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**CHAPTER 1: INTRODUCTION****101: Scope of the Manual**

The Adult Protective Services (APS) Program Standards and Procedures (S&P) Manual is the official document of the Illinois Department on Aging (IDoA) for conducting activities under the Adult Protective Services Act (320 ILCS 20/1 *et seq.*) and supporting administrative rules. This manual provides standards and procedures for use by IDoA, Regional Administrative Agencies (RAAs), and APS Provider Agencies (PAs).

**102: Organization of the Manual**

The general organization of the Manual is as follows:

Chapter 1: Introduction - describes the organization of the Manual, outlines the procedures to follow in obtaining clarification on matters addressed in the Manual, and explains the process to be followed by IDoA in revising and changing portions of the Manual.

Chapter 2: Overview of the Program - provides a general description of the APS Program, its guiding principles, and lists and defines the terms used throughout the Manual.

Chapter 3: Organization, Standards and Responsibilities - describes the organization, standards and responsibilities of IDoA, the RAA, and the APS Provider Agencies (PAs) in relation to the APS Program.

Chapter 4: Intake of Abuse, Neglect, Self-Neglect and Financial Exploitation (ANE) Reports - provides the APS PAs with the minimum guidelines for screening intake reports of abuse, neglect, self-neglect and financial exploitation.

Chapter 5: Assessment of ANE Reports - provides the APS PAs with the minimum guidelines for assessing reports of abuse, neglect, self-neglect and financial exploitation.

Chapter 6: ANE Case Work, Follow-up, Closure & Case Transfer - describes the case work and follow-up activities to be undertaken by APS PAs to assist victims of ANE and describes the procedures to be followed when closing cases of abuse, neglect, self-neglect and financial exploitation.

Chapter 7: Health Care Worker (HCW) Registry – explains the purpose of, reporting and access to the registry.

Chapter 8: Early Intervention Services (EIS) - outlines the eligibility criteria, services, and documentation for purchasing EIS.

Chapter 9: Case Record Organization and Documentation - describes the minimum requirements to be followed by APS PAs for documenting intake, assessment, case work, and follow-up activities.

Chapter 10: Multi-Disciplinary Teams (M-Teams) - explains the purpose, composition, and roles for establishing M-Teams through the APS PAs.

Chapter 11: Abuse Fatality Review (AFR) Team – explains the purpose, composition and role of AFR-Teams.

Chapter 12: Confidentiality and Disclosure - describes the confidentiality and disclosure aspects of the program.

Chapter 13: Immunity Provisions - explains the immunity provisions provided to certain individuals and organizations under the Adult Protective Services Act, (320 ILCS 20/1 *et seq.*)

Chapter 14: Program and Financial Reporting Requirements - describes the program and financial reporting requirements of the program and the timeframes for submitting reports.

Chapter 15: Quality Assurance System - outlines the different roles and responsibilities of IDoA, the RAA, and the APS PAs in assuring that the services and activities of the program are being provided in accordance with the program procedures and the guiding principles developed for the program.

Appendix A: Adult Protective Services Act - a copy of the Adult Protective Services Act (320 ILCS 20/1 *et. seq.*).

Appendix B: Adult Protective Services Program

Administrative Rules - a copy of the administrative rules governing the program.

Appendix C: Legal Interventions - a description of the legal interventions available in cases of ANE. The legal interventions include referrals to law enforcement, guardianship and alternatives to guardianship, and other civil and criminal interventions.

Appendix D: Decision Tree for Categorizing Intake Reports - a flow chart outlining the differences between an initial intake report, a subsequent intake report, and a related information report.

**103: Clarifications, Revisions, or Changes to the Manual****A. Standards, Policies, and Procedural Clarification Requests.**

1. From time to time, users of this manual may find that certain standards, policies, or procedural instructions require additional clarification by IDoA. In order to systematically respond to these inquiries, IDoA has implemented a clarification process for the APS Program.
2. Policy Clarification Requests (PCRs) are to be submitted to IDoA via the Regional Administrative Agency (RAA) or directly to IDoA. PCRs received by IDoA will be logged in and routed to appropriate staff for research and response. A response to a PCR will be made within fifteen working days, either responding directly to the clarification or requesting further information. Depending upon the nature of the request, a PCR may be handled in one of two ways.
  - a. If the PCR refers to a subject that is unique to a specific RAA or APS PA, an individual response will be forwarded to the RAA or APS PA.
  - b. If the subject of the PCR, or a number of PCRs, suggests a need for statewide clarification or a need to modify the contents of the Manual, information memoranda will be published through the Loop. The information memoranda will clarify the pertinent issue, and if appropriate, outline the steps to be taken to initiate the changes to the Manual.

**B. Procedural Changes to the Manual.**

1. New manual pages containing any information or changes to standards or procedures contained in this Manual, will be provided in sequentially numbered manual releases to all original manual recipients, with instructions to replace the affected pages. If necessary, an explanation will accompany

the instructions outlining the purpose and need for the changes.

2. To the extent possible, procedural changes will be issued well enough in advance to allow RAAs and APS PAs to seek technical assistance prior to the implementation of such changes.

C. Policy Changes to the Manual.

1. Changes to IDoA policy contained in this Manual will be made only after careful consideration and, if possible, with the review and input of the RAAs and APS PAs. Changes made to this Manual will be released to the RAA five (5) days prior to releasing the changes to the APS PAs.
2. Changes requiring adherence to the Administrative Procedures Act (5 ILCS 100/1-1 et seq.) process will follow normal rulemaking procedures, with manual changes provided after the required public review and comment period.

**CHAPTER 2: OVERVIEW OF THE PROGRAM**

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**CHAPTER 2: OVERVIEW OF THE PROGRAM**

**201: Purpose of Chapter**

The purpose of this chapter is to provide a general description of the Adult Protective Services Program, its guiding principles, and to define the terms used throughout the remainder of the Manual.

**202: Description of the Adult Protective Services Program**

- A. The Adult Protective Services (PSA) Program, administered through the Illinois Department on Aging (IDoA), is designed to respond to adults with disabilities and older adults who are victims of abuse, neglect, self-neglect and financial exploitation (ANE) by building on the existing legal, medical, and social service system to assure that it is more responsive to the needs of ANE victims and their families. The service delivery components of the program are:
1. **Intake of ANE Reports.** A screening process to determine if there is reasonable cause to suspect that abuse, neglect, self-neglect or financial exploitation has occurred.
  2. **Assessment.** A systematic, standardized system to respond to reports of ANE for the purpose of determining whether abuse, neglect, self-neglect or financial exploitation has occurred, the degree of risk to the eligible adult of further harm, and if the need exists for immediate interventions.
  3. **Case Work.** Intensive case work activities on substantiated cases of ANE. Case work includes working with the eligible adult on the development and implementation of a case plan for the purpose of stabilizing the situation and reducing risk of further harm to the eligible adult. The case plan could include legal, medical, social service and/or other assistance needed.
  4. **Follow-Up.** Because there are sometimes recurring problems even after ANE intervention, a systematic method of follow-up on substantiated cases is essential to this program. Follow-up may be effective in preventing further abuse by working with the eligible adult in detecting recurring signs of abuse before the situation becomes life-threatening.
  5. **Early Intervention Services (EIS).** While an array of services is usually available in communities, older adults and adults with disabilities who are victims of abuse, neglect, self-neglect or financial exploitation often face unique barriers, which prevent access to available resources. EIS are available for short term emergency assistance where resources are not available for the victim. These services include: legal assistance, housing

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and relocation assistance, respite care, and emergency aid (i.e. food, clothing, medical care).

- B. There are two additional components of the APS Program that provide support to the program's service delivery activities:
1. **Multi-Disciplinary Teams (M-Teams).** An M-Team allows representatives from banking or finance, disability care, health care, law, law enforcement, mental health care and clergy. In addition, optional members may be selected from the field of substance abuse, domestic violence, sexual assault or other related fields. M-Teams serve as a support system for APS PAs by providing professional knowledge and expertise in the handling of complex cases involving eligible adults.
  2. **Public Awareness/Education.** Public awareness and education focuses on prevention efforts and identification of ANE. In addition to general public awareness through posters, brochures, and public service announcements, educational efforts focus on those professional groups most likely to come into contact with victims of abuse, neglect, self-neglect or financial exploitation.

**203: Defining Abuse, Neglect, Self-Neglect and Financial Exploitation**

A. **ABUSE.** Abuse means causing any physical, mental or sexual injury to an eligible adult, including exploitation of such adult's financial resources.

1. **Physical Abuse** means causing the infliction of physical pain or injury to an eligible adult.
2. **Sexual Abuse** means touching, fondling, sexual threats, sexually inappropriate remarks, or any other sexual activity with an eligible adult when he or she is unable to understand, unwilling to consent, threatened, or physically forced to engage in sexual behavior.
3. **Emotional Abuse** means verbal assaults, threats of maltreatment, harassment, or intimidation intended to compel the eligible adult to engage in conduct from which he or she wishes and has a right to abstain, or to refrain from conduct in which the eligible adult wishes and has a right to engage.
4. **Confinement** means restraining or isolating, without legal authority, an eligible adult for other than medical reasons, as ordered by a physician.
5. **Financial Exploitation** means the use of an eligible adult's resources by another to the disadvantage of that adult or the profit or advantage of a person other than that adult.

B. **NEGLECT.** Neglect means another individual's failure to provide an eligible adult with or willful withholding from an eligible adult the necessities of life including, but not limited to, food, clothing, shelter or health care.

1. **Passive Neglect** means another individual's failure to provide an eligible adult with the necessities of life including, but not limited to, food, clothing, shelter, or medical care because of failure to understand the eligible adult's needs, lack of awareness of services to help meet needs, or a lack of capacity to care for the eligible adult.

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This definition does not create any new affirmative duty to provide support to eligible adults; nor shall it be construed to mean that an eligible adult is a victim of neglect because of health care services provided or not provided by licensed health care professionals.

2. **Willful Deprivation** means deliberate denial of medications, medical care, shelter, food therapeutic devices, or other physical assistance to a person who, because of age, health, or disability, requires such assistance and thereby exposes that person to the risk of physical, mental, or emotional harm because of such denial: except with respect to medical care or treatment when the dependent person has expressed an intent to forego such medical care or treatment and has the capacity to understand the consequences.

- C. **SELF-NEGLECT.** Self-neglect means a condition that is the result of an eligible adult’s inability, due to physical or mental impairments, or both, or a diminished capacity, to perform essential self-care tasks that substantially threaten his or her own health, including: providing essential food, clothing, shelter, and health care; and obtaining goods and services necessary to maintain physical health, mental health, emotional well being and general safety.

**204: Guiding Principles of the Program**

- A. **ADVOCACY INTERVENTION MODEL.** After testing three intervention models used in other states to address elder abuse during a three year demonstration period, Illinois implemented an Advocacy Intervention Model. This model includes principles to guide the intervention, based on recognition that the victim of abuse, neglect and exploitation is an adult in a vulnerable position. Under this model, the responsible agency assists the victim through **interventions** on his or her behalf and serves as an **advocate**. As an advocate, the APS PA works to ensure that the rights of the adult are upheld while providing assistance in obtaining needed legal, medical, and social service supports.
  
- B. **LIMITED MANDATORY REPORTING.** Illinois adopted a law that combines voluntary reporting and mandatory reporting of suspected cases of ANE. The law requires that certain persons who provide services to older adults and adults with disabilities, including health professionals, Aging Network personnel and others, must report to the APS Program any suspicions of ANE of eligible adults who, because of a disability or other condition or impairment, cannot report for themselves. The law also encourages persons to report voluntarily and provides immunity from liability for anyone making such an abuse, neglect and exploitation (ANE) in good faith. Note: For a list of mandatory reporters refer to the Adult Protective Services Act in Appendix A.
  
- C. **SELF DETERMINATION.** The concept of self determination adopted by the Illinois APS Program includes certain civil rights to which competent adults are entitled. These rights do not diminish with age or disability. Competent adults have the right to:
  - 1. decide where and how they will live;
  - 2. choose whether to accept social services or other community assistance; and
  - 3. make decisions different from those a reasonable adult would make, including "bad" decisions, which are not harmful to others.

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When an adult with a disability or older adult is incapable of protecting himself or herself, under the law that person has the right to have protective measures taken on his or her behalf. Protective measures taken on behalf of the eligible adult are described in Appendix C (Legal Interventions).

**D. INTERVENTION PRINCIPLES.** The best practices listed below should be followed by the caseworker to support the adult’s right to self determination.

1. Involve the older or disabled person in the development of the intervention or case plan. Take the time to explain the range of legal, medical, and social service options to them, beginning with the least restrictive alternatives in treatment and placement so that they exercise their maximum decision-making ability for his or her competence.
2. Consult with the family unit support system whenever possible. Often abused eligible adults live with a family member or receive some form of care from the family.
3. Assist the individual to live in the most independent setting.
4. Be direct in discussing the situation, the alternatives, and the consequences.
5. Respect the eligible adult’s right to confidentiality. Information about the eligible adult’s affairs should only be shared as authorized by the eligible adult or a guardian or others as permitted by law.
6. Recognize that inadequate or inappropriate intervention may be more harmful than none at all, and may greatly increase the risk to the eligible adult.
7. The eligible adult’s interests are to be the first concern of the program. Their welfare comes before that of family members or citizens of the community. The safety of the older adult or adult with a disability is the foremost concern when he or she is unable to decide or act on his or her own behalf.

**205: Glossary of Terms**

"Abuse" means causing any physical, mental or sexual injury to an eligible adult, including exploitation of such adult's financial resources.

"Abuser" means a person who abuses, neglects, or financially exploits an eligible adult.

"Adult with Disabilities" means a person aged 18 through 59 who resides in a domestic living situation and whose disability impairs his or her ability to seek or obtain protection from abuse, neglect, or exploitation.

"Aging Network" means the comprehensive and coordinated system of agencies, which includes IDoA, the Area Agencies on Aging (AAA) and numerous service provider agencies which are responsible for serving or representing the needs of older adults and adults with disabilities in the State of Illinois.

"Allegation" means, as used generally, a charge or a claim of fact in a report of ANE which must be proven if the report is to be found true or substantiated.

"Alleged abuser" means the person who is reported to be abusing, neglecting, or financially exploiting the eligible adult. It is important that this person be continually defined as "alleged" until there is sufficient evidence to substantiate that this person is an abuser.

"Alleged victim" means the eligible adult who is reported as being abused, neglected, or financially exploited. It is important that this person be continually defined as "alleged" until evidence shows that this person has or has not been abused, neglected, or financially exploited.

"ANE" is an acronym for abuse, neglect, and exploitation.

"APOAR" is an acronym for Annual Program Operations Administrative Review.

"APOCR" is an acronym for Annual Program Operations Case Review.

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"Assessment" means the stage of obtaining and documenting detailed information about the case, which is sufficient to determine whether ANE is occurring, or has occurred, and the continued risk of future abuse or harm. Often, intervention must begin with the client before the assessment process is complete, and before the substantiation decision is made.

"Adult Protective Services Hotline" means IDoA's 24-hour toll-free phone number (1-866-800-1409) voice and (1-888-206-1327) TTY, which can be called to report suspected cases of abuse, neglect, self-neglect, or financial exploitation.

"Adult Protective Services Provider Agency" or "APS PA" means any public or nonprofit agency designated by the RAA, with prior approval by IDoA, in accordance with Section 307 of this Manual, to carry out the responsibilities described in Section 305 of this Manual.

"Advisory Committee" means the APS Advisory Committee whose purpose it is to provide advice on policy issues and to assist IDoA in responding to concerns regarding the program. The Committee is composed of representatives from RAA's and APS PA's appointed by IDoA for three year terms. The Committee meets once every quarter.

"Advisory Council" means the Illinois At-Risk Adult Fatality Review Team Advisory Council consisting of one member from each of the review teams in Illinois.

"Caregiver" means a person who as a result of a family relationship, voluntarily or in exchange for compensation, has assumed responsibility for all or a portion of the care of an eligible adult who needs assistance with activities of daily living.

"Centers for Independent Living" (CIL) means a non-residential community based organization, directed and managed by persons with disabilities. They provide peer counseling, information and referral, interpreters for hearing impaired, readers for people who are visually impaired. They serve as role models, mentors and advocates. They focus on assisting persons with disabilities to live independently. They provide education about disabilities.

"Classification" means the major decision point of the assessment process where it is decided, based on information obtained and documented in

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writing, whether the report of ANE is substantiated, unsubstantiated, or unable to be substantiated.

"Clear and convincing" is the standard of the burden of proof that must be met to reach a "verified" substantiation decision in the APS Program. This standard of the burden of proof is met when the credible evidence, weighed in its entirety, creates at least a 75% certainty that the abuse, neglect or financial exploitation is occurring or has occurred.

"Client" means an eligible adult who is receiving services from an Adult Protective Services Provider Agency.

"Collateral Contact" means a person, who is not a subject of the report, who can provide evidence or supportive testimony. Collateral contacts can provide important information about how to best approach the alleged victim or alleged abuser, as well as their personality, behavioral patterns, and/or interdependencies. These individuals can help the worker determine consequences of inadequate intervention and possible dangers to the worker. "Collateral contact" also refers to the action by the Adult Protective Services Caseworker (APSCW) in contacting such a person with information.

"Community Care Program" or "(CCP)" means IDoA's home and community based services designed to prevent or delay unnecessary or inappropriate institutionalization of persons 60 years of age or older.

"Community Integrated Living Arrangement" (CILA) means a living arrangement for adults (age 18 and older) in a group home, family home or apartment where 8 or fewer unrelated adults with developmental disabilities live under supervision of the community developmental services agency. Residents receive complete and individualized residential habilitation, and personal support services. CILA's fall under the IL. Department of Human Service's jurisdiction.

"Competency" means the legal state of the capability of an individual to manage his or her own affairs.

"Confinement" means restraining or isolating, without legal authority, an eligible adult for other than valid medical reasons.

"Department" means the Department on Aging of the State of Illinois.

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“Department of Healthcare and Family Services” (HFS) means the Illinois agency that is responsible for overseeing Medicaid.

“Department of Human Services” means the Illinois agency that provides state’s residents with streamlined access to integrated services, especially those striving to move from welfare to work and economic independence, and others who face multiple challenges to self-sufficiency.

"Deposition" means the giving of testimony, under oath and on the record, prior to trial, under questioning by the attorneys for one of the parties. The purpose of a deposition is for each party to determine the essential facts of the case prior to trial.

"Director" means the Director of the Department.

“Disability” means a physical or mental disability, including, but not limited to, a developmental disability, an intellectual disability, a mental illness as defined under the Mental Health and Developmental Disabilities Code, or dementia as defined under the Alzheimer’s Disease Assistance Act.

"Domestic living situation" or “DLS” means a residence where the eligible adult at the time of the report, lives in a private residence alone, or with his or her family or a caregiver, or others, or other community-based unlicensed facility. DLS does not include an eligible adult living in:

1. a licensed facility as defined in Section 1-113 of the Nursing Home Care Act;
2. a facility licensed under the ID/DD Community Care Act;
3. a facility licensed under the Specialized Mental Health Rehabilitation Act;
4. a “life care facility” as defined in the Life Care Facilities Act;
5. a home, institution, or other place operated by the federal government or agency thereof or by the State of Illinois;

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6. a hospital, sanitarium, or other institution, the principal activity or business of which is the diagnosis, care, and treatment of human illness through the maintenance and operation of organized facilities therefor, which is required to be licensed under the Hospital Licensing Act;
7. a “community living facility” as defined in the Community Living Facilities Licensing Act;
8. a “community-integrated living arrangement” as defined in the Community-Integrated Living Arrangements Licensure and Certification Act or a Community Residential Alternative as licensed under that Act;
9. “an assisted living or shared housing establishment” as defined in the Assisted Living and Shared Housing Act; or
10. “a supportive living facility” as described in Section 5-5.01a of the Illinois Public Aid Code.

“Determination of Need” or “(DON)” means the screening instrument used by the State of Illinois to determine need for long term care, including Community Care Program services and Medicaid nursing home care.

“Direct Care” includes, but is not limited to, direct access to an individual (not limited to) his or her living quarters, or his or her personal, financial, or medical records for the purpose of providing nursing care or assistance with feeding, dressing, movement, bathing, toileting, or other personal needs and activities of daily living, or assistance with financial transactions.

"Early Intervention Services" or “(EIS)” are services purchased by the APS PA for specified temporary short term or emergency services needed to secure the health and safety of an eligible client when existing resources are unavailable. See Chapter 8.

"Eligible adult" means either an adult with disabilities aged 18 through 59 or a person aged 60 or older who resides in a domestic living situation and is, or is alleged to be abused, neglected, or financially exploited by another individual or who neglects himself or herself.

“Emergency” means a situation in which an eligible adult is living in conditions presenting a risk of death or physical, mental, or sexual injury and the provider agency has reason to believe the eligible adult is unable to

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consent to services which would alleviate that risk.

"Emotional Abuse" means verbal assaults, threats of maltreatment, harassment, or intimidation intended to compel the eligible adult to engage in conduct from which he or she wishes and has a right to abstain or to refrain from conduct in which the he or she wishes and has a right to engage.

"Exploitation" or "financial exploitation" means the use of an eligible adult's resources by another to the disadvantage of that adult or the profit or advantage of a person other than that adult.

"Final Investigative Report" means a Provider Agency's report prepared upon completion or closure of an investigation, for all cases of reported abuse, neglect, financial exploitation, or self-neglect of an eligible adult, whether or not there is a substantiated finding.

"Follow-up" means the monitoring of substantiated cases of ANE in which the victim has consented to services, including a face-to-face visit with the victim at least once every three months. Monthly contact with the victim can be by telephone.

"Guardian" means a person appointed by the court who is legally responsible for the care and management of the property and person of one who has been adjudicated disabled by virtue of physical or mental disability, mental illness, or physical capacity.

"IDoA" means the Illinois Department on Aging, including the Office of Adult Protective Services, in the Division of Home and Community Services, which administers the APS Program, and the Community Care Program.

"Illinois Assistive Technology Project" (IATP) is a statewide, not for profit agency whose mission is to break down barriers that prevent people with disabilities from accessing assistive technology that lets them play and live in the community. IATP has a technology device loan program, a low interest cash loan program and newsletter.

