**State of Illinois**
Illinois Department on Aging

# Multi-disciplinary Team Member Handbook

**Revised 5/1/2017**

This handbook is funded by the U.S. Administration on Aging, grant number 90 AR 0115/01 and by the Illinois Department on Aging. The views expressed in this handbook do not necessarily reflect the official position of the Administration on Aging.

# TABLE OF CONTENTS

Introduction ..... 2

Images of Abuse ..... 3

Multi-disciplinary Team Information ..... 4

Adult Protective Services Program ..... 7

Background ..... 10

Summary of Adult Abuse Occurrences ..... 15

Indicators of Abuse, Neglect and Financial Exploitation ..... 23

Services/Resources Used in Adult Abuse ..... 26

Adult Abuse Intervention Strategies ..... 28

Acknowledgments ..... 31

# APPENDICES

Appendix A ..... 30

- Sample Member Agreement ..... 31
- Sample Meeting Agenda ..... 32
- Why Cases Are Selected ..... 33
- Sample M-Team Case Summary ..... 34
- Sample Meeting Minutes ..... 36

Appendix B ..... 38

- M-Team Member Job Descriptions ..... 39

Appendix C: Adult Protective Services Abuse and Neglect Act ..... 53

# INTRODUCTION

The use of Multi-disciplinary Teams (M-Teams) to assist Adult Protective Services Provider Agencies in addressing issues related to victims of abuse-followed models used in child abuse cases and in medical settings.

The Illinois Department on Aging received a two-year Discretionary Grant from the Administration on Aging in 1998 to test the use of M-Teams in elder abuse as it was then known. At that time, the Department responded to elder abuse cases of those age 60 and older; it was not until 2013 that the program expanded to include adults with disabilities age 18-59.

The two-year research grant compared and contrasted the use of paid versus voluntary M-Teams in urban and rural settings. Two urban and two rural elder abuse agencies developed M-Teams that were monitored and evaluated over the two-year period. One urban and one rural agency paid their members while the other two agencies used voluntary teams. During the research period, information was gathered from telephone interviews, site visits, and M-Team minutes that described how teams were organized, solved problems, filled service gaps, and supported provider agencies in assisting victims of elder abuse, neglect, and financial exploitation. The collected information enabled the Department to examine the differences among sites in the length of time cases stayed open, the outcomes of the service planning, turnover of the team members, costs and benefits of using M-Teams, and satisfaction of team members.

The Department and the agencies participating in the grant have long recognized the benefits of the M-Team approach. Some of the lessons learned include:

- team members feel committed
- advice and support are valuable to caseworkers
- networking benefits notable and public awareness enhanced
- possible for one team to serve a multi-county area
- payment of members appears irrelevant
- case solutions not always immediate

This handbook has been developed with input and insight from the participating agencies in the grant and represents what has been learned about utilizing M-Teams effectively. The purpose of this handbook is to familiarize volunteer professionals who agree to serve on a Multi-disciplinary Team with:

- the goals and purposes of M-teams
- the responsibilities of M-team members
- the Illinois Department on Aging's Adult Protective Services Program
- information about abuse, its victims and perpetrators
- the range of services available to eligible adults
- strategies for successful intervention
- the Adult Protective Services Act

# IMAGES OF ABUSE

An anonymous report was made about two elderly sisters living together in a one room flat. The caseworker made a visit to the apartment and found Susan, one of the sisters, lying on the floor, incoherent. The other sister, Marian, who was the primary caregiver, stated that nothing was wrong. The caseworker contacted a physician who made a home visit and examined Susan. Susan was immediately admitted to the hospital and had to be quarantined because maggots were found all over her body as well as four types of vermin. Susan was also extremely malnourished and dehydrated because she had diarrhea continuously. Marian was tired of caring for her sister and no longer would clean up her messes. Upon release from the hospital, Susan wished to return to her apartment and live with her sister. The caseworker arranged for respite care, in-home services, and is making periodic visits to the apartment to assure the neglect does not occur again.

Frances, age 67, suffered from chronic renal dysfunction, hypertension, glaucoma, and arthritis. Frances could ambulate only short distances primarily using a wheelchair for mobility; yet, was able to attend Adult Day Care. Frances lived with her daughter, Janice, in a rented house. All of Frances' income was managed by her daughter and used for the family's rent and other bills. Janice left her mother alone for a brief visit out of state. At this time, Frances finally expressed her concern at the Adult Day Care center. She had very little food left in the house and no money until her next social security check arrived. She began receiving cut-off notices from the utilities, learning her daughter had not been paying bills for months. Her water had just been shut off the day before. The provider agency arranged to have the water turned back on and provided food from a local food pantry. The daughter returned to the house only long enough to gather her belongings and tell her mother she was getting married and moving out of state. The provider agency relocated Frances to a boarding home where housekeeping and meals were provided. She continued her attendance at Adult Day Service. When her Social Security check was direct deposited at the bank a few days later, Frances' caseworker took her to the bank to withdraw money for her housing, only to learn the daughter had withdrawn all but $5.00 from the joint account before she left the state. Early Intervention Service funds were used to pay for Frances' first month's rent.

A nun contacted the local provider agency late one evening concerning Martha, 87, who was living with her grandson, Charles. The home was very dirty and rat infested, with broken windows, spoiled food, garbage, and newspapers stacked throughout the house. The reporter stated that Charles had kicked and hit Martha, had thrown out Martha's medication, and in the past, had taken her Social Security check. The staff immediately arranged for emergency housing at a local domestic violence shelter and were able to replace the needed insulin and medications using Early Intervention Service funds. While in the shelter, home delivered meals and home health services were provided. When the caseworker met with Martha she was weak and disoriented, her clothes were dirty, and she had no shoes. Martha was obviously afraid of her grandson, who stated he was coming back to kill her, but was also worried about him. The caseworker was able to reach a granddaughter who agreed to become Martha's guardian. Martha is now living with her granddaughter in another town receiving in-home services, and appears to be adjusting well. Charles is receiving therapy from a mental health agency.

# MULTI-DISCIPLINARY TEAM INFORMATION

## Goals and Purposes of M-Teams

A Multi-disciplinary Team is a group of selected professionals from a variety of disciplines who meet minimally eight times per year to discuss and provide consultation on specific cases of adult abuse, 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.

The Illinois Department on Aging funds a Provider Agency in each geographic area to receive and respond to reports of adult abuse, neglect, and financial exploitation. Each Provider Agency, with a few exceptions, is responsible for creating and supporting a Multi-disciplinary Team. The specific goals are to improve each Provider Agency's response to its adult abuse and neglect clients by:

- Providing consultation on complex cases
- Acting as a sounding board for caseworkers
- Providing different perspectives on problems
- Improving networking among peers within each professional group

Studies have shown that decisions made by groups are more effective than those made by individuals when no one person has the solution, but each person can contribute to a solution. Abuse cases often include highly functioning impaired victims, more than one type of abuse or neglect, and complex family dynamics. Given the complexity of these cases, and the fact that there are often gaps in the services needed to assist victims, a broad range of professionals looking at a case and planning possible interventions is more likely to arrive at effective results.

M-Teams provide many benefits, including:

- Support and validation for caseworkers
- Increased knowledge of community resources
- Wider range of alternative solutions to consider
- Better coordination of interagency efforts
- Networking and "door opening" among professional groups

## M-Team Membership

The following professionals are represented on M-Teams in Illinois:

Disability Care: The disability care member provides expertise, advice and information regarding adults with disabilities.

Law Enforcement: The law enforcement member provides expertise and information to the M-Team and Adult Protective Services caseworkers regarding the law enforcement process, such as what the police can do, getting into an alleged victim's home, removing the abuser from the home, theft by a caretaker, etc.

Health Care: The health care M-Team member (a nurse, physician or other health care professional) provides advice and information regarding such things as available medical resources, home health services and their limitations, Medicare and Medicaid, and the effects of medications.

Legal: The attorney on the M-Team offers legal advice and information on issues such as confidentiality and privacy, wills and estates; guardianship; power of attorney, when acts are criminal in nature; and relevant statutes and regulations

Clergy: The clergy representative on the M-Team gives advice from a pastoral perspective and may seek services or support from the client's church, as required.

Financial: The M-Team financial expert, generally a banker, provides information regarding direct deposit of income checks; prevention of fraud through preauthorized charges to bank accounts; verification of transactions through microfilm, etc., and trust services and guardianships.

Mental Health: The mental health professional on the M-Team, either a social worker or psychiatric nurse, offers expertise in case management, mental health diagnoses and state codes, forms of therapy and medications.

Optional Member: The Adult Protective Services Provider Agency may elect to add one additional representative of another professional field such as domestic violence, substance abuse, etc.

Detailed job descriptions for each of these positions can be found in Appendix B of this handbook.

Each M-Team member should be genuinely interested in working on behalf of at-risk adults, have good communication and problem-solving skills, be tolerant of different attitudes and perspectives, be competent in his or her profession, and be able to access community resources. In addition, the member must be able to commit to meet minimally eight times per year for one to two hours each session, and to prepare for and follow-up on meetings as required.

## M-Team Process

M-Teams meet for one to two hours. The date, time, and location of the meetings are determined by each local group according to their own schedules and convenience. The minimum number of yearly meetings to be held is eight, which accommodates vacation and holiday schedules.

The Provider Agency appoints an M-Team coordinator to carry out the following responsibilities:

- Recruit and train M-Team members
- Work with caseworkers on case selection and presentation
- Facilitate M-Team meetings
- Arrange for meeting minutes to be taken
- Send meeting notices, agenda and previous minutes to members before each meeting
- Provide updates on previously selected cases

Brief written and verbal summaries of new cases to be discussed are presented to the team by the caseworker assigned to the case. Each new case is discussed for a period of 20 to 30 minutes. At the end of each discussion the Coordinator summarizes the recommendations made.

M-Team members may be asked to follow-up on issues raised during the discussion, and to report back either to the team at its next meeting or to the Coordinator or caseworker in the interim. In addition, members may be asked to make brief educational presentation to the team on matters in which they have expertise. M-Team members may also have the opportunity to make educational presentations on abuse to their own professional groups or civic organizations. The extent to which members get involved in such community education activities varies from team to team and among members on a team.

On occasion, the M-Team may have a guest speaker to provide information on relevant issues. Also, the Coordinator may sometimes ask another professional to attend a meeting to discuss a specific case.

The Coordinator also provides updates on previous cases in order for the team to know the outcome of the interventions and the success of the recommendations made.

## Immunity

The Adult Protective Services Abuse and Neglect Act (Public Act 85-1184), provides immunity from civil or criminal liability to any person, institution or agency who in good faith makes a report or assessment of abuse, neglect, or exploitation or who takes photographs or x-rays in connection with an assessment. In addition, the act also provides immunity to any appropriate provider of services who consults with the provider agency in the development of a service case plan for a victim of substantiated abuse. The M-Team members who provide consultations on cases are immune from liability. To ensure protection under this provision, the M-Team member should have a signed written agreement in effect with the provider agency.

## Confidentiality

Each M-Team member must commit to keeping the discussions of specific abuse cases confidential. Although members will not be given client names, the identity of some clients may become evident, especially in less populated areas. Because abuse is so personal and sensitive in nature, clients must have total confidence that the details of their lives will not be made known in the community if the program is to be successful in preventing further abuse.

# ADULT PROTECTIVE SERVICES PROGRAM

## APS Program

The implementation of the APS Program is the culmination of years of work on the part of the Department and other aging advocacy and provider organizations to establish a program and obtain funding to assist a very vulnerable group of older adults and persons with disabilities.

The Act (Public Law 85-1184) was signed into law by Governor Thompson in August 1988. The legislation was based on recommendations made by the Department on Aging as a result of administering four pilot projects for a three-year period under the Elder Abuse Demonstration Program Act. The Act directs the Department on Aging to establish an intervention program to respond to reports of alleged abuse, neglect, and financial exploitation (ANE) and to work with the person in resolving the abusive situation. The Act also provides immunity for persons who report ANE and to caseworkers who respond to those reports from civil and criminal prosecution as long as they act in "good faith."

## Defining Abuse

**Physical Abuse** means causing the infliction of physical pain or injury to an older person.

**Sexual Abuse** means touching, fondling, sexual threats, sexually inappropriate remarks, or any other sexual activity with an older person when the older person is unable to understand, unwilling to consent, threatened, or physical forced to engage in sexual behavior.

**Emotional Abuse** means verbal assaults, threats of abuse, harassment, or intimidation so as to compel the older person to engage in conduct from which s/he has a right to abstain or to refrain from conduct which the older person has a right to engage.

**Confinement** means restraining or isolating an older person for other than medical reasons.

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

**Willful Deprivation** means willfully denying an older person who requires medication, medical care, shelter, food, therapeutic device, or other physical assistance, and thereby exposing that person to the risk of physical, mental, or emotional harm; except with regard to medical care or treatment when the dependent person has expressed an intent to forego such medical care or treatment.

**Financial Exploitation** means the misuse or withholding of an older person's resources by another to the disadvantage of the elderly person and/or the profit or advantage of a person other than the older person.

**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.

## Services Offered

The APS program provides the following services to victims of abuse, neglect, and financial exploitation.

**Intake of Reports.** A screening process to determine if there is reasonable cause to suspect that abuse, neglect, or financial exploitation has occurred.

**Assessment.** A systematic, standardized system to respond to reports to determine whether ANE/SN has occurred, the degree of risk to the eligible adult of further harm, and if the need exists for immediate interventions.

**Casework.** Intensive casework activities on substantiated cases of ANE/SN. Casework includes working with the eligible adult on the development and implementation of a care plan for the purpose of stabilizing the situation and reducing risk of further harm to the eligible adult. The care plan could include legal, medical, social service and/or other assistance needed.

**Follow-Up.** Because there are sometimes recurring problems even after intervention, a systematic method of follow-up on substantiated cases is essential to this program. Follow-up may be effective in preventing further risk of harm by working with the eligible adult in detecting recurring signs of problems before the situation becomes life-threatening.

**Early Intervention Services.** While an array of services is usually available in communities, older adults and adults with disabilities who are victims of ANE/SN often face unique barriers which prevent access to available resources. Early Intervention Services are available for short term and/or emergency services where resources are not available for the victim. These services include: legal assistance, housing and relocation assistance, respite care, and emergency aid (i.e., food, clothing, medical care).

There are two additional components of the program that provide support to the program's service delivery activities:

**Multi-Disciplinary Teams.** A Multi-disciplinary Team allows representatives from banking or finance, disability care, health care, legal, law enforcement, mental health care and clergy. The M-Team acts as a support system for provider agency staff by providing for case conferencing to occur on the most difficult cases.

**Public Awareness/Education.** Public awareness and education focused on prevention efforts and identification of ANE/SN. In addition to general public awareness through posters, brochures, and public service announcements, education efforts will focus on those professional groups most likely to come into contact with victims of abuse.

## Basic Principles of Illinois' Program

**Limited Mandatory Reporting.** Illinois has adopted a law which combines voluntary and mandatory reporting requirements to report suspected cases of ANE/SN. The law requires that certain persons including health professionals, Aging Network personnel and others, must report to the program any suspicions of abuse, neglect, or financial exploitation of eligible adults who, because of dysfunction,

cannot report for themselves. The law also encourages persons to report voluntarily for other older adults and provides immunity from liability for anyone making such an abuse report in good faith. Note: For a list of mandatory reporters, refer to the Adult Protective Services statute in Appendix C.

**Self Determination.** The concept of self-determination adopted by the state of Illinois includes certain civil rights to which competent adults are entitled. These rights do not change by virtue of aging. Competent adults have the right to:

- Decide where and how they will live
- Choose whether to accept social services or other community assistance
- Make decisions different from those society would make, including "bad" decisions which are not harmful to others.

There are times, however, when a person is incapable of protecting him/her self and, under the law, has the right to have protective measures taken on their behalf. Protective measures are contained in the Mental Health Code and the Probate Act.

**Intervention Principles.** The principles below have been written in support of an older adult's right to self-determination.

- Involve the older or disabled person in the development of the intervention/case plan. Take the time to explain the range of legal, medical, and social service options to the person, beginning with the least restrictive alternatives in treatment and placement so that he or she can exercise his or her maximum decision-making ability for his or her competence.
- Consult with the family unit support system whenever possible. Most abused persons live with a family member or receive some form of care from the family.
- Recommend community-based services rather than institutional placement whenever possible. Institutions are considered a very restrictive environment. Often a person fears placement more than abuse. The person may refuse services if placement is the only option presented.
- Be direct in discussing the situation and alternatives, but avoid placing blame. Assigning blame can be dysfunctional and reduce the chances of stopping abuse.
- Respect the person's right to confidentiality. Information about the older adult's affairs should only be shared as authorized by the older adult or their legal representative, such as a Power of Attorney or guardian, and as it pertains to obtaining assistance and guidance.
- Recognize that inadequate or inappropriate intervention may be worse than none at all. Assistance that over-promises may be rejected by the older adult and the abuser. Inadequate or inappropriate intervention may greatly increase the risk to the victim.
- The person's interests are to be the first concern of the program. The person comes before his or her family or members of the community. The older adult's safety is also the foremost concern when he or she is unable to decide or act on his or her own behalf.

# BACKGROUND

## Introduction

Family violence is increasingly recognized as a serious problem within our homes and communities. What is often not recognized, however, is that older persons and persons with disabilities are often victimized.

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.

## Defining Abuse

The types of abuse, neglect, and financial exploitation addressed by the APS Abuse and Neglect Program are described below:

Physical Abuse means causing the infliction of physical pain or injury to an older person.

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

Emotional Abuse means verbal assaults, threats of abuse, harassment, or intimidation so as to compel the person to engage in conduct from which s/he has a right to abstain or to refrain from conduct in which the person has a right to engage.

Confinement means restraining or isolating an older person for other than medical reasons.

Passive Neglect means the failure by a caregiver to provide an eligible adult with the necessities of life including, but not limited to, food, clothing, shelter, or medical care. 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.

***Willful Deprivation*** means willfully denying assistance to an older person who requires medication, medical care, shelter, food, therapeutic device, or other physical assistance, thereby exposing that person to the risk of physical, mental, or emotional harm; except with regard to medical care or treatment when the dependent person has expressed an intent to forego such medical care or treatment.

**THE HOME CARE WORKER HIRED TO CARE FOR MRS. CLARK WOULD TIE HER TO THE BED AND LOCK THE BEDROOM DOOR WHILE SHE CLEANED THE REST OF THE HOUSE.**

***Financial Exploitation*** means the misuse or withholding of an older adult's resources by another to the disadvantage of the older adult and/or the profit or advantage of a person other than the older adult.

***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.

## Services Offered Through the Program

Services provided to victims of abuse through the Adult Protective Services Program are described below:

*Intake of Reports:* A screening process to determine if there is reasonable cause to suspect abuse, neglect, or exploitation has occurred. The urgency of the report is also determined at this time.

