



Adult Protective Services Investigations

Policy 8.06

Effective: February 28, 2024

Introduction

The Tennessee Adult Protection Act mandates that Tennessee Department of Human Services/Adult Protective Service provide protection to residents of licensed and unlicensed health care facilities, just as it mandates protection for adults in other living arrangements. Upon receipt of an assigned report of suspected abuse, neglect, self-neglect, or exploitation, Tennessee Department of Human Services is required to initiate an investigation.

Scope

The purpose of this policy is to direct Adult Protective Service investigative specialists to achieve the goal of reducing or eliminating risks to clients by completing a thorough investigation.

Policy

A. Continuity of Casework

Documentation must demonstrate continuous case activity to ensure the investigation is completed within sixty (60) calendar days (unless an extension is approved). The maximum amount of time allowed with no gaps in activity is seven (7) business days. However, a thorough investigation will result in activity more frequently than every seven (7) days.

Exception: If the investigative specialist (IS) is on approved leave, it is the responsibility of the team coordinator to ensure necessary casework is conducted.

B. Timeframes for Investigation Initiation

Timeframes for investigation initiation must be completed based on the priority levels listed below:

1. **Priority A** – Requires initiation of an investigation through a face-to-face interview with the client by Adult Protective Services (APS) staff or law enforcement within twenty-four (24) hours of assignment.
2. **Priority B** – Requires initiation of an investigation through a face-to-face interview with the client by APS staff within one to five (1-5) business days of assignment.
3. **Priority C** – Requires initiation of an investigation through a face-to-face interview with the client by APS staff within one to seven (1-7) working days of assignment.

C. Abbreviated Assessment

The [HS-3128 Abbreviated Assessment](#) is a tool which may be used in specific circumstances when a full investigation is not necessary to determine the need for protection.

D. Self-Determination

1. Clients, regardless of age or condition, have a right and responsibility to direct their own lives to the extent that it is possible for them to do so. This means that each client must:
 - a. Be given every opportunity to make plans for himself/herself to the degree possible;
 - b. Be given full and honest information about the alternatives and options that are available to assist in making an informed decision;

- c. Be given the opportunity to direct to the degree and order in which services are provided; and
- d. Be protected through APS intervention when the client's mental capacity for self-determination is impaired and the risk of irreparable harm or death is high.

Although the principle of self-determination requires that clients be free to make their own decisions, it is the responsibility of Tennessee Department of Human Services (TDHS) to protect the client when mental capacity for self-determination is impaired.

E. Paid Caregivers Who Work in Facilities

1. APS staff has the authority to enter any licensed facilities, in order to:
 - conduct an investigation,
 - obtain access to the client and any other relevant persons, and
 - access records in the facility if needed.
2. Allegations occurring within a facility licensed by a federal authority, such as a Department of Veterans Affairs (VA) hospital/group home, to include the misuse of government funds such as Social Security (SS), shall be reported to the [Department of Veterans Affairs' Office of Inspector General](#) (OIG). If APS is also investigating, and the allegation is substantiated, follow up with the federal authority must be made to determine what action can be taken to protect the client.
3. Allegations occurring in facilities operated by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) or the Department of Disability and Aging (DDA) must not be investigated by APS. Investigation of those allegations may be completed by TDMHSAS or DDA based on their agency's criteria.

Note: When an allegation is received that involves a paid caregiver, a notification must be sent to the appropriate agencies in addition to the mandatory 1215 notifications. See [8.04 APS Notifications policy](#)

F. Photography/Video/Audio Recorded Interviews

ISs must photograph every client and all evidence, or lack thereof, during the investigation. If a photograph cannot be taken, an explanation as to why the photo could not be obtained must be entered into the CMS.

1. APS authority to take photographs during an investigation:
 - a. If APS has entered the home through the consent of the client, permission must be granted to take photographs.
 - b. If APS has entered the home as the result of a search warrant, permission is not required.
2. The purpose of photographs and video is to document:
 - a. an injury or lack of alleged injury,
 - b. the physical condition of the client,
 - c. incident scenes, and
 - d. living environments.