"Illinois Attorney General's Office of Disability Rights Bureau" enforces the Environmental Barriers Act, IL Human Rights Act, and other state and federal laws that protect the rights of individuals with disabilities. The office also conducts disability rights training for courts, law enforcement, and other groups.

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“Independent Service Coordinator” (ISC agent) is the person who does the screenings for Developmental Disability (DD) clients for in-home services.

“Individual Service and Support Advocacy” (ISSA) is the agency within the Department of Human Services Division of Developmental Disabilities’ quality assurance program that monitors the client’s Individual Service Plan and responds to complaints regarding services provided through Medicaid Waiver services such as CILA, HBS, Child Group Homes, or day programs.

"Intake" means the receipt of a report of suspected or alleged ANE.

"Intervention" means an action initiated by the Adult Protective Services Caseworker (APSCW) or the APS PA to provide medical, social, economic, legal, housing, law enforcement, or other protective, emergency, or supportive services to, or on behalf of, the Adult Protective Services victim.

"MMSE" means the Mini-Mental State Examination.

“Multi-Disciplinary Team” or “M-Team” is a group of selected professionals, from a variety of disciplines (including banking or finance, disability care, health care, law, law enforcement, mental health care, clergy, substance abuse, domestic violence and sexual assault) who meet minimally eight times per year, with the Adult Protective Services caseworkers and supervisors, to discuss and provide consultation on specific cases of abuse, neglect, self-neglect or financial exploitation. The purpose is to use the varied backgrounds, training and philosophies of the different professions to explore the best service plan for the cases involved.

"Neglect" (See passive neglect or willful deprivation.) means another individual’s failure to provide an eligible adult with or willful withholding from an eligible adult the necessities of life including, but not limited to, food, clothing, shelter or health care. This definition does not create any new affirmative duty to provide support to eligible adults. It shall also not be construed to mean that an eligible adult is the victim of neglect because of health care services provided or not provided by licensed health care professionals.

“No Indication” means that the credible evidence, when weighed in its entirety, indicates a 50% or less certainty that ANE has occurred or is occurring.

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“Older Americans Act” means the Older Americans Act of 1965 (Public Law 89-73, as amended; 42 v.s.c. 3001 et. seq.) which is the federal law that funds Aging Network services. It includes “Title III and Title VII” grants for state and community programs on aging.

"Passive Neglect" means another individual's failure to provide an eligible adult with or willful withholding from an eligible adult the necessities of life including, but not limited to, food, clothing, shelter or health care. This definition does not create any new affirmative duty to provide support to eligible adults. It shall also not be construed to mean that an eligible adult is the victim of neglect because of health care services provided or not provided by licensed health care professionals.

“Peer Review” is an internal assessment completed by an APS PA utilizing the APOCR.

"Physical Abuse" means causing the infliction of physical pain or injury to an eligible adult.

“Pre-Admission Screening” (PAS) agent the person who does the screenings for DD and Mentally Ill (MI) clients into facilities.

"Preponderance of the evidence" is the standard of the burden of proof that must be met to reach a "some indication" substantiation decision in the ANE Program. This standard of the burden of proof is met when the credible evidence, weighed in its entirety, creates a certainty of more than 50%, but less than 75% that ANE is or has occurred.

“Prioritization For Urgency of Need Services” or “PUNS” is the Department of Human Services’ statewide data base that records information about individuals with development disabilities who are in need of services as funding is available.

“Privately Paid Caregiver” means any caregiver who has been paid with resources other than public funds, regardless of licensure, certification, or regulation by the State of Illinois and any Department thereof. A privately paid caregiver does not include any caregiver that has been licensed, certified, or regulated by a State agency, or paid with public funds.

“Provider Agency” or “PA” means any public or nonprofit agency in a planning and service area appointed by the regional administrative agency with prior approval by the Department on Aging to receive and assess reports of alleged or suspected abuse, neglect, or financial exploitation.

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"Regional Administrative Agency" or "RAA" means any public or non-profit agency in a planning and service area so designated by IDoA, to carry out the responsibilities described in Section 303 of this Manual, provided that the AAA shall be designated the RAA if it so desires according to Section 304 of this Manual.

"Reporter" means the person who calls or visits an authorized intake agency to convey allegations or suspicions that an eligible adult has been, or is being, abused, neglected, financially exploited, or self –neglects.

"Review Team" means a regional interagency at-risk adult fatality review team in each of the Department's planning and service areas.

"Self-Neglect" means a condition that is the result of an eligible adult's inability, due to physical or mental impairments, or both, or a diminished capacity, to perform essential self-care tasks that substantially threaten his or her own health, including: providing essential food, clothing, shelter, and health care; and obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety.

"Senior HelpLine" means the IDoA's toll-free statewide number (1-800-252-8966) voice and (1-888-206-1327) TTY which can be called to find out additional information about services available to eligible adults.

"Sexual Abuse" means touching, fondling, sexual threats, sexually inappropriate remarks, or any other sexual activity with an eligible adult when the eligible adult is unable to understand, unwilling to consent, threatened, or physically forced to engage in sexual behavior.

"Significant" means a finding of abuse, neglect, or financial exploitation as determined by the Department that (1) represents a meaningful failure to adequately provide for, or a material indifference to, the financial, health, safety, or medical needs of an eligible adult or (2) results in an eligible adult's death or other serious deterioration of an eligible adult's financial resources, physical condition, or mental condition.

"Substantiated Case" means a reported case of alleged or suspected abuse, neglect, financial exploitation, or self-neglect in which a provider agency, after assessment, determines that there is reason to believe abuse, neglect, or financial exploitation has occurred.

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“The Loop” means an electronic newsletter that is distributed by IDoA’s Office of Adult Protective Services on a monthly basis to all APS PAs and RAAs, containing information of importance about the APS Program.

“Uncompensated Caregiver” means a caregiver who, in an informal capacity, assists an eligible adult with activities of daily living, financial transactions, or chore housekeeping type duties. This definition does not include an individual serving in a formal capacity as a volunteer with a provider licensed, certified, or regulated by a State agency.

“Undue Influence” means any improper persuasion whereby the will of a person is overpowered and he or she is induced to do, or is kept from doing, an act which he would not do or would do if left to act freely.

"Victim" means an eligible adult who is the subject of a substantiated report of ANE.

"Willful Deprivation" means deliberate denial of medications, medical care, shelter, food therapeutic devices, or other physical assistance to a person who, because of age, health, or disability, requires such assistance and thereby exposes that person to the risk of physical, mental, or emotional harm because of such denial: except with respect to medical care or treatment when the dependent person has expressed an intent to forego such medical care or treatment and has the capacity to understand the consequences.

**CHAPTER 3: ORGANIZATION STANDARDS AND RESPONSIBILITIES**

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**CHAPTER 3: ORGANIZATION STANDARDS AND RESPONSIBILITIES**

**301: Purpose of Chapter**

The purpose of this chapter is to outline the standards, functions and responsibilities of the Illinois Department on Aging (IDoA), Regional Administrative Agencies (RAAs), and Adult Protective Service Provider Agencies (APS PAs) in operating the Adult Protective Services (APS) Program (APSP).

**302: Illinois Department on Aging**

- A. IDoA has the overall responsibility for designing and managing the APS Program.
- B. IDoA shall designate RAAs in accordance with Section 304 and approve the designation by the RAA, of APS PAs in accordance with Section 307.
- C. IDoA shall enter into an agreement with each designated RAA to perform the responsibilities outlined in Section 303.
- D. IDoA shall establish and maintain written standards and procedures for the operation of the program.
- E. IDoA shall develop standards for minimum staffing levels and staff qualifications.
- F. IDoA shall establish mandatory standards for the investigation of abuse, neglect, financial exploitation, or self-neglect of eligible adults and mandatory procedures for linking eligible adults to appropriate services and supports.
- G. IDoA shall submit an annual budget for the program to the Governor's office and establish reimbursement rates for APS Providers and RAA responsibilities.
- H. IDoA shall design the programmatic and financial reporting system for the program.
- I. IDoA shall develop a system to monitor the performance of the program, reporting any findings and recommendations for change to the Director. The APS PA subject to a review and the RAA of such APS PA shall receive copies of the findings and recommendations.
- J. IDoA shall, contingent upon adequate funding, promote a wide range of endeavors to prevent abuse, neglect and financial exploitation and self-neglect including, but not limited to, promotion of public and professional education to increase awareness of abuse, neglect, financial exploitation, and self-neglect, to increase reports, to establish access to and use of the Health Care Registry and to

improve response by various legal, financial, social, and health systems.

- K. IDoA shall prepare and submit to the Governor and General Assembly a report describing the activities of the APS Program in a format developed by IDoA within 270 days after the end of each fiscal year.
- L. IDoA shall establish an Advisory Committee whose purpose is to provide advice on policy issues and to assist IDoA in responding to concerns regarding the program. The committee shall be composed of representatives appointed by IDoA for three year terms, and will include RAA and APS PA representatives. The committee will meet once every quarter.
- M. IDoA shall establish an At-Risk Adult Fatality Review Teams Advisory Council whose purpose is to serve as the voice of review teams in Illinois and oversee the review teams regarding coordination and compliance issues. The committee shall be composed of one member from each review team. The Director may appoint to the Advisory Council any ex-officio members deemed necessary.
- N. The Director, in consultation with the Advisory Council, law enforcement, and other professionals, shall appoint members to a minimum of one regional interagency at-risk adult fatality review team in each of the Department's planning and service areas. Each member of a review team shall be appointed for a 2-year term and shall be eligible for reappointment upon expiration of the term. Review Teams shall review cases of deaths of at-risk adults occurring in its planning and service area.
- O. IDoA shall coordinate with other agencies, councils and like entities, including, but not limited to, the Administrative Office of the Illinois Courts, the Office of the Attorney General, the State Police, the Illinois Law Enforcement Training Standards Board, the State Triad, the Illinois Criminal Justice Information Authority, the Departments of Public Health, Healthcare and Family Services, and Human Services, the Illinois Guardianship and Advocacy Commission, the Family Violence Coordinating Council and other entities which may impact awareness of, and response to abuse, neglect, financial exploitation, and self-neglect.

- P. IDoA shall provide technical assistance, policy clarifications or interpretations to RAAs on adherence to the rules, standards, and procedures established for the program.
- Q. IDoA shall provide updates to policy changes through correspondence, including the Adult Protective Service Intranet and the Loop.
- R. IDoA may provide technical assistance directly to the APS PAs in case handling. The technical assistance provided by IDoA may include legal advice and consultation.
- S. IDoA shall maintain a registry of all APS PA and RAA staff that have successfully completed IDoA sponsored certification training and are assessing reports of ANE.
- T. IDoA shall, upon request, provide information to public agencies, legislators, and others about older adults and adults with disabilities affected by abuse, neglect, and financial exploitation.
- U. IDoA shall provide training to RAA staff. IDoA shall also provide training to APS Program staff who assess reports of ANE.
- V. IDoA shall establish and coordinate an aggressive training program on the unique nature of adult abuse cases with other agencies, councils, and like entities, to include but not be limited to the Office of the Attorney General, the State Police, the Illinois Law Enforcement Training Standards Board, the State Triad, the Illinois Criminal Justice Information Authority, the State Departments of Public Health, Healthcare and Family Services and Human Services, the Family Violence Coordinating Council, the agency designated by the Governor under Section 1 of the Protection and Advocacy for Developmentally Disabled Persons Act, and other entities that may impact awareness of and response to abuse, neglect, financial exploitation, and self-neglect.
- W. IDoA shall be responsible for collection and analysis of data from the APS Program.

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- X. IDoA's Senior HelpLine and After-Hours Line shall receive reports of ANE and relay such reports to the appropriate APS Program in accordance with Chapter 4.
  
- Y. Senior HelpLine staff who receive reports of ANE shall attend IDoA sponsored training. Successful completion of the above training shall be established by certification. After Hours Line staff shall be trained by a certified APSCW or supervisor who has attended IDoA sponsored training.

**303: Regional Administrative Agencies**

- A. The RAAs shall designate, with prior approval from IDoA, APS PAs in accordance with Section 307.
- B. The RAAs shall designate RAA staff to attend IDoA sponsored training and meetings pertaining to the APS Program. RAA staff that have successfully completed the APSCW certification and on-line forms training, the Phase II certification, and the Supervisor's certification may be added to the registry as back-up to provider agencies.
- C. The designated RAA staff shall meet the following in-service training requirements: Fourteen (14) hours of documented in-service training on abuse of older adults and adults with disabilities, rights of older adults and adults with disabilities, self-neglect, and domestic violence subjects within a calendar year. For partial years of employment, training shall be prorated to equal approximately 45 minutes for each full month of employment. Documented participation in RAA, state, regional, or national conferences on abuse of older adults and adults with disabilities, rights of older adults and adults with disabilities, self-neglect, and domestic violence subjects will qualify as in-service training. Documented hours would be the time spent in actual attendance at specific sessions. This time should be included in the employee's personnel file. The documented number of hours and name of the conference will suffice.
- D. The Designated RAA staff shall complete eleven (11) hours of qualifying Recertification training every three years. Completion of training must be documented in the liaison's personnel file. RAA staff is required to complete Recertification Training in order to remain on the registry.
- E. The RAA must return to IDoA, within 15 days, any photo identification and/or certification cards issued by the APS Program upon RAA staff leaving the agency.
- F. The RAAs shall provide technical assistance to APS PAs on established standards and procedures for the program and shall seek from IDoA staff policy clarifications and interpretations of established standards and procedures. In the event that there is a conflict

between IDoA staff and the RAA concerning a policy clarification or interpretation, IDoA staff's clarification or interpretation shall prevail.

- G. The RAA shall conduct quarterly meetings with the APS PAs in the Planning and Service Areas for the primary purpose of discussing implementation issues of the program. The RAA shall submit notice to IDoA of the time and date of the meeting at least three weeks in advance to allow IDoA staff to attend the meetings. If an IDoA sponsored supervisor's meeting is held, it may count as a quarterly meeting and the RAA would not be required to hold one during the same quarter.
- H. The RAA may assist IDoA and the APS PA in providing public awareness and education on the issue of self-neglect and abuse, neglect, and financial exploitation of older adults and adults with disabilities
- I. The RAA may receive reports of ANE; however, the RAA shall not publicize its agency or phone number for the purpose of receiving reports of ANE and shall not require that the APS PAs publicize the RAA or the RAA's phone number for the purpose of receiving reports of ANE. If the RAA wishes to receive ANE reports, the RAA shall:
  - 1. inform IDoA in writing of its intent to receive reports;
  - 2. assure that staff receiving reports of ANE and who have not attended IDoA sponsored training shall receive documented training from the designated RAA staff person who attended IDoA sponsored training; and
  - 3. have procedures for receiving and relaying reports of ANE.
- J. RAAs shall assist IDoA in establishing Adult Protective Service M-Teams in each APS PA consistent with Chapter 10.
- K. The RAA shall be responsible for activities related to financial and program reporting as outlined in Chapter 14 of the Standards & Procedures Manual.
- L. RAAs shall authorize provider agency EIS expenditures in accordance with Chapter 8 of this Manual.

- M. RAAs shall monitor the performance of APS PAs consistent with the APS Standards and Procedures Manual.
- N. RAAs shall, when producing any public information or education materials on abuse of older adults and adults with disabilities, include in the materials the IDoA's Adult Protective Service Hotline at 1-866-800-1409 voice and 1-888-206-1327 TTY, and reference to the fact that it or the local program(s) are part of IDoA's statewide APS Program. Any written materials shall also include the IDoA nondiscrimination clause.
- O. RAAs shall, on the 5th of each month, report to IDoA staff of the number of new and subsequent intake reports in their area during the previous month. Transfer cases should not be included as new intake reports.
- P. The RAA shall retain any case records for three full years from the date of case closure. Following the three-year period the case records may be purged. The Agency must insure that any purged records are completely shredded, incinerated or if stored electronically, permanently deleted.
- Q. The RAA shall not serve as agent, as designated under the Power of Attorney Act, a temporary, limited, or plenary guardian designated under the Probate Act, or as a representative payee, for any clients served by the APS Program. A waiver to this standard shall be allowed only if the APS PA has documented evidence that no other qualified person or entity exists to serve as agent, guardian, or representative payee on behalf of a client of the APS Program, and the RAA is willing and qualified to serve. The RAA shall submit a quarterly report, no later than 10 days following the end of the quarter, to the Department's Office of Adult Protective Services, listing all open and closed APS Program cases for whom the RAA is serving as agent or guardian, at the time the report is submitted.

**304: Designation of Regional Administrative Agencies**

- A. The AAA may serve as the RAA as set forth in Title 89 Chapter II, Section 230.47 (Designation of Planning and Services Areas) of the Illinois Administrative Code.
- B. If an AAA refuses designation as a RAA, the AAA shall notify IDoA in writing, and IDoA shall either:
  - 1. Select, through a competitive procurement process, another public or nonprofit agency within the planning and service area to function as the RAA, or
  - 2. IDoA shall assume the functions of the RAA for any planning and service area where another agency is not so designated.

**305: Adult Protective Service Provider Agencies**

- A. To be appointed as an APS PA, an agency shall enter into a contract with the RAA, with prior approval from IDoA, in accordance with Section 307, for a specific geographic area in the RAA's planning and service area.
- B. The APS PA shall be open for business and available to receive ANE reports directly or from IDoA's Senior HelpLine at least seven hours each working day, and shall not be closed for more than four consecutive days unless an alternative method of receiving ANE reports is approved by and on file with the RAA and IDoA. If a recorded message is activated, during business hours, there must be an option to talk to a person at that time rather than leaving a message on voice mail. Persons calling in to make an ANE report must have the opportunity to talk directly to an intake worker. In addition, each APS PA shall be open for business not less than two hundred forty-six working days per calendar year.
- C. The APS PA shall ensure that it is capable of responding to a priority one report 24 hours per day, 7 days per week. A provider agency may use an on-call system to respond to reports of alleged or suspected ANE after hours and on weekends.
- D. The APS PA shall have and observe written policies and procedures:
  - 1. confidentiality of client records consistent with Chapter 12;
  - 2. compliance with the Illinois Human Rights Act (775 ILCS 5/1-101 *et seq.*), the Civil Rights Act of 1964 (P.L. 88-352, 78 Stat. 241), the Rehabilitation Act of 1973 (P.L. 93-112, 87 Stat. 394, codified at 29 U.S.C. 701 *et seq.*), the Immigration Reform and Control Act of 1986 (P.L. 99-603, 100 Stat. 3359), the Americans with Disabilities Act of 1990 (P.L. 101-336, 104 Stat. 327, codified at 42 U.S.C. secs. 12101-*et seq.*), the Freedom of Information Act (5 ILCS 140/1 *et seq.*), section 264 of the Health Insurance Portability and Accountability Act (Public Law 104-191, 110 stat. 1936), and the Privacy Rule (45 CFR Parts 160 and 164) promulgated pursuant to the Act, and IDoA's Civil Rights Program;

3. the assignment of an APSCW for each ANE Intake Report (IL-402-0709) received, either directly or relayed by the Senior HelpLine Unit, After-Hours Line, or RAA, and back-up procedures for assigning a substitute APSCW, who meets the minimum requirements, in the absence of the assigned APSCW;
  4. providing services to adults with physical or mental disabilities including a developmental disability, an intellectual disability, a mental illness and non-English speaking, reporters, alleged victims, and clients of the program; and
  5. providing those service activities outlined in Chapters 4, 5, 6, 7, 8, 9, 10, and 11 and for which the APS PA has an agreement to perform; such policies and procedures to be in place not later than three months after the contract implementation date.
- E. Personnel records shall be maintained for each employee and shall include at least the following:
1. an employee application or resumé;
  2. annual performance evaluation;
  3. supervisory reports regarding the employee;
  4. documentation of the following items:
    - a. that a copy of that particular employee's job description has been provided to the employee;
    - b. that the employee has received a copy of current written personnel policies for his or her job category at the time of employment and any subsequent revisions;
    - c. that the paid employee has been informed of the salary range for the specific job category at the time of employment and any subsequent revisions;

- d. that paid employee benefits and grievance procedures have been clearly stated and provided in writing to each employee; and
  - e. documentation of all participation of the employee in IDoA provided or approved training.
- F. The agency shall be accessible to older adults, adults with disabilities and their families and other organizations providing services to older adults and adults with disabilities in the agency's jurisdiction.
- G. The agency shall carry the types of insurance coverage listed below:
  - 1. workers' compensation as required by state law,
  - 2. unemployment compensation as required by state law, and
  - 3. general liability insurance in the single limit minimum of \$100,000 per occurrence.
- H. The APS PA shall have available medical and legal resources to provide professional advice on individual cases as well as advice on matters pertaining to the overall program. The APS PA may obtain these consultative services through the establishment of a multi-disciplinary consultation team, through letters of agreement, or through direct employment.
- I. The APS PA shall have APS staff attend quarterly meetings conducted by the RAA and training sessions as required by the RAA and IDoA.
- J. The APS PA may request technical assistance from the RAA on established standards and procedures and shall seek from the RAA clarifications and interpretations on the standards and procedures. The APS PA may also request from the RAA, or may directly request from IDoA staff, technical assistance in handling specific ANE reports or cases including, but not limited to, legal advice and consultation.
- K. The APS PA shall assure that staff in the agency receiving reports of ANE who have not attended IDoA sponsored training shall receive documented training from either the designated RAA staff person who

attended IDoA sponsored training or the APS PA supervisor who has successfully completed IDoA sponsored APS training.