*Assessment:* A standardized system to respond to reports of abuse, neglect, and/or exploitation for the purpose of determining whether abuse has occurred and if the need exists for immediate interventions on behalf of the person. If abuse has occurred, the degree of risk to the person of further abuse is also examined.

*Casework:* Intensive casework activities are provided to victims of abuse in order to stabilize the abusive situation and reduce the risk of further harm to the person. Casework includes working with the person to develop and implement a case plan. A case plan can include services such as legal and law enforcement assistance, medical care, social services, and/or other needed help.

*Follow-Up:* Abuse, neglect, or financial exploitation can be a recurring problem even after the initial intervention. Therefore, a systematic method of follow-up with victims is essential to this program. Follow-up assistance is available to the victim for up to one year (or longer in extreme circumstances) after the case plan is implemented. Follow-up may be effective in preventing further abuse by working with the person in detecting recurring signs of abuse before the situation becomes life-threatening.

There are two additional components to the APS Program that provide support to the program's service delivery activities:

*Multi-Disciplinary Teams:* M-Teams have been developed and used by all but a few of the provider agencies. An M-Team involves representatives from the disability care, legal, law enforcement, mental health, clergy, public health, banking, social work and/or domestic violence fields with a provider agency. The M-Team meets eight times per year with an agency's caseworker staff and provides case consultation on their most difficult abuse cases.

*Public Awareness/Education:* The Department on Aging, Area Agencies on Aging, and local provider agencies focus a great deal of effort on public awareness and education. Public awareness efforts emphasize prevention and identification of abuse, neglect, and exploitation through posters, brochures, public service announcements, and public speaking. Education activities are directed to those professional groups most likely to come into contact with victims of abuse.

## Guiding Principles of the Program

Basic principles have been developed to help guide staff of the Adult Protective Services Program when they become involved in the life of a victim.

*Self-Determination:* The concept of self-determination is the foundation of the guiding principles. Self-determination is a right to which competent adults are entitled. This right does not change by virtue of aging. Adults have the right to:

- Decide where and how they live
- Choose whether to accept social services or other community assistance
- Make decisions different from those society would make, including "bad" decisions which are not harmful to others

DURING HIS ANNUAL **PHYSICAL, MR. JONES'** PHYSICIAN DISCOVERED CIGARETTE BURNS AND OTHER BRUISES ON HIS BODY

There are times when adults are incapable of protecting themselves and, under the law, have the right to have protective measures taken on their behalf. These protective measures are contained in the Mental Health Code and the Probate Act.

*Intervention Principles:* The principles outlined below have been written in support of a person's right to self-determination:

- 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 the person, beginning with the least restrictive alternatives in treatment and placement, so that they can exercise their maximum decision-making ability for his or her competence.
- Consult with the family unit whenever possible. Often abused adults live with a family member or receive some form of care from the family.

- Assist the individual to live in the most independent setting.
- Be direct in discussing the situation and alternatives.
- 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 to act on his or her own behalf.

**ONCE SHE BECAME WIDOWED, MS. BEATTIE ALLOWED HER SON TO MANAGE THE FINANCES. HER SON OBTAINED A DURABLE POWER OF ATTORNEY AND, WITHOUT HIS MOTHER'S KNOWLEDGE, TRANSFERRED ALL ASSETS TO HIS NAME.**

## Organizational Structure of the Program

The Department on Aging has the overall responsibility for administering the Adult Protective Services Program in Illinois. The Department develops all policies and procedures, designates Regional Administrative Agencies and APS provider agencies, provides training to staff, maintains a computerized management information system on all abuse reports, and coordinates with other statewide efforts to assist abused adults.

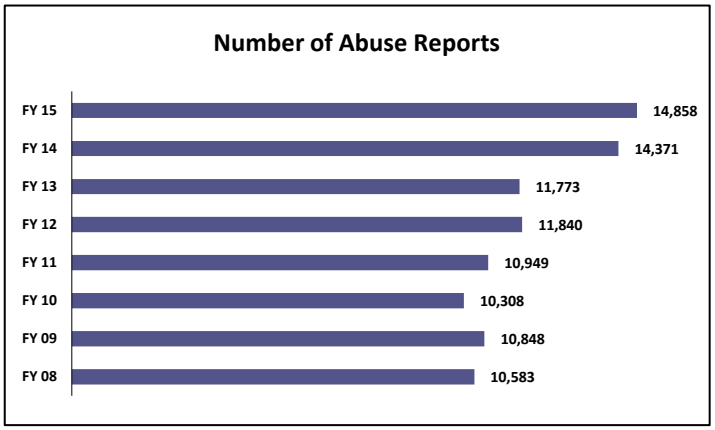
Regional Administrative Agencies are designated by the Department on Aging and assist in administering the program within each of the 13 planning and service areas in the state. In addition to working with the Department in appointing provider agencies in their planning and service areas, Regional Administrative Agencies (RAAs) directly contract with the agencies for service delivery, provide technical assistance, and monitor service provision in each of the 13 planning and service areas. Many RAAs also coordinate and/or participate in public awareness and professional training activities related to the issue of ANE/SN. The 13 RAAs are the designated Area Agencies on Aging.

As of 2016, 42 agencies throughout the state are appointed by the Illinois Department on Aging, in cooperation with the Regional Administrative Agencies, to provide services. The provider agencies (PAs) receive reports of abuse, conduct assessments on all reported cases and, if substantiated, provide casework and follow-up services to victims of abuse. APS agencies also provide public awareness and education on abuse to the general public and professionals in their communities, coordinate Multi-disciplinary Teams to assist them on difficult cases, and authorize the expenditure of Early Intervention Services (emergency) funds for short term and/or emergency services.

A variety of agencies are designated as provider agencies, including non-profit organizations as well as public agencies. All of the PAs also provide other services to older adults in their communities. For example, many provide case management and outreach assistance. Each PA has a specified geographic area within the State for which they are responsible for providing services.

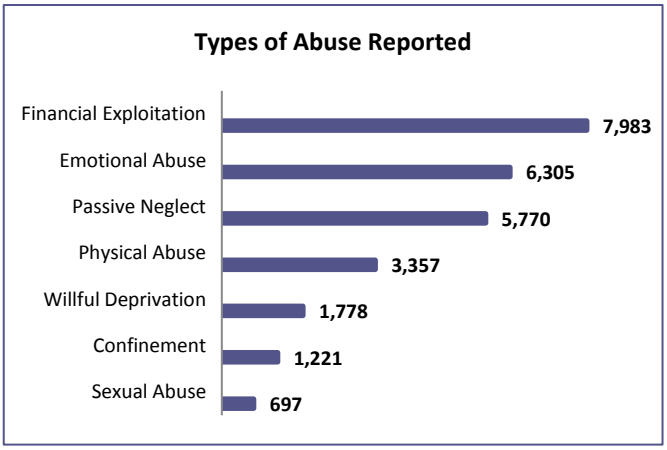
The Adult Protective Services Program is financed with State General Revenue and Older Americans Act Title VII funds. The APS provider agencies receive reimbursement from State funds, via the Regional Administrative Agencies, for the assessment, casework, and follow-up activities on a unit rate basis. PAs can also use State funds to purchase Early Intervention Services on behalf of eligible adults. PAs receive Older Americans Act Title VII funds to pay for the costs of coordinating the activities of Multi-disciplinary Teams and to assist with public education.

## Reports of Abuse and Neglect



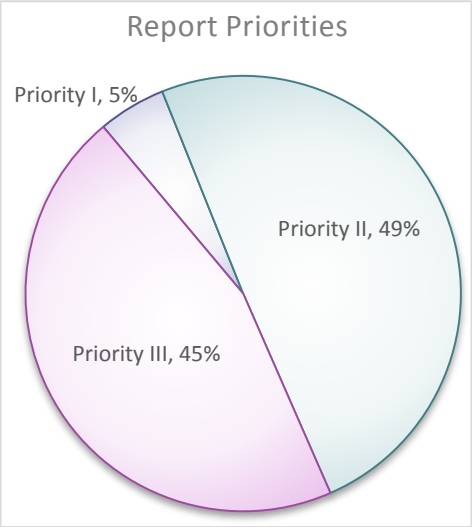

The city of Chicago received the largest number of reports (1,352) followed by the Suburban Cook County area with 1,271 reports. Although there were more reports received in Cook County than elsewhere in the State, the incidence rate (the number of reports received per 1,000 older persons in the service area) is highest for abuse reports in the southern tip of Illinois around Carbondale and the Peoria area, where 549 and 661 reports were received respectively.

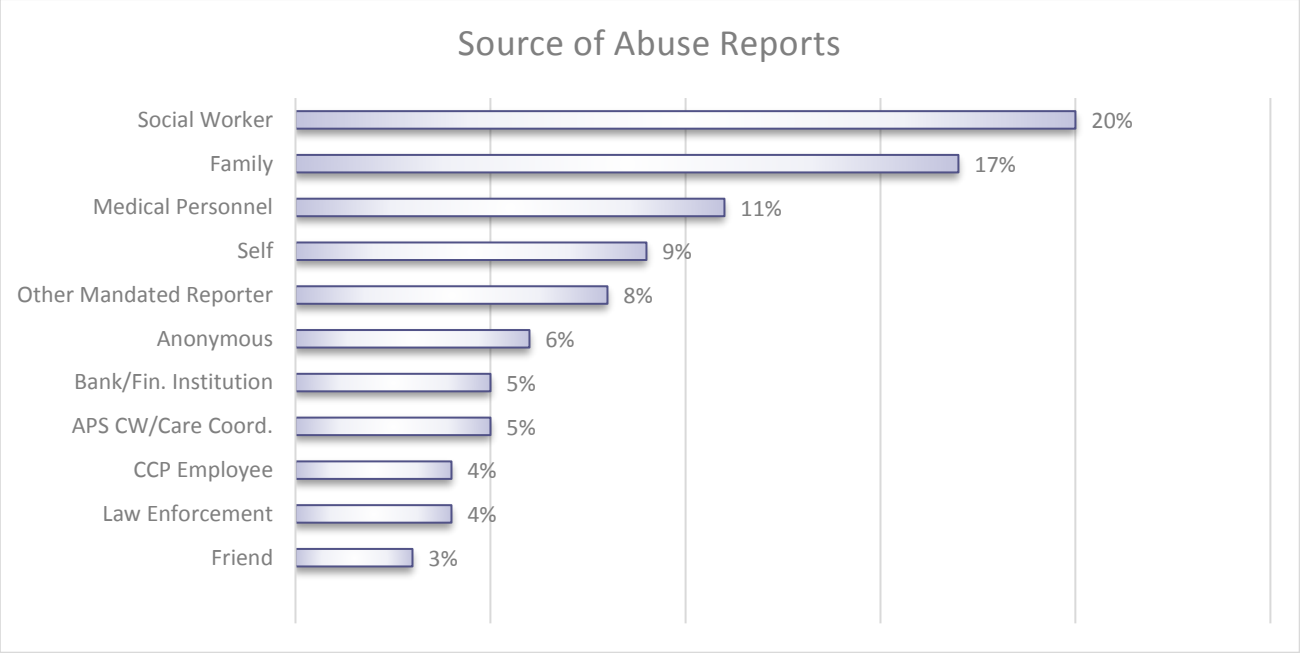
As in past years, financial exploitation was reported more frequently than any other type of abuse. Financial exploitation was reported in 54% of all reports. Emotional abuse, which is highly associated with financial exploitation, was reported in 42% of the reports received, followed by passive neglect (38%), physical abuse (23%), willful deprivation (12%), and confinement (8%). Allegations of sexual abuse were rarely reported (5%). As the graph illustrates, there is generally more than one type of abuse suspected and perpetrated against an older adult.



## Receipt of Reports

Reports of abuse, neglect, and exploitation are received by the local provider agencies or by calling the Department on Aging's Senior HelpLine or after-hours hotline. Upon receipt of a report, the provider agency will initiate an assessment by conducting a face-to-face visit with the older adult within a specified period of time. The timeframe for initiating an assessment is determined by the nature of the allegations made by the reporter. An assessment is initiated within 24 hours on a Priority I report, where the most serious allegations such as sexual abuse or severe physical abuse have been made. A Priority II report is investigated within 72 hours and the provider agency is required to conduct the initial face-to-face visit with the alleged victim within seven days of receiving a Priority III report. A Priority I status was assigned to 5% of the reports received, 49% were determined to be Priority II reports, and 45% were categorized as Priority III.

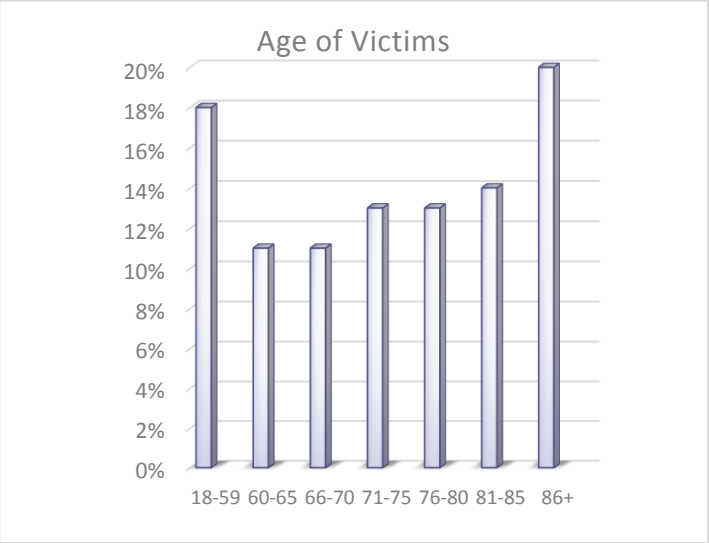



A wide range of individual's contacted the Adult Protective Services Program to report allegations of abuse, neglect, and financial exploitation. As mentioned previously in this report, the Adult Protective Services Act provides that people, who, in good faith, report suspected abuse or cooperate with an investigation, shall be immune from civil or criminal liability or professional disciplinary action. It further provides that the identity of the reporter is kept confidential except with their written permission or by court order. In FY 2015, social worker was the largest source of reports, accounting for almost one in five reports; followed by family (17%), medical personnel (11%), and self (9%).

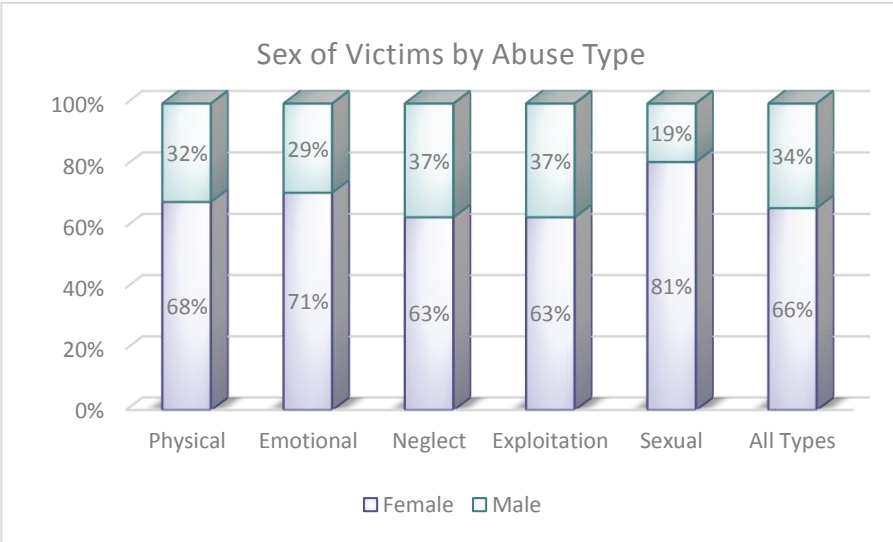
## Characteristics of Victims

The reports of abuse received by the program involved victims between the ages of 18 and 107. The average age of the victims was 79 years old. More than 13% of abuse victims are over the age of 75 and 20% are age 86 or older. Advanced age has long been recognized as a predictor of need for services and the profile of elder abuse victims bears this out. This "old-old" population is the fastest growing segment of society and includes some of the frailest elderly. Therefore, the number of elderly who are abused is expected to increase in future years.



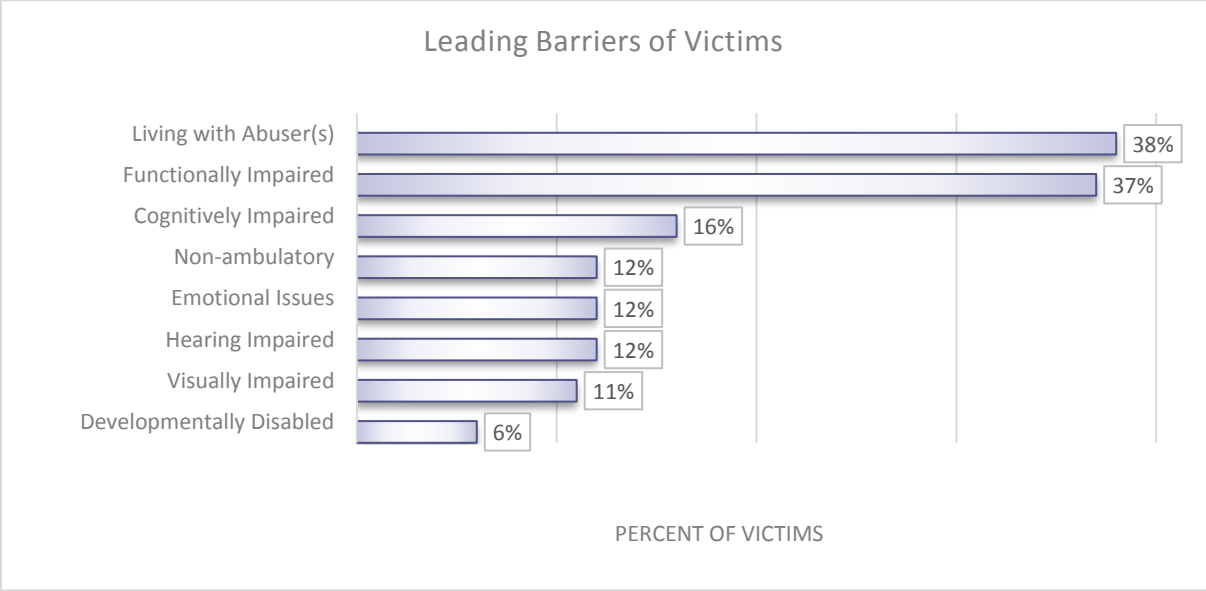

Abuse victims were predominantly White. One in five victims was Black, whereas Hispanics represented approximately 3% of all victims and only 49 victims were Asian. Language and cultural barriers may exist that inhibit access to the program by Hispanic and Asian abuse victims.

Abuse is clearly a women's issue. In FY 2015, women were over-represented as victims of abuse when compared with the general population over the age of 60. Seventy-one percent of abuse victims were women. Even more compelling, women were more likely to be victims of abuse regardless of abuse type. The chart at the right illustrates the percent of male and female victims by the four major types of abuse and for all abuse incidents.