Photos and/or audio/video recordings should document the presence, or lack of, evidence supporting the allegations.

G. Investigation and Notification Requirements Upon Notice of Client's Death

Under certain specific conditions, reports for deceased individuals may be accepted and assigned for investigation. Refer to [8.02 APS Intake](#) and [Fatality Review Workflow](#)

If a client dies during an investigation of any allegation other than self-neglect or a new report is received due to the client's death, local law enforcement must be notified immediately or no later than the end of the business day.

H. Reporting Requirements for Sexual Abuse Allegations

Due to the time-sensitive nature of sexual abuse allegations, the IS must notify law enforcement immediately upon learning of information pertaining to sexual abuse allegations but no later than the end of the business day.

I. Ethical Relationships with Clients

1. In order to protect the integrity of TDHS, APS staff must **not**:
 - a. Initiate continued contact with a client once the case is closed;
 - b. Authorize services on a closed case;
 - c. Complete any type of activity on a closed case without permission of the supervisor;
 - d. Sign any legal document as Power of Attorney (POA), Healthcare Advocate, or in any other capacity on behalf of the client on open or closed cases;
 - e. Discuss any of their own personal issues with the client;
 - f. Have access to a client's home without permission; or
 - g. Accept anything from the client or others involved in the case, including gratuities, no matter how small

Note: If APS staff have any question(s) regarding ethical behavior, he/she should consult their supervisor.

2. APS staff must have the highest ethical standards as identified in the [TDHS Code of Ethics and Standards of Conduct](#)

J. Handling Clients Property/Possessions

APS staff must not exercise control over or be responsible for a client's property without Office of General Counsel (OGC) approval.

Note: Violation of this policy will be grounds for disciplinary, criminal, and/or civil actions:

Any TDHS staff person who improperly disposes of a client's property or resources will be referred to the TDHS Office of General Counsel (OGC). Staff may be subject to charges of theft or fraud as well as civil litigation seeking recovery of property/funds improperly taken/received from the client. Additionally, the law governing official misconduct by government officials states that a government employee who uses his/her position for profit or gain may be prosecuted for a Class E felony.

K. Rapid Response Team (RRT)

The Rapid Response Team is a specialized investigative team which addresses:

- conflicts of interest regarding staff involvement,
- training needs,
- specialized cases,
- community outreach,
- staffing gaps, and
- all repatriation cases.

For more information, see [APS Rapid Response Team Procedures](#)

Supporting Documents

[HS-1215 APS Report of Alleged Abuse, Neglect, Exploitation of an Adult Instructions](#)

[HS-3118 APS Statement for Handling Client Cash Resources/Property Instructions](#)

[HS-3128 Abbreviated Assessment Instructions](#)

[HS-3137 Diligent Efforts- Contact Instructions](#)

[HS-3139 Diligent Efforts-Services Instructions](#)

[HS-3151 Postmaster Address Request](#)

[HS-3258 Written Statement](#)

[Reporter Notification letter Instructions](#)

[Steps for Conducting an Investigation](#)

[Centers for the Deaf, Deaf-Blind, and Hard of Hearing](#)

[Notifications Chart](#)

[Guidelines for Completing Investigations](#)

[Permissible Disclosure of APS Information](#)

[Investigations Procedures](#)

[APS Rapid Response Team Procedures](#)

[Fatality Review Workflow](#)

[APS Assignment Response Categories](#)

[APS Intake Procedures](#)

[APS Health and Safety Procedures](#)

[Interagency Cooperative Agreement: APS and DIDD](#)

[APS Department of Safety Letter](#)

[Alleged Perpetrator Letter](#)

[APS Fatality Review Procedures](#)

[APS Case Closure Procedures](#)

[TDHS Code of Ethics and Standards of Conduct](#)

[Policy 1.08 TDHS Communications and Public Relations](#)