- L. No subcontract, assignments or other arrangement for the transfer of direct provision of service(s) defined in Chapters 4, 5, 6, 7, 8, 9, 10 and 11, or the responsibilities outlined in Chapter 14 are authorized unless approved in writing by the RAA and IDoA.
- M. The APS PA agrees to retain all books, records, electronic records and other documents relevant to the operation of the program for three full years after final payment on the agreement and all other pending matters are closed, unless transfer is authorized in writing from IDoA. Federal and State auditors and any persons duly authorized by IDoA shall have the right to full access and to examine any of said materials during period or until resolution of all financial matters unless otherwise prohibited by state law and regulations. The case record shall be retained for three full years from the date of case closure. Following the three-year period the case records may be purged. The Agency must insure that any purged records are shredded, incinerated or if stored electronically, permanently deleted.
- N. The APS PA shall, when producing any public information or education materials on adult protective services, include in the materials IDoA's Adult Protective Service's Hotline at 1-866-800-1409 (voice) and 1-888-206-1327 (TTY) and reference to the fact that it is part of IDoA's statewide APS Program. Any written materials for the public on adult protective services shall also include the IDoA nondiscrimination clause.
- O. The APS PA shall not serve as agent, as designated under the Power of Attorney Act, or temporary, limited, or plenary guardian designated under the Probate Act, for any clients in the APS Program.

**306: Minimum Staff Requirements for Adult Protective Service Provider Agencies**

- A. Pursuant to the terms of their contract, the APS PA shall have sufficient staff to perform all duties and responsibilities of the program for which an agreement to perform is in effect.
- B. The APS supervisor must be involved in guiding and directing ANE cases and share responsibility in the APSCW's decisions and actions. APS supervisor activities shall include:
  - 1. general supervision of all daily service delivery aspects of the program;
  - 2. assigning an APSCW to each ANE Intake Report received;
  - 3. discussing each ANE Intake Report requiring an assessment with the assigned APSCW to develop strategies for initiating the investigation;
  - 4. discussing assessment results with the APSCW and approving, signing and dating the Client Assessment Form;
  - 5. discussing the initial, substantiated, and each three month risk assessment and case plan with the APSCW to ensure that appropriate actions are being taken to meet identified problems/needs and closure risk assessments;
  - 6. discussing referrals to law enforcement and the coroner regarding suspicious deaths of eligible adults;
  - 7. reviewing and approving the expenditure of EIS funds before referral for services;
  - 8. approving, signing, and dating case closures to ensure that cases are closed according to the requirements specified in this Manual;
  - 9. ensuring that supervisory consultation on individual cases is documented in the Case Recording Form (IL-402-0712);

**ADULT PROTECTIVE SERVICES STANDARDS                      ORGANIZATION STANDARDS**

10. approving case legal action such as:
    - a. providing immediate consultation to the APSCW;
    - b. approving planned legal actions before the case worker initiates the actions; and
    - c. accompanying the APSCW to court proceedings, if appropriate.
  
  11. insuring that each APSCW has an updated and complete copy of the APS S&P Manual and all program forms.
- C. APS supervisor minimum and continuing qualifications and requirements shall be as follows:
1. Each person employed as a supervisor of an APSCW shall have either:
    - a. a Master's Degree in health, social sciences, social work, health care administration, gerontology, criminal justice, or public administration, and one year experience in health or human services; or
    - b. a RN license, or a B.S.N. or a BA/B.S. in health, social sciences, social work, health care administration, gerontology, or criminal justice, and three years experience in health or human services, including either one year of supervisory experience or one year of experience in aging, adults with disabilities or domestic violence programs or services.
  
  2. Each person employed as a supervisor of APSCWs shall successfully complete all of the following in order to conduct APS Program Services:
    - a. IDoA sponsored APSCW certification and on-line forms training to be placed on the Department's temporary registry;

- b. IDoA sponsored Phase II certification training within six months of the APSCW certification, to be placed on the Department's official registry; and
    - c. IDoA sponsored APS Program Supervisors' certification training as documented in the supervisor's personnel file.
  3. Persons serving in the capacity of supervisor of APSCWs and listed on the APSCW Registry prior to the date the APS Program was implemented in the service area, who have received the training listed in Section 306 C.2.a., are waived from the above cited requirements in Section 306.C.1.
  4. Each person employed as a supervisor of APSCWs shall meet the following in-service training requirements: fourteen (14) hours of documented in-service training on abuse of older adults and adults with disabilities, rights of older adults and adults with disabilities, self-neglect, and domestic violence subjects within a calendar year. For partial years of employment, training shall be prorated to equal approximately 45 minutes for each full month of employment. Documented participation in RAA, state, regional, or national conferences on abuse of older adults and adults with disabilities, rights of older adults and adults with disabilities, self-neglect, and domestic violence subject will qualify as in-service training. Documented hours would be the time spent in actual attendance at specific sessions. This time should be included in the employee's personnel file. The documented number of hours and name of the conference will suffice.
  5. An APS Program Supervisor must successfully complete, eleven (11) hours of qualifying Recertification training every three years. Completion of training must be documented in the supervisor's personnel file.
- D. An APSCW shall carry out, but may not be limited to, the following activities;
  1. assessment of ANE reports;

2. case work and follow-up of substantiated ANE cases;
  3. reporting suspicious deaths of eligible adults to law enforcement and the coroner or medical examiner;
  4. determining the need for EIS; and
  5. completion of all documentation related to ANE reports and cases.
- E. APSCW minimum and continuing qualifications and requirements shall be as follows:
1. Each person employed as an APSCW shall have either:
    - a. a Master's Degree in health, social services, social work, health care administration, gerontology, criminal justice, public administration; or
    - b. a RN license, or a B.S.N. or a BA or a B.S. in health, social sciences, social work, health care administration, gerontology, or criminal justice, and one year experience in health or human services; or
    - c. a LPN license, with two years experience in health or human services.
  2. Each person employed as an APSCW shall successfully complete all of the following in order to conduct APS Program Services:
    - a. IDoA sponsored APSCW certification and on-line forms training to be placed on the Department's temporary registry; and
    - b. IDoA sponsored Phase II certification training within six months of the APSCW certification, to be placed on the Department's official registry.
  3. Each person employed as an APSCW shall meet the following minimum in-service training requirements: twelve (12) hours of

documented in-service training on abuse of older adults and adults with disabilities, rights of older adults and adults with disabilities, self-neglect, or domestic violence subjects within a calendar year. For partial years of employment, training shall be prorated to equal approximately 45 minutes for each full month of employment. Documented participation in RAA, state, regional, or national conferences on abuse of older adults and adults with disabilities, rights of older adults and adults with disabilities, self-neglect or domestic violence subjects will qualify as in-service training. Documented hours would be the time spent in actual attendance at specific sessions. The documented number of hours and name of the conference will suffice.

4. An APSCW must successfully complete eleven (11) hours of qualifying Recertification training every three years. Completion of training must be documented in the APSCW's personnel file.
- F. Prior to performing the activities listed in Section 306. D., an individual must complete the training listed in 306.E.2.a and be listed on the APSCW Registry.
  - G. IDoA reserves the right to suspend or remove from the Registry any APSCW or supervisor who fails or refuses to perform the duties of an APSCW or supervisor in accordance with this Manual.
  - H. The APS PA must return to IDoA, within 15 days, any identification card which has been returned by a caseworker or supervisor upon the separation of his or her employment from the APSPA.

**307: Designation of Adult Protective Service Provider Agencies**

- A. The RAA is responsible for designating APS PAs within its planning and service area, with prior approval by IDoA.
- B. The RAA is required to provide information to IDoA concerning the selection of the agency(s) to be designated as APS PAs. In order to meet this requirement, the RAA must establish and follow a process for procuring adult protective service program services. The process may be completed annually or on a multi-year basis, not exceeding a six year period. The RAA shall offer a contract for a one-year period, with the option to extend the contract for a maximum of five additional one-year periods, totaling six years. If the RAA establishes a procurement process on a multi-year basis, the time frame must be set in policy prior to procuring adult protective service program services. In addition, when procuring adult protective service program services, the RAA may not impose, as a prerequisite to funding, the provision of other services administered by the RAA.
- C. An APS PA may be any public or not-for-profit agency. The RAA shall award contracts to successful applicants based primarily upon the evaluation of a written proposal, submitted to the RAA during a competitive procurement process. When the RAA submits an agency for designation as an APS PA, the RAA must assure IDoA that the proposed agency exhibits the program and fiscal capacity to provide adult protective service program services in accordance with the APS Program Standards, Policies and Procedures Manual.
- D. If the RAA submits more than one agency to be designated as an APS PA, each agency must receive a subcontract from the RAA for adult protective service program services, and each agency must serve a unique, specified geographic area within the planning and service area.
- E. IDoA shall provide written notification to the RAA of its approval of each agency proposed by the RAA for APS PA designation. The RAA shall award subcontracts to the APS PA only after receipt of Department approval of the proposed designation(s).
- F. The RAA shall submit copies of its subcontracts with the designated APS PAs to IDoA's Office of Adult Protective Services, within 60 days of the contract's initiation.

**308: Adult Protective Service Provider Agency Designation Rationale**

- A. The RAA is required to submit to IDoA, within 30 days of its decision, a summary describing the process used to select the agency(s), including the following:
  - 1. the method used for notification of the availability of adult protective service funding;
  - 2. a listing of the agencies who responded to the notification and those who were sent an application;
  - 3. a listing of the agencies that submitted proposals;
  - 4. the criteria used by the RAA to evaluate the proposals; and
  - 5. the rationale for selecting or rejecting each proposal.
- B. If no agencies respond to the RAA procurement process and the RAA proposes to provide adult protective services directly, the RAA must document what other agencies in the service area could provide this service, what alternative arrangements were considered, and how the RAA determined that it should provide the service directly.
- C. If there is an agency that submits an application and the RAA proposes to directly provide adult protective services, the RAA must establish that it can provide the service substantially more effectively than any other applicant.
- D. If IDoA approves the designation of the AAA as the APS PA, IDoA will function as the RAA for the relevant planning and service area.

**CHAPTER 4: INTAKE OF ANE REPORTS**

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**CHAPTER 4:INTAKE OF ANE REPORTS**

**401: Purpose of Chapter**

The purpose of this chapter is to provide guidelines to authorized agencies and staff as they receive reports of abuse, neglect, self-neglect and exploitation as it relates to the Illinois Adult Protective Services (APS) Program.

**402: Agencies Authorized to Receive Reports**

- A. Designated APS Provider Agencies shall have primary responsibility for receiving ANE reports in their service areas.
- B. The following agencies are also authorized to receive ANE reports:
  - 1. the Department's toll free 24-hour Adult Protective Services Hotline;
  - 2. the Department's Senior HelpLine;
  - 3. RAAs; and
  - 4. APS provider agencies
- C. Any staff persons of authorized agencies assigned to receive ANE reports (hereinafter referred to as report takers) must have received training according to Section 305.K of this manual.

**403: Receipt of Reports**

- A. When a report taker receives a call or visit regarding alleged ANE, the authorized agency will use the information to:
1. record the exact allegation, including the nature, extent, and urgency of the alleged victim's condition;
  2. determine whether it meets the criteria established by IDoA to categorize it as an alleged ANE report (see Section 404 of this Manual);
  3. determine the priority response (see Section 405 of this Manual); and
  4. relay the report to the appropriate APS PA for assessment services. An agency that is not an APS Provider Agency shall forward the report to the appropriate APS provider agency within two hours of the intake.
- B. The report taker shall attempt to secure all of the information requested on the ANE (APS) Intake Form (IL-402-0709), and complete the form. In addition, the report taker shall attempt to elicit the following information from the reporter:
1. whether the reporter may be contacted by the APSCW for further information and determine how the APSCW can get in contact with the reporter for information. The report taker shall inform the reporter of the APS PA that will be assigned to the ANE report. The report taker shall provide the reporter with contact information for the APS PA;
  2. the reasons why the reporter has reasonable cause to believe the older adult or adult with a disability has been abused, neglected, or financially exploited;
  3. any knowledge the reporter has regarding current risk of harm to the older adult or adult with a disability;
  4. any knowledge the reporter has about any potential danger to the APS PA staff;

5. any knowledge the reporter has about the mental and physical condition of the alleged victim and the alleged abuser;
  6. the identity and location of possible witnesses to, or persons with knowledge of, the alleged abuse, neglect, and/or financial exploitation; and
  7. directions to any rural route, apartment number or other addresses.
- C. The report taker shall be prepared to explain to the reporter, if appropriate, that:
1. the reporter should contact the appropriate law enforcement agency immediately if the alleged victim is in immediate danger of violence by another person and inform the reporter that the report taker may also contact the law enforcement agency;
  2. anonymous reports are accepted;
  3. the reporter's identity is held confidential and, by law, may not be disclosed except by court order or by written consent from the reporter (see Section 1202);
  4. the APS PA has a legal responsibility to assess allegations of ANE of adults with a disability, and adults 60 years of age and older who reside in a domestic living situation; and
  5. the reporter is immune from civil or criminal liability if the report is being made in good faith.
- D. The APS PA shall maintain a record of all incoming calls related to the APS Program.
- E. Based on the priority established as per Section 405, the timeline begins when the APS PA receives the report.

- F. Upon receipt of a report, if the staff person of the receiving agency questions the assigned priority given by the intake agency, the staff of the APS PA shall immediately notify the APSCW supervisor. If the APSCW supervisor agrees that a different priority should have been assigned, it will be the APSCW supervisor's responsibility to immediately notify the intake agency's supervisor to propose a reassignment of priority. If the intake agency's supervisor agrees to change the priority level, the APS PA will handle the assessment within the revised priority timeframes.

However, if the intake agency's supervisor does not agree to change the priority assignment, the APS PA must respond within the timeframes of the assigned priority. In this case, if the APSCW supervisor believes the provider agency has justification to appeal the priority assigned to the report, the agency may appeal to IDoA's Springfield Office, Office of Adult Protective Service, which will in turn either deny the appeal or approve the reassignment of priority. Any changes to the assigned priority shall be documented by the intake agency and the receiving agency.

**404: Criteria for Categorizing ANE Reports**

- A. The following criteria must be met in order to be categorized as an ANE report:
1. there must be an alleged victim who is sixty years of age or older or an adult aged 18-59 with a disability;
  2. an allegation or allegations must be made, which if true, would constitute ANE;
  3. the alleged abuse must have occurred within the past 12 months, or, if the abuse occurred prior to twelve months previous, the effects of the abuse must continue to adversely affect the alleged victim;
  4. the alleged victim must reside in a domestic setting at the time of the report; and
  5. the alleged ANE must have been caused by an identifiable person other than the alleged victim who has continued access to the alleged victim.
- B. When a call is received from a reporter who has reason to believe that the death of an older adult or adult with a disability was the result of abuse or neglect, the report taker shall promptly report the matter to the APS PA. The APS PA shall immediately report the matter to law enforcement and the coroner or medical examiner.
1. The APS PA shall immediately inform law enforcement and the coroner or medical examiner about the reported death. The APS PA shall document the reasons for the referral in the Case Recording Form and on the Suspicious Death Reporting Form Part I (IL-402-1154), along with the date and time of the referral, the agency to which the referral was made, and the person or persons at the agency to whom the APSCW spoke. The APS PA shall then forward the Suspicious Death Reporting Form Part I to the Office of Adult Protective Services, marked confidential, within five (5) days of the report being made to law enforcement and the coroner or medical

examiner. A copy of the form should also be submitted to the Regional Administrative Agency (RAA) marked confidential.

2. Between 30 and 45 days after making a report to law enforcement and the coroner or medical examiner, the APS PA shall again contact law enforcement and the coroner or medical examiner to determine if any further action was taken. The APS PA shall document in the Case Recording Form and on the Suspicious Death Reporting Form Part II (IL-402-1155) any further activity relative to the case. The APS PA shall then forward the Suspicious Death Reporting Form Part II to the Office of Adult Protective Services, marked confidential, within five (5) days of receiving the summary provided by law enforcement and the coroner or medical examiner. A copy of the form should also be submitted to the Regional Administrative Agency (RAA) marked confidential.
- C. ANE does not include cases of crimes by strangers such as telemarketing fraud, consumer fraud, internet fraud, home repair, muggings, burglaries and landlord tenant complaints.
  - D. If the reporter believes the alleged victim is 60 years of age or older or an adult aged 18-59 with a disability but is unable to clearly establish that, the report taker must make the assumption that the report is being made in "good faith" and take the report if the other criteria are met.
  - E. If the criteria listed in 404.A are met, the information constitutes a report of ANE and an ANE Intake Form (IL-402-0709) shall be completed.
  - F. When the report taker concludes that the allegations do not meet the criteria of an ANE report, the report taker shall inform the caller of this decision. If other services are requested or needed, the report taker shall refer the reporter to the appropriate agency for assistance.

**405: Determining the Priority Response**

- A. The APS Program has established categories of priorities for the provision of assessment services. Based on these priorities and the possibility of harm to the alleged victim, time frames for initiating the assessment and conducting a face-to-face interview with the alleged victim have been established.
- B. The agency receiving the report of ANE shall assign a priority to the report according to the following criteria:
  - 1. **PRIORITY ONE:** Reports of abuse or neglect where the alleged victim is reported to be in imminent danger of death or serious physical harm. Priority one intake reports include, but are not limited to reports in which the following circumstances have been alleged by the reporter:
    - a. physical abuse, such as fractures, head injuries, internal injuries, or burns when the reported injury is of a serious nature (e.g., such as to require medical treatment or death may result);
    - b. verbal threats of serious injury or death;
    - c. lack of basic physical necessities severe enough to result in freezing, serious heat stress, or starvation;
    - d. there is a need for immediate medical attention to treat conditions that could result in irreversible physical damage such as unconsciousness, acute pain, and severe respiratory distress;
    - e. alleged sexual abuse that has occurred within the last 72 hours;
    - f. threats of sexual abuse where the alleged abuser has access to the alleged victim; and
    - g. punishment by the alleged abuser, such as being locked in a closet.

2. **PRIORITY TWO:** Reports that an alleged victim is being abused, neglected or financially exploited and the report taker has reason to believe that the health and safety consequences to the alleged victim are less serious than priority one reports. Priority two intake reports include, but are not limited to, reports in which the following circumstances have been alleged by the reporter:
    - a. physical abuse involving bruises or scratches;
    - b. verbal threats of physical harm;
    - c. inadequate attention to physical needs such as insufficient food, shelter or medicine;
    - d. unreasonable confinement; and
    - e. the probability of a rapid or complete liquidation and depletion of an alleged victim's income and assets.
  3. **PRIORITY THREE:** Reports that an alleged victim is being emotionally abused or the alleged victim's financial resources are being misused or withheld and the report taker has reason to believe that there is no immediate or serious threat of harm to the alleged victim.
- C. If a report includes allegations or conditions of more than one priority, the agency who received the report will assign the report the higher priority.
- D. The priority assigned to the report will determine the timeframe for requiring an APSCW to attempt a face-to-face visit with the alleged victim. The timeframe for response is based on the actual date and time the report is made. The following time frames are required for each priority:
1. priority one - within twenty four hours of the intake of the report;
  2. priority two - within seventy-two hours of the intake of the report;

3. priority three - within 7 calendar days (with day 1 being the intake day) of the intake of the report.

**406: Relaying Reports to the Adult Protective Service Provider Agency**

- A. When a report is received by IDoA's Senior HelpLine, After Hours Provider, or a RAA, the following steps shall be taken:
1. During regular office hours, Senior HelpLine staff shall:
    - a. contact the APS PA to inform them that an ANE report has been received and, within two hours of receipt of the report, fax the completed (APS) Intake Form (IL-402-0709), along with a cover sheet marked confidential, to the APS PA: and
    - b. make arrangements to discuss the report with either the APSCW assigned to assess the report or another designated staff person. "Designated staff person" would include trained adult protective service intake workers and other certified caseworkers/supervisors.
  2. After regular working hours, Senior HelpLine staff, or After Hours Provider staff, shall contact the APS PA as soon as possible, but no later than 10:30 a.m. on the following work day. The Senior HelpLine or After Hours Provider staff will:
    - a. inform the APS PA that a report has been received and immediately send the completed (APS) Intake Form (IL-402-0709) , with a cover sheet marked confidential, to the provider agency via the use of a FAX machine; and
    - b. make arrangements to discuss the report with either the APSCW assigned to assess the report or another designated staff person.

- B. When a Priority One report is received requiring immediate action, the Senior HelpLine, or After Hours Provider, shall telephone the APS PA or the designated "on call" staff immediately or, if the APS PA or staff cannot be located, the local law enforcement unit regardless of time or day. The APS Intake Form shall be relayed to the APS PA following the procedures listed under Section A.2 above.
  
- C. When a report is received about alleged abuse, neglect or financial exploitation that occurred outside the receiving agency's service area, the receiving agency is to follow the steps in Section 406.A of this Manual to inform the appropriate agency of the report.

**407: Priority I Reports Received During Non-Business Hours**

A. When a report is received by IDoA's Senior HelpLine or the After Hours Intake Line, during non-business hours, the following steps shall be taken:

1. IDoA Senior HelpLine staff, or the After Hours Intake Line staff, shall contact the appropriate APS PA at the designated on-call telephone number as soon as possible, but not to exceed two hours. The report taker shall:
  - a. inform the APS PA that a Priority I intake was received and discuss the report with the staff assigned to accept the after hours report. Priority II and Priority III intakes received during non-business hours will be transmitted on the next business day, in accordance with Section 406;
  - b. verbally relay intake information to the on call-staff. IDoA Senior HelpLine staff or the After Hours Intake Line will fax a copy of the (APS) Intake Form (IL-402-0709), with a cover sheet marked confidential, to the APS PA on the next business day; and
  - c. call local law enforcement, as necessary, regardless of time or day, if after one hour the IDoA Senior HelpLine or After Hours Intake Line is not able to establish personal contact with the APS PA.
2. APS PA's have a maximum of two hours to call back the Senior HelpLine or After Hours Intake Line after being notified that a Priority One intake has been received. After receiving the intake information, the APS PA shall:
  - a. conduct a staff conference in person or by telephone, which includes the on-call caseworker and his/her supervisor to discuss the intake report and strategies for initiating the investigation. (If time does not permit such a staffing, or the

supervisor is the on-call staff the conference is not required.);

- b. contact the reporter, if known, to gather additional information and to assure the report is being investigated. The first face-to-face shall not be delayed if the reporter is unavailable;
  - c. attempt a face-to-face visit with the alleged victim within 24 hours of the intake. The only exception to the Priority I response timeframe is if the alleged victim has been ADMITTED into the hospital. If the exception is met, the timeframe is extended 24 hours; (Section 503B:1) and
  - d. document all activities that were initiated during non-business hours related to the Priority I report as early as possible the following work day.
- B. All timeframes shall begin from the date and time recorded on the (APS) Intake Form (IL-402-0709) by the IDoA Senior HelpLine or After Hours Intake Line staff.
- C. APS PAs will be reimbursed at an enhanced assessment rate when conducting an initial face-to-face assessment for Priority I reports during non-business hours.
- D. If an APS PA receives a report of alleged ANE and the alleged victim lives in the APS PA's service area but is hospitalized outside the EAPA's service area, the provider agency shall follow procedures listed in Section 503C. The APS PA shall relay the intake information by telephone during non-business hours rather than by fax.
- E. If an APS PA receives a report of alleged ANE, and the alleged victim lives in the APS PA's service area, but is in a hospital out-of-state, the APS PA shall follow procedures listed in Section 503 D.