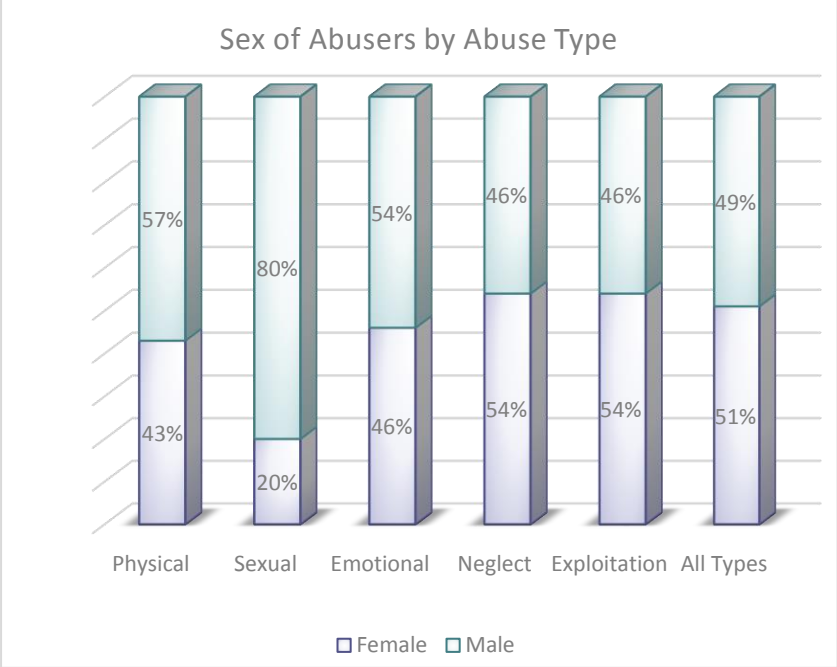

Almost half of the victims were widowed and one in four was married. A small percent of the victims lived with non-relatives in the community (2%) and 13% resided in a relative's home. The majority of victims lived in their own home or apartment (74%). Thirty percent of those victims living in their own home lived alone, while 17% lived with a spouse and 28% lived with a child.

Three out of five victims suffered from one or more barriers to independent living; 37% of victims were functionally impaired, meaning they had difficulty performing daily tasks such as walking, personal care, meal preparation, laundry and housecleaning. Many of these persons were victims of neglect and deprivation.

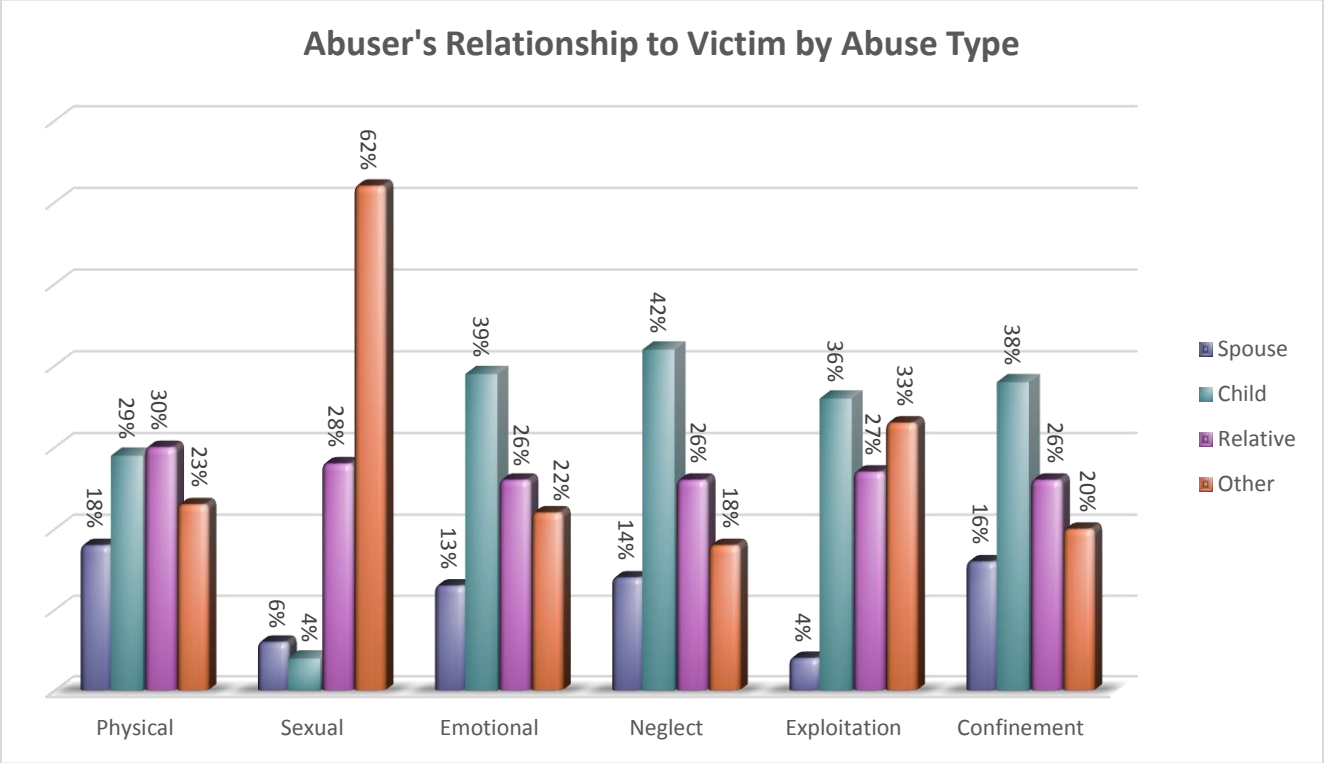



## Characteristics of Abusers

Abusers were almost equally split between men (52%) and women (48%). However, for all types of abuse, women were more likely to be abusers than men – except with regards to passive neglect where female abusers out-numbered male abusers. With regards to financial exploitation, females were more likely to be abusers.



The racial distribution of abusers is similar to victims. Most of the abusers were white, almost 18% were black, and almost 3% were Hispanic. The abuser's race was unknown in about 5% of all substantiated reports.

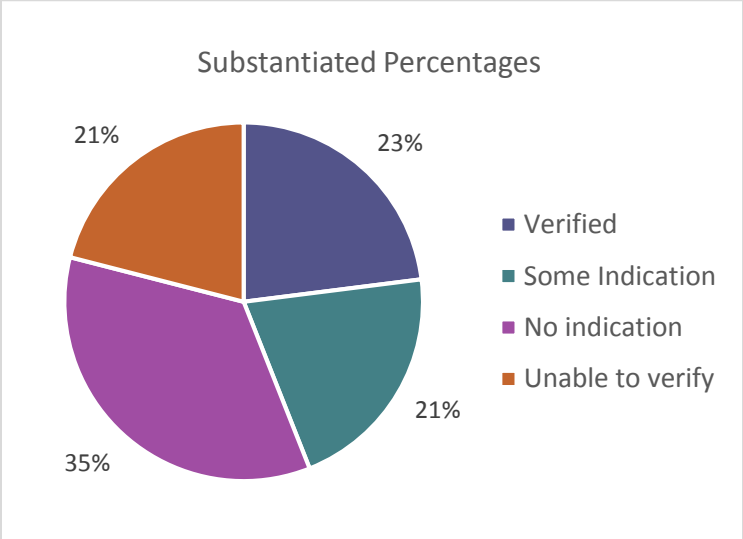



Abuse is a family problem – three out of four abusers was either a spouse, child, or other relative. The victim's child was the abuser in 44% of all substantiated cases, and they were most likely to abuse across all abuse types, with the exception of sexual abuse. The spouse was the abuser in only 11% of all cases, but spouses were most likely to be the abuser in cases of physical abuse. Spouses were rarely the abuser in financial exploitation cases. Other relatives were the abusers in 21% of all cases substantiated in FY 2015. Other relatives can include a niece, nephew, grandchild or parent of the victim. In 16% of the cases, the abuser was either a guardian, a representative payee, or had power of attorney.

Unlike abuse victims, only a small percent of the abusers were known to have barriers to independent living. Eighteen percent of the abusers had substance abuse problems, 8% had mental illness, 6% had physical limitations, and 2% were cognitively impaired. One-fifth of the abusers were financially dependent on the victim.

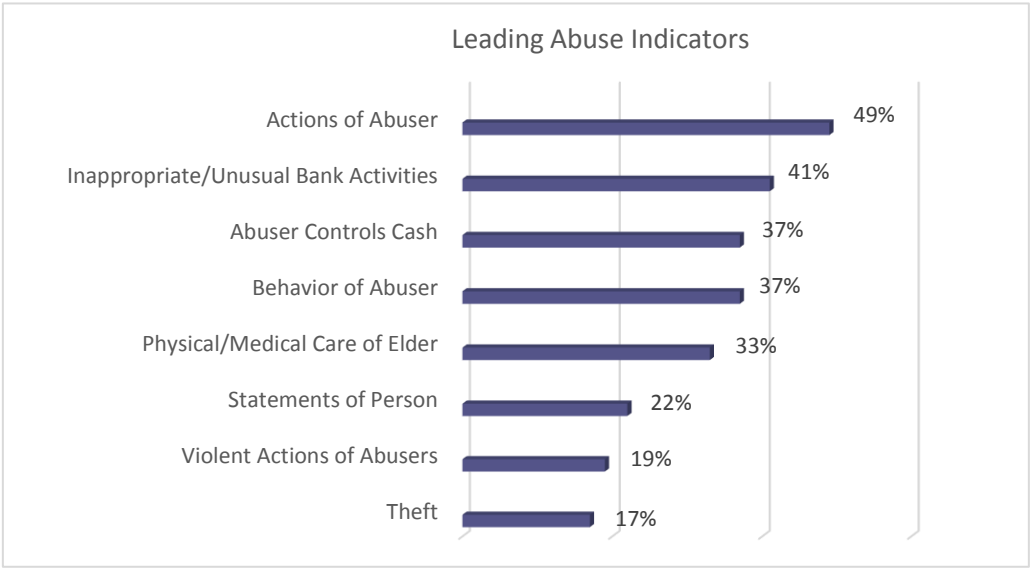
## Status of Reports Received

Every report of abuse, neglect, or financial exploitation is assessed and, within 30 days, the APS provider agency is required to make a decision about the report based on the evidence collected. Each report is determined to be either (1) substantiated, meaning that one or more of the alleged types of abuse was verified or there was "some indication" that the abuse did occur; (2) unsubstantiated, meaning that there was insufficient evidence to support the abuse allegations; or (3) unable to substantiate, meaning the APS provider agency was unable to locate the victim, was unable to gain access to the alleged victim, the alleged victim refused the assessment, or the APS agency had no jurisdiction over the report.




Overall, fifty-five percent of all abuse reports received were substantiated in FY15. Of the allegations made, emotional abuse (29%) and financial exploitation (23%) had the highest rates of substantiation. Sexual abuse (3%) had the lowest rate of substantiation.

Major indicators of abuse that were evident during the assessment process are documented by the APS caseworker using hundreds of abuse indicator codes. Actions of the abuser, i.e., inappropriate supervision for the person, not providing needed assistance, (withholding food, water, and/or medications, and refusing services) were found in almost all cases. Controlling the person's finances and unusual financial transactions were documented in 37% and 41% of the reports, respectively.



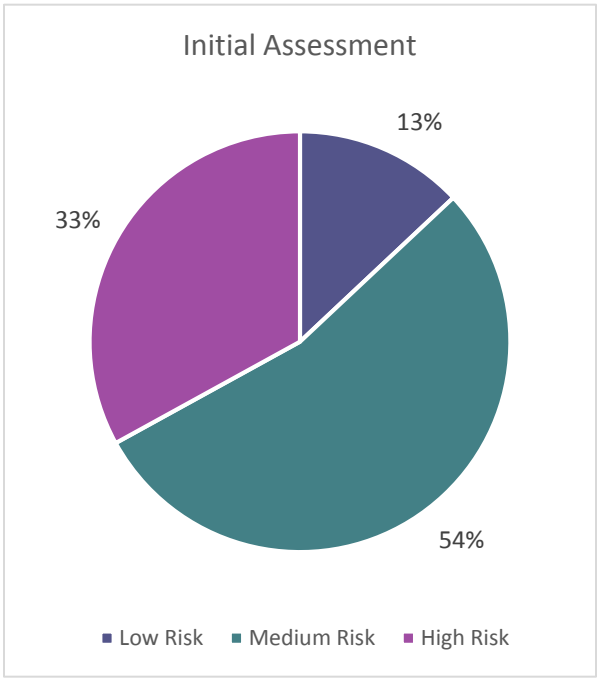
## Reduction in Risk

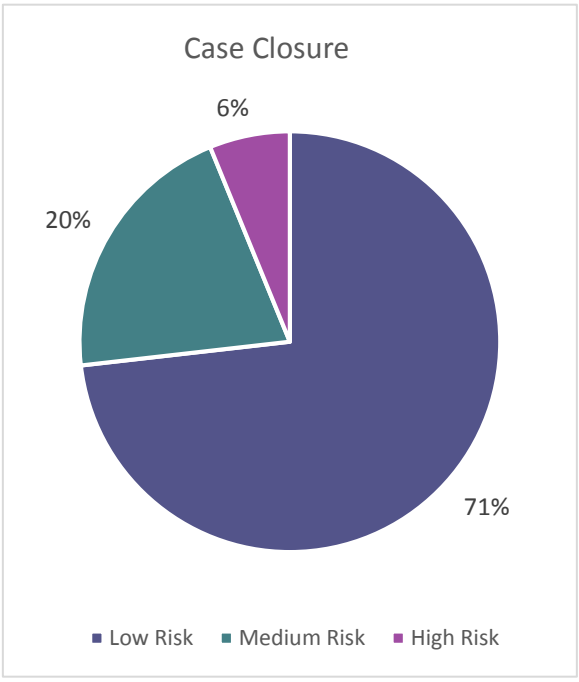
For every substantiated report of abuse, the provider agency evaluates the potential risk of the older adult for further harm or injury. A risk assessment is made every three months as long as the victim is a client of the program. This assessment of risk level enables the APS provider agency to develop an individualized care plan and determine the level of effort to devote to the case. The risk assessment looks at the functional abilities of the victim, the services and other assistance currently available to the victim, the relationship between the abuser and victim, the abuser's characteristics and the type of abuse, neglect, or financial exploitation.

Low risk means, in the judgment of the APS provider agency, the situation has a fairly low likelihood of recurring or escalating in severity. Medium risk means there is the potential that the situation will continue and possibly escalate. High risk means that it is very likely the abusive situation will continue and will probably escalate in the future. The initial assessment of risk is done at the time the assessment status is determined. In FY 2015, 84% of the abuse situations were initially assessed to be at medium or high risk.

Of the cases closed during FY 2015, 71% of the abuse situations were determined to be at low risk at the time the case was closed.

RISK ASSESSMENT



# INDICATORS OF ABUSE, NEGLECT AND EXPLOITATION

The following indicators do not signify abuse, neglect or exploitation per se. They can be clues however, and thus helpful in assessing the client's situation.

## Physical Indicators

- Injury that has not been cared for properly
- Any injury incompatible with history
- Pain on touching
- Cuts, lacerations, puncture wounds
- Bruises, welts, discoloration:
    - Bilaterally on upper arms
    - Clustered on trunk, but may be evident over other areas of the body
    - Morphologically similar to an object
    - Presence of old and new bruises at the same time
- Dehydration and/or malnourishment without illness-related cause; loss of weight
- Pallor
- Sunken eyes, cheeks
- Evidence of inadequate care (i.e., gross decubiti without adequate medical care)
- Evidence of inadequate or inappropriate administration of medication
- Eye problems, retinal detachment
- Poor skin hygiene
- Absence of hair and/or hemorrhaging below the scalp
- Soiled clothing or bed
- Burns: may be caused by cigarettes, caustics, acids, friction from ropes or chains, from confinement, or contact with other objects
- Signs of confinement (tied to furniture, bathroom fixtures, locked in room)
- Lack of bandages on injuries or stitches when indicated, or evidence of unset bones

Injuries are sometimes hidden under the breasts or on other areas of the body normally covered by clothing. Repeated skin or other bodily injuries should be noted and careful attention paid to their location and treatment. Frequent use of emergency room and/or hospital or health care "shopping" may also indicate physical abuse. The lack of necessary appliances such as walkers, canes, bedside commodes; lack of necessities such as heat, food, water, and unsafe conditions in the home (no railings on stairs, etc.) may indicate abuse or neglect.

## Behavioral Indicators

These behaviors in themselves, of course, do not indicate ANE/SN. However, they may be clues to the worker to ask more questions and look beyond the obvious.

- Fear
- Withdrawal
- Depression
- Helplessness
- Resignation
- Hesitation to talk openly
- Implausible stories
- Confusion or disorientation
- Ambivalence/contradictory statements not due to mental dysfunction
- Anger
- Denial
- Non-responsiveness
- Agitation, anxiety

## Indicators from the Family/Caregiver

- The client may not be given the opportunity to speak for him/herself, or to see others without the presence of the caregiver (alleged abuser)
- Obvious absence of assistance, attitudes of indifference, or anger toward the dependent person
- Family member or caregiver “blames” the client (i.e., accusation that incontinence is a deliberate act)
- Aggressive behavior (threats, insults, harassment)
- Previous history of abuse to others
- Problems with alcohol or drugs
- Social isolation of family, or isolation or restriction of activity of the older adult within the family unit
- Conflicting accounts of incidents by the family, supporters, victim
- Unwillingness or reluctance to comply with service providers in planning for care and implementation
- Withholding of security and affection

## Possible Indicators of Financial Exploitation

This list is not intended to be exhaustive. Likewise, the reader is cautioned to fully evaluation a situation before coming to the conclusion that there is financial exploitation. This list is intended to convey POSSIBLE financial exploitation.

- Unusual activity in bank accounts
- Activity in bank accounts that is inappropriate to the adult, i.e., withdrawals from automated banking machines when the person cannot walk or get to the bank
- Power of attorney given when person is unable to comprehend the financial situation and, in reality, is unable to give a valid power of attorney
- Unusual interest in the amount of money being expended for the care of the adult, concern that too much is being spent
- Refusal to spend money on the care of the conservatee. Numerous unpaid bills, overdue rent, when someone is supposed to be paying the bills
- Recent acquaintances expressing gushy, undying affection for wealthy adult
- Recent change of title of house in favor of a “friend” when the adult is not capable of understanding the nature of the transaction
- Recent will when the person is clearly incapable of making a will
- Caretaker asks only financial questions of the worker, does not ask care questions
- Placement not commensurate with alleged size of the estate
- Lack of amenities, i.e., TV, personal grooming items, or appropriate clothing when the estate can well afford it
- Personal belongings such as art, silverware, jewelry missing
- Housekeeper tries to isolate adult from old friends and family; tells adult no one wants to see him/her, and adult then becomes isolated and alienated from those who care for him/her; comes to rely on housekeeper alone who then has total control
- Promises of life-long care in exchange for willing or deeding of all property/bank accounts to caretaker
- Checks and other documents signed when adult cannot write

# SERVICES/RESOURCES USED IN ABUSE

The following are examples of the range of services which adult abuse clients may need. Most of these services will be available in all parts of the State; however, some may not be available in your local community. The possible services or resources that may be appropriate for each type of abuse is provided below. Although the listing is not exhaustive, it provides a beginning in understanding the types of resources available to assist victims of ANE/SN abuse and their abusers.