Definitions/Acronyms

Term	Definition
APS	Adult Protective Services
CMS	Case Management System
Caregiver	<p>A person or institution that has assumed the duty to provide for the care of the adult by contract or agreement, or service exchange (i.e. someone who provides cleaning, cooks, or shopping etc. in exchange for room and board.) A caregiver may be paid or unpaid. In situations when no one has assumed the caregiving duties previously mentioned, a caregiver, including a parent, spouse, adult child, or other relative, both biological or by marriage, who:</p> <ol style="list-style-type: none"> 1. Resides in the same building with or regularly visits the adult; and 2. Knows or reasonably should know of the adult's mental or physical dysfunction or advanced age; and 3. Knows or reasonably should know that the adult is unable to adequately provide for the adult's own care.
DA	District Attorney
DDA	Department of Disability and Aging (DDA)
Financial Abuse	<p>Financial Abuse Behavior that is coercive, deceptive, or that unreasonably controls or restrains a person's ability to acquire, use, or maintain economic resources to which the person is entitled, including using coercion, fraud, or manipulation to:</p> <ul style="list-style-type: none"> • Restrict a person's access to money, assets, credit, or financial information; • Unfairly use a person's economic resources, including money, assets, and credit, to gain an advantage; or • Exert undue influence over a person's financial behavior or decisions, including forcing default on joint or other financial obligations; exploiting powers of attorney, guardianship, or conservatorship; or failing or neglecting to act in the best interest of the person to whom a fiduciary duty is owed.
Good Faith Attempts/ Diligent Efforts	Those persistent, relevant attempts to meet the policy time frames for initiation of an investigation.
HCF	Health Care Facilities
Investigation Initiation	An in-person, face-to-face interview with the client regarding the allegations. Under certain circumstances and with regional supervisor's approval, the interview may be conducted virtually using an approved platform (i.e., FaceTime, Webex, Teams).
Mental Capacity	The mental ability to make a rational decision, which includes the ability to perceive, appreciate all relevant facts and to reach a rational judgment based upon such facts. A decision itself to refuse services cannot be the sole evidence for finding the person lacks capacity to consent.
OGC	Office of General Counsel
OIG	Office of Inspector General
POA	Power of Attorney

SSA	Social Security Administration
Self-Neglect	An adult's inability, due to physical or cognitive impairment, including diminished capacity, to provide or obtain services, including medical services, necessary to maintain the adult's own health or welfare.
TBI	Tennessee Bureau of Investigation
TDH	Tennessee Department of Health
TDHS	Tennessee Department of Human Services
TDMHSAS	Tennessee Department of Mental Health and Substance Abuse Services
Thorough Investigation	An investigation performed with great care and completed with regard to every detail. All allegations are addressed and documentation is complete with no gaps of time in case activity. All persons who may be able to provide relevant information are contacted and documented in the case management system (CMS) and all relevant documents are obtained and attached.

Supersedes

8.12 APS Investigations policy, eff. date 08/01/2023

Approval History

Approved By	Approver Title	Approved Date	Effective Date
Clarence H. Carter	Commissioner	03/01/2024	02/28/2024
Clarence Carter	Commissioner	07/20/2023	08/01/2023
Clarence Carter	Commissioner	05/03/2023	05/15/2023

Revision History

Date	Version	Location of Change	Description/Reason for Change
10/13/2025	02/28/2024	Review conducted	This review corrected broken links discovered.
08/29/2024	02/28/2024	Review conducted	This policy revision updated "DIDD" to "DDA" due to a statute change renaming the program.
03/01/2024	02/28/2024	Policy Section and Definitions	Added "self-neglect" due to statute change
07/20/2023	08/01/2023	Introduction and Policy section	Removed "self-neglect"
05/03/2023	05/15/2023	N/A	New Policy

Approved By	<i>Clarence H. Carter</i>	Approval Date	03/01/2024
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Application	APS Field Staff		