**408: Reports Involving Community Care Program (CCP) or Title III Staff:**

When a report is received naming a CCP or Title III direct service worker as the alleged abuser, the APS PA shall open an adult protective service case and investigate all allegations of ANE by an in-home worker, Adult Day Care Center staff, or other direct service staff.

**409: Reports Involving an Adult Protective Service Provider Agency Employee Board Member, or Advisory Council Member:**

When a report is received naming an APS PA employee, Board of Directors member, or Advisory Council member as the alleged abuser, the APS PA shall notify the RAA and IDoA within 24 hours of the report. IDoA, in consultation with the RAA, shall determine how the report will be investigated. IDoA may request another APS PA to conduct the assessment, and if so, shall reimburse it through procedures established by IDoA.

**410: Reports Involving Regional Administrative Agency Employees, Board Members or Advisory Council Members**

When a report is received naming a RAA employee, Board of Directors member, or Advisory Council member as the alleged abuser, and the APS PA is aware of the alleged abuser's position with the RAA, the APS PA shall notify IDoA of the report within 24 hours. IDoA shall determine how the report will be investigated, which may include requesting an APS PA from another Planning and Service Area to conduct the assessment, and if so, shall reimburse it through procedures established by IDoA.

**411: Reports Involving Department of Human Services Home Services Program (HSP) Homemakers or Personal Assistants**

When a report is received naming a Department of Human Services HSP direct service worker as the alleged abuser, the APS PA shall open an adult protective services case and investigate all allegations of ANE by a personal assistant or homemaker.

**412: Reports Involving Private Pay Caregivers**

(RESERVED)

**CHAPTER 5: ASSESSMENT OF ANE REPORTS**

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**CHAPTER 5: ASSESSMENT OF ANE REPORTS**

**501: Purpose of Chapter**

The purpose of this chapter is to provide APS PAs with minimum guidelines for assessing reports of ANE. The assessment process is designed to collect sufficient information to conclude whether a report is "substantiated", "unsubstantiated", or "unable to substantiate" and to assess the immediate and long-term risk to the alleged victim of future ANE.

## ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS

### 502: Types of Reports

- A. Upon receiving an intake report directly or from Senior HelpLine, After Hours 800 Line, or RAA, the APS PA shall review its records to determine the type of report and document the type on the ANE Intake Form (IL-402-0709). Refer to Appendix D - Decision Tree for Categorizing Intake Reports. A report may be:
1. an Initial Intake Report (IIR); or
  2. a Subsequent Intake Report (SIR); or
  3. a Related Information Report (RIR).
- B. **INITIAL INTAKE REPORT.** A report is determined to be an IIR if it is the first report involving an older adult or adult with a disability who is not known to the APS PA through a report of ANE. An IIR requires a complete, separate assessment by the APS PA.
- C. **SUBSEQUENT INTAKE REPORT.** A SIR is a report of a new set of circumstances of ANE or new alleged abusers involving an older adult or adult with a disability known to the APS PA through a previously classified report of ANE. A SIR requires a complete, separate investigation by the APS PA.
- D. **RELATED INFORMATION REPORT.**
1. A RIR is based on one or more of the following:
    - a. the same reporter of a pending or previous intake report is calling an intake agency to relate additional information about the original report; or
    - b. a different reporter is calling to report the same incident or set of circumstances that was in the original report, of a pending report, or of a previous intake report; or
    - c. the same or a different reporter of a pending intake report (i.e. assessment has not been classified) is calling to report new or additional allegations or additional alleged abusers.

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

2. If the intake worker knows a report meets one of the criteria for a RIR as listed above in Section D.1, it is not necessary to complete an APS Intake Form. The information may be documented on the Case Recording Form (IL-402-0712) in lieu of the Intake Form.
3. If the intake worker does not know the report meets one of the criteria of Section D.1, the Intake Form should be completed. Upon a determination that the case does meet the above criteria of Section D.1, it shall be classified as a RIR.
4. A RIR does not require a complete, separate investigation by the APS PA; however if the circumstances in Section D.1c apply based on the information obtained through the RIR, the APS PA shall make a face-to-face visit with the alleged victim. The RIR is to be included in the case record.
5. New or additional allegations or additional alleged abusers may not be added to a previously classified report via a RIR; instead, a SIR is to be completed.

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

### **503: Timeframes for Responding to ANE Reports**

- A. An APSCW must make a documented good faith attempt (as described in Section 1303.C) to conduct a face-to-face visit with the alleged victim within the timeframe specified by the priority assigned to the report by the intake agency for all IIRs and SIRs, unless the exceptions listed in Section 503.C. apply. The following are the required time frames for each priority:
1. Priority one - within twenty four hours of the receipt of the report;
  2. Priority two - within seventy two hours of the receipt of the report;
  3. Priority three - within 7 calendar days (with day 1 being the intake day) of the receipt of the report.
- B. The following exceptions shall apply and extend, as necessary, the timeframes specified by the priority:
1. The alleged victim of a priority one report has been admitted to a hospital. The required response time for a face-to-face visit is then extended an additional 24 hours.
  2. The alleged victim of a priority two or three report, where the APSCW is likely to be in danger, and a police escort is needed, or when a translator, or another appropriate person is called in to investigate or escort the worker. Another appropriate person may be, but is not limited to, a mental health professional, health professional, disability care worker or significant relative. The required response time for a face-to-face visit is then extended until such time as the police officer or other person is available, not to exceed three days beyond the required response time established for the priority.
  3. The alleged victim does not wish a face-to-face visit within the timeframe.
- C. The APS PA shall respond to out of service area cases in the following manner under the specified circumstances:

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

1. If the APS PA receives a report of alleged ANE and the alleged victim lives in the APS PA's service area but is hospitalized outside the APS PA's service area, the provider agency must, on the same day as the report:
  - a. make documented good faith efforts to confirm that the alleged victim is in a specific hospital, and
  - b. either choose to initiate the assessment and visit the alleged victim in the hospital whereby all timeframes and requirements of this manual shall apply; or
  - c. inform the APS PA serving the area where the hospital is located, about the report, providing all relevant facts about the abuse, the alleged victim's situation, the priority, etc. The supervisor of the agency that received the report shall:
    1. telephone the supervisor in the appropriate agency to discuss the report;
    2. fax the intake report to the receiving agency, clearly marking the record "CONFIDENTIAL";
    3. inform the receiving agency of the time of transmittal in order to protect the alleged victim's privacy; and
    4. if the supervisor in either agency is not available an APSCW shall transmit and/or receive the information.
2. If an APS PA receives a report that an alleged victim of ANE is in a hospital in its service area but lives in a different APS PA service area, the APS PA in the service area where the hospital is located shall take the report of suspected ANE and follow the steps outlined below:
  - a. Upon receipt of the report, the APS PA serving the area where the hospital is located shall initiate a face-to-face visit with the alleged victim in compliance with the priority assigned to the report.

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

- b. The supervisor of the agency shall telephone the supervisor of the agency in the service area where the alleged victim lives to inform him or her of the report, informing him or her all relevant facts about the alleged victim's situation, the priority, etc.
- c. The APS PA shall try to obtain the alleged victim's Social Security number. If the alleged victim's Social Security number is not available, the case number shall be a temporary number assigned by the APS PA serving the area where the alleged victim lives.
- d. If the alleged victim is discharged from the hospital back to his or her home, and the alleged victim consents, the supervisor in the area the hospital is located shall call the supervisor at the APS PA in the alleged victim's home area, to relay all relevant information, adhering to the following timelines:

within one (1) work day for Priority I cases; and

within five (5) work days for all other cases.

Records shall also be faxed to the receiving agency, following the procedures in Section 503.C.1.C. above or shall be sent by mail in an envelope clearly marked "CONFIDENTIAL".

- e. If during the assessment period it is necessary to close the case while the alleged victim is still in the hospital because the alleged victim refuses the assessment, or because the alleged victim dies, the supervisor at the APS PA in the area where the hospital is located shall discuss the closure with the supervisor at the APS PA in the alleged victim's home area.

If the APS PA has reason to believe that the death of the alleged victim may be the result of abuse or neglect, the APS PA shall immediately report the death to the law enforcement agency with jurisdiction where the alleged crime occurred and the coroner or medical

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

examiner where the death occurred. The APS PA shall document the reasons for the referral in the Case Recording Form and on the Suspicious Death Reporting Form Part I (IL-402-1154), along with the date and time of the referral, the agency to which the referral was made, and the person or persons at the agency to whom the APSCW spoke. The APS PA shall then forward the Suspicious Death Reporting Form Part I to the Office of Adult Protective Services, marked confidential, within five (5) days of the report being made to law enforcement and the coroner or medical examiner. A copy of the form should also be submitted to the Regional Administrative Agency (RAA) marked confidential.

Between 30 and 45 days after making a report to law enforcement and the coroner or medical examiner, the APS PA shall again contact law enforcement and the coroner or medical examiner to determine if any further action was taken. The APS PA shall document in the Case Recording Form and on the Suspicious Death Reporting Form Part II (IL-402-1155) any further activity relative to the case. The APS PA shall then forward the Suspicious Death Reporting Form Part II to the Office of Adult Protective Services, marked confidential, within five (5) days of receiving the summary provided by law enforcement and the coroner or medical examiner. A copy of the form should also be submitted to the Regional Administrative Agency (RAA) marked confidential.

If the alleged victim is discharged from the hospital to a long term care facility for permanent placement and is no longer at risk, the APS PA shall inform the alleged victim of the Long Term Care Ombudsman Program and shall close the case, again notifying the APS PA in the alleged victim's home area.

- f. If the alleged victim is discharged back home during the 30 day assessment period, the APS PA in the alleged victim's home area shall complete the investigation. The APS PA shall take into account the information

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

obtained by the APS PA in the area where the hospital is located. The APS PA shall complete the required paperwork, and shall make the substantiation decision. If the alleged victim remains in the hospital for more than 30 days, the APS PA in the service area where the hospital is located shall complete the investigation, shall complete the required paperwork and shall make the substantiation decision.

3. All confidentiality and immunity provisions under the Adult Protective Services Act and this Manual shall apply to the APS PA that works with the alleged victim in the hospital as well as to the APS PA in the alleged victim's home area.

### **D. Responding to Out-of-State Cases**

If an APS PA receives a report of alleged ANE, and the alleged victim lives in the APS PA's service area, but is in a hospital out-of-state, the APS PA may choose to initiate the investigation and visit the alleged victim. All relevant timeframes and requirements of this Manual shall apply. If the APS PA chooses not to initiate the investigation, it must comply with the following procedures:

1. The APS PA must make several good faith attempts to confirm and document that the alleged victim is in a specific hospital.
2. The APS PA must call a report of suspected ANE in to the other state's adult protective service system (Telephone numbers are available through the IDoA Senior HelpLine). The call can also be referred to the IDoA Senior HelpLine for forwarding to the other state. (No alleged victim records shall be transferred.)
3. The APS PA must attempt to determine when the alleged victim will be discharged back home. This may be done through contacting the hospital social worker, the reporter, other collaterals, or by telephoning the alleged victim's home periodically. In Priority I cases, these steps must be taken daily or until a satisfactory arrangement regarding notification of the discharge is made.

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

4. The APS PA must initiate a face-to-face visit with the alleged victim within the established priority timeframes starting from the date the alleged victim returns home.
5. If the alleged victim is discharged to a Veteran's Nursing Home operated by the State, the APS PA may refer the case to the Long Term Care Ombudsman Program.

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

### **504: Preparation for the Assessment**

A. The APS PA shall:

1. Assign a client/report identification number to the ANE Intake Report. The nine digit number should be the alleged victim's Social Security Number along with an alpha sequence. If the Social Security number is unknown, the first three digits of the identification number are to begin with zeros (000's), the next three digits are to begin with the county code where the alleged victim resides, and the remaining numbers are to be a unique numerical sequence assigned by the APS PA (e.g. the first report with no SSN in the county 999 would be 000-99-9001, the second would be 000-99-9002). The APS PA shall maintain a log of assigned temporary identification numbers.
  - a. An IIR is assigned a new identification number with the alpha sequence of "A".
  - b. A SIR is not assigned a new identification number; it is assigned the existing number with a new alpha sequence (e.g. the third report received about the same alleged victim is assigned the alpha sequence of "C").
  - c. A RIR is not assigned a new identification number; it is assigned the current number and the current alpha sequence.
2. Assign an APSCW to conduct the assessment of Initial and Subsequent Intake Reports relative to the ANE Intake Report received, according to procedures established by the APS PA. The APSCW shall discuss the ANE Intake Report with the report taker.
3. Check all prior reports and other available information known to the APS PA.
4. If the alleged abuser is a homemaker or personal assistant paid through the DHS', DRS, Home Services Program, the APSCW shall notify the DRS HSP Central Support.

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

5. Collect information from collateral sources that are listed on the ANE Intake Report when appropriate, and if time permits.

B. The assigned APSCW shall:

1. Contact the reporter, if known, to gather additional information and to assure the reporter that the report is being investigated. The APSCW shall make at least one good faith attempt to contact the reporter before the first face-to-face visit to the alleged victim. The first face-to-face visit shall not be delayed if the reporter is unavailable.
2. Refrain from contacting the reporter prior to the first face-to-face, under the following circumstances:
  - a. when there is reason to believe that contacting the reporter is unwise or unsafe for the alleged victim; the APSCW shall note those concerns in the case file; or
  - b. when an agency or reporter, e.g., a law enforcement agency, has indicated that such contacts are unnecessary or unwelcome. The APS PA shall document this information in the case file.
3. Conduct a staff conference, in person or over the telephone, which shall include the APSCW and his/her supervisor to discuss the Intake Report and strategies for initiating the investigation. If the report is a Priority One and time does not permit such a staffing, or the supervisor is also the case worker the staff conference is not required. If the supervisor is the caseworker, he or she shall make reasonable attempts to conduct a conference. Areas to discuss and review include, but are not limited to:
  - a. the information obtained by completing the activities listed under Sections 504.B, C, and D;
  - b. available resources when the Intake Report indicates a need for services, whether emergency or non-emergency; or
  - c. the possible risk to the APSCW or the alleged victim.

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

- C. Under the following circumstances, the APS PA shall request aid from law enforcement or assign more than one APSCW to conduct the initial face-to-face visit:
  - 1. the Intake Report indicates a serious and immediate threat to the alleged victim; or
  - 2. the Intake Report indicates that the situation will pose a serious and immediate threat to the APSCW; or
  - 3. the Intake Report indicates that law enforcement involvement is necessary to preserve the peace.
  
- D. Additional information gained from talking with the reporter, report taker, and collaterals must be documented on the Case Recording Form.
  
- E. For any intake where Priority One allegations have been made against a worker known to be paid through the Aging Network or through the Department of Human Services Division of Rehabilitation Services' (DRS) Home Services Program (HSP), the APS PA must, within one business day of receiving the intake, notify the Office of Adult Protective Services, including faxing in a copy of the intake. If the alleged abuser is paid through the Community Care Program (CCP), the Office of Adult Protective Services shall notify the Office of Community Care Services. If the worker is paid through the Older Americans Act, the Office of Adult Protective Services shall notify the appropriate AAA, who shall inform the employing agency that the worker may not provide direct services funded by Title III pending the outcome of the investigation. If the alleged abuser is paid through the DRS' HSP, the Office of Adult Protective Services shall notify the DRS' HSP Central Support.

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

### **505: Minimum Assessment Standards**

#### **A. Initiation of the Assessment.**

1. The investigation will be initiated by establishing face-to-face contact with the alleged victim within the timeframes established in Section 503. A "good faith attempt" to initiate a face-to-face interview with the alleged victim, which includes a visit to the residence of the alleged victim is generally recommended. However, the following situations may prevent an APSCW from visiting the alleged victim's residence:
  - a. the alleged victim is hospitalized and enters a facility upon release;
  - b. the alleged victim resides with the alleged abuser and a visit to residence may pose a danger to the alleged victim; or
  - c. the alleged victim did not give consent for the APSCW to visit her or his residence.

The reason for not visiting the alleged victim's residence shall be documented in the case file.

2. The following circumstances constitute a "good faith attempt" to initiate a face-to-face visit with the alleged victim within the established timeframe:
  - a. the APSCW learns, upon proceeding to the location given for the alleged victim on the ANE Intake Form (IL-402-0709), that the alleged victim is not there, the address does not exist, the alleged victim cannot be located, the alleged victim does not reside at the address, no one is at the location, or the alleged victim is unable to communicate due to a medical condition;
  - b. the APSCW, upon proceeding to the location given for the alleged victim on the ANE Intake Form (IL-402-0709), is denied access to see or speak to the alleged victim (for the steps to follow under circumstances

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

where the APSCW is refused entry, refer to Section 506); or

- c. the APSCW learns that the alleged victim is deceased. If the APSCW learns that the alleged victim is deceased and it is suspected that the death of the alleged victim may be the result of the alleged ANE, the APSCW shall immediately report the matter to both the appropriate law enforcement agency and the coroner or medical examiner (See 503(C) 2-e).
3. If the circumstances under (a) or (b) exist, the APSCW must make diligent attempts to make a face-to-face contact with the alleged victim in a timely manner.
  4. The general policy of the program is that the initial face-to-face visit with the alleged victim should be unannounced. In those cases when an interview must be scheduled, the length of time between the call to set the interview and the interview itself should, if possible, be short enough to preclude the alleged abuser from concealing the evidence.
  5. If the alleged victim enters a licensed facility during the assessment period, the APS PA shall complete the assessment. If the case is substantiated with consent to services, the APS PA may choose to keep the case open. During the casework period the APS PA must document the reason for keeping the case open, and must make the required face-to-face visits with the victim. The case should be closed at low risk level.
- B. Interview the Alleged Abuser.
1. The caseworker shall initiate, contingent upon alleged victim consent, a face-to-face or telephone contact with the alleged abuser within the 30 day assessment period. If a face-to-face or telephone contact is not completed with the alleged abuser, the APSCW must document the decision process used to determine why a face-to-face or telephone contact with the alleged abuser was not made.

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2. In all cases in which the alleged abuser is a worker paid through the Aging Network or the Department of Human Services DRS' HSP, the APSCW must interview the worker about the allegations and thoroughly document their responses. The caseworker shall inform the alleged victim that the worker will be interviewed and a thorough assessment will be conducted.

The caseworker shall make and document at least two good faith attempts to reach the worker for the interview. When the APSCW needs the paid worker's employer to provide the paid worker's address and telephone number in order to be able to conduct the interview, and is unable to obtain the information from the worker's employing agency, the case worker's supervisor shall contact the Office of Adult Protective Services which will request assistance from the employing agency's funder.

3. In making any contact with the alleged abuser, the APSCW shall ensure that the alleged victim's rights to privacy and confidentiality are protected and the reporter's identity is protected, pursuant to Chapter 12, Section 1202.

### **C. Interview Collateral Contacts or Witnesses.**

1. Prior to contacting the alleged victim for a face-to-face interview, the APSCW may make collateral contacts with persons named or indicated by the reporter as having relevant information. This may include information about how to best approach the alleged victim or alleged abuser, as well as their personalities, behavioral patterns, and interdependencies, and information important for the safety of the APSCW. Collateral contacts should be made prior to obtaining the victim's consent only when information obtained during the intake indicates that it would be in the victim's best interest or that there is some possibility of danger to the case worker. Collateral contacts may be able to help the worker determine possible dangers. The collateral contacts should be no more than necessary to determine the background information prior to making a face-to-face interview.

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

2. When making collateral contacts, the APSCW shall ensure that the alleged victim's rights to privacy and confidentiality are protected and the reporter's identity is protected (See Chapter 12).
  3. If, during the course of the case, the APSCW learns that the alleged victim has a guardian who is not the alleged abuser, the APSCW should attempt to obtain a written release of information signed by the guardian. If, under those circumstances, the collaterals have information about the financial matters of the alleged victim, the consent should come from the guardian of the estate. Consent to speak to all other collateral contacts should come from the guardian of the person. If the alleged abuser is the guardian, refer to Section 1203.
- D. If the initial face-to-face visit reveals the alleged victim does not meet the eligibility criteria of the program, the APSCW will terminate the assessment, document the Case Record (IL-402-0712) and classify the report as "no jurisdiction." The APSCW shall refer the alleged victim to the appropriate agency for assistance if needed.
- E. The APSCW shall record on the Client Status Form all information that is relevant to the case, which shall include, at a minimum, client number, assigned APSCW, information on the alleged victim and the alleged abuser. The Client Status Form is a tool for the caseworker to use to collect a summary of relevant information on one form.

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### **506: Failure to Gain Entry**

- A. The Adult Protective Services Act does not grant an APSCW any special authority to enter a residence without the occupant's permission absent a court order. Should that permission be denied by an occupant of the residence, the APSCW should not attempt to gain entry by force.
- B. When refused entry to the residence, the APSCW may wish to gain the cooperation of the reporter to accompany the APSCW in seeking to gain access to the reported victim of ANE.
- C. If the report is a priority one, the APSCW shall immediately seek police assistance in accessing the alleged victim.
- D. If the report is a priority two or three, the APSCW will make one to four additional efforts in a seven (7) day period, to gain access to the residence prior to seeking police assistance. When police assistance is needed, the required response time for a face-to-face visit can be extended three (3) days.
- E. A report may not be classified as "Unable to Substantiate - Unable to Access" unless the APS PA has sought the assistance of law enforcement to gain entry.
- F. The APS PA shall seek a civil court order to allow access if all attempts to gain access to the alleged victim have failed because:
  - 1. a caregiver or third party has interfered with the assessment or service plan, or
  - 2. the agency has reason to believe that the eligible adult is denying access because of coercion, extortion, or justifiable fear of future ANE.