## Service/Resource Listing

CORE SERVICES

- Intake and assessment
- Casework
- Follow-up
- Case review by M-Team
- Early Intervention Services

EMERGENCY

- Temporary financial support
- Emergency shelter
- Emergency caretaker
- Crisis intervention

HOME SUPPORT AND HOUSING

- Respite
- Alternative housing
- Homecare Aide
- Home repair
- Boarding home
- Nursing home placement
- Assisted living facility
- Supportive living facility

LEGAL AND FINANCIAL

- Daily money management
- Guardianship
- Civil commitment
- Orders of Protection
- Budget counseling
- Representative payee
- Legal representation
- Law Enforcement
- Durable power of attorney
- Income stretching benefits

MEDICAL AND PERSONAL CARE

- Disability care
- Hospitalization/Health care
- Health screening
- Home health care
- Drug information
- Mental health services
- Dental care
- Adult day service
- Health education
- Medical evaluation

SOCIAL SUPPORT

- Outreach
- Information and referral
- Crime prevention
- Telephone reassurance
- Recreation/socialization
- Friendly visitor
- Support group
- Transportation
- Religious organizations
- Congregate or home delivered meals
- Counseling
- Senior Companion Program

## Physical or Sexual Abuse

***Victim Centered:*** Medical evaluation; hospitalization; nursing home placement; emergency shelter; law enforcement; order of protection; divorce; mental health commitment of abuser; alternative housing; counseling through mental health, domestic violence, or rape crisis center; respite care.

***Abuser Centered:*** Counseling through mental health, substance abuse, sexual offenders; alternative housing; respite care for victim.

## Emotional Abuse

***Victim Centered:*** Respite care; home health; adult day services; alternative housing; telephone reassurance; counseling; resocialization through senior center, church or club.

***Abuser Centered:*** Respite care, home health, or adult day services for victim; counseling; socialization through senior center while victim is care for by another.

## Confinement

***Victim Centered:*** Legal information about rights; order of protection; law enforcement; transportation; adult day services; home health; friendly visiting or telephone reassurance. See also emotional abuse and financial exploitation.

***Abuser Centered:*** See emotional abuse and financial exploitation.

## Passive Neglect:

***Victim Centered:*** Home health; homecare aide; adult day services; medical equipment or supplies; home delivered meals; transportation; medical evaluation; respite; guardianship.

***Abuser Centered:*** Information about services; respite care for victim; training on how to provide care; counseling. See also emotional abuse and financial exploitation.

## Willful Deprivation

See financial exploitation, passive neglect, confinement and physical abuse.

## Financial Exploitation

***Victim Centered:*** Help applying for income-stretching benefits (OASDI, SSI, VA, general assistance, LINK; homestead exemption; LIHEAP, subsidized housing); emergency aid (i.e., food pantry); power of attorney; guardianship of the estate; direct deposit; representative payee; law enforcement; civil relief from the criminal financial exploitation law; small claims court.

***Abuser Centered:*** Help abuser apply for income-stretching benefits (those listed under “victim” may be appropriate, but also think of TANF; job training programs (JTPA); subsidized employment (SCSEP – Title V).

## Self-Neglect

# INTERVENTION STRATEGIES

The following discussion will focus on how the "combinations and permutations" of the victim, the abusive situation, and the stage of the victim help to determine what interventions are likely to be effective. Although situations and clients are unique, and the system needs to be flexible and creative, there are also commonalities and some interventions that are usually effective in certain situations.

First, information is collected by the caseworker throughout the assessment, casework, and follow-up process. One primary tool used to collect and document the details of the case is the ANE/SN Risk Assessment. The Risk Assessment examines key points related to: (1) Functional abilities, (2) Emotional status, mental functioning, and depression, (3) Environment, (4) Substance abuse and other endangering behaviors, (5) Income/Financial support services, (6) Formal and informal support services, (7) Abuser factors. The Risk Assessment is completed at the initial face-to-face visit; at the substantiation decision point; at the completion of the casework period; every three months thereafter, and at case closure. The assignment of a risk level (high, medium, low) is a clinical judgment made by the caseworker, in consultation with their supervisor, based on assessment of the key points. The primary purpose of the Risk Assessment is to determine the extent to which the individual is in danger of future harm, injury or loss, and to lead to the development of intervention options.

Second, there are a number of characteristics to consider which will help define what interventions will be needed and accepted. These characteristics are examined through the risk assessment process and include:

## Types of Abuse Substantiated

The type of abuse, neglect and/or financial exploitation or self-neglect occurring is one factor which helps define the interventions needed. Different types of alternatives will be offered to a victim of one type of abuse than of a different type. Certainly, the type of interventions put in place for a victim of sexual abuse (medical evaluation, law enforcement, emergency shelter) will be different than the interventions with passive neglect (home health, adult day service, respite). However, the same service may be appropriate for several different forms of abuse (i.e., orders of protection for physical abuse, willful deprivation, confinement, sexual abuse; adult day service for emotional abuse, passive neglect, willful deprivation, etc.) as illustrated on the previous page. In addition, different services under one type of abuse may not be appropriate for every case of that type. Therefore, looking at the types of abuse gives some indication on the type of effective interventions, but must be reviewed in combination with other characteristics.

## Characteristics of the Situation

Instead of correlating interventions directly to the type of abuse, it may be more helpful to also look at certain characteristics of the abusive situation as it relates to the abuser. Generally, the abuser characteristics can be categorized into one of the following:

- *Caregiver Stress* – the abuser has recently become abusive to the individual due to the stress created from the burden of caregiving
- *Domestic Violence Grown Old* – the abuser has been abusive to the individual long before the victim became 60 years old (i.e., victim of spousal abuse for years)
- *Dysfunctional Abuser* – the abuser has mental health problems or is a substance abuser (drugs, alcohol)
- *Paid Caregiver* – the abuser is being paid, either directly by the victim or victim's family or through a publicly supported service program, to provide service to the victim

The same interventions are probably not going to be as effective working with a dysfunctional abuser versus working with a caregiver under stress.

## Characteristics of the Victim

In addition to examining the physical health, functional abilities, and financial status of the victim, to effectively plan interventions there are four client categories that have proved to be useful in understanding victims of abuse. These four categories were created by Legal Research and Services for the Elderly of Boston, and have as their point of reference the client's **right** and **ability** to determine the system's response to his/her problems.

- *Competent, consenting client* - the client who appears to be mentally competent and who consents to assessment and assistance.
- *Competent, non-consenting client* – the client who appears to be mentally competent, who may refuse assessment, and who does refuse assistance.
- *Incompetent client* – the client who (regardless of degree of cooperation) appears to lack sufficient mental capacity to make informed decisions concerning his/her care.
- *Emergency client* – the client who is I immediate danger of death or serious physical or mental harm, and who may not consent to help, and may or may not be mentally competent.

If an adult appears mentally competent, then he/she has the right to decide what to do about the situation, including what interventions to pursue and what services to decline, no matter how serious it is. The victim's rights and wishes will bring the service system to a halt, time and again, unless pre-planned responses are available for each client type (Bergman, 1989). Below is a discussion on the different stages a victim may follow which may assist in planning appropriate interventions that the victim will accept.

## Stage of the Victim

Risa Breckman has developed a theory that adult victims who are competent are in one of three stages in dealing with the abuse. When developing intervention strategies with an individual to address the abuse, neglect and/or financial exploitation, the stage of the victim should be a factor considered. This Staircase Model has the following stages:

- *Reluctance Stage* – the victim is denying the abuse, neglect, and/or financial exploitation. There is self-blame and ambivalence. The caseworker will be informing the client of alternatives, but the client may not be ready to accept any. Services to address physical or medical needs may be accepted (i.e., in-home services) and the client will reject service which would acknowledge the abuse (i.e., orders of protection). It is especially important for the caseworker to maintain access to the victim and keep to the victim's pace.
- *Recognition Stage* – the victim begins to recognize that the problem is serious and complex and cannot be managed alone. There is lessening of denial and self-blame. The victim wants to share the problem with someone. The caseworker will explore intervention options extensively with the victim. Services to address the abuse may or may not be rejected.
- *Rebuilding Stage* – the victim has diminished self-blame, high self-acceptance, and seeks lifestyle alternatives. There is no longer denial that abuse took place or ambivalence about seeking help. There is the development of a support system (formal and/or informal).

It is important to note that the Staircase Model may also work in descending order. A victim may be in the recognition or rebuilding stage, acknowledging the abuse and seeking interventions, and revert back to the reluctance stage by denying the abuse.

## Summary

The abuse case can be generally categorized according to the four characteristics described above. In determining intervention options and strategies for working with the victim and the abuser, a thorough examination of the type of abuse, the characteristics of the situation, the characteristics of the victim, and the stage of the victim (if competent) is critical to effectively assisting an individual who is a victim of abuse.

Although this may sound complicated, the main ingredient is common sense. The APS caseworker uses common sense in observing and analyzing the case. Together, the caseworker, the supervisor and, oftentimes the M-Team will review the characteristics of the case, recognize the stage of the victim in dealing with the abuse, and formulate interventions which will have a good chance of success. By recognizing early in the case that there will be an extended period of reluctance for a particular type client, frustration on the part of the caseworker, the APS provider agency, and M-Team members can be reduced and agencies accepting referrals can be prepared for possible client ambivalence.

Above all else, the goal in adult protective service cases should be: 'Whatever you do, do not make it worse' (Bergman, 1989).

# APPENDICES

# APPENDIX A

SAMPLE M-TEAM MEMBER AGREEMENT

SAMPLE MEETING AGENDA

WHY CASES ARE SELECTED

SAMPLE M-TEAM CASE SUMMARY

SAMPLE MEETING MINUTES

**SAMPLE WRITTEN MEMBER AGREEMENT**

The goal of the Multi-disciplinary Team (M-Team) is to advise planning of comprehensive service to eligible adults who are abused or neglected, to coordinate with the service delivery system, and to work with the M-Team members and other local agencies to provide and implement care plans for victims of abuse and neglect.

As a member of the Multi-disciplinary Team, I agree to:

1) Commit the time to fully participate.
2) Attend the required training developed for members.
3) Attend M-Team meetings for a period of one year, except where an unavoidable conflict occurs.
4) Learn as much as possible about the problem of ANE/SN and how to respond to its victims.
5) Provide my professional opinion and advice on how to proceed with the cases presented and attempt to find answers to questions in my field of expertise.
6) Advise and assist in the development and implementation of procedures designed to integrate the efforts of the M-Team and other local agencies.
7) To the extent possible, assist in educating my profession and the public about the problem of abuse and the Adult Protective Services Program.
8) Advocate for better alternatives for at-risk adults in need of protective services.
9) Respect and maintain the confidentiality of all clients in the Adult Protective Services Program.
10) Not miss more than three consecutive meetings. If this happens due to circumstances beyond my control, I understand I may be replaced as an M-Team member.
11) I also understand that, if I represent an agency on the M-Team, this agreement will become void if I no longer am associated with the agency at a future date.

| | |
|---|---|
| _____ | _____ |
| Signature of M-Team Member | Signature of Provider Agency Representative |
| _____ | _____ |
| Address | Effective Date |

## SAMPLE M-TEAM MEETING AGENDA

- INTRODUCTIONS
- ANNOUNCEMENTS, GENERAL INFORMATION & THANK YOUs
- EDUCATIONAL PRESENTATION (IF APPLICABLE)
- UPDATES ON EARLIER CASES (WRITTEN OR VERBAL)
- DISTRIBUTE NEW CASE SUMMARIES AND DISCUSS (20-30 MINUTES EACH)
- DISCUSS NEXT MEETING DATE, TIME AND LOCATION
- ADJOURN

## WHY CASES ARE SELECTED

**CHRONIC CASE**.....Caseworker cannot think of any other direction to help resolve case.

**ETHICS (SELF-DETERMINATION)** .....Caseworker faces ethical dilemmas related to interventions that may conflict with self-determination

**TEACHING ISSUE FOR TEAM**.....Case had interesting issues that will teach the team members more about abuse.

**EASY CASE**.....Case has an easy solution and would give M-Team feeling of success to prevent burn-out.

**NEED SPECIALIZED EXPERTISE**.....Special skills or knowledge of particular M-Team members are needed.

**UPDATE**.....Current status of previously discussed case (information only, no discussion required).

**FOLLOW-UP** .....Worker seeks follow-up discussion on previously discussed case.

**ACCESS DENIED**.....Worker needs assistance gaining access to victim.

**VICTIM REFUSED SERVICES** .....Victim refuses all interventions offered by caseworker.

**ABUSER REFUSED SERVICES**.....Abuser refuses all interventions offered by caseworker.

**CAREGIVER REFUSED SERVICES** .....Caregiver (who is not abuser) refuses al interventions offered.

**ENVIRONMENTAL PROBLEMS** .....Victim has unmet needs for heat, water, housing or other environmental problems.

**Client Number: 000-01-1234**
**Date of Presentation: 03-14-17**
**Caseworker: _____**

**CASE SUMMARY: Mrs. S**

A referral was made to the IDoA Senior HelpLine by Representative Mathis's office concerning Mrs. S, an 82-year-old woman. The report stated that Mrs. S has been living with another lady, Mrs. R, sharing expenses. The client owns the home and has a building out back that she rents to the alleged abuser, who works as a caseworker for the Illinois Department of Healthcare and Family Services.

Recently, Mrs. S has changed doctors, lawyers, and insurance. It is suspected that the alleged abuser, Mr. ML (37 years old) has persuaded her to do this. Mr. ML has also had an eviction notice served on Mrs. R. Mrs. R has lived with Mrs. S for approximately 31 years.

When the initial investigation was conducted, the caseworker found that Mrs. S was living in the back building that is rented out to Mr. ML. Mrs. S's reasoning for doing this was because she was afraid that Mrs. S was trying to put her into a nursing home or would poison her food. She stated that she no longer trusted Mrs. R.

Mrs. S did not make a mistake on the MMSI, she was very clear and responded well to several questions. She feels that Mr. ML is acting in her best interest and she would do anything to help him. When she came back from the hospital in November 2016, she signed a Power of Attorney so that Mr. ML could handle her finances. Mrs. S also has Mrs. R's name taken off the checking account and Mr. ML's put on. Mrs. S cashed in her insurance policy and Has Mr. ML's name put on the burial account.

The eviction notice for Mrs. R to leave the house went to trial last week. The case was continued and Mrs. R has asked for a jury trial. Since that time, Mrs. R has changed the locks on doors and according to Mrs. S has moved five rooms of furniture out of the house.

Mrs. S states that when Mrs. R is evicted, she and Mr. ML will move back into the big house and he will continue to handle her finances and help her out.

**Psycho/Social**

Mrs. S is alert and oriented. She did not miss any questions on the MMSE. She does not appear to be afraid of the alleged abuser. No known history of mental illness.

**Environmental**

Mrs. S now lives in a small one story home with the alleged abuser. Home is neat and clean, but small.

**Medical**

Mrs. S has a lower back injury which causes a great deal of pain and discomfort.
Medications: Propoxyphene

**Formal/Informal Supports**

Strong informal support. Mrs. S has someone from her church stay with her on a daily basis. The alleged abuser stays with her in the evenings and on the weekends.

**QUESTIONS:**

1. How much emphasis should be placed on Mrs. S's decision to involve the alleged abuser in finances and personal care?
2. Is it the consensus of the M-Team that we have the right abuser (Mr. ML)?
3. What would be some ways to establish credibility of both caregivers?

**MINUTES**
**M-TEAM MEETING**
**MARCH 14, 2017**

Those in attendance were:

| | |
|---|---|
| Steve Schauwecker | Kathy McKinney |
| Mark Schloemann | Patsy Jensen |
| Dr. Robert Tiffin | Ken Yordy |
| Rev. Marlin Otte | Pam McCowen |
| Ron Swafford | Elayna Floyd-Kennett |

The meeting was opened with the presentation of the abuse case involving Mrs. S. Mrs. S is an 82-year-old female who lives in her own home and has another lady, Mrs. R, and Mrs. R's son living with her. They have lived together for the past 31 years, sharing living expenses. Mrs. S also owns a house out back of her home which she rents to Mr. ML who is the alleged abuser. Mr. ML works for the Illinois Department of Human Services.

When Mrs. R reported the case to Representative Mathis's office, she stated that Mr. ML has persuaded Mrs. S to change doctors, lawyers and insurance, along with having Mrs. R's name taken off of Mrs. S's bank accounts and having his name placed on them. She also reported that while she (Mrs. R) and her son are away from the home, Mr. ML is coming into the home and over-medicating Mrs. S. Mrs. R stated that Mr. ML used very abusive language toward the church women and women in general, constantly calling them names. Mrs. R also stated that Mr. ML is trying to have Mrs. S added as one of his dependents for income tax purposes.

When the caseworker made the investigation, it was discovered that Mrs. S. was living in the house behind her home with Mr. ML. Mrs. S had previously been in the hospital and before she entered the hospital she stated she heard Mrs. R and her son plotting to place her in a nursing home. Mrs. S stated that she was afraid to return home; that they would either place her in an institution of possibly poison her. Once she returned to the house that she rents to Mr. ML, she filed for the eviction of Mrs. R and her son.

While on good terms with Mrs. R, Mrs. S had a Quit Claim Deed drawn up leaving the house to Mr. R upon her death.

Rev. Otte raised the question as to what happened to cause these two women to feud after 31 years of sharing the same household. The caseworker stated that Mrs. R and Mrs. S had a good relationship up until Mrs. R wanted Mrs. S to start sharing in the bill-paying. Mrs. R also did not want her son to have to pay any more rent for living in the apartment above Mrs. S's home.

Mrs. S stated she has known Mr. ML for over 15 years and that he is acting in her best interest. She stated that she did have her accounts changed to his name, and that he helped her arrange a pre-

arranged burial plan with the funeral home. Mrs. S stated that she has had the same physician since 1987, and she still has the same attorney. Mrs. S believes that Mrs. R is the abusive person, not Mr. ML. Ron Swafford questioned Mr. ML paying Mrs. S's rent in one payment per year. The caseworker stated, "That is questionable."

The caseworker stated that Mr. ML was a teacher and lost his tenure. The reasons are unknown, and he has his name in the phone book but spelled backwards. She also stated that Mr. ML plans to transfer to the Springfield DHS office and that he is planning on taking Mrs. S with him. Team members suggested that if this does happen, that the CCU should be notified in Springfield so they can keep an eye on the situation. The caseworker also stated that Mr. ML's co-workers are very skeptical of him.

