code of Laws gives The Long Term Care Ombudsman Program (LTCOP) authority to investigate noncriminal reports of alleged abuse, neglect, and exploitation of vulnerable adults occurring in facilities. Intake reports involving residents of facilities must be immediately referred by the intake practitioner to the LTCOP. It is the responsibility of the intake practitioner to make the referral using the correct form and to document the notification in CAPSS.

**1.4.3 Notification to Attorney General’s Office Medicaid Fraud Unit**

The Medicaid Fraud Control Unit of the Attorney General’s Office investigates incidents of Medicaid fraud. The Long Term Care Ombudsman’s Office investigates Medicaid fraud found in licensed Nursing Homes (NH) and Residential Care Facilities (RCF). If an intake practitioner receives an intake report alleging Medicaid fraud in a licensed NH or RCF, it is the responsibility of the intake practitioner to make the referral using the correct form and to document the notification in CAPSS.

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**1.5 Special Case Reports**

While all APS Intake reports follow the same centralized intake processes, some reports are considered special case reports and require further or different action depending on the circumstance.

**1.5.1 Reports Involving Death of an Adult**

When an intake practitioner receives a report that a vulnerable adult has died as a result of abuse or neglect, the intake practitioner must report the death to the Coroner or Medical Examiner in the county the death occurred and the appropriate Law Enforcement agency. These reports do not go through the intake process and APS does not investigate.

**1.5.2 Reports Involving a Victim of Human Trafficking**

When the agency receives a report involving a victim of sex trafficking, the intake practitioner must process the report in the usual manner using the APS Intake and arrive at an intake decision. In order for the case to be accepted, the maltreatment must be at the hands of a caregiver. The intake practitioner must make a referral to Law Enforcement immediately using the correct referral form and documented in CAPSS, whether the report was accepted or not.

**1.5.3 Recurrent Reports**

When more than one report is received on the same individual, each report will be processed according to the Centralized Intake Process using the APS Intake Tool. Previous reports or investigations will not be used to determine if a case is accepted or not accepted. Only one APS investigation will be opened per adult. If there is a current open investigation or protective service case, the information received in the report will be forwarded to the county APS office as additional information and connected to the open APS case.

If a report is accepted for investigation in error because an investigation or protective service case is already open, the county APS case manager or supervisor can alert the regional director. The regional director may then request a CAPSS change to update the case to “Information Only”.

**1.5.4 Reports Involving More Than One Vulnerable Adult**

When more than one vulnerable adult is included in a report, each adult will have a separate intake, regardless if the adults are in the same household or family unit. The APS Intake Tool will be completed for each vulnerable adult and documented in CAPSS with a separate Intake ID number. This policy only applies to vulnerable adults who are subjects of the report. It does not apply to caregivers or other household members who have not been the subject of maltreatment.

**1.5.5 Accommodating Sensory Impaired or LEP Clients**

If a case is accepted for Investigation, the intake practitioner gathers information during the report to determine if the adult has any concerns that require special accommodations which includes but is not limited to speech or hearing impairment and/or limited English Proficiency (LEP). The intake practitioner must ensure that these concerns are transferred to the county APS office. Special accommodations must be made for an adult with special needs. Concerns that require special accommodations does not in and of itself make an adult vulnerable.

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**1.5.6 Reports Alleging Maltreatment at Adult Day Care Facilities**

It is appropriate for SCDSS/APS to receive and respond to reports alleging maltreatment of vulnerable adults at adult day care facilities, subject to all terms and restrictions contained in law, regulation, and APS policy.

In response to a DDSN request for information regarding any such report of maltreatment at an adult day care facility, SCDSS/APS will provide:

- Whether we accepted the report
- If yes, whether we were able to substantiate alleged vulnerabilities of the adult
- Whether we were able to substantiate actual harm or substantial harm to the adult
- Whether we initiated any legal action in connection with the report, and
- What, if any, referrals were made to law enforcement, SLED, or the Medicaid Fraud Office of the Attorney General's Office in connection with the report. Referrals made to the other state entities are independent of SCDSS and subject to that entities' law, regulation and policy.

SCDSS APS will provide this information in response to specific requests received from a designated DDSN contract. The SCDSS response will come from a designated official in the SCDSS state office and not from local county offices or staff.

**1.6 Notification to Reporter**

All professional and mandated reporters will receive a call back from the intake practitioner informing the reporter of the intake decision. All other reporters will be asked at the time that the report is taken if they would like to be informed of the intake decision. All reporters who request to be notified of the intake decision will be called back immediately after the intake decision is made.

**1.7 Intake Decision Reconsiderations**

Once approved by an intake supervisor, intake decisions will only be reconsidered and potentially reversed if it meets one of the following criteria:

- One or more of the five criteria have not been met for a case to be accepted;
- An open investigation or protective service case already exists;
- A case has been investigated and closed for the exact same incident;
- Quality Assurance measures has identified a reason not previously stated.

All other cases should be investigated. If the investigation reveals that the case should not be open, county APS Case Manager or Supervisors may request case closure.