IDoA's Legal Services Developer shall be available to provide technical assistance. This section does not apply when an apparently competent alleged victim refuses access except under Section 506 F.2 above.

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

### **507: Immediate Interventions**

- A. Immediate interventions are services or resources arranged by the APSCW to resolve the alleged victim's immediate problems prior to classification of the report and assigning the closing status.
- B. If the alleged victim appears to be at risk of serious injury or death and it reasonably appears that he or she lacks the capacity to consent to necessary services, the APS PA shall provide services to the alleged victim without the alleged victim's consent to ameliorate the risk of harm. The agency is to follow procedures outlined in Appendix C. The alleged victim's consent or the consent of the alleged victim's guardian is required for all other services, except as provided in Section 508.
- C. Immediate interventions may include, but not be limited to:
  - 1. Early Intervention Services (EIS) as described in Chapter 8;
  - 2. medical care;
  - 3. law enforcement intervention;
  - 4. Orders of Protection; and
  - 5. any other service or resource arranged by the APSCW to meet the needs of the alleged victim.
- D. During the course of the case, the APSCW may learn that the victim has been identified as meeting the CCP's spousal impoverishment requirements. If the APSCW believes that submitting the CCP application would result in the victim being at risk of ANE, the following steps should be taken:
  - 1. The APSCW shall contact the victim's CCP case manager requesting the waiver.
  - 2. The APSCW shall document the request on the APS Case Recording Form.

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

### **508: Referring to Law Enforcement, the Coroner or Medical Examiner**

- A. The case worker shall immediately report the following circumstances to the appropriate law enforcement agency:
1. death which may have been the result of abuse or neglect;
  2. brain damage;
  3. loss or substantial impairment of a bodily function or organ;
  4. bone fracture;
  5. extensive burns;
  6. substantial disfigurement;
  7. sexual assault or aggravated sexual abuse;
  8. serious bodily injury as the result of a pattern of repetitive violent actions;
  9. extensive swelling or bruising, depending on such factors as the older adult or adult with a disability's physical condition, circumstances under which the injury occurred, and the number and location of bruises;
  10. serious symptoms the APSCW has reason to believe resulted from the use of medications or chemical restraints, or the withholding of life sustaining medications (e.g., insulin);
  11. evidence of severe neglect, such as unreasonable decubiti; or
  12. any other injuries which place the older adult or adult with a disability in imminent danger of death or serious bodily harm.
- B. The case worker must complete the following steps when referring a case to law enforcement:
1. Consult with the Adult Protective Service program supervisor, and document the discussion and the supervisor's approval in the Case Recording Form.

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

2. Inform the alleged victim that she or he appears to have been the victim of a crime(s), and that the APSCW must report the alleged crime(s) to law enforcement. Attempt to secure a competent client's consent whenever possible.
  3. Document the reasons for the referral on the Case Recording Form and on the Law Enforcement Tracking Instrument, along with the date and time of the referral, the agency to which the referral was made, and the person or persons at the agency to whom the APSCW spoke. The APSCW shall also document any victim reactions and concerns. The APS PA shall then forward the Law Enforcement Tracking Instrument Part I to the Department along with a copy to the RAA.
  4. Provide the law enforcement agency with case records in the investigation, upon request, with the exception of the reporter's identity.
  5. Between 30 and 45 days after making a report to law enforcement for which a case has been referred for investigation, the APS PA shall again contact the law enforcement agency to determine if any further action was taken. The APS PA shall document in the Case Recording Form and on the Law Enforcement Tracking Instrument Part II any further activity relative to the criminal case. The APS PA shall then forward a copy of the Law Enforcement Tracking Instrument Part II to the Department and RAA.
  6. In cases where the victim is not at imminent risk of serious injury or death, and where the APSCW and supervisor are unsure of whether the case should be referred to law enforcement, the case should be referred to the agency's M-Team for advice. If advice is needed before a regularly scheduled meeting of the M-Team, individual M-Team members, or the RAA or IDoA may be contacted.
- C. In less serious cases that do not immediately threaten serious harm to the victim, and when the alleged victim is competent, she or he has the right to decide whether she or he wishes to report the crime(s) to the authorities. The APSCW may inform the alleged victim that the behavior in question may be criminal in nature and that the alleged

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

victim has the right to refer it to the police or to the State's Attorney. Such efforts must be noted in the case record. In addition to the MMSE and other assessment tools, the APSCW may use the following criteria to determine if the victim is able to understand the situation:

1. Does the victim understand the facts of the situation?
2. Is the victim making her or his own choices free of fear or intimidation?
3. Does the victim understand the risks and benefits of the decision?

D. In addition to reporting to Law Enforcement, where an APS PA has reason to believe that the death of an older adult or adult with a disability may be a result of abuse or neglect, the APS PA shall immediately report the matter to the coroner or medical examiner.

1. The APS PA shall document the reasons for the referral in the Case Recording Form and on the Suspicious Death Reporting Form Part I (IL-402-1154), along with the date and time of the referral, the agency to which the referral was made, and the person or persons at the agency to whom the APSCW spoke. The APS PA shall then forward a copy of the Suspicious Death Reporting Form Part I to the Department along with a copy to the RAA.
2. Between 30 and 45 days after making a report to the coroner or medical examiner, the APS PA shall again contact the coroner or medical examiner to determine if any further action was taken. The APS PA shall document in the Case Recording Form and on the Suspicious Death Reporting Form Part II (IL-402-1155) any further activity relative to the case. The APS PA shall then forward the Suspicious Death Reporting Form Part II to the Department along with a copy to the RAA.

E. If an APSCW or supervisor is the victim of a crime (e.g. assault or battery), it is up to that person to decide whether to report the crime to the authorities. In cases where the APSPA's insurance requires a report to law enforcement, the agency may require the worker to report the crime as a condition of reimbursement for injuries.

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- F. An APSCW or supervisor who suspects child abuse shall make a report of the child abuse or neglect to the Department of Children and Family Services Child Abuse Hotline (1-800-252-2873; TTY: 1-800-358-5117).

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

### **509: Classification of the ANE Assessment**

- A. The ANE assessment must be completed and the report classified within thirty days from the date of the intake. The classification shall include:
1. Determining whether ANE occurred as documented on the Client Assessment Form IL-402-1042, the Case Recording Form (IL-402-0712) and other supporting documentation.
  2. Determining the level of risk to the alleged victim for all reports received, regardless of whether the report is ultimately determined to be substantiated, by completing the ANE Overall Initial Risk Assessment.
    - a. The Overall Initial Risk Assessment should reflect the alleged victim's condition and circumstances as the APSCW first found them, before ANE interventions occurred. The overall level of risk associated with the alleged victim's condition and circumstances should determine if the alleged victim is at risk in her or his environment.
    - b. Completing the Overall Initial Risk Assessment Form (IL-402-1044) is not required if the APSCW is investigating a SIR on an open case, if the alleged victim declines the investigation, if the APSCW is not able to make a face-to-face contact with the victim, if the victim is deceased, or if the APSCW is unable to locate the alleged victim.
  3. Conducting a comprehensive assessment of alleged victim's total situation. Depending on the alleged victim's situation (for example the case notes indicate that the alleged victim's competency is questioned or the alleged victim appears depressed), such an assessment should include an MMSE, and may include a Yesavage Geriatric Depression Scale, and other similar assessment tools.

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4. When an alleged victim reasonably appears to lack decisional capacity to consent to an assessment or to needed services, the APSCW shall notify the Illinois Guardianship and Advocacy Commission, the Office of State Guardian, or any other appropriate agency, of the potential need for appointment of a temporary guardian for the purpose of consenting to an assessment and services. Evidence of the alleged victim's lack of decisional capacity shall be documented in the case file.
5. An alleged victim who appears to lack the capacity to consent to an assessment must be assessed as either (i) unable to receive and evaluate information related to the assessment or services or (ii) is unable to communicate in any manner decisions related to the assessment of the reported incident or services.
6. A Guardian of the person of an alleged victim may consent to an assessment of the reported incident and to services being provided according to the case plan.
7. If an alleged victim lacks the capacity to consent to an assessment of the alleged abuse, an agent having authority under a power of attorney may consent to an assessment of the reported incident and to services.
8. If the guardian or agent is the alleged or abuser and he or she withdraws consent for the assessment of the reported incident, or refuses to allow services to be provided, the Department, an APS PA, or the Office of the Attorney General may request a court order seeking remedies, and may in addition request removal of the guardian and appointment of a successor guardian or request removal of the agent and appointment of a guardian.
9. When an alleged victim appears to lack the capacity to consent to an assessment or necessary services and appears to be at risk of serious injury or death, the Department or APS PA shall take action necessary to ameliorate the alleged victim's risk of harm.

## ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS

- B. Upon completion of the assessment and prior to classification of the report, a determination must be reached regarding each specific allegation of ANE alleged on the ANE Intake Form (IL-402-0709) and any other specific ANE allegation that emerged during the assessment process and documented on the Client Assessment Form (IL 402-1042). The substantiation determination for each type of ANE shall be one of the following:
1. **Verified** – “Verified” indicates that there is “clear and convincing evidence” resulting in a determination that the specific injury or harm alleged was the result of ANE.
  2. **Some Indication** - “Some indication” indicates that there is a “preponderance of the evidence” the specific injury or harm alleged was the result of ANE.
  3. **No Indication** – “No indication” indicates that there is a “lack of credible evidence” that ANE exists.
- C. Each IIR and SIR report must be classified as either “substantiated,” “unsubstantiated,” or “unable to substantiate” as follows:
1. **Substantiated.** The report will be classified as “substantiated” if all of the specific allegations of ANE were-classified as either “verified” or “some indication.”
  2. **Unsubstantiated.** The report will be classified as “unsubstantiated” if each of the specific allegations of ANE were classified as “no indication,” unless the reason for the “no indication” finding was that the APSCW was “unable to substantiate” for one of the reasons listed below.
  3. **Unable to Substantiate.** The report will be classified as “unable to substantiate” if there was a finding of any of the following circumstances:
    - a. No Jurisdiction - The APS PA had no jurisdiction to initiate an assessment of the ANE report according to the Adult Protective Service Act. “No jurisdiction”

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

classifications would occur when the alleged victim was determined not to be an eligible adult or was not living in a domestic living situation.

- b. Unable to Locate - After documented "good faith" efforts, the APS PA was unable to locate the alleged victim.
  - c. Unable to Access - After documented "good faith" efforts to gain access to the alleged victim including those listed in Section 506, the APS PA was unable to access the alleged victim.
  - d. Assessment Refused - After documented "good faith" efforts, the alleged victim declined assessment.
- D. The supervisor of the APSCW shall review the case and discuss with and approve the classification made by the APSCW by signing and dating the Client Assessment Form (IL-402-1042).

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### **510: Closing Status of the Assessment / Final Investigative Report**

- A. Substantiated reports of ANE shall have a closing status at the completion of the assessment which shall be included as part of the final investigative report.
1. The closing status shall determine the level of risk to the victim of further injury or harm by completing the Overall Substantiated Risk Assessment Form (IL-402-1043).
  2. The Supervisor of the APSCW who completes the Overall Substantiated Risk Assessment Form shall sign and date the form indicating that the overall level of assessed risk assigned by the APSCW has been discussed and approved.
  3. As part of the final investigative report, the closing status of the assessment shall include documenting:
    - a. **Victim Consents to Services:** If a victim consents to continued services, the APSCW shall prepare a case plan and provide case work and follow-up services. The victim's consent to services may minimally include continued contact with the APSCW, which is considered consent to provide case work and follow-up services. (See Chapter 6).
    - b. **Victim Declines Services:** If a victim who is capable of giving consent refuses all services offered, the APS PA shall close the case; however the agency shall inform the victim of ways to contact the APS PA in the future. If the victim is incapable of giving consent, the guardian may refuse services as long as the guardian is not the abuser.
    - c. **Victim Deceased:** If the victim is deceased, the APSCW shall close the case unless the death is suspected to be the result of the ANE, in which case the APS PA follows the procedures identified in Section 508.
    - d. **Victim Entered LTC Facility:** If the victim is discharged from the hospital to a long term care facility for permanent placement and is no longer at risk, the

## **ADULT PROTECTIVE SERVICES STANDARDS ASSESSMENT OF ANE REPORTS**

provider agency shall inform the victim of the Ombudsman Program and shall close the case.

- e. Victim Moved Out of the Area: If the victim has moved out of the area and the victim is no longer at risk, the APSCW closes the case. If the victim remains at risk, the provider agency shall refer the case to the APS PA in the location of the new residence according the Section 606.
  - f. Victim No Longer at Risk: If the victim is not at risk because the abuser has died, moved out of state, or has been incarcerated, the APSCW shall close the case using this closing status.
- B. The APS PA shall close any case that is not classified as “Substantiated Victim Consents to Services,” and include a closing status as part of the final investigative report.
- C. The supervisor of the APSCW who completes the assessment must review the case and approve the classification decision by signing and dating Section J: closing status/substantiation decision of the Client Assessment Form.

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### **511: Reporting Substantiated Cases where the Abuser is a Paid Worker**

- A. All substantiated reports of ANE that name a worker, contractor or subcontractor as the abuser, who is paid through the Aging Network or the Department of Human Services' HSP, must be reported by the APS agency to IDoA's Office of Adult Protective Services because of the danger the worker may pose to other recipients of services.
  
- B. The APS PA shall, within five (5) working days of the substantiation of the report, send a copy of the case file involving a worker, contractor or subcontractor paid through the Care Coordination Unit and a brief summary of the investigation and findings to the Office of Adult Protective Services. The Office of Adult Protective Services shall review the case and forward the summary, along with recommendations on further action, to the Office of Community Care Services. When the Adult Protective Services report has been verified, IDoA policy is that the Office of Community Services will instruct the CCP provider agency and the appropriate Case Coordination Unit (CCU) that the worker may no longer serve IDoA clients. When the report has been substantiated with some indication, the Office of Adult Protective Services may recommend a lesser course of action to take regarding the worker. If a contractor or subcontractor is involved, and actions taken as a result of the elder abuse case may adversely affect alleged victim's services in the area, the Office of Community Care Services will consult to determine appropriate action.
  
- C. The APS PA shall, within five (5) working days of the substantiation of the report, send a copy of the case file involving a worker, contractor or subcontractor paid through the Older Americans Act and related funds, and a brief summary of the investigation and findings to the RAA and to IDoA's Office of Adult Protective Services. The RAA shall review the case within 10 work days. When the Adult Protective Services report has been verified, IDoA policy is that the RAA shall instruct the provider agency that the worker may no longer serve IDoA clients. When the report has been substantiated with some indication, the Office of Adult Protective Services and the RAA will consult and may agree to a lesser course of action with regard to the worker. If a contractor or subcontractor is involved, and actions taken as a result of the elder abuse case may adversely affect alleged victim's services in the area, the RAA and IDoA will consult to determine appropriate action. The RAA shall submit a copy of any correspondence sent to

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the worker, contractor, or subcontractor to the Office of Adult Protective Services within 10 business days of receiving the case. The Office of Adult Protective Services will forward a copy of the correspondence to the Office of Community Operations.

- D. The APS Agency shall, within five (5) working days of a substantiated report, send a copy of the case file involving a homemaker or personal assistant paid through the DHS' DRS HSP, and a brief summary of the investigation and findings to the Office of Adult Protective Services. The Office of Adult Protective Services shall review the case and forward the summary, along with recommendations on further action, to DRS Central Support.

**ADULT PROTECTIVE SERVICES STANDARDS CASE WORK, FOLLOW-UP, CLOSURE & TRANSFER**

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**CHAPTER 6: ANE CASE WORK, FOLLOW-UP, CLOSURE AND TRANSFER**

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**CHAPTER 6: ANE CASE WORK, FOLLOW-UP, CLOSURE AND TRANSFER**

**601: Purpose of Chapter**

The purpose of this chapter is to describe the minimum requirements of case work and follow-up activities to be undertaken by APS PAs to assist victims of ANE and to describe the procedures to follow when closing and transferring ANE cases.

**602: Long Term Interventions**

- A. Case work and follow-up services are provided to victims of ANE with the goal of providing long term support and intervention to alleviate and prevent further ANE.
- B. Long term interventions occur after the closing status of the ANE Assessment and include the development of a case plan, arranging for services/interventions, and making sure that the services are being provided in the intended fashion.

## **ADULT PROTECTIVE SERVICES STANDARDS CASE WORK, FOLLOW-UP, CLOSURE & TRANSFER**

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### **603: Case Work**

- A. The APS PA shall provide case work activities to victims of ANE whose closing assessment status was substantiated with "consent to services" **and** when the victim was the subject of:
  - 1. an Initial Intake Report (IIR); or
  - 2. a Subsequent Intake Report (SIR), when the case was no longer active at the time the report was taken.
  
- B. Case work activities occur during the period beginning with the closing status/disposition date of the ANE Assessment and continuing until ninety (90) days have elapsed since the date of the ANE Intake Report.
  - 1. The time period of case work may be reduced when there is case closure according to Section 605. However, a case may not be closed during the case work period because the victim is no longer at risk.
  - 2. When the case is closed prior to ninety (90) days from the date of the ANE Intake Report, the completion of each activity listed in Section 603.C. may not be required.
  
- C. Case work activities minimally include:
  - 1. Development of a case plan based on information obtained during the assessment process to meet those identified problems/needs of the Overall Substantiated Risk Assessment Form and documented on the Case Plan. Client self-determination is the foundation of case plan development. The plan should focus on interventions which support self-determination.
  - 2. During the first required face-to-face visit during the case work period, the APSCW shall describe long term intervention options to the victim including the full range of legal, medical and social support service options to meet his/her identified problems and needs, including Early Intervention Services (see

## **ADULT PROTECTIVE SERVICES STANDARDS CASE WORK, FOLLOW-UP, CLOSURE & TRANSFER**

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Chapter 8). When the APSCW believes that the victim of ANE may also be a victim of a crime, the APSCW must inform the victim of the legal and law enforcement options available to him or her, and document the discussion (see Chapter 10 on confidentiality and disclosure and Chapter 5 section 508).

3. Assisting the victim in obtaining needed services or interventions, which he or she has consented to receive and, if appropriate, assisting abusers in obtaining needed assistance. The APSCW should always attempt to obtain a written Release of Information when assisting a client to obtain needed services. However, verbal permission is accepted as long as the APSCW has adequately documented the client's verbal consent in the case file. The APS PA or the APSCW can petition the court for certain legal interventions. The APS PA, RAA, or APSCW cannot serve as a Representative Payee (except with approval from the Money Management Program), Agent under a Power of Attorney, or Guardian.

The APS PA shall not petition the court for the RAA, or the RAA's individual employees, to serve as a Guardian, except as allowed under Section 303.P of the Adult Protective Services Program Standards. Any waiver to Section 303.P of the Adult Protective Services Program Standards must be documented in the client's case record, showing evidence that no other qualified person or entity exists to serve as guardian on behalf of the client. The case record shall be made available to the Department's Office of Adult Protective Services, upon request.

4. Counseling the victim and/or the abuser(s) on how to prevent future abuse.
5. Conducting a face-to-face follow-up assessment within ninety (90) days (plus or minus 15 days) from the date of intake to determine the level of risk to the victim from further injury or harm and completing an Overall Risk Assessment Update (IL-402-1091). This shall occur during the second required face-to-face visit during the case work period.

**ADULT PROTECTIVE SERVICES STANDARDS CASE WORK, FOLLOW-UP, CLOSURE & TRANSFER**

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6. Two face-to-face visits with the client are required. The nature of the case and client's needs should determine if additional face-to-face visits are needed.

**604: Follow-Up Services**

- A. The APS PA shall provide up to twelve (12) months of "uninterrupted" follow-up services to victims of ANE which shall occur:
  - 1. at the conclusion of case work services unless the case is closed in accordance with Section 605; or
  - 2. when a SIR on an open case was received and the closing assessment status was a substantiation with "consent to services." Follow-up services shall be provided until the case is closed in accordance with Section 605. Case work is not provided under these circumstances since a case plan has already been developed.
- B. "Uninterrupted" follow-up services means the victim has not been a subject of a substantiated ANE Intake Report for twelve months, and continuous follow-up services, which meet the minimum requirements of Section 604.C, have been provided.
- C. Where the APS PA has determined that the best interest, safety and well being of the client require the provision of follow-up services for longer than 12 months, the agency may petition IDoA, through their RAA, for a waiver. This waiver shall allow the follow-up services to continue for up to an additional twelve months. The waiver request shall specify why continued services are necessary.
- D. Follow-up services shall include at a minimum:
  - 1. monthly contact, every 30 days with the victim (which may be by telephone), and
  - 2. a documented face-to-face visit with the victim within 90 days (plus or minus 15 days) from the date the last risk assessment was due (calculated from the date of intake).
- E. Circumstances indicating the following allow exceptions to the requirement that follow-up services be provided. However, if the APSCW has applied one of these exceptions, the APSCW must, within fifteen (15) days after the APSCW is aware that the circumstances

## **ADULT PROTECTIVE SERVICES STANDARDS CASE WORK, FOLLOW-UP, CLOSURE & TRANSFER**

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leading to the exception have changed, attempt to contact the client to determine if follow-up services should be initiated.

1. Client does not wish monthly contact or a face-to-face visit within the timeframe.
2. Making the face-to-face visit or monthly contact could pose a danger to the client.
3. The victim is temporarily out of the service area or is otherwise not accessible.
4. A judge has ordered that no contact or face-to-face visit take place.

F. Purposes of follow-up services include:

1. Describing new or different long term goals and interventions with the victim, as appropriate. The options presented to the victim may include the full range of legal, medical and social support services to meet his or her identified problems and needs, including Early Intervention Services (see Chapter 8). When the APSCW believes that the victim of ANE may also be a victim of a crime, the APSCW must inform the victim of the legal and law enforcement options available to him or her, and document the discussion (see Chapter 10 on confidentiality and disclosure and Chapter 5 section 508).
2. Monitoring to make sure that services and interventions are being provided in the intended fashion. The APSCW shall, if necessary, modify the case plan based on information obtained during follow-up.
3. Assisting the victim in continuing to receive needed services or interventions to which he or she has consented. When appropriate, assist abusers in obtaining needed assistance.
4. Counseling the victim and the abuser on high risk factors that can be alleviated to help prevent future abuse.