The members questioned who is really the abuser. Ken stated that Mr. ML seems to be very knowledgeable and his record is fairly clean. As for Mrs. R, it is possible that she feels threated by Mr. ML. He is trying to move in on her territory. Ken stated that Mrs. R now owns the house with Mrs. S, who has a Life Estate in the house. Steve Schauwecker explained that the term Life Estates means that Mrs. S has transferred ownership of the home over to Mrs. R, but Mrs. S has the right to live there until she dies.

While meeting with the lawyers, Mrs. R stated that she and her son would leave the home within 30 days. When the meeting was almost over, Mrs. R demanded a trial by jury. Mrs. R and her son have moved all the valuables out of the home, even things that belonged to Mrs. S.

Dr. Tiffin raised the question as to whether the medications given to Mrs. S in the hospital could have caused all this paranoia. Dr. Tiffin suggested a full psychiatric evaluation be completed on Mrs. S.

Steve Schauwecker suggested that Mrs. S's life be simplified and Mr. ML, Mrs. R, and her son be removed from the property. The caseworker stated that, with minimal assistance, Mrs. S could be maintained at home by herself.

The M-Team members recommended that the caseworker suggest to Mr. ML that he should have his name removed from the accounts, that this reflects negatively for him in the public light.

Patsy stated amongst all the confusion she feels that Shawnee Alliance for Seniors should stay involved. Ken stated that there is enough indication to keep the case open. The caseworker stated that she will encourage Mrs. S. to accept CCP services.

The next meeting was scheduled for April 14, 2017, at Shawnee's offices, beginning at 5:30 p.m.

The meeting adjourned at 7:00 p.m.

# APPENDIX B

## JOB DESCRIPTIONS

**JOB DESCRIPTION: LAW ENFORCEMENT**

The Law Enforcement member of the M-Team has primary responsibility for providing expertise, advice, and information to the M-Team and APS caseworkers regarding the law enforcement process, such as: what the police could do; releases needed; getting someone in the alleged victim's home; getting the abuser out of the house; rights of privacy; theft by the caretaker, etc.

Major Duties/Responsibilities

- Advise APS Caseworkers on specific investigative techniques
- Provide opinions and recommendation about what can be done from a law enforcement perspective
- Interpret state, city and county laws and identify those aspects of a case that may involve violation of civil and criminal laws
- Investigate allegations of abuse, as necessary, and/or refer APS Caseworkers to the police department
- Obtain involuntary commitments or criminal charges
- Educate M-Team members and APS Caseworkers on law enforcement-related issues. Common examples include: definitions of legal terms and law enforcement terms; technical procedures involved in bringing criminal or civil charges against someone; types of penalties for specific infractions of the law, and types of violations the State's Attorney will prosecute
- Contact other members of the law enforcement community, as necessary, to obtain information needed by the APS Caseworker investigating a case or to alert them to possible violations of the law occurring in their jurisdiction

Information Resources

The Law Enforcement member of the M-Team uses the following information and resources in carrying out his/her responsibilities:

- M-Team members and meeting documentation – minutes, summary of case reports, relevant articles
- APS Caseworker input on cases
- State, city, county laws and ordinances
- State's Attorney's Office
- Police Department/Sheriff's Office

Education, Experience and Training

- Minimum of an associate's degree in criminal justice or another social science
- Five years' law enforcement experience
- Experience with abuse, domestic violence or felony cases desirable

Knowledge, Skills and Abilities

- Knowledge of criminal investigative techniques and how the criminal justice system works in the area service by the APS Provider Agency
- Knowledge of family dynamics
- Familiarity and rapport with high-ranked law enforcement officials in the area served by the M-Team

**JOB DESCRIPTION: HEALTH CARE**

The Medical member of the M-Team has primary responsibility for providing expertise, advice and information to the M-Team members and APS Caseworkers regarding:

- Available resources and information (medical care, physicians, ways that different physicians treat patients, hospitals in the area, transportation services, etc.)
- Home health nursing services and limitations
- Involvement and limitations of the state and local health departments
- Medicare insurance coverage
- Medical aspects of substance abuse
- Medications and their effect on the victim's mental state

Major Duties/Responsibilities

- Review case information provided by the M-Team Coordinator (through minutes from the previous team meeting) focusing on medical-related issues, including:
    - how the victim's level of functioning may be contributing to the abuse
    - the victim's level of physical and mental functioning
    - information regarding victim's medication, including identifying the purpose for the medication and assessing the victim's physical state
    - Assist in determining if the alleged victim should go into a nursing home by assessing the victim's ability to carry out daily life functions independently and if the victim's situation includes needed assistance
    - Assist in determining the level of mental functioning and/or possible substance abuse problems of alleged abuser and other persons who live in the home
    - Provide a visiting nurse's view or home visit perspective
    - Educate others, as necessary, including sharing relevant, non-confidential information with colleagues and co-workers about abuse and the M-Team and promoting public awareness of abuse
    - Follow-up on medical-related recommendation, as requested
    - Assist in the development and fulfillment of M-Team policies, goals and objectives, as necessary

Information and Resources

- M-Team members and meeting documentation: minutes, summary case reports, relevant articles
- APS Caseworkers who present cases at meetings
- Local visiting nurses' association
- Local physicians, hospitals and nursing homes
- State and local health departments/offices

Education, Experience and Training

The Medical M-Team member could be either:

- A Registered Nurse or Nurse Social Worker, with five years' experience, preferably with some of it in home health care; or
- A Physician with certification by the American Board of Family Practice and/or the by the American Board of Internal Medicine, with at least two years' experience in either field.

Knowledge, Skill and Abilities

- Medical terms, physical conditions, diseases and aging processes, treatment and diagnosis
- A wide variety of drugs, their indications, contraindications, and effects of their interactions
- The psychological status of patients and how it affects them medically
- Medicare insurance coverage and limitations
- Nursing homes within the community and available community resources (i.e., people that could transport the patient for medical care, licensed room and board facilities, physicians, hospitals)

**JOB DESCRIPTION: LAW**

The Legal member of the M-Team has primary responsibility for providing legal counsel/expertise, advice and information to the M-Team members and APS Caseworkers regarding the role that the abused or his/her family, as well as the APS Caseworker, can take to resolve problems. One of the legal member's roles is to make a preliminary decision regarding behavior reaching criminal proportions. The APS Caseworker would then be referred to the prosecuting attorney's office.

Typical legal advisory areas include: confidentiality and privacy issues (i.e., obtaining records from court systems and doctors); wills, estates and trusts; guardianship; financial power of attorney (estate, property, deeds, checks and bonds); health care power of attorney; substandard housing; relevant state and local legislation; and complains of inadequate or inappropriate care.

Major Duties/Responsibilities

- Reviewing case notes and team minutes, paying special attention to any legal aspects or remedies that may apply
- Advising the APS Caseworker on steps involved in specific legal options and remedies to help resolve a case (i.e., setting up guardianships, obtaining protection orders, initialing civil and criminal actions against parties involved in cases)
- Making presentations to the M-Team, as requested, on topics such as guardianship, power of attorney, and domestic violence
- Acting as liaison to social service agencies, as necessary
- Maintaining confidentiality of information presented

Information and Resources

- M-Team members and meeting documentation (minutes, summary case reports and relevant articles)
- APS Caseworkers who present cases at the meetings
- Internal legal memoranda keeping the member updated on current laws and statutes
- Materials put out by the State Bar Association
- County rules, regulations and ordinances
- Medicare and Medicaid administrative rules

Education, Experience and Training

The Legal member of the M-Team should be licensed to practice law in the state, and have a minimum of one year's experience as a practicing attorney with broad exposure especially in terms of issue spotting and experience working with various types of legal cases. Experience with the needs of the elderly and/or with domestic violence cases would be helpful. In addition, knowledge of public

benefits, Medicare eligibility and programs. He or she should be a member of the State Bar Association or the local Bar Association for networking purposes.

Knowledge, Skills and Abilities

- Legal issues, case law, strategies, etc., involving clients who require substitute decision-making (i.e., guardianships, trusts, etc.)
- Social and political environments of the agencies responsible for responding to reports of abuse and skilled at applying this knowledge to develop appropriate legal strategies for each case
- City housing guidelines, such as whom to contact, and what to do about substandard housing conditions
- Local social service agencies

**JOB DESCRIPTION: CLERGY**

The Clergy member of the M-Team has primary responsibility for providing input and advice from a pastoral perspective to M-Team members and APS Caseworkers.

Major Duties/Responsibilities

- Participating in M-Team discussions of cases, making comments and recommendations based on background and experience as a clergy person
- Seeking services or support from the client's church, as required, including contacting the minister, pastor, or priest
- Assisting the team in promoting community awareness of abuse through writing articles and making presentations to hospitals, schools, police departments, etc.
- Maintaining the confidentiality of information presented

Information and Resources

- M-Team members and meeting documentation (minutes, summary case reports and relevant articles)
- APS Caseworkers who present cases at the meetings
- Community churches and schools' staff, families and students
- Community newsletters and newspapers
- Adult abuse legislation

Education, Experience and Training

The recommended educational and experiential backgrounds of Clergy on the M-Team include a minimum of a Bachelor's degree in theology, psychology, communications, or education, and 10 years' pastoral experience with at least three years' experience working with older adults or adults with a disability. Less experience is acceptable if the person is enthusiastic about working with the elderly. A counseling background is helpful, as is an understanding of both psychology and geriatrics through educational courses or seminars.

Knowledge, Skills and Abilities

The Clergy member should be able to take an ecumenical point of view in analyzing cases and understand that the pastor's role on the team is not to condemn or convert. He or she should be able to listen to others and remain non-judgmental. The clergy representative should not hold religious beliefs that might encourage abuse or support the maintenance of an abusive situation. He/she should be able to independently analyze situations to let people choose what would be best for themselves – be protective of the victim's freedom of choice.

Personality (care and concern) is more important than years of experience. The clergy should have compassion and sensitivity for the victim, and the sentiment or drive to help caseworkers deal with thorny cases. He/she should be familiar with and able to tap community resources and be open-minded and accepting of the religious faiths of others.

**JOB DESCRIPTION: BANKING OR FINANCE**

The Financial member of the M-Team has primary responsibility for providing expertise, advice, and information to APS Caseworkers in their efforts to resolve their clients' financial problems and conflicts. This is done by providing information and/or services in the areas of: direct deposit of Social Security checks; prevention of fraud through pre-authorized charges to the account, i.e., utility bills, insurance payments; authorization of financial institutions and insurance company payments to be paid directly from the account to prevent access to funds and ensure that payments are made; verification of transactions through microfilm checks and by identifying what is going on in the account; and trust services and guardianships.

Major Duties/Responsibilities

- Reviewing team meeting notes and minutes to become familiar with financial resource requirements
- Analyzing the financial status and needs of the client, as necessary, and develop strategies that facilitate case resolution. Analysis considerations include the amount and sources of a client's income, relationships with banks and credit unions, indebtedness and financial history, people other than client who have legal access to the client's bank accounts, Social Security checks, etc., and people in the household in charge of spending the money.
- Following up on recommendations after team meetings and giving feed-back of the results to APS Caseworkers, as required. For example, checking on banking problems brought up at the meeting, and setting up bank records.
- Educating APS Caseworkers and team members on banking issues, as necessary. This includes federal banking law, meeting credit and housing needs in the community, how to handle checking accounts, how to get information, depositing checks in a timely manner and how to facilitate this
- Contacting other members of the financial community, as necessary, to obtain information regarding the client
- Maintaining the confidentiality of information presented

Information and Resources

- M-Team members and meeting documentation (minutes, summary case reports and relevant articles)
- APS Caseworkers who present cases at the meetings
- National Association of Banking
- Banking industry – local area bankers

- Federal Reserve system (FDIC)
- State Commissioner of Banks
- Federal and state banking laws

Education, Experience and Training

- Five years' experience in high level bank positions as loan officer, bookkeeper or teller supervisor
- Business Administration degree with a concentration in finance and two years' banking experience

Knowledge, Skills and Abilities

In addition to educational and experiential backgrounds, the Financial M-Team member should be involved in the banking community through board membership, committees, or network of firmly established relationships with influential members in the banking community. He/she should have a general knowledge of commercial loan area, and of the types of information banks can release with regard to confidentiality. This member should know about alternative sources of income available to the clients and how to access these sources.

**JOB DESCRIPTION: MENTAL HEALTH**

The Mental Health member of the M-Team has primary responsibility for providing expertise, advice, and information to APS Caseworkers from a mental health perspective.

Major Duties/Responsibilities

- Reviewing case notes, updates, new case notes, agenda received from the M-Team Coordinator and examining each case for mental health diagnoses, such as severe depression or difficulties adjusting to stressors in the client's file
- Identifying emotional problems and psychosocial issues involved in each case, focusing on both the abuser and the victim. It involves determining the client's needs based on family composition and structure, the history of family interactions, the client's willingness for services, strategies that have already been tried, and/or the need for certification of the victim or abuser as a danger to self or others. In this role, the client's rights to self-determination and the need to keep the family intact are major considerations. This diagnostic role of the Mental Health team member also includes preliminary abuse diagnoses using established guidelines and evaluation criteria, and preliminary mental health diagnoses, based on information given, to help decide what is the problem.
- Providing advice and recommendations, such as: how to approach the abuser/victim; how they can be seen, and how to get them to agree to be seen while not jeopardizing the situation; available community resources and adjunct services to assist with case management and resolution
- Sending copies of the patient's progress notes to members (if relevant and with the client's permission)
- Assisting the M-Team to establish an educational program to address abuse in the community

Information and Resources

- M-Team members and meeting documentation (minutes, summary case reports and relevant articles)
- APS Caseworkers who present cases at the meetings
- DSM-IIIR (Publication of diagnoses, symptoms – American Psychiatric Association)
- Client's physicians and family doctors
- Local hospitals and mental health treatment facilities

Education, Experience and Training

- Master's degree in Social Work, with certification as a Clinical Social Worker, with at least five years' total experience, and two years' experience working with the elderly and/or abuse cases
- Registered Nurse with five years' experience, with two in psychiatric work
- State licensed therapist with an advanced degree in a mental health field and at least five years' experience, with two years in working with the elderly and/or adults with disabilities abuse cases
- Physician with experience in geriatric psychiatry and a member of the American Psychiatric Association

Knowledge, Skills and Abilities

In order to perform effectively, the Mental Health representative should know about general case management, state mental health codes, and medications. This member must be able to make reasonably accurate diagnoses of mental health conditions and to determine when hospitalization is required. He/she must also have some feeling for which forms of therapy would be most appropriate for which type of disorder. He/she must know about the legal issues regarding protective services and self-determination, family dynamics and the ways in which dysfunctional families operate. This member must have knowledge of available community resources in a variety of areas (i.e., legal, medical, etc.).

**JOB DESCRIPTION: M-TEAM COORDINATOR**

The M-Team Coordinator has primary responsibility for planning, organizing and facilitating the M-Team meetings. This includes notifying all members of any changes in the meeting schedule; preparing, reviewing and finalizing minutes and agenda for each meeting. The Coordinator must ensure that all members receive the information needed for each meeting, which entails coordinating the mailing of information and materials. He/she must also set-up the meeting room and facilitate team meetings.

Major Duties/Responsibilities

- Meeting with APS Caseworkers and Supervisors to determine which cases to present to the M-Team and to prepare for presentations.
- Acting as liaison between M-Team and APS Caseworkers. This entails soliciting feedback, informally, from both groups regarding reactions to team meeting process and outcomes.
- Planning for and organizing team meetings. This includes progress reports on old cases and developing brief scenarios of new cases. It involves overseeing mailing of the meeting announcement letter and agenda prior to meeting, contacting members prior to the meeting to request presentations on a topic in their area of expertise, ensuring that there is a full agenda with an appropriate amount of information, and reviewing and finalizing minutes and agenda. It also involves obtaining copies of the minutes, and may also require taking minutes at the meeting.
- Following-up on recommendations from team members. This involves consulting with M-Team members outside of meetings to obtain information and referral sources.
- Preparing reports regarding the M-Team and cases are viewed.
- Meeting with Executive Director of the APS Provider Agency to review team issues, and with the agency bookkeeper to discuss financial issues related to team implementation.

Work Context

The amount of time required to complete duties and responsibilities per month varies considerably, based on such factors as:

- the presence of an APS Caseworker interested in discussing a case, abuse caseload, staffing and clerical assistance available from the agency. On a monthly basis, the M-Team Coordinator's time (3-6 hours) is spent preparing materials/information, in M-Team and related meetings, writing reports and following-up on recommendations

Information and Resources

- M-Team members and meeting documentation (minutes, summary case reports and relevant articles)
- APS Caseworkers and case files
- Agency staff and resources
- Illinois Department on Aging Adult Protective Services Program standards and procedures, reports and related information

Education, Experience and Training

- Bachelor's degree in human services field and two years' experience working with the elderly and/or with abuse cases, and specific training in abuse, including the Department on Aging's APS Caseworker Training and M-Team Training workshops

Knowledge, Skills and Abilities

- Must understand the legal issues and constraints of adult abuse casework, including some knowledge of guardianship and powers of attorney
- Must be familiar with community resources
- Good oral and written communication skills, including active listening
- Must understand group dynamics and be able to facilitate discussions
- Must have good administrative, planning and organizing skills

**JOB DESCRIPTION: ADULT PROTECTIVE SERVICES CASEWORKER (SUMMARY)**

The APS Caseworker is primarily responsible for the initial intake and investigation, case planning and follow-up of ANE/SN cases within a specified geographic region. The most important area of responsibility is the **home visit**, where the caseworker meets with the alleged victim and in many cases, the alleged abuser as well. The caseworker's responsibilities include:

- Conducting a thorough assessment of each report of abuse, including a face-to-face interview with the alleged victim, alleged abuser and other relevant persons to determine whether the reported abuse is substantiated
- Building rapport with the victim and with persons who can help the victim in order to gain support for accepting help
- Development of an individualized care plan to address the victim's needs, which can include in-home services, social and environmental supports, medical interventions, legal interventions and other services. Identify community resources to provide services
- Prepare and maintain complete documentation of the case
- Follow-up on each case to ensure that the care plan is carried out successfully
- Prepare for and attend M-Team meetings. With supervisor and/or M-Team Coordinator, decide which cases should be presented for M-Team consultation. Prepare summary of case and verbally present case to the team for their advice. Provide follow-up information on previous cases to M-Team for their information

# APPENDIX C

## ADULT PROTECTIVE SERVICES ACT

## ACT 20. Adult Protective Services Act

(Chapter 320 ILCS 20/1 *et seq.*)

**Section**


20/1 Short Title
20/2 Definitions
20/3 Responsibilities
20/3.5 Other Responsibilities
20/4 Reports of Abuse or Neglect
20/4.1 Employer Discrimination
20/4.2 Testimony of Mandated Reporter and Investigator
20/5 Procedure
20/6 Time
20/7 Review
20/7.1 Final Investigative Report
20/7.5 Registry
20/8 Access to Records
20/9 Authority to Consent to Services
20/9.5 Commencement of Action for Ex Parte Authorization Orders; Filing Fees; Process
20/10 Rules
20/11 Annual Reports
20/12 Repealed
20/13 Access
20/13.5 Commencement of Action for Access
20/14 Volunteer Corps
20/15. Fatality Review Teams
20/15.5 Independent Monitor


### Sec. 1. Short Title.

This Act shall be known and may be cited as the Adult Protective Services Act.

### Sec. 2. Definitions.

As used in this Act, unless the context requires otherwise:

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

Nothing in this Act shall be construed to mean that an eligible adult is a victim of abuse, neglect, or self-neglect for the sole reason that he or she is being furnished with or relies upon treatment by spiritual means through prayer alone, in accordance with the tenets and practices of a recognized church or religious denomination.

Nothing in this Act shall be construed to mean that an eligible adult is a victim of abuse because of health care services provided or not provided by licensed health care professionals.

(a-5) "Abuser" means a person who abuses, neglects, or financially exploits an eligible adult.

(a-6) "Adult with disabilities" means a person aged 18 through 59 who resides in a domestic living situation and whose disability as defined in subsection (c-5) impairs his or her ability to seek or obtain protection from abuse, neglect, or exploitation.

(a-7) "Caregiver" means a person who either 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 or instrumental activities of daily living.

(b) "Department" means the Department on Aging of the State of Illinois.

(c) "Director" means the Director of the Department. (c-5) "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.

(d) "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 Disabilities Code, or dementia as defined under the Alzheimer's Disease Assistance Act.

(e) "Domestic living situation" means a residence where the eligible adult at the time of the report lives alone or with his or her family or a caregiver, or others, or other community-based unlicensed facility, but is not:

(1) A licensed facility as defined in Section 1-113 of the Nursing Home Care Act;

(1.5) A facility licensed under the ID/DD Community Care Act;

(1.7) A facility licensed under the Specialized Mental Health Rehabilitation Act of 2013;

(2) A "life care facility" as defined in the Life Care Facilities Act;

(3) A home, institution, or other place operated by the federal government or agency thereof or by the State of Illinois;

(4) 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;

(5) A "community living facility" as defined in the Community Living Facilities Licensing Act;

(6) (Blank);

(7) 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 the Act

(8) An assisted living or shared housing establishment as defined in the Assisted Living and Shared Housing Act; or

(9) A supportive living facility as described in Section 5-5.01a of the Illinois Public Aid Code.

(f) "Eligible adult" means either an adult with disabilities aged 18 through 59 or a person 60 years of age 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

(g) "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 consent to services which would alleviate that risk.

(f-1) "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.

(f-5) "Mandated reporter" means any of the following persons while engaged in carrying out their professional duties:

(1) a professional or professional's delegate while engaged in:

(i) social services,

(ii) law enforcement,

(iii) education,

(iv) the care of an eligible adult or eligible adults, or

(v) any of the occupations required to be licensed under the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Dental Practice Act, the Dietitian Nutritionist Practice Act, the Marriage and Family Therapy Licensing Act, the Medical Practice Act of 1987, the Naprapathic Practice Act, the Nurse Practice Act, the Nursing Home Administrators Licensing and Disciplinary Act, the Illinois Occupational Therapy Practice Act, the Illinois Optometric Practice Act of 1987, the Pharmacy Practice Act, the Illinois Physical Therapy Act, the Physician Assistant Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing and Practice Act, the Illinois Speech- Language Pathology and Audiology Practice Act, the Veterinary Medicine and Surgery Practice Act of 2004, and the Illinois Public Accounting Act;

(1.5) an employee of an entity providing developmental disabilities services or service coordination funded by the Department of Human Services;

(2) an employee of a vocational rehabilitation facility prescribed or supervised by the Department of Human Services;

(3) an administrator, employee, or person providing services in or through an unlicensed community-based facility;

(4) any religious practitioner who provides treatment by prayer or spiritual means alone in accordance with the tenets and practices of a recognized church or religious denomination, except as to information received in any confession or sacred communication enjoined by the discipline of the religious denomination to be held confidential;

(5) field personnel of the Department of Healthcare and Family Services, Department of Public Health, and Department of Human Services, and any county or municipal health department;

(6) personnel of the Department of Human Services, the Guardianship and Advocacy Commission, the State Fire Marshal, local fire departments, the Department on Aging and its subsidiary Area Agencies on Aging and provider agencies, and the Office of State Long Term Care Ombudsman;

(7) any employee of the State of Illinois not otherwise specified herein who is involved in providing services to eligible adults, including professionals providing medical or rehabilitation services and all other persons having direct contact with eligible adults;

(8) a person who performs the duties of a coroner or medical examiner; or

(9) a person who performs the duties of a paramedic or an emergency medical technician.

(g) "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 subsection does not create any new affirmative duty to provide support to eligible adults. Nothing in this Act shall 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.

(h) "Provider agency" means any public or nonprofit agency in a planning and service area that is selected by the Department or 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. A provider agency is also referenced as a "designated agency" in this Act.

(i) "Regional administrative agency" means any public or nonprofit agency in a planning and service area that provides regional oversight and performs functions as set forth in subsection (b) of Section 3 of this Act. The Department shall designate an Area Agency on Aging as the regional administrative agency or, in the event the Area Agency on Aging in that planning and service area is deemed by the Department to be unwilling or unable to provide those functions, the Department

may serve as the regional administrative agency or designate another qualified entity to serve as the regional administrative agency; any such designation shall be subject to terms set forth by the Department.

(i-5) "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. The term includes compulsive hoarding, which is characterized by the acquisition and retention of large quantities of items and materials that produce an extensively cluttered living space, which significantly impairs the performance of essential self-care tasks or otherwise substantially threatens life or safety.

(j) "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.

(k) "Verified" means a determination that there is "clear and convincing evidence" that the specific injury or harm alleged was the result of abuse, neglect, or financial exploitation.

**Sec. 3. Responsibilities**

(a) The Department shall establish, design, and manage a protective services program for eligible adults who have been, or are alleged to be, victims of abuse, neglect, financial exploitation, or self-neglect. The Department shall contract with or fund, or contract with and fund, regional administrative agencies, provider agencies, or both, for the provision of those functions, and, contingent on adequate funding, with attorneys or legal services provider agencies for the provision of legal assistance pursuant to this Act. For self-neglect, the program shall include the following services for eligible adults who have been removed from their residences for the purpose of cleanup or repairs: temporary housing; counseling; and caseworker services to try to ensure that the conditions necessitating the removal do not reoccur.

(a-1) The Department shall by rule develop standards for minimum staffing levels and staff qualifications. The Department shall by rule 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.

(a-5) A provider agency shall, in accordance with rules promulgated by the Department, establish a multi-disciplinary team to act in an advisory role for the purpose of providing professional knowledge and expertise in the handling of complex abuse cases involving eligible adults. Each multi-disciplinary team shall consist of one volunteer representative from the following professions: banking or finance; disability care; health care; law; law enforcement; mental health care; and clergy. A provider agency may also choose to add representatives from

the fields of substance abuse, domestic violence, sexual assault, or other related fields. To support multi-disciplinary teams in this role, law enforcement agencies and coroners or medical examiners shall supply records as may be requested in particular cases.

(b) Each regional administrative agency shall designate provider agencies within its planning and service area with prior approval by the Department on Aging, monitor the use of services, provide technical assistance to the provider agencies and be involved in program development activities.

(c) Provider agencies shall assist, to the extent possible, eligible adults who need agency services to allow them to continue to function independently. Such assistance shall include, but not be limited to, receiving reports of alleged or suspected abuse, neglect, financial exploitation, or self-neglect, conducting face-to-face assessments of such reported cases, determination of substantiated cases, referral of substantiated cases for necessary support services, referral of criminal conduct to law enforcement in accordance with Department guidelines, and provision of case work and follow-up services on substantiated cases. In the case of a report of alleged or suspected abuse or neglect that places an eligible adult at risk of injury or death, a provider agency shall respond to the report on an emergency basis in accordance with guidelines established by the Department by administrative rule and shall ensure that it is capable of responding to such a 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 abuse or neglect after hours and on weekends.

(c-5) Where a provider agency has reason to believe that the death of an eligible adult may be the result of abuse or neglect, including any reports made after death, the agency shall immediately report the matter to both the appropriate law enforcement agency and the coroner or medical examiner. Between 30 and 45 days after making such a report, the provider agency again shall contact the law enforcement agency and coroner or medical examiner to determine whether any further action was taken. Upon request by a provider agency, a law enforcement agency and coroner or medical examiner shall supply a summary of its action in response to a reported death of an eligible adult. A copy of the report shall be maintained and all subsequent follow-up with the law enforcement agency and coroner or medical examiner shall be documented in the case record of the eligible adult. If the law enforcement agency, coroner, or medical examiner determines the reported death was caused by abuse or neglect by a caregiver, the law enforcement agency, coroner, or medical examiner shall inform the Department, and the Department shall report the caregiver's identity on the Registry as described in Section 7.5 of this Act.

(d) Upon sufficient appropriations to implement a statewide program, the Department shall implement a program, based on the recommendations of the Self-Neglect Steering Committee, for

(i) responding to reports of possible self-neglect,

(ii) protecting the autonomy, rights, privacy, and privileges of adults during investigations of possible self-neglect and consequential judicial proceedings regarding competency,

(iii) collecting and sharing relevant information and data among the Department, provider agencies, regional administrative agencies, and relevant seniors,

(iv) developing working agreements between provider agencies and law enforcement, where practicable, and

(v) developing procedures for collecting data regarding incidents of self-neglect.

**Sec. 3.5. Other responsibilities.**

The Department shall also be responsible for the following activities, contingent upon adequate funding; implementation shall be expanded to adults with disabilities upon the effective date of this amendatory Act of the 98th General Assembly, except those responsibilities under subsection (a), which shall be undertaken as soon as practicable:

(a) Promotion of a wide range of endeavors for the purpose of preventing abuse, neglect, 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 Registry established under Section 7.5; and to improve response by various legal, financial, social and health systems;

(b) Coordination of efforts with other agencies, councils, and like entities, to include but not be 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 Illinois 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, the Illinois Violence Prevention Authority, and other entities which may impact awareness of, and response to, abuse, neglect, financial exploitation, and self-neglect;

(c) Collection and analysis of data;

(d) Monitoring of the performance of regional administrative agencies and adult protective services agencies;

(e) Promotion of prevention activities;

(f) Establishing and coordinating 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 Illinois 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 Illinois Violence Prevention Authority, 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;

(g) Solicitation of financial institutions for the purpose of making information available to the general public warning of financial exploitation of adults and related financial fraud or abuse, including such information and warnings available through signage or other written materials provided by the Department on the premises of such financial institutions, provided that the manner of displaying or distributing such information is subject to the sole discretion of each financial institution;

(g-1) Developing by joint rulemaking with the Department of Financial and Professional Regulation minimum training standards which shall be used by financial institutions for their current and new employees with direct customer contact; the Department of Financial and Professional Regulation shall retain sole visitation and enforcement authority under this subsection (g-1); the Department of Financial and Professional Regulation shall provide bi-annual reports to the Department setting forth aggregate statistics on the training programs required under this subsection (g-1); and

(h) Coordinating efforts with utility and electric companies to send notices in utility bills to explain to persons 60 years of age or older their rights regarding telemarketing and home repair fraud.

**Sec. 4. Reports of abuse or neglect.**

(a) Any person who suspects the abuse, neglect, financial exploitation, or self-neglect of an eligible adult may report this suspicion to an agency designated to receive such reports under this Act or to the Department.

(a-5) If any mandated reporter has reason to believe that an eligible adult, who because of a disability or other condition or impairment is unable to seek assistance for himself or herself, has, within the previous 12 months, been subjected to abuse, neglect, or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to an agency designated to receive such reports under this Act or to the Department. The agency designated to receive such reports under this Act or the Department may establish a manner in which a mandated reporter can make the required report through an Internet reporting tool.

Information sent and received through the Internet reporting tool is subject to the same rules in this Act as other types of confidential reporting established by the designated agency or the Department. Whenever a mandated reporter is required to report under this Act in his or her capacity as a member of the staff of medical or other public or private institution, facility, or agency, he or she shall make a report to an agency designated to receive such reports under this Act to the Department in accordance with the provisions of this Act and may also notify the person in charge of the institution, facility, or agency or his or her designated agent that the report has been made. Under no circumstances shall any person in charge of such institution, facility, or agency, or his or her designated agent to whom the notification has been made, exercise any control, restraint, modification, or other change in the report or the forwarding of the report to an agency designated to receive such reports under this Act or to the Department. The privileged quality of communication between any professional person required to report and his or her patient or client shall not apply to situations involving abused, neglected, or financially exploited eligible adults and shall not constitute grounds for failure to report as required by this Act.

(a-7) A person making a report under this Act in the belief that it is in the alleged victim's best interest shall be immune from criminal or civil liability or professional disciplinary action on account of making the report, notwithstanding any requirements concerning the confidentiality of information with respect to such eligible adult which might otherwise be applicable.

(a-9) Law enforcement officers shall continue to report incidents of alleged abuse pursuant to the Illinois Domestic Violence Act of 1986, notwithstanding any requirements under this Act.

(b) Any person, institution or agency participating in the making of a report, providing information or records related to a report, assessment, or services, or participating in the investigation of a report under this Act in good faith, or taking photographs or x-rays as a result of an authorized assessment, shall have immunity from any civil, criminal or other liability in any civil, criminal or other proceeding brought in consequence of making such report or assessment or on account of submitting or otherwise disclosing such photographs or x-rays to any agency designated to receive reports of alleged or suspected abuse or neglect. Any person, institution or agency authorized by the Department to provide assessment, intervention, or administrative services under this Act shall, in the good faith performance of those services, have immunity from any civil, criminal or other liability in any civil, criminal, or other proceeding brought as a consequence of the performance of those services. For the purposes of any civil, criminal, or other proceeding, the good faith of any person required to report, permitted to report, or participating in an investigation of a report of alleged or suspected abuse, neglect, financial exploitation, or self-neglect shall be presumed.

(c) The identity of a person making a report of alleged or suspected abuse, neglect, financial exploitation, or self-neglect under this Act may be disclosed by the Department or other agency provided for in this Act only with such person's written consent or by court order, but is otherwise confidential.

(d) The Department shall by rule establish a system for filing and compiling reports made under this Act.

(e) Any physician who willfully fails to report as required by this Act shall be referred to the Illinois State Medical Disciplinary Board for action in accordance with subdivision (A) (22) of Section 22 of the Medical Practice Act of 1987. Any dentist or dental hygienist who willfully fails to report as required by this Act shall be referred to the Department of Professional Regulation for action in accordance with paragraph 19 of Section 23 of the Illinois Dental Practice Act. Any optometrist who willfully fails to report as required by this Act shall be referred to the Department of Financial and Professional Regulation for action in accordance with paragraph (15) of subsection (a) of Section 24 of the Illinois Optometric Practice Act of 1987. Any other mandated reporter required by this Act to report suspected abuse, neglect, or financial exploitation who willfully fails to report the same is guilty of Class A misdemeanor.

**Sec. 4.1. Employer discrimination.**

No employer shall discharge, demote or suspend, or threaten to discharge, demote or suspend, or in any manner discriminate against any employee who makes any good faith oral or written report of suspected abuse, neglect, or financial exploitation or who is or will be a witness or testify in any investigation or proceeding concerning a report of suspected abuse, neglect, or financial exploitation.

**Sec. 4.2. Testimony by mandated reporter and investigator.**

Any mandated reporter who makes a report or any person who investigates a report under this Act shall testify fully in any judicial proceeding resulting from such report, as to any evidence of abuse, neglect, or financial exploitation or the cause thereof.

Any mandated reporter who is required to report a suspected case of abuse, neglect, or financial exploitation under Section 4 of this Act shall testify fully in any administrative hearing resulting from such report, as to any evidence of abuse, neglect, or financial exploitation or the cause thereof. No evidence shall be excluded by reason of any common law or statutory privilege relating to communications between the alleged abuser or the eligible adult subject of the report under this Act and the person making or investigating the report.

**Sec. 5. Procedure.**

(a) A provider agency designated to receive reports of alleged or suspected abuse, neglect, financial exploitation, or self- neglect under this Act shall, upon receiving such a report, conduct a face-to-face assessment with respect to such report, in accord with established law and Department protocols, procedures, and policies. Face-to-face assessments, casework, and follow-up of reports of self-neglect by the provider agencies designated to receive reports of self-neglect shall be subject to sufficient appropriation for statewide implementation of assessments, casework, and follow-up of reports of self-neglect. In the absence of sufficient appropriation for statewide implementation of assessments, casework, and follow-up of reports of self-neglect, the designated adult protective services provider agency shall refer all reports of self-neglect to the appropriate agency or agencies as designated by the Department for any follow-up. The assessment shall include, but not be limited to, a visit to the residence of the eligible adult who is the subject of the report and may include interviews or consultations with service agencies or individuals who may have knowledge of the eligible adult's circumstances. If, after the assessment, the provider agency determines that the case is substantiated, it shall develop a service care plan for the eligible adult and may report its findings at any time during the case to the appropriate law enforcement agency in accord with established law and Department protocols, procedures, and policies. In developing a case plan, the provider agency may consult with any other appropriate provider of services, and such providers shall be immune from civil or criminal liability on account of such acts. The plan shall include alternative suggested or recommended services which are appropriate to the needs of the eligible adult and which involve the least restriction of the eligible adult's activities commensurate with his or her needs. Only those services to which consent is provided in accordance with Section 9 of this Act shall be provided, contingent upon the availability of such services.

(b) A provider agency shall refer evidence of crimes against an eligible adult to the appropriate law enforcement agency according to Department policies. A referral to law enforcement may be made at intake or any time during the case. Where a provider agency has reason to believe the death of an eligible adult may be the result of abuse or neglect, the agency shall immediately report the matter to the coroner or medical examiner and shall cooperate fully with any subsequent investigation.

(c) If any person other than the alleged victim refuses to allow the provider agency to begin an investigation, interferes with the provider agency's ability to conduct an investigation, or refuses to give access to an eligible adult, the appropriate law enforcement agency must be consulted regarding the investigation.

**Sec. 6. Time.**

The Department shall by rule establish the period of time within which an assessment shall begin and within which a service care plan shall be implemented. Such rules shall provide for an expedited response to emergency situations.

**Sec. 7. Review.**

All services provided to an eligible adult shall be reviewed by the provider agency on at least a quarterly basis for up to one year to determine whether the service care plan should be continued or modified, except that, upon review, the Department on Aging may grant a waiver to extend the service care plan for up to one additional year.

**Sec. 7.1. Final investigative report.**

A provider agency shall prepare a final investigative report, upon the completion or closure of an investigation, in all cases of reported abuse, neglect, financial exploitation, or self-neglect of an eligible adult, whether or not there is a substantiated finding.