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5. Monitoring the level of risk to the victim of further injury or harm by completing an Overall Risk Assessment Update (IL-402-1091) within 90 days (plus or minus 15 days) since the previous risk assessment was due (calculated from the date of intake).
6. When follow-up services are provided following a SIR as described in Section 604.A.2., a follow-up visit is to be conducted within ninety (90) days (plus or minus 15 days) following the SIR date, provided the SIR did not come in during the original report case work period. For SIRs received during follow-up, the APS PA can bill for assessment and follow-up the same month the substantiation decision is made.

**605: Case Closure**

- A. An APS PA shall close a case under the following circumstances:
1. Victim Refuses Services - If a victim who is capable of consent refuses all services offered, the APS PA shall close the case; however the agency shall inform the victim of methods to contact the APS PA in the future. If the victim appears to lack the capacity to consent (meaning that the client is unable to receive and evaluate information related to services or is unable to communicate in any manner decisions related to services), the guardian may refuse services as long as he or she is not the abuser (see Appendix B).
  2. Victim is Deceased - If the victim is deceased, the APSCW shall close the case unless the death is suspected to be the result of the ANE, in which case the APS PA follows the procedures specified in Section 508.
  3. Victim Moved Out of the Area - If the victim moves out of the area, the APS PA shall close the case. If the victim remains at risk, and the APS PA is aware of the new location, the APS PA shall refer the case to the APS PA in the location of the new residence.
  4. Victim is No Longer at Risk of ANE - The APS PA may close the case within ten (10) calendar days after a face-to-face visit where an Overall Risk Assessment Update (IL-402-1091) was completed, if the Risk Assessment score indicates the victim is at no risk or low risk of further injury or harm.
  5. Administrative Closure – The APS PA shall administratively close the case when the victim has received “uninterrupted” follow-up services for twelve months, unless the APS PA has requested, and the Department approved, in accordance with Section 604 C, a waiver to continue providing follow-up services for up to an additional twelve months.

## **ADULT PROTECTIVE SERVICES STANDARDS CASE WORK, FOLLOW-UP, CLOSURE & TRANSFER**

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- B. The APSCW shall make a final judgment as to the level of risk of further injury or harm prior to closing the case in accordance with the Risk Assessment. The supervisor of the APSCW must approve, sign, and date the case closure entries on the Case Recording Form.
  
- C. An ANE Risk Assessment form is to be completed during each follow-up period and at case closure. If the case is closed due to client death, moving out of service area, or a victim refusing services, the caseworker should complete Section V, on page 1 of the Overall Risk Assessment Update form, mark the "At Closure" box, mark the appropriate risk level based on the last completed risk assessment, and note the rationale that the victim is deceased, refused services, etc. Both the caseworker and supervisor signatures are required.
  
- D. If the older adult or adult with a disability continues to be in need of community based services at case closure, the APS PA shall refer him or her to the appropriate service provider in the area where he or she resides.

## **ADULT PROTECTIVE SERVICES STANDARDS CASE WORK, FOLLOW-UP, CLOSURE & TRANSFER**

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### **606: Case Transfer**

- A. An APS PA shall transfer an open case, with client consent, when the client moves out of its service area to another APS PA's service area. If the agency is notified in advance of the move, the transfer shall be made at the approximate time of the client's move to the new area.

For all other transfer cases the transferring agency shall transfer the case based on the following circumstances:

1. a Priority I case in the assessment period must be transferred within one (1) day;
  2. Priority 2 and 3 cases, in the assessment period must be transferred within five (5) days of the agency becoming aware of the client's move from its service area; and
  3. cases transferred during the case work or follow-up period must be transferred within five (5) days. In situations where an emergency arises in which the client could be in potential harm, the case must be transferred within one (1) day.
- C. In order for the original APS PA to transfer a case, the APS PA shall refer the case to the appropriate APS PA in the client's new area. The supervisor of the transferring APS PA shall call the supervisor of the receiving agency to inform the latter of the pending transfer. The transferring supervisor shall inform the receiving supervisor of the client's name, number, the general nature of the allegations or substantiated abuse, the status of the case, what types of actions the agency has taken to date and any other appropriate information. If a supervisor is unavailable in either agency, an APSCW shall transmit and/or receive the information.
- D. Upon receipt of the case transfer during the assessment period, the receiving APS PA shall initiate a face-to-face visit with the client based on the priority assigned. For cases transferred during case work or follow-up the receiving APS PA shall initiate a face-to-face visit with the client according to the most recent risk level:
1. within 24 hours for Priority I and/or Risk Level 3 clients,

## **ADULT PROTECTIVE SERVICES STANDARDS CASE WORK, FOLLOW-UP, CLOSURE & TRANSFER**

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2. within 72 hours for Priority II and/or Risk Level 2 clients, and
3. within 7 calendar days for Priority III and/or Risk Level 1 clients.

As soon as possible, but not later than within one (1) work day for Priority I cases in the assessment period and five (5) work days of the telephone conversation in all other cases, the transferring agency shall send the receiving agency a copy of the client's complete case record in an envelope clearly marked "CONFIDENTIAL" with a return mail receipt requested. The transferring agency may FAX the client records in lieu of mailing them, provided they are clearly marked "CONFIDENTIAL" and the receiving agency is notified in advance of the FAX in order to protect client confidentiality. The transferred record should contain only the information in the adult protective service case file. The transferring agency shall retain the original copies of the case records. If the receiving agency needs an original record for legal or other purposes the transferring agency may send the original and keep a copy of the record(s) so needed.

- E. A competent client may refuse a transfer of the case or may refuse services from the receiving agency. In either situation, the case shall be closed.
- F. If a client moves without a forwarding address, the provider agency shall take (and document) reasonable steps to locate the client's whereabouts while respecting the client's right to confidentiality, e.g. by contacting other persons whom it has consent to talk with such as family members, the client's physician, a PAS agent, the DHS DRS Home Services Program, the CCP vendor or the CCU, etc. If after a reasonable effort the agency is unable to locate the client, it shall close the case.
- G. If a client moves out-of-state, the provider agency shall report the case to the other state's adult protective service system, following the guidelines above regarding consent, determining location, etc. However, no client records shall be transferred. The transfer may be affected through IDoA's Senior HelpLine.

**ADULT PROTECTIVE SERVICES STANDARDS EARLY INTERVENTION SERVICES**

**CHAPTER 8: EARLY INTERVENTION SERVICES**

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## **ADULT PROTECTIVE SERVICES STANDARDS EARLY INTERVENTION SERVICES**

### **CHAPTER 8: EARLY INTERVENTION SERVICES**

#### **801: Purpose of Chapter**

The purpose of this chapter is to outline the eligibility criteria, services, and documentation required for purchasing Early Intervention Services (EIS) for alleged and substantiated victims of abuse, neglect, and exploitation (ANE).

Victims of ANE are likely to experience a range of problems, which may include serious mental and physical health disabilities, chronic health problems, social isolation, dysfunctional family situations, unskilled caregivers, and limited economic resources. These problems often make it difficult for at risk older adults and adults with disabilities to access necessary programs and services. Each individual case of ANE represents a unique combination of client needs and available services. EIS funding can secure those temporary and emergency services, including medical, housing, emergency aid, respite services, or legal resources, which the client clearly needs for his or her safety and well-being.

## **ADULT PROTECTIVE SERVICES STANDARDS EARLY INTERVENTION SERVICES**

### **802: Background Information**

Victims of ANE often experience health, social, economic, and environmental problems which affect their ability to live independently. While an array of medical, housing, and personal services are usually available in the community, often victims of abuse, neglect and exploitation face unique barriers which prevent access to available resources. Abuse victims may have difficulty accessing services because they lack personal resources or because they have lost the ability to obtain those resources that they have available. Compounding this situation are gaps in publicly supported services or application and processing delays that threaten the health and safety of clients. Temporary short term or emergency measures are often needed to secure the health and safety of clients until more durable and lasting solutions can be put into place.

## **ADULT PROTECTIVE SERVICES STANDARDS EARLY INTERVENTION SERVICES**

### **803: Client Eligibility**

- A. To be eligible to receive EIS, persons must meet the following criteria:
1. there is an eligible adult aged 18-59 with a disability or there is an eligible adult 60 years of age or older;
  2. there is an alleged or substantiated case of ANE involving the eligible adult;
  3. there is an imminent threat to the health and safety of the eligible adult if the service is not available; and
  4. the community services and resources available for the eligible adult cannot be mobilized in a timely manner, would be insufficient to protect the eligible adult's health or safety, or the eligible adult's resources are insufficient or unavailable to purchase needed services.
- B. The case record must fully document the need for EIS and attempts made by the APS PA to obtain the services through other available resources.

## **ADULT PROTECTIVE SERVICES STANDARDS EARLY INTERVENTION SERVICES**

### **804: Service Categories**

Services which may be purchased by the APS PA for eligible adults are:

- A. "Emergency Aid" which can include:
  - 1. food, clothing or furniture;
  - 2. medicine, medical evaluations, or hospital expenses;
  - 3. psychiatric or mental health evaluations;
  - 4. transportation and ambulance services;
  - 5. minor household repairs, utility shut-offs, sanitation assistance;
  - 6. a pre-paid telephone;
  - 7. translation services; and
  - 8. other services (with prior approval of RAA).
  
- B. "Respite Care" which includes in-home or out-of-home care, and day care services. Respite care can be purchased through EIS funds if there is a temporary loss of the caregiver or there is a need to separate the caregiver and the victim. The need for respite care must be associated with the alleged or substantiated abuse and should not be made available through the APS Program for the sole purpose of socialization.

## **ADULT PROTECTIVE SERVICES STANDARDS EARLY INTERVENTION SERVICES**

- C. “Legal assistance” can include both services initiated by the client and those initiated for them. Allowable legal assistance costs include:
1. court costs (i.e. filing fees);
  2. guardianship proceedings;
  3. preparation of Orders of Protection;
  4. recovery/restitution of damages;
  5. attorney fees; and
  6. witness fees.
- D. “Housing and Relocation Services” is allowable for emergency housing if a domestic violence shelter does not exist within the service area or the shelter is not equipped to serve the older adult or adult with a disability or the shelter cannot admit the older adult or adult with a disability because the shelter is at full capacity.

## **ADULT PROTECTIVE SERVICES STANDARDS EARLY INTERVENTION SERVICES**

### **805: Maximum Cost Per Case**

- A. EIS payments may not exceed \$1,000 per case per year, starting from the anniversary date of the intake of the report, unless a waiver has been granted.
- B. The expenditure of EIS funds must be approved by a designated supervisory level staff person at the APS PA and be in conformance with Section 807.

## **ADULT PROTECTIVE SERVICES STANDARDS EARLY INTERVENTION SERVICES**

### **806: Waiver of the Maximum Cost Per Case**

- A. A waiver for up to an additional \$1,000 in EIS funds may be granted with prior approval by the RAA if there are extenuating circumstances. Extenuating circumstances would include:
  - 1. multiple service demands to protect the life, safety, and health of the older adult or adult with a disability; and
  - 2. documented attempts to locate other resources have been unsuccessful.
- B. The RAA must designate which staff has the authority to grant a waiver to the maximum cost per case.
- C. The RAA may grant the waiver by telephone and the RAA must follow-up with written approval. The APS PA shall document on the EIS form (IL-402-0713) any waivers granted via the telephone, the date, and the RAA staff person granting the waiver. Written approval shall be transmitted by the RAA within 10 working days. The APS PA must file the written approval in the case record.
- D. A request may be made to the IDoA, through the RAA, to waive the \$2,000 limit under extraordinary circumstances. IDoA can grant the request only when the approval of additional funds will resolve the immediate emergency and enable a long term care plan to be put into effect. The waiver granted by IDoA may be made by telephone; if so, it must be followed with a written approval. The APS PA shall document on the EIS form any waivers granted via the telephone, the date, and the IDoA staff person granting the waiver. Written approval from IDoA must be transmitted to the APS PA and the RAA within 10 working days. The APS PA must then file the written approval in the case record.

## **ADULT PROTECTIVE SERVICES STANDARDS EARLY INTERVENTION SERVICES**

### **807: Recovery of Early Intervention Services Funds**

- A. The APS PA shall make a good faith effort to recover EIS funds from the client or client's representative in all cases where:
  - 1. there are potential funds available in the client's estate,
  - 2. the situation involving the client is resolved,
  - 3. the client's well being will not be adversely affected, and
  - 4. the amount of EIS expended exceeds \$1,000.
- B. Where the expenditures of EIS funds exceeded \$1,000 for legal and court costs on behalf of a client, the APS caseworker or supervisor shall request that the attorney representing the APS PA, petition the court for reimbursement of attorneys' fees and the costs associated with petitioning for guardianship. If reimbursement is not requested, the reason shall be documented in the case notes.
- C. Where the expenditures of EIS funds exceeded \$1,000 for emergency housing, medications or other similar allowable expenditures, the caseworker/supervisor may request that the client or the client's representative reimburse the APS PA for the amount expended. If reimbursement is not requested, the reason shall be documented in the case notes.
- D. All funds recovered by the APS PA shall be returned to the RAA. The RAA shall reimburse IDoA for the amount recovered. The RAA shall include the client name, I.D. number, and indicate that the check represents an EIS refund.

## **ADULT PROTECTIVE SERVICES STANDARDS EARLY INTERVENTION SERVICES**

### **808: Procurement Requirements**

- A. APS PAs may use their own procurement policies and procedures to purchase EIS.
- B. When time permits, a price or cost analysis should be conducted through a comparison of price quotations or market prices and similar indicia.
- C. The APS PA's procurement records and files shall include the basis for procurement selection.

**809: Case Record Documentation and Review**

- A. The case record must contain a copy of the EIS form, an ANETS Part II (submittal type 800 form), and any documentation required by sections 803.B., 806.B., and 807.C., if applicable.
- B. Upon review of a case record, if the RAA finds expenditures that have not met the criteria or documentation requirements, the following steps shall be taken:
  - 1. The RAA, within (10) working days, shall transmit, in writing, to IDoA, the findings.
  - 2. IDoA shall review the findings of the RAA and, if IDoA concurs with the findings, shall disallow the expenditures made by the APS PA.

**CHAPTER 9: CASE RECORD ORGANIZATION AND DOCUMENTATION**

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**CHAPTER 9:      CASE RECORD ORGANIZATION AND DOCUMENTATION**

**901: Purpose of Chapter**

The purpose of this chapter is to describe the minimum requirements to be followed by APS PAs for documenting adult protective service intake, assessment, case work, and follow-up activities.

**902: ANE Case Documentation**

- A. Documentation is the written recording of information describing the actions and conclusions of the APS PA.
- B. All documentation must contain clear, concise, objective, accurate, and complete information regarding the assessment, the findings of the APS PA, the casework, and follow-up and all decisions and actions that occur in a case.

**903: Establishing a Case Record**

- A. The APS PA shall establish a case record to document each IIR, SIR, and transfer case.
- B. All IDoA forms are to be completed according to their instructions.
- C. All case records must be stamped in bold print, "CONFIDENTIAL", on the front of each file folder.
- D. All case records, both open and closed, must be stored in a designated and secured area within the APS PA offices.
- E. Elder abuse case records shall be maintained separately from any other records the agency has on the same client.
- F. The APS PA will have written procedures specific to electronic records which protect client confidentiality. Procedures for ensuring confidentiality may include, but are not limited to, the use of passwords, or the file being saved on a portable electronic device and the device being stored in a locked cabinet.
- G. The client file must contain a printed copy of each page of the case notes, signed and dated by the caseworker.

**904: Contents of the Case Record**

- A. The case record shall minimally contain:
  - 1. ANE Intake Form IL-402-0709;
  - 2. Client Assessment Form IL-402-1042;
  - 3. ANE Overall Initial Risk Assessment Form IL-402-1044;
  - 4. Preparation for the Assessment/Case Recording Form IL-402-0712; and
  - 5. ANE Tracking System Part I Form IL-402-0718.
  
- B. The case record of some indication or verified substantiated reports shall also contain the following:
  - 1. Overall Substantiated Risk Assessment Form IL-402- 1043;
  - 2. Overall Risk Assessment Update Form IL-402-1091;
  - 3. Case Plan Form IL-402-1090; and
  - 4. ANE Tracking System Part II Form IL-402-0761.
  
- C. When the APS PA has expended funds for EIS on the case, the case record shall contain the EIS Form IL-402-0713 and ANE Tracking System Part II Form IL-402-0716.
  
- D. The case record shall also contain, if appropriate, the following:
  - 1. ANE Intake Form IL-402-0709 for Related Information Reports;
  - 2. Release of Information Form IL-402-0717;
  - 3. Injury Location Chart Form IL-402-0715;
  - 4. MMSE Form IL-402-0195 (If the competency of the alleged victim is in question per section “N” of the Risk Assessment form, at least one completed MMSE form must be in the case file; depending on the circumstances of the case and the

## **ADULT PROTECTIVE SERVICES STANDARDS      CASE RECORD ORGANIZATION**

MMSE guidelines, additional MMSE's may also be included in the file);

5. Clox I & II Test;
6. Referral Form IL-402-1215 (Rev. 7/13);
7. Law Enforcement Tracking Instrument Form Part I and Part II IL-402-0993;
8. Suspicious Death Reporting Form Part I and Part II IL-402-1155;
9. photographs;
10. relevant documents (medical records, etc.) and correspondence;
11. documents pertaining to the interventions/services being received, (e.g., order of protection, police reports, etc.);
12. a copy of the Yessavage Geriatric Scale; and
13. other assessment tools.

**905: Use of Agency Forms**

- A. An APS PA may substitute the following IDoA forms agency forms upon prior approval from IDoA:
  - 1. Injury Location Chart Form IL-402-0715; and
  - 2. Release of Information Form IL-402-0717.
- B. To obtain approval to substitute forms, the APS PA shall submit a request for approval to IDoA and RAA, with copies of the APS PA's proposed forms and instructions.
- C. IDoA shall compare the forms and shall inform the RAA and APS PA of its decision within fifteen (15) work days of the receipt of the APS PA's request.

**906: Case Record Retention**

The APS PA agrees to retain all books, records, electronic records and other documents relevant to the operation of the program for three full years after final payment on the agreement and all other pending matters are closed, unless transfer is authorized in writing from IDoA. Federal and State auditors and any persons duly authorized by IDoA shall have the right to full access and to examine any of said materials during period or until resolution of all financial matters unless otherwise prohibited by state law and regulations. The case record shall be retained for three full years from the date of case closure. Following the three-year period the case records may be purged. The Agency must insure that any purged records are shredded, incinerated or if stored electronically, permanently deleted.

**CHAPTER 10: MULTI-DISCIPLINARY TEAMS**

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**CHAPTER 10: MULTI-DISCIPLINARY TEAMS (M-Teams)**

**1001: Purpose of Chapter**

The purpose of this chapter is to outline the requirements for developing and implementing a volunteer M-Team, which will act in a technical advisory role to the APS PA.

**1002: Agencies Required To Develop M-Teams**

- A. Each APS PA will develop and maintain a M-Team; with the following exceptions:
  - 1. the APS PA has less than 7,200 older persons (age 60 years or older) residing in their designated service area; or
  - 2. the RAA recommends to the IDoA in writing 90 days prior to the implementation date, that two or more service areas will be combined within that region to share a M-Team.
- B. If two or more areas share an M-Team, one APS PA shall be designated the lead agency, and will assume the responsibilities outlined in Section 1006.

**1003: Timeframes for Developing M-Teams**

- A. An APS PA's M-Team shall begin operation no later than 120 calendar days after such APS PA has been funded to provide adult protective service activities. The M-Team meetings are to be held at least eight (8) times per calendar year,
- B. Initial M-Team meetings may be used to train members.

**1004: Adult Protective Service Provider Agency (APS PA) Responsibilities**

- A. The APS PA is responsible for recruiting M-Team members, providing an orientation and overview of the purpose of a M-Team to members and to the APS CWs, and assuring that M-Team members are aware of the confidentiality requirements. The APS PA shall use the IDoA's training material.
- B. The APS PA is required to have written procedures for the following:
  - 1. recruiting M-Team members;
  - 2. preparing for and conducting M-Team meetings; and
  - 3. financial management of M-Team funds.
- C. The APS PA is responsible for having a written agreement with an individual or agency, whichever is appropriate, outlining the M-Team member's roles and responsibilities.
- D. It is the responsibility of the APS PA to request records from law enforcement, the coroner, or the medical examiner in the review of particular cases.

**1005: M-Team Membership and Responsibilities**

- A. M-Team shall consist of one M-Team Coordinator who is appointed by the APS PA and who has completed the APSCW training, and one individual from each of the following professions:
1. banking or finance;
  2. disability care;
  3. health care;
  4. law;
  5. law enforcement;
  6. mental health care;
  7. clergy; and
  8. optional members – (representatives from the fields of substance abuse, domestic violence, sexual assault, or other related fields).
- B. The objectives of the M-Team are to provide case consultation and assistance to the APS CWs; provide support and insight in clarifying community awareness; and encourage cooperation between various service agencies. Specific responsibilities include:
1. banking or finance member - responsible for providing expertise, advice, and information to resolve the victim's financial problems and conflicts;
  2. disability care member – responsible for providing expertise, advice and information regarding adults with disabilities;
  3. health care member - responsible for providing expertise, advice and information regarding available medical resources, nursing home placement, insurance coverage, and other medical questions;

4. law member - responsible for providing legal counsel/expertise, advice, and information;
5. law enforcement member - responsible for providing expertise, advice, and information regarding the law enforcement process and police interaction and when requested, provide records associated with the cases discussed within their jurisdiction;
6. mental health care member - responsible for providing expertise, advice, and information from a mental health perspective;
7. clergy/faith community member - responsible for providing expertise, advice, and information from a faith based perspective; and
8. optional members - responsible for providing expertise, advice, and information in this member's profession or area of competency. Coroners or medical examiners shall supply the team with records as requested in association with particular cases discussed within their jurisdiction.
9. M-Team Coordinator - responsibilities include:
  - a. completing the M-Team training provided by IDoA or the RAA;
  - b. planning, organizing, and facilitating the M-Team meetings;
  - c. meeting with the APSCW and supervisor prior to the meeting to select and discuss the case presentation;
  - b. preparing minutes and an agenda for each meeting;
  - c. ensuring that each member receives information that is needed for the meeting; and
  - d. acting as a liaison between the M-Team

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members and the APS PA.

10. APSCW - responsible for preparing case summaries and presenting them at appropriate M-Team meetings; and providing follow-up information to M-Team members on cases previously discussed by the M-Team.

**1006: Regional Administrative Agency (RAA) Responsibilities**

- A. The RAA is responsible for providing training to the APS PA's M-Team Coordinator. The training will include the following:
  - 1. standards and procedures regarding M-Teams;
  - 2. recruitment of M-Team members;
  - 3. training M-Team Members;
  - 4. determining which cases to present;
  - 5. planning and organizing meetings;
  - 6. following up on recommendations of the M-Team members;  
and
  - 7. confidentiality procedures.
- B. The RAA is responsible for providing technical assistance and, if appropriate, training to the APS PAs.
- C. The RAA shall designate an RAA staff member who has successfully completed the adult protective service training and has received IDoA training approval on M-Teams.
- D. An RAA representative may attend no more than one M-Team meeting per year in each provider service area for monitoring purposes.
- E. If an RAA recommends that two or more APS PAs share a M-Team, the RAA shall appoint one lead agency who will be responsible for appointing a M-Team Coordinator, and maintaining the M-Team funds.

**CHAPTER 11: INTRODUCTION**

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**CHAPTER 11: INTRODUCTION**

**1101: Purpose of Chapter**

The purpose of this chapter is to outline the requirements for Developing and implementing an At Risk Adult Fatality Review Team and an At Risk Adult Fatality Review Team Advisory Council.

**1102: State Policy and Agencies Required to Develop At Risk Adult Fatality Review (AFR) Teams**

- A. Both the State and the community maintain a commitment to preventing the abuse, neglect, and financial exploitation of at-risk adults. This includes a charge to bring perpetrators of crimes against at-risk adults to justice and prevent untimely deaths in the community.

When an at-risk adult dies, the response to the death by the community, law enforcement, and the State must include an accurate and complete determination of the cause of death, and the development and implementation of measures to prevent future deaths from similar causes.

Multidisciplinary and multi-agency reviews of deaths can assist the State and counties in developing a greater understanding of the incidence and causes of premature deaths and the methods for preventing those deaths, improving methods for investigating deaths, and identifying gaps in services to at-risk adults.

Access to information regarding the deceased person and his or her family by multidisciplinary and multi-agency at-risk adult fatality review teams is necessary in order to fulfill their purposes and duties.

- B. A minimum of one regional interagency AFR-Team shall be established in each of the Department's planning and service areas.

**1103: Timeframes for Developing AFR-Teams**

- A. The chair of a review team shall apply to the Department for official designation under the Adult Protective Services Program. The application shall be in writing and must include:
  - 1. the county or counties that will participate in the review team;
  - 2. the names, offices, business addresses, and emergency contact information of the members of the review team;
  - 3. a copy of the proposed procedures and protocols for the review team or a statement by the chair that the review team is adopting the statewide standard designated by the Department; and
  - 4. the date on which, if a designation is approved, the review team proposes to begin its work.
- B. Upon receipt of an application, the Department will have 25 calendar days to respond. If the Department, in consultation with the Advisory Council, refuses to approve a designation, the reason or reasons for that refusal will be promptly transmitted, in writing, to the chair. An application for official designation as a review team that has been refused previously by the Department may be resubmitted, with appropriate changes, at any time.
- C. An APS PA's AFR-Team shall begin operation upon the appointment of team members by the Director. The AFR Team meetings are to be held at least six (6) times per calendar year.
- D. Initial AFR-Team meetings may be used to train members.

**1104: Adult Protective Service Provider Agency (APS PA) Responsibilities**

- A. The APS PA in consultation with law enforcement and other professionals who work in the field of investigating, treating or preventing abuse and neglect of at-risk adults may recruit AFR-Team members.
- B. The APS PA shall conduct activities as required by statute and as referenced in the Illinois Department on Aging's Adult Protective Service At-Risk Adult Fatality Review Team Manual.
- C. It is the responsibility of the APS PA to request records from law enforcement, the coroner or medical examiner in the review of particular cases.

**1105: At Risk Adult Fatality Review Team Membership and Responsibilities**

- A. The Director, in consultation with the Advisory Council, law enforcement, and other professionals who work in the field of adult protective services, shall appoint members to a minimum of one review team in each of the Department's Planning and service areas. Each member shall be eligible for reappointment upon the expiration of the term.

AFR-Teams shall consist of one designated coordinator, one chairperson and one co-chair. Unless the review team selects, by majority vote, another member, the coroner or medical examiner of the county in which the review team is located shall serve as chair. For teams in which more than one county is participating, the review team shall select the chair by majority vote.

Each team shall be composed of representatives of entities and individuals including, but not limited to:

1. the Department on Aging;
2. coroners or medical examiners (or both);
3. State's Attorneys;
4. local police departments;
5. forensic units;
6. local health departments;
7. social service or health care agency that provides services to persons with mental illness, in a program whose accreditation to provide such services is recognized by the Division of Mental Health within the Department of Human Services;
8. a social service or health care agency that provides services to persons with developmental disabilities, in a program whose accreditation to provide such services is recognized by the Division of Developmental Disabilities within the Department of Human Services;

9. a local hospital, trauma center, or provider of emergency medicine;
  10. providers of services for eligible adults in domestic living situations; and
  11. a physician, psychiatrist, or other health care provider.
- B. The designated coordinator shall:
1. serve as the recorder and shall keep minutes of all meetings;
  2. collect and disseminate all relevant case review materials to team members;
  3. oversee the collection and disposition of all case review materials upon completion of the review;
  4. collect and submit information from case reviews using the data collection form;
  5. keep records of all correspondence, findings and recommendations prepared by the team; and
  6. delegate various responsibilities to available staff members designated by participating agencies.
- C. It is the policy of the AFR-Team that the chair perform all duties required by law and preside at all team meetings. The chair shall rule on issues of evidence, order, and procedure and shall take other actions as necessary for the efficient and orderly conduct of reviews unless directed otherwise by the team.
- D. It is the policy of the AFR-Team that the co-chair shall serve in the absence of the chair and have all the powers of the chair during the chair's absence, disability or disqualification.
- E. Each AFR-Team member will be responsible for providing insight, advice and information about resources based on their professional expertise.

- F. AFR-Team members may bring trainees to a meeting with prior approval of the chairperson and the team.
- G. Law enforcement, coroners or medical examiners will be responsible for providing records associated with the cases discussed within their jurisdiction.
- H. Each team member shall attend, at a minimum, 50% of the meetings in a year (July 1 – June 30) to maintain membership.
- I. The AFR-Team shall conduct its activities in accordance with any applicable policies and procedures established by the Department and as referenced in the Illinois Department on Aging's Adult Protective Service At-Risk Adult Fatality Review Team Manual.
- J. A review team shall review cases of deaths of at-risk adults occurring in its planning and service area:
  - 1. involving blunt force trauma or an undetermined manner or suspicious cause of death;
  - 2. if requested by the deceased's attending physician or an emergency room physician;
  - 3. upon referral by a health care provider;
  - 4. upon referral by a coroner or medical examiner;
  - 5. constituting an open or closed case from an adult protective services agency, law enforcement agency, State's Attorney's office, or the Department of Human Services' Office of the Inspector General that involves alleged or suspected abuse, neglect, or financial exploitation; or
  - 6. upon referral by a law enforcement agency or State's Attorney's office. If such a death occurs in a planning and service area where a review team has not yet been established, the Director shall request that the Advisory Council or another review team review that death. A team may also review deaths of at-risk adults if the alleged abuse or neglect occurred while the person was residing in a domestic living situation.

- K. The AFR-Team's purpose in conducting reviews of at-risk adult deaths is:
1. to assist local agencies in identifying and reviewing suspicious deaths of adult victims of alleged, suspected, or substantiated abuse or neglect in domestic living situations;
  2. to facilitate communications between officials responsible for autopsies and inquests and persons involved in reporting or investigating alleged or suspected cases of abuse, neglect, or financial exploitation of at-risk adults and persons involved in providing services to at-risk adults;
  3. to evaluate means by which the death might have been prevented; and
  4. to report its findings to the appropriate agencies and the Advisory Council and make recommendations that may help to reduce the number of at-risk adult deaths caused by abuse and neglect and that may help to improve the investigations of deaths of at-risk adults and increase prosecutions, if appropriate.

**1106: At Risk Adult Fatality Review Team and Advisory Council Confidentiality and Indemnification**

- A. Documents, oral communication or written communication shared within or produced by the AFR-Team relating to a case discussed or reviewed by the AFR-Team is confidential. Such communication is not admissible as evidence in civil or criminal proceedings, except for use by a State's Attorney's office in prosecuting a criminal case against a caregiver. Records and information are, however, subject to discovery or subpoena, and are admissible as evidence, to the extent they are otherwise available to the public.
- B. Documents, oral communication or written communication provided to a AFR-Team by an individual or entity, and created by that individual or entity solely for the use of the AFR-Team is confidential. Such communication is not subject to disclosure to or discoverable by another party, and is not admissible as evidence in any civil or criminal proceeding, except for use by a State's Attorney's office in prosecuting a criminal case against a caregiver. Records and information are, however, subject to discovery or subpoena, and are admissible as evidence, to the extent they are otherwise available to the public.
- C. Members of an AFR-Team and the Advisory Council are not subject to examination, in any civil or criminal proceeding, concerning information presented to members of a AFR-Team or opinions formed by members of the AFR-Team based on that information. A person may, however, be examined concerning information provided to a AFR-Team.
- D. Meetings of the AFR-Team may be closed to the public under the Open Meetings Act. Records and information provided to a AFR-Team, and records maintained by a AFR-Team, are exempt from release under the Freedom of Information Act.
- E. The State indemnifies and holds harmless AFR-Team members for all of their acts, omissions, decisions, or other conduct arising out of the scope of their service on the AFR-Team, except those involving willful or wanton misconduct. The method of providing indemnification is provided in the State Employee Indemnification Act.

**1107: At Risk Adult Fatality Review Teams Advisory Council**

- A. The AFR-Teams Advisory Council serves as the coordinating and oversight body for AFR-Teams and activities in Illinois.
- B. The Advisory Council shall consist of one member from each review team in the state. The Director may appoint to the Advisory Council any ex-officio members deemed necessary. Persons with expertise needed by the Advisory Council may be invited to meetings.
- C. The Advisory Council must select from its members a chairperson and a vice-chairperson to each serve a two year term. The chairperson or vice-chairperson may be selected to serve additional, subsequent terms.
- D. The Department may provide or arrange for the staff support necessary for the Advisory Council to carry out its duties.
- E. The Director, in cooperation and consultation with the Advisory Council, shall appoint, reappoint, and remove AFR-Team members.
- F. The Advisory Council must meet at least 4 times during each calendar year.
- G. The Advisory Council has, but is not limited to, the following duties:
  - 1. to serve as the voice of review teams in Illinois;
  - 2. to oversee the AFR-Teams in order to ensure that AFR-Team's work is coordinated and in compliance with State Statutes and the operating protocol;
  - 3. to ensure that the data, results, findings, and recommendations of the AFR-Teams are adequately used in a timely manner to make any necessary changes to the policies, procedures, and State statutes in order to protect at-risk adults;
  - 4. to collaborate with the Department in order to develop any legislation needed to prevent unnecessary deaths of at-risk adults;

5. to ensure the AFR-Team's review processes are standardized in order to convey data, findings, and recommendations in a usable format;
  6. to serve as a link with AFR-Teams throughout the country and to participate in national review team activities;
  7. to provide the review teams with the most current information and practices concerning at-risk adult death review and related topics; and
  8. to perform any other functions necessary to enhance the capability of the AFR-Teams to reduce and prevent at-risk adult fatalities.
- H. In any instance where a review team does not operate in accordance with established protocol, the Director, in consultation and cooperation with the Advisory Council, must take any necessary actions to bring the review team into compliance with the protocol.
- I. The Advisory Council may prepare an annual report, in consultation with the Department, using aggregate data gathered by AFR-Teams and using the AFR-Team's recommendations to develop education, prevention, prosecution, or other strategies designed to improve the coordination of services for at-risk adults and their families.
- J. Members of a Advisory Council are not subject to examination, in any civil or criminal proceeding, concerning information presented to members of the Advisory Council or opinions formed by members of the Advisory Council based on that information. A person may, however, be examined concerning information provided to the Advisory Council.
- K. Meetings of the Advisory Council may be closed to the public under the Open Meetings Act. Records and information provided to the Advisory Council, and records maintained by the Advisory Council, are exempt from release under the Freedom of Information Act.
- L. The State indemnifies and holds harmless Advisory Council members for all of their acts, omissions, decisions, or other conduct arising out of the scope of their service on the Advisory Council,

except those involving willful or wanton misconduct. The method of providing indemnification is provided in the State Employee Indemnification Act.

**CHAPTER 12: CONFIDENTIALITY, DISCLOSURE**

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**CHAPTER 12: CONFIDENTIALITY AND DISCLOSURE**

**1201: Purpose of Chapter**

The purpose of this chapter is to describe statutory and programmatic requirements regarding confidentiality, disclosure and consent.

This chapter also addresses how to proceed with an investigation when the alleged victim has a court appointed guardian or agent(s) appointed under a power(s) of attorney.

**1202: Scope of Confidentiality****A. Section 4 Reports of abuse or neglect**

1. The Adult Protective Services Act, in Section 4(c), provides that the identity of any person making a report of alleged or suspected abuse, neglect, financial exploitation, or self-neglect may be disclosed only with that person's written consent or by court order, but is otherwise confidential.
2. The IDoA, RAA, or APS PA shall not disclose the identity of any person making such a report, unless the reporter has given his or her written consent or such release is specifically ordered by the court. Prior to the release of the reporter's identity, the APS PA responsible for the records containing the identity of the reporter must have received the written consent from the reporter, signed and dated by the reporter, or a court order, signed and dated by the judge.
3. Upon receipt of a court order requiring the disclosure of the identity of a reporter of alleged or suspected ANE, the individual or agency to whom the court order is directed shall immediately consult legal counsel or the Office of Adult Protective Services to determine the validity of the order. In addition, the APS PA should follow the requirements in Section 1303.D. The individual or agency to whom the court order is directed shall comply with all lawful orders of the court.

**B. Section 8 Access to records**

1. The Adult Protective Services Act, in Section 8, provides that all records concerning reports of ANE or self-neglect and all records generated by such reports are confidential and shall not be disclosed except under specific circumstances authorized by law.
2. The access to such records, without the disclosure of the identity of any person making a report of alleged or suspected ANE or self-neglect, is permitted to the following persons:

- a. To IDoA staff, RAA staff, APS PA staff, or other Aging network staff, in the furtherance of their responsibilities for monitoring and supervising the APS program. In no case shall such disclosure be broader than those records necessary for such monitoring and supervision. Each such disclosure shall only be made pursuant to a specific request from the requesting agency, detailing the records requested, and stating the purpose of the request. Such disclosure shall be made only to persons designated by the Director on the requesting agency's staff.
- b. To a law enforcement agency investigating a known or suspected case of ANE. Where an APS PA has reason to believe that the death of an eligible adult may be the result of ANE, including any reports made after death, the agency shall immediately provide the appropriate law enforcement agency with all records pertaining to the eligible adult.
- c. To a law enforcement agency, fire department agency, or fire protection district having proper jurisdiction pursuant to a written agreement between a provider agency and the law enforcement agency, fire department agency, or fire protection district under which the provider agency may furnish to the law enforcement agency, fire department agency, or fire protection district a list of all eligible adults who may be at imminent risk of abuse, neglect, financial exploitation, or self-neglect.
- d. To a physician who has before him or her, or who is involved in the treatment of, an eligible adult whom he or she reasonably suspects may be abused, neglected, or financially exploited, or self-neglected or who has been referred to the Adult Protective Services Program.
- e. To an eligible adult reported to be abused, neglected, financially exploited, or who is reported to self-neglect, or such adult's authorized guardian or agent designated under the Power of Attorney Act, or to an attorney at

- law representing the client; unless the guardian or agent is the abuser or the alleged abuser. Such release shall only be in accordance to the procedures found in Section 1202.C.2.
- f. To an executor or administrator of the estate of an eligible adult who is deceased
  - g. To a court or a guardian ad litem (GAL), upon a determination by the judge or the GAL that access to such records may be necessary for the determination of an issue before the court. Such release shall only be made pursuant to a written request by the GAL, a written order by the court, a specific verbal order from the bench directed to the representative of the APS PA or IDoA, or a docket entry of the court. Such access by the court is limited to an *in camera* inspection (a review done by the judge in chambers), unless the court determines that disclosure of the information contained in the records is necessary for the resolution of an issue then pending before the court.
  - h. To a guardian ad litem in cases regarding self-neglect.
  - i. To a grand jury, upon a determination by that grand jury that access to the records is necessary for conduct of its official business, and upon a subpoena issued by or on behalf of that grand jury for such records being served upon the APS PA having custody of such records.
  - j. To any person authorized by the Director, in writing, for audit, bona fide research, monitoring, or quality assurance purposes. The APS PA shall have actual custody of the authorization before such release, and shall release such records only to the person(s) so designated.
  - k. To a coroner or medical examiner having reason to believe that an eligible adult has died as the result of abuse, neglect, financial exploitation, or self-neglect.

The provider agency shall immediately provide the coroner or medical examiner with all records pertaining to the eligible adult.

- l. To a coroner or medical examiner having proper jurisdiction, pursuant to a written agreement between a provider agency and the coroner or medical examiner, under which the provider agency may furnish to the office of the coroner or medical examiner a list of all eligible adults who may be at imminent risk of death as a result of abuse, neglect, financial exploitation or self-neglect.
- m. To the Department of Financial and Professional Regulation staff and members of the Illinois Medical Disciplinary Board, or to the members or staff of the Social Work Examining and Disciplinary Board, pursuant to an official request, made in writing, for the purpose of investigating alleged violations of the Clinical Social Work and Social Work Practice Act [225 ILCS 20/1 *et seq.*] by an APS PA staff or other licensing bodies at the discretion of the Director of the Department on Aging.
- n. To the Department of Healthcare and Family Services staff when that Department is funding services to the eligible adult, including access to the identity of the eligible adult.
- o. To the Department of Human Services staff when that Department is funding services to the eligible adult or is providing reimbursement for services provided by the abuser or alleged abuser including access to the identity of the eligible adult.
- p. To hearing officers in the course of conducting an administrative hearing to determine whether a verified and substantiated finding of significant abuse, neglect, or financial exploitation of an eligible adult by a caregiver warrants reporting to the Health Care Worker Registry.

- q. To the Illinois Guardianship and Advocacy Commission and the agency designated by the Governor under Section 1 of the Protection and Advocacy for Developmentally Disabled Persons Act. Access through the Department to records shall include the findings pertaining to a completed or closed investigation of a report of suspected abuse, neglect, financial exploitation, or self-neglect of an eligible adult.

C. Release of Records Procedures

- 1. In cases where the APS PA has initiated the referral of a case to an individual or entity referred to in Section 8, copies of records may be released without having received a written request.
- 2. The release of information or records to the client or to that client's guardian, agent or attorney pursuant to 1202.B.2.e. shall be made only pursuant to a written request from the client, the agent designated under the Power of Attorney Act, guardian, or the attorney at law. Such agent, guardian or attorney at law must provide documentation to the APSCW that the agent, guardian, or attorney at law seeking the information is acting within the scope of his or her authority. For an agent, this means that the agent must present to the APSCW a valid power of attorney document appointing the agent. For an attorney at law, the documentation of authority must be in writing, on either the business stationery of such attorney at law or in a court filing or document, and state that the attorney is representing the client on the specific issues involved in the adult protective service case. For a guardian, this means a copy of the court order appointing such person as the guardian. If there is any doubt on the part of the APSCW, the APS PA should either consult their own legal counsel or IDoA. The request from such agent, guardian, or attorney at law should not be honored until such time as the adult protective service supervisor is assured of the authority of the agent, guardian or the attorney at law.

D. Release of Records Procedures under Specific Circumstances

1. When the substantiated abuser is a worker paid through the Illinois Department on Aging, Department of Human Services, Department of Public Health, or Department of Healthcare and Family Services, whose employment may be adversely affected by the substantiation decision, IDoA may share summary information provided by the APS PA regarding the investigation conducted, the type(s) of abuse substantiated, and the reasons for substantiation. This information may also be shared with the abuser's employer and with the abuser.
2. When the substantiated abuser is a worker paid through the Older Americans Act and related funds, whose employment may be adversely affected by the substantiation decision, the RAA may, upon written request, share summary information provided by the APS PA regarding the investigation conducted, the types(s) of abuse substantiated, and the reasons for substantiation. This information may be shared with the abuser's employer and with the abuser.
3. When an APSCW has evidence that an adult protective service client did not accurately report his or her assets to the CCP, Department of Human Services, Department of Public Health, Department of Healthcare and Family Services, or another publicly funded program, the APSCW must report such evidence to the Office of Adult Protective Services.
4. Client information, limited to what is necessary to serve the best interests of the client, may be shared verbally with other professionals, including long term care ombudsmen, case managers at a case coordination unit, staff of the Department of Human Services including PAS Agents, staff at the Department of Healthcare and Family Services, staff of Managed Care Organizations, staff of a money management program, medical services providers, caregiver-support program staff, and staff of another APS PA, provided that:
  - a. the professionals or their agencies are providing services to the client, or
  - b. the adult protective services program is arranging services with the individual or agency for the client.