**Sec. 7.5. Registry.**

(a) To protect individuals receiving in-home and community-based services, the Department on Aging shall establish an Adult Protective Service Registry that will be hosted by the Department of Public Health on its website effective January 1, 2015, and, if practicable, shall propose rules for the Registry by January 1, 2015.

(a-5) The Registry shall identify caregivers against whom a verified and substantiated finding was made under this Act of abuse, neglect, or financial exploitation.

The information in the Registry shall be confidential except as specifically authorized in this Act and shall not be deemed a public record.

(a-10) Reporting to the Registry. The Department on Aging shall report to the Registry the identity of the caregiver when a verified and substantiated finding of abuse, neglect, or financial exploitation of an eligible adult under this Act is made against a caregiver, and all appeals, challenges, and reviews, if any, have been completed and a finding for placement on the Registry has been sustained or upheld.

A finding against a caregiver that is placed in the Registry shall preclude that caregiver from providing direct care, as defined in this Section, in a position with or that is regulated by or paid with public funds from the Department on Aging, the Department of Healthcare and Family Services, the Department of Human Services, or the Department of Public Health or with an entity or provider licensed, certified, or regulated by or paid with the public funds from any of these State agencies.

(b) Definitions. As used in this Section:

❖ "Direct care" includes, but is not limited to, direct access to a person aged 60 or older or to an adult with disabilities aged 18 through 59, 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, other personal needs and activities of daily living or instrumental activities of daily living, or assistance with financial transactions.

❖ "Participant" means an individual who uses the services of an in-home care program funded through the Department on Aging, the Department of Healthcare and Family Services, the Department of Human Services, or the Department of Public Health.

(c) Access to and use of the Registry. Access to the Registry shall be limited to the Department on Aging, the Department of Healthcare and Family Services, the Department of Human Services, and the Department of Public Health and providers of direct care as described in subsection (a-10) of this Section. These State agencies and providers shall not hire, compensate either directly or on behalf of a participant, or utilize the services of any person seeking to provide direct care without first conducting an online check of whether the person has been placed on the Registry. These State agencies and providers shall maintain a copy of the results of the online check to demonstrate compliance with this requirement. These State agencies and providers are prohibited from retaining, hiring, compensating either directly or on behalf of a participant, or utilizing the services of a person to provide direct care if the online check of the person reveals a verified and substantiated finding of abuse, neglect, or financial exploitation that has been placed on the Registry or when the State agencies or providers otherwise gain knowledge of such placement on the Registry. Failure to comply with this requirement may subject such a provider to corrective action by the appropriate regulatory agency or other lawful remedies provided under the applicable licensure, certification, or regulatory laws and rules.

(d) Notice to caregiver. The Department on Aging shall establish rules concerning notice to the caregiver in cases of a verified and substantiated finding of abuse, neglect, or financial exploitation against him or her that may make him or her eligible for placement on the Registry.

(e) Notification to eligible adults, guardians, or agents. As part of its investigation, the Department on Aging shall notify an eligible adult, or an eligible adult's guardian or agent, that his or her caregiver's name may be placed on the Registry based on a finding as described in subsection (a-10) of this Section.

(f) Notification to employer. The Department on Aging shall notify the appropriate State agency or provider of direct care, as described in subsection (a-10), when there is a verified and substantiated finding of abuse, neglect, or financial exploitation in a case under this Act that is reported on the Registry and that involves one of its caregivers. That State agency or provider is prohibited from retaining or compensating that individual in a position that involves direct care, and if there is an imminent risk of danger to the victim or an imminent risk of misuse of personal, medical, or financial information, that caregiver shall immediately be barred from providing direct care to the victim pending the outcome of any challenge appeal, criminal prosecution, or other type of collateral action.

(g) Caregiver Challenges and Appeals. The Department on Aging shall establish, by rule, procedures concerning challenges and appeals to placement on the Registry pursuant to legislative intent. The Department shall not make any report to the Registry pending challenges or appeals.

(h) Caregiver's rights to collateral action. The Department on Aging shall not make any report to the Registry if a caregiver notifies the Department in writing that he or she is formally challenging an adverse employment action resulting from a verified and substantiated finding of abuse, neglect, or financial exploitation by complaint filed with the Illinois Civil Service Commission, or by another means which seeks to enforce the caregiver's rights pursuant to any applicable collective bargaining agreement. If an action taken by an employer against a caregiver as a result of such a finding is overturned through an action filed with the Illinois Civil Service Commission or under any applicable collective bargaining agreement after that caregiver's name has already been sent to the Registry, the caregiver's name shall be removed from the Registry.

(i) Removal from the Registry. At any time after a report to the Registry, but no more than once in each successive 3-year period thereafter, for a maximum of 3 such requests, a caregiver may request removal of his or her name from the Registry in relationship to a single incident. The caregiver shall bear the burden of establishing, by a preponderance of the evidence, that removal of his or her name from the Registry is in the public interest. Upon receiving such a request, the Department on Aging shall conduct an investigation and consider any evidentiary material provided. The Department shall issue a decision either granting or denying removal to the caregiver and report it to the Registry. The Department shall, by rule, establish standards and a process for requesting the removal of a name from the Registry.

(j) Referral of Registry reports to health care facilities. In the event an eligible adult receiving services from a provider agency changes his or her residence from a domestic living situation to that of a health care or long term care facility, the provider agency shall use reasonable efforts to promptly inform the facility and the appropriate Regional Long Term Care Ombudsman about any Registry reports relating to the eligible adult. For purposes of this Section, a health care or long term care facility includes, but is not limited to, any residential facility licensed, certified, or regulated by the Department of Public Health, Healthcare and Family Services, or Human Services.

(k) The Department on Aging and its employees and agents shall have immunity, except for intentional willful and wanton misconduct, from any liability, civil, criminal, or otherwise, for reporting information to and maintaining the Registry.

**Sec. 8. Access to records.**

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. In accord with established law and Department protocols, procedures, and policies, access to such records, but not access to the identity of the person or persons making a report of alleged abuse, neglect, financial exploitation, or self-neglect as contained in such records, shall be provided, upon request, to the following persons and for the following persons:

(1) Department staff, provider agency staff, other aging network staff, and regional administrative agency staff, including staff of the Chicago Department on Aging while that agency is designated as a regional administrative agency, in the furtherance of their responsibilities under this Act;

(1.5) A representative of the public guardian acting in the course of investigating the appropriateness of guardianship for the eligible adult or while pursuing a petition for guardianship of the eligible adult pursuant to the Probate Act of 1975;

(2) A law enforcement agency investigating known or suspected abuse, neglect, financial exploitation, or self- neglect. Where a provider agency has reason to believe that the death of an eligible adult may be the result of abuse or neglect, including any reports made after death, the agency shall immediately provide the appropriate law enforcement agency with all records pertaining to the eligible adult;

(2.5) 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;

(3) 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, financially exploited, or self-neglected, or who has been referred to the Adult Protective Services Program;

(4) An eligible adult reported to be abused, neglected, financially exploited, or self-neglected, or such adult's authorized guardian or agent, unless such guardian or agent is the abuser or the alleged abuser;

(4.5) An executor or administrator of the estate of an eligible adult who is deceased;

(5) In cases regarding abuse, neglect, or financial exploitation, a court or a guardian ad litem, upon its or his or her finding that access to such records may be necessary for the determination of an issue before the court. However, such access shall be limited to an in camera inspection of the records, unless the court determines that disclosure of the information contained therein is necessary for the resolution of an issue then pending before it.

(5.5) In cases regarding self-neglect, a guardian ad litem;

(6) A grand jury, upon its determination that access to such records is necessary in the conduct of its official business;

(7) Any person authorized by the Director, in writing, for audit or bona fide research purposes;

(8) A coroner or medical examiner who has 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;

(8.5) 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;

(9) Department of Financial and Professional Regulation staff and members of the Illinois Medical Disciplinary Board or the Social Work Examining and Disciplinary Board in the course of investigating alleged violations of the Clinical Social Work and Social Work Practice Act by provider agency staff or other licensing bodies at the discretion of the Director of the Department on Aging;

(9-a) Department of Healthcare and Family Services staff and provider agency staff when that Department is funding services to the eligible adult, including access to the identity of the eligible adult;

(9b) Department of Human Services staff and provider agency 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;

(10) Hearing officers in the course of conducting an administrative hearing under this Act; parties to such hearing shall be entitled to discovery as established by rule;

(11) A caregiver who challenges placement on the Registry shall be given the statement of allegations in the abuse report and the substantiation decision in the final investigative report; and

(12) 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 shall have access, through the Department, to records, including 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.

**Sec. 9. Authority to consent to services.**

(a) If an eligible adult consents to an assessment of a reported incident of suspected abuse, neglect, financial exploitation, or self-neglect and, following the assessment of such report, consents to services being provided according to the case plan, such services shall be arranged to meet the adult's needs, based upon the availability of resources to provide such services. If an adult withdraws his or her consent for an assessment of the reported incident or withdraws his or her consent for services and refuses to accept such services, the services shall not be provided.

(b) If it reasonably appears to the Department or other agency designated under this Act that a person is an eligible adult and lacks the capacity to consent to an assessment of a reported incident of suspected abuse, neglect, financial exploitation, or self-neglect or to necessary services, the Department or other agency shall take appropriate action necessary to ameliorate risk to the eligible adult if there is a threat of ongoing harm or another emergency exists. The Department or other agency shall be authorized to seek the appointment of a temporary guardian as provided in Article Xia of the Probate Act of 1975 for the purpose of consenting to an assessment of the reported incident and such services, together with an order for an evaluation of the eligible adult's physical, psychological, and medical condition and decisional capacity.

(c) A guardian of the person of an eligible adult may consent to an assessment of the reported incident and to services being provided according to the case plan. If an eligible adult lacks capacity to consent, an agent having authority under a power of attorney may consent to an assessment of the reported incident and to services. If the guardian or agent is the suspected

abuser and he or she withdraws consent for the assessment of the reported incident, or refuses to allow services to be provided to the eligible adult, the Department, an agency designated under this Act, or the office of the Attorney General 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.

(d) If an emergency exists and the Department or other agency designated under this Act reasonably believes that a person is an eligible adult and lacks the capacity to consent to necessary services, the Department or other agency may request an ex parte 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 in accord with established law and Department protocols, procedures, and policies. Petitions filed under this subsection shall be treated as expedited proceedings. When an eligible adult is at risk of serious injury or death and it reasonably appears that the eligible adult lacks capacity to consent to necessary services, the Department or other agency designated under this Act may take action necessary to ameliorate the risk in accordance with administrative rules promulgated by the Department.

(d-5) For purposes of this Section, an eligible adult "lacks the capacity to consent" if qualified staff of an agency designated under this Act reasonably determine, in accordance with administrative rules promulgated by the Department, that he or she appears either (i) unable to receive and evaluate information related to the assessment or services or (ii) unable to communicate in any manner decisions related to the assessment of the reported incident or services.

(e) Within 15 days after the entry of the ex parte emergency order, the order shall expire, or, if the need for assessment of the reported incident or services continues, the provider agency shall petition for the appointment of a guardian as provided in Article XIa of the Probate Act of 1975 for the purpose of consenting to such assessment or services or to protect the eligible adult from further harm.

(f) If the court enters an ex parte order under subsection (d) for an assessment of a reported incident of alleged or suspected abuse, neglect, financial exploitation, or self-neglect, or for the provision of necessary services in connection with alleged or suspected self-neglect, or for both, the court, as soon as is practicable thereafter, shall appoint a guardian ad litem for the eligible adult who is the subject of the order, for the purpose of reviewing the reasonableness of the order. The guardian ad litem shall review the order and, if the guardian ad litem reasonably believes that the order is unreasonable, the guardian ad litem shall file a petition with the court stating the guardian ad litem's belief and requesting that the order be vacated.

(g) 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.

**Sec. 9.5. Commencement of action for ex parte authorization orders; filing fees; process.**

(a) Actions for ex parte authorization orders are commenced:

(1) independently, by filing a petition for an ex parte authorization order in the circuit court;

(2) in conjunction with other civil proceedings, by filing a petition for an ex parte authorization order under the same case number as a guardianship proceeding under the Probate Act of 1975 where the eligible adult is the alleged adult with a disability.

(b) No fee shall be charged by the clerk for filing petitions or certifying orders. No fee shall be charged by a sheriff for service by the sheriff of a petition, rule, motion, or order in an action commenced under this Section.

(c) Any action for an ex parte authorization order commenced independently is a distinct cause of action and requires that a separate summons be issued and served. Service of summons is not required prior to entry of emergency ex parte authorization orders.

(d) Summons may be served by a private person over 18 years of age and not a party to the action. The return by that private person shall be by affidavit. The summons may be served by a sheriff or other law enforcement officer, and if summons is placed for service by the sheriff, it shall be made at the earliest time practicable and shall take precedence over other summonses except those of a similar emergency nature.

**Sec. 10. Rules.**

The Department shall adopt such rules and regulations as it deems necessary to implement this Act.

**Sec. 11. Annual Reports.**

The Department shall file with the Governor and the General Assembly, within 270 days after the end of each fiscal year, a report concerning its implementation of this Act during such fiscal year, together with any recommendations for future implementation.

**Sec. 12. (Repealed).**

**Sec. 13. Access.**

(a) In accord with established law and Department protocols, procedures, and policies, the designated provider agencies shall have access to eligible adults who have been reported or found to be victims of abuse, neglect, financial exploitation, or self-neglect in order to assess the validity of the report, assess other needs of the eligible adult, and provide services in accordance with this Act.

(a-5) A representative of the Department or a designated provider agency that is actively involved in an abuse, neglect, financial exploitation, or self-neglect investigation under this Act shall be allowed access to the financial records, mental and physical health records, and other relevant evaluative records of the eligible adult which are in the possession of any individual, financial institution, health care provider, mental health provider, educational facility, or other facility if necessary to complete the investigation mandated by this Act. The provider or facility shall provide such records to the representative upon receipt of a written request and certification from the Department or designated provider agency that an investigation is being conducted under this Act and the records are pertinent to the investigation.

Any records received by such representative, the confidentiality of which is protected by another law or rule, shall be maintained as confidential, except for such use as may be necessary for any administrative or other legal proceeding.

(b) Where access to an eligible adult is denied, including the refusal to provide requested records, the Office of the Attorney General, the Department, or the provider agency may petition the court for an order to require appropriate access where:

(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 abuse, neglect, or financial exploitation.

(c) The petition for an order requiring appropriate access shall be afforded an expedited hearing in the circuit court.

(d) If the provider agency has substantiated financial exploitation against an eligible adult, and has documented a reasonable belief that the eligible adult will be irreparably harmed as a result of the financial exploitation, the Office of the Attorney General, the Department, or the provider agency may petition for an order freezing the assets of the eligible adult. The petition shall be filed in the county or counties in which the assets are located. The court's order shall prohibit the sale, gifting, transfer, or wasting of the assets of the eligible adult, both real and personal, owned by, or vested in, the eligible adult, without the express permission of the court. The petition to freeze the assets of the eligible adult shall be afforded an expedited hearing in the circuit court.

**Sec. 13.5. Commencement of action for access; filing fees; process; notice; duration of orders.**

(a) Actions for orders seeking access to an eligible adult or freezing assets of an eligible adult are commenced:

(1) independently, by filing a petition for access to an eligible adult or freezing the assets of an eligible adult in the circuit court;

(2) in conjunction with other civil proceedings, by filing a petition for access to an eligible adult or freezing the assets of an eligible adult under the same case number as another civil proceeding involving the parties, including, but not limited to:

(i) a guardianship proceeding under the Probate Act of 1975;

(ii) a proceeding for involuntary commitment under the Mental Health and Developmental Disabilities Code;

(iii) any other proceeding, provided that the eligible adult or the respondent is a party to or the subject of that proceeding.

(b) No fee shall be charged by the clerk for filing petitions or certifying orders. No fee shall be charged by a sheriff for service by the sheriff of such a petition, rule, motion, or order in an action commenced under this Section.

(c) Any action for an order for access to an eligible adult or freezing assets of an eligible adult, whether commenced independently or in conjunction with another proceeding, is a distinct cause of action and requires that a separate summons be issued and served, except that in pending cases the following methods may be used:

(1) Delivery of the summons to respondent personally in open court in pending civil or criminal cases.

(2) Mailing to the defendant, or, if represented, to the defendant's attorney of record in the civil cases in which the defendant has filed a general appearance. The summons shall be in the form prescribed by subsection (d) of Supreme Court Rule 101, except that it shall require the respondent to answer or appear within 7 days. Attachments to the summons or notice shall include the petition for access to an eligible adult or freezing assets of an eligible adult and supporting affidavits, if any, and any emergency order for access to an eligible adult or freezing assets of an eligible adult that has been issued.

(d) Summons may be served by a private person over 18 years of age and not a party to the action. The return by that private person shall be by affidavit. The summons may be served by a sheriff or other law enforcement officer, and if summons is placed for service by the sheriff, it shall be made at the earliest time practicable and shall take precedence over other summonses except those of a similar emergency nature.

(e) Except as otherwise provided in this Section, notice of hearings on petitions or motions shall be served in accordance with Supreme Court Rules 11 and 12 unless notice is excused by the Code of Civil Procedure, Supreme Court Rules, or local rules, as now or hereafter amended.

(f) Original notice of a hearing on a petition for access to an eligible adult or freezing assets of an eligible adult may be given, and the documents served, in accordance with Supreme Court Rules 11 and 12. When, however, an emergency order is sought in such a case of an ex parte application, the notice rules set forth in Section 11-101 of the Code of Civil Procedure shall apply.

(g) An order entered in accordance with Sections 13 and shall be valid for a fixed period of time, not to exceed 2 years.

**Sec. 14. Volunteer corps.**

Qualified volunteers may be used for the purposes of increasing public awareness and providing companion-type services, as prescribed by rule, to eligible adults. A qualified volunteer must undergo training as prescribed by the Department by rule and must adhere to all confidentiality requirements as required by law.

**Sec. 15. Fatality Review Teams.**

(a) State policy.

(1) 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.

(2) 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.

(3) 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.

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

(a-5) Definitions. As used in this Section:

- ❖ “Advisory Council” means the Illinois Fatality Review Team Advisory Council.
- ❖ “Review Team” means a regional interagency fatality review team.

(b) The Director, in consultation with the Advisory Council, law enforcement, and other professionals who work in the fields of investigating, treating, or preventing abuse or neglect of at-risk adults, shall appoint members to a minimum of one 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 the expiration of the term. A review team's purpose in conducting review of at-risk adult deaths is:

(i) 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;

(ii) 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;

(iii) to evaluate means by which the death might have been prevented; and

(iv) 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.

(b-5) Each such 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) a 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 knowledgeable about abuse and neglect of at-risk adults.