5. Requests for adult protective service case files under the Freedom of Information Act (FOIA) (5 ILCS 140/1 *et seq.*) will not be honored. The right to access to state records provided under FOIA is superseded by the specific provisions of Sections 4 and 8 of the Adult Protective Services Act regarding confidentiality. FOIA requests should be immediately forwarded to IDoA for a response.

E. Security of Records and Protecting Privacy

1. In any release of the records provided by law, the APS PA shall not release the name or identity of the reporter, and shall disclose the records only to the person or persons authorized by law to receive or review such records, and only such records as are legally requested, authorized, or required to be released.
2. The APSCW and the APS PA shall take all necessary measures to safeguard the physical security of, and access to, the records, including those stored electronically. Electronic records shall be protected through the use of electronic security measures such as passwords granted only to authorized persons. Under no circumstances (except with the permission of IDoA) shall any employee of the RAA or the APS PA remove original copies of the files from the premises of the offices of the RAA or APS PA unless the original files are being taken to court for judicial review.
3. The APS PA shall also, when appropriate, seek to prevent further disclosure of the records by requesting that the person or office to whom the records are released take appropriate measures to safeguard the physical security of, and access to, the records by authorized persons.
4. Collateral contacts may be made prior to obtaining the alleged victim's consent under any of the following circumstances:
  - a. the collateral contact is in the best interest of the alleged victim,
  - b. there is an indication of possible danger to the APSCW in making the face-to-face,

- c. there is an indication of possible danger or imminent harm to the client,
- d. there is the possibility of difficulty in accessing the client.

The collateral contact should be no more than necessary to determine such information prior to making a face-to-face interview with the older person. Should an older adult or adult with a disability appearing to have the capacity to consent to services freely and voluntarily decline for the APSCW to conduct or continue the assessment, the APSCW shall close the case.

**F. Response to Subpoenas for Records**

1. Section 8 of the Adult Protective Services Act describes the confidentiality of, and access to, records generated as a result of the report of alleged or suspected ANE. The APS PA must not comply with subpoenas for records from parties that are not entitled to access to such records.
2. When an APS PA receives a subpoena to produce case notes, files or records relating to an ANE case, the APS PA shall take the following steps:
  - a. The APS PA should first determine the nature of the case in which the subpoena was issued, the party issuing the subpoena, and the scope of the demand for records contained in the subpoena. (If the subpoena is for the testimony of the supervisor or caseworker at a deposition, hearing or trial, then consult the following Subpart G.)
  - b. The APS PA should then determine if the subpoena has been issued by a person or agency authorized under Section 8 of the Adult Protective Services Act (see Subpart B above). If so, the APS PA should prepare the records for copying by redacting (blacking out) references to the identity of the reporter. The APS PA may also redact references to conversations in the

case notes protected by attorney-client privilege. The records should then be copied in preparation for their submission to the party that issued the subpoena, or to the court for a judicial review.

- c. If the records cannot be submitted to the party issuing the subpoena, then the APS PA must, directly or through legal counsel, advise the party issuing the subpoena that, under Section 8 of the Adult Protective Services Act, all case notes, files, records and information relating to a case of ANE are confidential and can only be disclosed in accordance with Section 8 of the Act.
- d. If time permits, respond to the party issuing the subpoena in writing as follows:

**We must respectfully decline to comply with your subpoena of [date], regarding the case notes, files, records and information in the possession of this agency relating to [name of person whose files are the subject of the subpoena]. Section 8 of the Adult Protective Services Act provides in relevant part that: "All records concerning reports of abuse, neglect financial exploitation or self-neglect and all records generated as a result of such reports shall be confidential and shall not be disclosed except as specifically authorized by this Act or other applicable law."**

**Your subpoena does not fit into any of the exceptions listed in Section 8. Therefore, this agency must decline to produce the case notes, files and records requested by your subpoena.**

**This agency will comply with a court order issued in accordance with Section 8 of the Adult Protective Services Act, which provides that a "court, upon its finding that access to such records may be necessary for the determination of an issue before such court" may order the access to such records. However, this access is limited to an *in camera* inspection by the court, unless the court further orders the disclosure of such information in court as necessary for the resolution of issues before it.**

**In addition, Section 4(c) of the Act provides that the disclosure of such records cannot include the disclosure of the name of, or any identifying information relating to, the reporter of the alleged or suspected abuse, neglect, financial exploitation or self-neglect unless the court specifically and expressly orders such disclosures.**

**This agency will cooperate in the disclosure of such records only in accordance with the provisions of the Adult Protective Services Act.**

- e. Inform the party or attorney seeking the subpoena that the APS PA is prepared to go to court to explain the agency's position to the judge. It is advisable to have representation by legal counsel when the APS PA or its representative appears in court. The APS PA must be prepared to appear in court on or before the date specified in the subpoena and explain to the court the confidentiality requirements of Section 8 of the Act, unless the attorney notifies the agency in writing that a representative of the APS PA is not required to appear in court. If it appears likely that the party issuing the subpoena will pursue a court order to enforce the

subpoena, the APS PA should consult their own legal counsel or IDoA for legal advice.

- f. If ordered by the court, the agency must submit the ANE case records to the court, but the name and any information identifying the reporter must first be deleted (unless the court order specifically requires that the identity of the reporter be left in the records). The APS PA shall delete reporter information on the copy only; the original record must not be altered.

G. Responding to Subpoenas for Oral Testimony

1. If the subpoena demands that an APSCW or supervisor provide testimony in a deposition, hearing, or trial, the APSCW or supervisor shall make herself or himself available to be deposed or to testify. The APSCW or supervisor shall answer all questions relating to what she or he observed, witnessed, saw or heard. The confidentiality provisions of the Adult Protective Services Act pertain to case records, not to direct observations by the APSCW or supervisor.
2. If, during a deposition, the APSCW or supervisor is asked to identify the reporter in the case, the witness should refuse to do so, pending a later ruling by the court. If the question is put to the witness in a hearing or trial, the witness should remain silent until objections have been made and ruled upon, or, in the absence of objections, the witness should ask the judge if they are required to divulge that information and then comply with the judge's ruling.

**1203: How to Proceed When the Alleged Victim has a Court Appointed Guardian or Agent Under a Durable Power of Attorney for Health Care and Property**

- A. During the adult protective service investigation the APSCW must determine whether there is a valid guardianship in place, a valid durable power of attorney, and the powers and limitations of the guardian or agent. This information may be determined by a review of the guardianship order signed by the judge or by a review of the Durable Power of Attorney forms.
- B. If it reasonably appears to the APS PA that the alleged victim has decisional capacity at the initial interview, then the APS PA will conduct an assessment of the reported incident of suspected abuse, neglect, financial exploitation, or self-neglect in accordance with Chapters 4, 5 and 6.
- C. The APS PA shall support that an agent acting under a Durable Power of Attorney never has the legal authority to override the decision making powers of a principal.
- D. Whatever the scope of authority of the guardian or agent, the APS PA need not follow the directions of a guardian or agent who is an alleged, suspected or substantiated abuser to the extent that such directions are adverse to the best interests of the ward (a person who has been adjudicated disabled and had a guardian appointed) or principal.
- E. An eligible adult “lacks the capacity to consent” if qualified staff of an APS PA reasonably determine, that he or she appears either unable to receive and evaluate information related to the assessment or services or unable to communicate in any manner decisions related to the assessment of the reported incident or services.
- F. If it reasonably appears to the APS PA that the alleged victim lacks decisional capacity at the initial interview, and there is no immediate risk of harm, then the APS PA will continue to intervene in order to determine if the alleged victim has a guardian or agency under an advanced directive with authority to act on his or her behalf for consenting to an assessment and/or services.

1. Upon consent by the guardian or agent under an advance directive, services will be provided according to the case plan and shall be arranged to meet the alleged victim's needs, based on the availability of resources to provide such services.
  2. If the alleged victim either does not have a guardian or agent, or the guardian or agent lacks authority to act, the APS provider agency shall either contact:
    - a. an immediate family member, other relative, close personal friend of the alleged victim, or other person identified by the alleged victim as being involved with his or her care, to petition the court for that individual's appointment as a guardian in accordance with *Article XIa of the Probate Act of 1975 (755 ILCS 5/Art. XIa) for the purposes of consenting to an assessment of the reported incident and services, together with an order for an evaluation of the alleged victim's decisional capacity and his or her physical, psychological, and medical condition. (320 ILCS 20/9(b); or*
    - b. *the Illinois Guardianship and Advocacy Commission, the Office of State Guardian, or any other appropriate agency, of the potential need for appointment of a temporary guardian as provided in Article XIa of the Probate Act of 1975 for the purposes of consenting to an assessment of the reported incident and services, together with an order for an evaluation of the alleged victim's decisional capacity and his or her physical, psychological, and medical condition. (320 ILCS 20/9(b))*
- G. Valid decisions, specifically consent to services or the release of information, cannot be given by a ward who has had both a plenary guardian of the person and estate appointed.
- H. The APS PA shall follow the directions of the ward to the extent that the limited or temporary guardianship order allows the ward, provided that the decisions are not adverse to the best interests of the ward.
- I. When a guardian (whether temporary, plenary or limited) has been appointed by the court to make decisions for the client, and such

guardian is not the alleged, suspected, or substantiated abuser, the APS PA shall work with and through that guardian to the extent of the guardian's authority. This includes approaching the guardian to request consent for an assessment of the reported incident, services, or consent to the release of information on behalf of the guardian's ward.

- J. If the guardian is the alleged abuser, and such guardian has refused services, refused to cooperate with the APS PA, or refused to permit access to the AV, or such guardian cannot be located or contacted in a timely manner after several good faith attempts, the APSCW may request a court order seeking appropriate remedies, and may in addition request removal of the guardian and appointment of a successor guardian or request removal of the agent and appointment of a guardian.

If it reasonably appears to the APS provider agency that the alleged victim lacks the decisional capacity at the initial interview, and there is an immediate risk of harm or some other emergency exists, then the APS provider agency may:

1. take appropriate action necessary to ameliorate the risk by consulting with any other appropriate professional and/or provider of services, through charitable and community assistance, disability agencies, private means, or public benefit programs to meet identified needs, stabilize the abusive situation and reduce the risk of further harm, such as:
  - a. seeking assistance of law enforcement to gain access to the alleged victim;
  - b. obtaining emergency medical care;
  - c. petitioning for Orders of Protection, Restraining Orders, or orders freezing assets;
  - d. purchasing early intervention services under Section 270.265; and
  - e. applying for appointment of a representative payee; and/or

- 2. request an exparte order from the circuit court of the county in which the petitioner or respondent resides or in which the alleged abuse, neglect, financial exploitation, or self-neglect occurred, authorizing an assessment of a report of alleged or suspected abuse, neglect, financial exploitation or self-neglect or the provision of necessary services, or both, including relief available under the Illinois Domestic Violence Act of 1986 (750 ILCS 60). (320 ILCS 20/9(d))
- K. In all cases in which there is a substantiated finding of abuse, neglect, or financial exploitation by a guardian, the Department shall, within 30 days after the finding, notify the probate court with jurisdiction over the guardianship.
- L. The written notification to the probate court shall include the following:

**Date**

**Hon. Judge** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In re:** \_\_\_\_\_  
**Probate Case No.** \_\_\_\_\_

**Dear Hon. Judge** \_\_\_\_\_:

**Pursuant to 320 ILCS 20/9g), I am writing to notify you that on** \_\_\_\_\_ **(date of substantiation)** \_\_\_\_\_, **(name of guardian)** \_\_\_\_\_, **the guardian of** \_\_\_\_\_ **(victim)** \_\_\_\_\_, **a disabled person, was substantiated as an abuser of** \_\_\_\_\_ **(victim)** \_\_\_\_\_.

**Respectfully,**

\_\_\_\_\_ **(APS Case Worker)**

**cc:Illinois Department on Aging Office of Adult Protective Services**

**CHAPTER 13: IMMUNITY PROVISIONS**

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**CHAPTER 13: IMMUNITY PROVISIONS**

**1301: Purpose of Chapter**

The purpose of this chapter is to describe the statutory provisions for immunity of reporters of abuse, neglect and financial exploitation and APS PA caseworkers and supervisors from civil, criminal, and professional disciplinary liability.

**1302: Scope of Immunity**

- A. The Adult Protective Services Act provides, in Section 4, that any person, institution, or agency making a report or providing information or records related to a report, assessment, or services, or taking photographs or X-rays as part of an authorized assessment, or authorized by IDoA to provide assessments, interventions (including casework and follow-up), or administrative services (i.e., the RAAs) shall be immune from any civil or criminal liability, or professional disciplinary action, when so acting in good faith.
  
- B. "Good faith" is a legal term of art which means that the action was done in the absence of malice; with no design to defraud or seek an unconscionable advantage; with an honesty of purpose; and while being faithful to one's duties and obligations. It would not include using the reporting or assessment process for personal advantage. The strict adherence to the procedures outlined in these standards would support the defense of an adult protective service case worker that the report or assessment was done in "good faith." Section 4 of the Adult Protective Service's Act provides that in any hearing or trial, the good faith of the APSCWs, supervisors and APS PA's shall be presumed, unless such presumption is overcome by clear evidence.

**1303: Responses to Legal Summons**

- A. The State Employee Indemnification Act (5 ILCS 350/0.01 *et seq.*) **does** provide for the legal representation of APSCWs, supervisors, APS PA volunteers (when such volunteer status is put in a written agreement), RAAs, and APS PAs by the Attorney General of the State of Illinois.
- B. Should an APSCW, supervisor, volunteer, RAA or APS PA be faced with a civil lawsuit or criminal prosecution, the individual or program may choose to retain legal counsel. Whether the agency or individual would be reimbursed the cost of legal representation or would be offered the representation of the Attorney General would depend upon the specific circumstances.
- C. For a civil or criminal prosecution to overcome the statutory immunity provision, the plaintiff or prosecutor would be required to plead and prove that the report or assessment was not undertaken in "good faith." The evidence of a lack of "good faith" must be more than mere negligence or lack of desired results, but must include an allegation of malice, misconduct, fraud, recklessness, or the seeking of a personal advantage.
- D. IDoA shall be notified upon receipt of a legal summons of any legal action (other than a subpoena) taken against the RAA, APS PA or adult protective service staff or volunteers in connection with the Adult Protective Service Program. Such notice shall be provided within 24 hours, in writing, and shall include a copy of the legal document received.

**ADULT PROTECTIVE SERVICES STANDARDS MONITORING/QUALITY ASSURANCE**

**CHAPTER 15: MONITORING/QUALITY ASSURANCE STANDARDS AND PROCEDURES**

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# **ADULT PROTECTIVE SERVICES STANDARDS MONITORING/QUALITY ASSURANCE**

## **CHAPTER 15: MONITORING/QUALITY ASSURANCE STANDARDS AND PROCEDURES**

### **1501: Purpose of Chapter**

The purpose of this chapter is to outline the standards, functions and responsibilities of IDoA, RAAs, and APS PAs to assure that activities conducted under the auspices of the program are consistent with the established standards and procedures.

## **ADULT PROTECTIVE SERVICES STANDARDS MONITORING/QUALITY ASSURANCE**

### **1502: Regional Administrative Agencies/Peer Review**

- A. The RAAs shall be responsible for scheduling the peer review. The RAA shall notify the APS PA's of the timeline for the peer review. The APS PA will be given thirty days in which to complete the peer review.
- B. The RAAs shall select the specific case records to be reviewed. The size of the sample of case records to be reviewed will be determined according to IDoA protocol.
- C. The RAAs are responsible for providing technical assistance as necessary based on the results of the peer review.

## **ADULT PROTECTIVE SERVICES STANDARDS MONITORING/QUALITY ASSURANCE**

### **1503: Adult Protective Service Provider Agencies/ Peer Review**

- A. Each APS PA is required to complete an annual peer review between July 1 - December 31.
- B. The review of case records is conducted by both adult protective service program caseworkers and supervisors.
- C. Each APSCW who is listed on the IDoA APSCW registry shall complete one review of another peer's case record. If an APSCW listed on the registry was not assigned to a case within the review period, the APSCW would still be required to complete a peer review of an adult protective service co-worker's case record.
- D. Each adult protective service program supervisor listed on the Department's adult protective service supervisor's registry shall complete, at a minimum, a review of one APSCW's case record of whom he or she directly supervises. If an adult protective service caseworker listed on the registry was not assigned to a case within the review period, the adult protective service supervisor would not be required to review a file for that APSCW.
- E. The selection of cases for review is determined by the RAA. The RAA determines the selection based on the APOCR's case selection criteria.
- F. APS PA's shall notify their RAA four weeks prior to conducting their peer review.
- G. The APS PA shall utilize the Department's instructions for completing the APOCR process. The APOCR form shall be used to review each case record.
- H. The supervisor shall be responsible for holding an in-service to discuss the strengths and weaknesses of the APS PA's work, noted from the peer review process. All supervisors and caseworkers who participated in the peer review shall attend. Minutes and a sign-in sheet are required. A copy of this information shall be forwarded to the RAA within two weeks following the in-service training.
- I. The APS PA shall be responsible for taking corrective actions deemed necessary based on the results of the peer review.

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- J. The following information regarding the results of the peer review shall be kept on file for follow-up review by the RAA:
1. the completed case review instrument;
  2. the case review instrument recap sheet;
  3. minutes and sign-in sheets from the in-service training as applicable; and
  4. the action plan.

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### **1504: Regional Administrative Agency/Annual Program Operations Case Review**

- A. Each RAA shall complete an APOCR for each APS PA located in its service area by reviewing a sample of case records at each agency.
- B. All individuals completing the annual case review for the RAA must have successfully completed Caseworker Certification, Phase II, and Supervisory Training sponsored by IDoA, as well as Recertification Training every three years.
- C. The APOCR shall be conducted between January 1 – June 30.
- D. The RAA shall give the APS PA not less than three weeks notice of the APOCR.
- E. The RAA shall select the specific case records to be reviewed. The size of the sample of case records will be determined according to IDoA's protocol.
- F. The RAA, based on the results of the APOCR, will determine whether the APS PA has passed or failed the APOCR.
- G. The RAA shall provide the APS PA with a report of its findings and conclusions within three weeks following the completion of the APOCR.
- H. The RAA shall identify all activity areas requiring corrective action. Corrective actions should outline steps that can be taken in the future to improve program operations.
- I. The APOCR results and corrective action plan are to be kept by the RAA and the APS PA. If no corrective action was deemed to be necessary based on the results of the review, a memorandum or other document explaining this conclusion shall be filed with the completed review materials.
- J. It shall be the responsibility of the RAA to assure that all corrective measures have been implemented.
- K. Within three weeks following the conclusion of their APOCRs, the RAA shall submit to IDoA the following documents:

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1. Case Review Instrument Recap Sheet,
2. Case Review Summary Sheet,
3. Results Summary Chart,
4. Report of Finding, and
5. Corrective Action Plan, if required.

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### **1505: Adult Protective Service Provider Agencies/Annual Program Operations Case Review**

- A. The APS PA must prepare a corrective action plan after receipt of the RAA's report of the results of the case review (if corrective action is required). The plan must be submitted to the RAA within two weeks.
- B. The APS PA may request a meeting with the RAA if the APS PA objects to any of the findings and conclusions of the RAA. If such a meeting is requested, the corrective action plan must be submitted to the RAA within three weeks following the APS PA's receipt of the report, if required.
- C. The APS PA shall submit written evidence that corrective actions have taken place within ninety (90) days following submission of the corrective action plan. For example, if the corrective action plan states that training will be provided, written evidence that the required training has occurred must be submitted. If the corrective action plan requires a change in policy or procedure, such change in policy or procedure must be documented.
- D. The APS PA shall keep a record of all case review results, and corrective action plans, documentation of the implementation of all corrective action plans, and, if there were no corrective actions deemed necessary, a written statement to that effect.

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### **1506: Regional Administrative Agencies/Periodic Program Operations Administrative Review**

- A. The RAA shall be responsible for conducting a periodic program operations administrative review of the APS PAs in the RAA's service area.
- B. The frequency of the review of each APS PA shall be determined by the following criteria, however, in no case may the period between administrative reviews exceed three years.
  - 1. For the first two years the RAA contracts with the APS PA, a review must be conducted annually.
  - 2. If the APS PA has met all of the requirements of their administrative review, the RAA may elect to conduct the next review in three years.
  - 3. If the RAA or IDoA has reason to believe a more frequent review is warranted, then a review shall be conducted within the next year.
- C. The RAA shall give the APS PA no less than three weeks notice that the RAA will be conducting its periodic administrative review.
- D. Upon arrival at the APS PA, the RAA shall briefly meet with the head of the APS PA's adult protective service program, or agency director, as appropriate, to discuss the review and the location of, and procedures for, accessing records that will be part of the review.
- E. The RAA shall provide the APS PA with a report of its findings and conclusions within three weeks after the administrative review is completed. The reports must identify all areas requiring corrective action.
- F. The RAA and the APS PA shall keep on file all review results and the corrective action plan. If no corrective action was deemed necessary based on the results of the program operations administrative review, then a written statement to that effect is to be filed with the completed program operations administrative review materials.
- G. During the next program operations administrative review, the RAA shall review the areas requiring corrective action as a result of the last

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review to assure that all required corrective measures were implemented.

- H. Within three weeks following the conclusion of the administrative review, the RAA shall submit to IDoA the following documents:
1. the administrative review findings, conclusions, and areas requiring corrective actions; and
  2. any corrective action plans prepared by the APS PA in response to the RAA's findings.

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### **1507: Adult Protective Service Provider Agency/Periodic Program Operations Administrative Review**

- A. The APS PA shall prepare a corrective action plan after receiving the results of the RAA's administrative review (if such corrective actions are required.) The plan must be submitted to the RAA within two weeks following receipt of the report.
- B. If the APS PA objects to any of the RAA's findings or conclusions, the APS PA may request a meeting with the RAA to discuss the report. If such a meeting is requested, the corrective action plan must be submitted to the RAA within three weeks following the APS PA's receipt of the report, if required.
- C. The APS PA shall submit written evidence that the required corrective actions have taken place within 90 days following submission of the corrective action plan. For example, if the corrective action plan states that training will be provided, written evidence that the required training has occurred must be submitted. If the corrective action plan requires a change in policy or procedure, such change in policy or procedure must be documented.