(c) A review team shall review cases of deaths of at-risk adults occurring in its planning and service area:

(i) involving blunt force trauma or an undetermined manner or suspicious cause of death,

(ii) if requested by the deceased's attending physician or an emergency room physician,

(iii) upon referral by a health care provider,

(iv) upon referral by a coroner or medical examiner,

(v) 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

(vi) 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.

A review team shall meet not less than 4 times a year to discuss cases for its possible review. Each review team, with the advice and consent of the Department, shall establish criteria to be used in discussing cases of alleged, suspected, or substantiated abuse or neglect for review and shall conduct its activities in accordance with any applicable policies and procedures established by the Department.

(c-5) The Illinois Fatality Review Team Advisory Council, consisting of one member from each review team in Illinois, shall be the coordinating and oversight body for review teams and activities in Illinois. 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. The Advisory Council must select from its members a chairperson and a vice-chairperson, each to serve a 2-year term. The chairperson or vice-chairperson may be selected to serve additional, subsequent terms. The Advisory Council must meet at least 4 times during each calendar year.

The Department may provide or arrange for the staff support necessary for the Advisory Council to carry out its duties. The Director, in cooperation and consultation with the Advisory Council, shall appoint, reappoint, and remove review team members.

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 review teams in order in ensure that the review teams' 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 review 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 that the reviews teams' review processes are standardized in order to convey data, findings, and recommendations in a usable format.

(6) To serve as a link with review 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.

(8) To perform any other functions necessary to enhance the capability of the review teams to reduce and prevent at-risk adult fatalities.

The Advisory Council may prepare an annual report, in consultation with the Department, using aggregate data gathered by review teams and using the review teams' recommendations to develop education, prevention, prosecution, or other strategies designed to improve the coordination of services for at-risk adults and their families.

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.

(d) Any document or oral or written communication shared within or produced by the review team relating to a case discussed or reviewed by the review team is confidential 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. Those 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.

Any document or oral or written communication provided to a review team by an individual or entity, and created by that individual or entity solely for the use of the review team, is confidential, 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. Those 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.

Each entity or individual represented on the fatality review team may share with other members of the team information in the entity's or individual's possession concerning the decedent who is the subject of the review or concerning any person who was in contact with the decedent, as well as any other information deemed by the entity or individual to be pertinent to the review. Any such information shared by an entity or individual with other members of the review team is confidential. The intent of this paragraph is to permit the disclosure to members of the review team of any information deemed confidential or privileged or prohibited from disclosure by any other provision of law. Release of confidential communication between domestic violence advocates and a domestic violence victim shall follow subsection (d) of Section 227 of the Illinois Domestic Violence Act of 1986 which allows for the waiver of privilege afforded to guardians, executors, or administrators of the estate of the domestic violence victim. This provision relating to the release of confidential communication between domestic violence advocates and a domestic violence victim shall exclude adult protective service providers.

A coroner's or medical examiner's office may share with the review team medical records that have been made available to the coroner's or medical examiner's office in connection with that office's investigation of a death.

Members of a review team and the Advisory Council are not subject to examination, in any civil or criminal proceeding, concerning information presented to members of the review team or the Advisory Council or opinions formed by members of the review team or the Advisory Council based on that information. A person may, however, be examined concerning information provided to a review team or the Advisory Council.

(d-5) Meetings of the review teams and the Advisory Council may be closed to the public under the Open Meetings Act. Records and information provided to a review team and the Advisory Council, and records maintained by a team or the Advisory Council, are exempt from release under the Freedom of Information Act.

(e) A review team's recommendation in relation to a case discussed or reviewed by the review team, including, but not limited to, a recommendation concerning an investigation or prosecution, may be disclosed by the review team upon the completion of its review and at the discretion of a majority of its members who reviewed the case.

(e-5) The State shall indemnify and hold harmless members of a review team and the Advisory Council for all their acts, omissions, decisions, or other conduct arising out of the scope of their service on the review team or Advisory Council, except those involving willful or wanton misconduct. The method of providing indemnification shall be as provided in the State Employee Indemnification Act.

(f) The Department, in consultation with coroners, medical examiners, and law enforcement agencies, shall use aggregate data gathered by and recommendations from the Advisory Council and the review teams to create an annual report and may use those data and recommendations to develop education, prevention, prosecution, or other strategies designed to improve the coordination of services for at-risk adults and their families. The Department or other State or County agency, in consultation with coroners, medical examiners, and law enforcement agencies, also may use aggregate data gathered by the review teams to create a database of at-risk individuals.

(g) The Department shall adopt such rules and regulations as it deems necessary to implement this Section.

**Sec. 15.5. Independent monitor.**

Subject to appropriation, to ensure the effectiveness and accountability of the adult protective services system, the agency designated by the Governor under Section 1 of the Protection and Advocacy for Developmentally Disabled Persons Act shall monitor the system and provide to the Department review and evaluation of the system in accordance with administrative rules promulgated by the Department.

**The Code of Criminal Procedure of 1963**

(725 ILCS 5/114-13.5)

**Sec. 114-13.5. Evidence Deposition: Elder Abuse.**

In a prosecution for abuse, neglect, or financial exploitation of an eligible adult as defined in the Adult Protective Services Act, the eligible adult may give testimony in the form of an evidence deposition and not be required to appear in court to testify.

(725 ILCS 5/115-10.3)

**Sec. 10.3. Hearsay Exception Regarding Elder Adults.**

In a prosecution for a physical act, abuse, neglect, or financial exploitation perpetrated upon or against an eligible adult, as defined in the Adult Protective Services Act, who has been diagnosed by a physician to suffer from (i) any form of dementia, developmental disability, or other form of mental incapacity or (ii) any physical infirmity, including but not limited to prosecutions for violations of Sections 10-1, 10-2, 10-3, 10-3.1, 10-4, 11-1.20, 11- 1.30,11-1.40, 11-1.50, 11-1.60, 11-11, 12-1, 12-2, 12-3,12-3.05, 12-3.2, 12-3.3,12-4, 12-4.1,12-4.2, 12-4.5, 12-4.6, 12-4.7, 12-5, 12-6, 12-7.3, 12-7.4, 12-11, 12-11.1, 12-13, 12-14, 12-15, 12-16, 12-21, 16-1, 16-1.3, 17-1, 17-3, 17-56, 18-1, 18-2, 18-3, 18-4, 18-5, 18.6, 19-6, 20-1.1, 24-1.2 and 33A-2, or subsection (b) of section 12-4.4a, of the Criminal Code of 2012, the following evidence shall be admitted as an exception to the hearsay rule:

(1) testimony by an eligible adult, of an out of court statement made by the eligible adult, that he or she complained of such act to another; and

(2) testimony of an out of court statement made by the eligible adult, describing any complaint of such act or matter or detail pertaining to any act which is an element of an offense which is the subject of a prosecution for a physical act, abuse, neglect, or financial exploitation perpetrated upon or against the eligible adult.

(b) Such testimony shall only be admitted if:

(1) The court finds in a hearing conducted outside the presence of the jury that the time, content, and circumstances of the statement provide sufficient safeguards of reliability; and

(2) The eligible adult either:

(A) testifies at the proceeding; or

(B) is unavailable as a witness and there is corroborative evidence of the act which is the subject of the statement.

(c) If a statement is admitted pursuant to this Section, the court shall instruct the jury that it is for the jury to determine the weight and credibility to be given the statement and that, in making the determination, it shall consider the condition of the eligible adult, the nature of the statement, the circumstances under which the statement was made, and any other relevant factors.

(d) The proponent of the statement shall give the adverse party reasonable notice of his or her intention to offer the statement and the particulars of the statement.

**The Code of Civil Procedure:**

(735 ILCS 5/Art. VIII, Part 27, Section 8-2701) PART 27. ELDER ADULTS

**Sec. 8-2701. Admissibility of evidence; out of court statements; elder abuse.**

(a) An out of court statement made by an eligible adult, as defined in the Adult Protective Services Act, who has been diagnosed by a physician to suffer from (i) any form of dementia, developmental disability, or other form of mental incapacity or (ii) any physical infirmity which prevents the eligible adult's appearance in court, describing any act of elder abuse, neglect, or financial exploitation, or testimony by an eligible adult of an out of court statement made by the eligible adult that he or she complained of such acts to another, is admissible in any civil proceeding, if:

(1) the court conducts a hearing outside the presence of the jury and finds that the time, content, and circumstances of the statement provide sufficient safeguards of reliability; and

(2) the eligible adult either:

(A) testifies at the proceeding; or

(B) is unavailable as a witness and there is corroborative evidence of the act which is the subject of the statement.

(b) If a statement is admitted pursuant to this Section, the court shall instruct the jury that it is for the jury to determine the weight and credibility to be given to the statement and that, in making its determination, it shall consider the condition of the eligible adult, the nature of the statement, the circumstances under which the statement was made, and any other relevant factors.

(c) The proponent of the statement shall give the adverse party reasonable notice of an intention to offer the statement and the particulars of the statement.

(Source: P.A. 98-49, eff. 7-1-13)

**The Probate Act of 1975:**

(755 ILCS 5/2-6.6 and 5/11A-10)

**Sec. 2-6.6. Person convicted of or found civilly liable for certain offenses against the elderly or a person with a disability.**

(a) A person who is convicted of a violation of Section 12-19, 12-21, 16-1.3, or 17-56, or subsection (a) or (b) of Section 12-4.4a of the Criminal Code of 1961 or the Criminal Code of 2012 or a person who has been found by a preponderance of the evidence to be civilly liable for financial exploitation, as defined in subsection (a) 2-6.2 of this Act, may not receive any property, benefit, or other interest by reason of the death of the victim of that offense, whether as heir, legatee, beneficiary, joint tenant, tenant by the entirety, survivor, appointee, or in any other capacity and whether the property, benefit, or other interest passes pursuant to any form of title registration, testamentary or non-testamentary instrument, intestacy, renunciation, or any other circumstance. Except as provided in subsection (f) of this Section, the property, benefit, or other interest shall pass as if the person convicted of a violation of Section 12-19, 12-21, 16-1.3, or 17-56 of the Criminal Code of 1961 or the Criminal Code of 2012 or the person found by a preponderance of the evidence to be civilly liable for financial exploitation, as defined in subsection (a) of Section 2-6.2 of this Act, died before the decedent; provided that with respect to joint tenancy property held in tenancy by the entirety, the interest possessed prior to the death of the person convicted or found civilly liable may not be diminished by the application of this Section. Notwithstanding the foregoing, a person convicted of a violation of Section 12-19, 12-21, 16-1.3, or 17-56, or subsection (a) or (b) of Section 12-4.4a, of the Criminal Code of 1961 or the Criminal Code of 2012 or a person who has been found by a preponderance of the evidence to be civilly liable for financial exploitation, as defined in subsection (a) of Section 2-6.2 of this Act, shall be entitled to receive property, a benefit, or an interest in any capacity and under any circumstances described in this Section if it is demonstrated by clear and convincing evidence that the victim of that offense knew of the conviction or finding of civil liability and subsequent to the conviction or finding of civil liability expressed or ratified his or her intent to transfer the property, benefit, or interest to the person convicted of a violation of Section 12-19, 12-21, 16-1.3, or 17-56, or subsection or (b) of Section 12-4.4a, of the Criminal Code of 1961 or the Criminal Code of 2012 or the person found by a preponderance of the evidence to be civilly liable for financial exploitation, as defined in subsection (a) of Section 2-6.2 of this Act, in any manner contemplated by this Section.

(b) The holder of any property subject to the provisions of this Section is not liable for distributing or releasing the property to the person convicted of violating Section 12-19, 12-21, 16-1.3, or 17-56, or subsection (a) or (b) of Section 12-4.4a of the Criminal Code of 1961 or the Criminal Code of 2012 or to the person found by a preponderance of the evidence to be civilly liable for financial exploitation as defined in subsection (a) of Section 2-6.2 of this Act.

(c) If the holder is a financial institution, trust company, trustee, or similar entity or person, the holder shall not be liable for any distribution or release of the property, benefit, or other interest to the person convicted of a violation of Section 12-19, 12-21, 16-1.3, or 17-56, or subsection (a) or (b) of Section 12-4.4a of the Criminal Code of 1961 or the Criminal Code of 2012 or person found by a preponderance of the evidence to be civilly liable for financial exploitation, as defined in subsection (a) of Section 2-6.2 of this Act, unless the holder knowingly distributes or releases the property, benefit, or other interest to the person so convicted or found civilly liable after the first having received actual written notice of the conviction or finding of civil liability in sufficient time to act upon the notice.

(d) The Department of Illinois State Police shall have access to State of Illinois databases containing information that may help in the identification or location of persons convicted of or found civilly liable for the offenses enumerated in the Section. Interagency agreements shall be implemented, consistent with security and procedures established by the State agency and consistent with the laws governing the confidentiality of the information in the databases. Information shall be used only for administration of this Section.

(e) A civil action against a person for financial exploitation, as defined in subsection (a) of Section 2-6.2 of this Act, may be brought by an interested person, pursuant to this Section, after the death of the victim or during the lifetime of the victim if the victim is adjudicated a person with a disability. A guardian is under no duty to bring a civil action under this subsection during the ward's lifetime, but may do so if the guardian believes it is in the best interests of the ward.

(f) The court may, in its discretion, consider such facts and circumstances as it deems appropriate to allow the person convicted or found civilly liable for financial exploitation, as defined in subsection (a) of Section 2-6.2 of this Act, to receive a reduction in interest or benefit rather than no interest or benefit as stated under subsection (a) of this section.

**Sec. 11a-10. Procedures preliminary to hearing.**

(a) Upon the filing of a petition pursuant to Section 11a-8, the court shall set a date and place for hearing to take place within 30 days. The court shall appoint a guardian ad litem to report to the court concerning the respondent's best interests consistent with the provisions of this Section, except that the appointment of a guardian ad litem shall not be required when the court determines that such appointment is not necessary for the protection of the respondent or a reasonably informed decision on the petition.

If the guardian ad litem is not a licensed attorney, he or she shall be qualified, by training or experience, to work with or advocate for the developmentally disabled, mentally ill, physically disabled, the elderly, or persons disabled because of mental deterioration, depending on the type of disability that is alleged in the petition. The court may allow the guardian ad litem reasonable compensation.

The guardian ad litem may consult with a person who by training or experience is qualified to work with persons with a developmental disability, persons with mental illness, or physically disabled persons, or persons disabled because of mental deterioration, depending on the type of disability that is alleged. The guardian ad litem shall personally observe the respondent prior to the hearing and shall inform him orally and in writing of the contents of the petition and of his rights under Section 11a-11. The guardian ad litem shall also attempt to elicit the respondent's position concerning the adjudication of disability, the proposed guardian, a proposed change in residential placement, changes in care that might result from the guardianship, and other areas of inquiry deemed appropriate by the court. At or before the hearing, the guardian ad litem shall file a written report detailing his or her observations of the respondent, the responses of the respondent to any of the inquiries detailed in this Section, the opinion of the guardian ad litem or other professionals with whom the guardian ad litem consulted concerning the appropriateness of guardianship, and any other material issue discovered by the guardian ad litem. The guardian ad litem shall appear at the hearing and testify as to any issues presented in his or her report.

(b) The court (1) may appoint counsel for the respondent, if the court finds that the interests of the respondent will be best served by the appointment, and (2) shall appoint counsel upon respondent's request or if the respondent takes a position adverse to that of the guardian ad litem. The respondent shall be permitted to obtain the appointment of counsel either at the hearing or by any written or oral request communicated to the court prior to the hearing. The summons shall inform the respondent of this right to obtain appointed counsel. The court may allow counsel for the respondent reasonable compensation.

(c) If the respondent is unable to pay the fee of the guardian ad litem or appointed counsel, or both, the court may enter an order for the petitioner to pay all such fees or such amounts as the respondent or the respondent's estate may be unable to pay. However, in cases where the Office of State Guardian is the petitioner, consistent with Section 30 of the Guardianship and Advocacy Act, where the public guardian is the petitioner, consistent with Section 13-5 of the Probate Act of 1975, where an adult protective services agency is the petitioner, pursuant to Section 9 of the Adult Protective Services Act, no guardian ad litem or legal fees shall be assessed against the Office of the State Guardian, the public guardian, or the adult protective services agency.

(d) The hearing may be held at such convenient place as the court directs, including at a facility in which the respondent resides.

(e) Unless he is the petitioner, the respondent shall be personally served with a copy of the petition and a summons not less than 14 days before the hearing. The summons shall be printed in large, bold type and shall include the following notice:

**NOTICE OF RIGHTS OF RESPONDENT**

**You have been named as a respondent in a guardianship petition asking that you be declared a disabled person. If the court grants the petition, a guardian will be appointed for you. A copy of the guardianship petition is attached for your convenience.**

**The date and time of the hearing are:**

**The place where the hearing will occur is:**

**The Judge's name and phone number is:**

**If a guardian is appointed for you, the guardian may be given the right to make all important decisions for you, such as where you may live, what medical treatment you may receive, what places you may visit, and who may visit you. A guardian may also be given the right to control and manage your money and other property, including your home, if you own one. You may lose the right to make these decisions for yourself.**

**You have the following legal rights:**

**(1) You have the right to be present at the court hearing.**

**(2) You have the right to be represented by a lawyer, either one that you retain, or one appointed by the Judge.**

**(3) You have the right to ask for a jury of six persons to hear your case.**

**(4) You have the right to present evidence to the court and to confront and cross-examine witnesses.**

**(5) You have the right to ask the Judge to appoint an independent expert to examine you and give an opinion of your need for a guardian.**

**(6) You have the right to ask that the court hearing be closed to the public.**

**(7) You have the right to tell the court whom you prefer to have for your guardian.**

**You do not have to attend the court hearing if you do not want to be there. If you do not attend, the Judge may appoint a guardian if the Judge finds that a guardian would be of benefit to you. The hearing will not be postponed or canceled if you do not attend.**

**IT IS VERY IMPORTANT THAT YOU ATTEND THE HEARING IF YOU DO NOT WANT A GUARDIAN OR IF YOU WANT SOMEONE OTHER THAT THE PERSON NAMED IN THE GUARDIANSHIP PETITION TO BE YOUR GUARDIAN. IF YOU DO NOT WANT A GUARDIAN OR IF YOU HAVE ANOTHER OTHER PROBLEMS, YOU SHOULD CONTACT AN ATTORNEY OR COME TO COURT AND TELL THE JUDGE.**

Service of summons and the petition may be made by a private person 18 years of age or over who is not a party to the action.

(f) Notice of the time and place of the hearing shall be given by the petitioner by mail or in person to those persons, including the proposed guardian, whose names and addresses appear in the petition and who do not waive notice, not less than 14 days before the hearing.

Illinois Department on Aging

# 2017

# M-TEAM HANDBOOK

**State of Illinois**
**Department on Aging**
One Natural Resources Way, Suite 100 Springfield, Illinois 62702-1271

Senior HelpLine: 1-800-252-8966
1-888-206-1327 (TTY)



(03/17 - 5) Printed by Authority State of Illinois