



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

SB3345

Introduced 2/14/2020, by Sen. Rachelle Crowe

#### SYNOPSIS AS INTRODUCED:

320 ILCS 20/2	from Ch. 23, par. 6602
320 ILCS 20/3	from Ch. 23, par. 6603
320 ILCS 20/3.5	
320 ILCS 20/4	from Ch. 23, par. 6604
320 ILCS 20/4.1	
320 ILCS 20/4.2	
320 ILCS 20/5	from Ch. 23, par. 6605
320 ILCS 20/7.1	
320 ILCS 20/7.5	
320 ILCS 20/8	from Ch. 23, par. 6608
320 ILCS 20/9	from Ch. 23, par. 6609
320 ILCS 20/13	
320 ILCS 20/15	

Amends the Adult Protective Services Act. Expands the scope of the Act to include reports of abandonment. Defines "abandonment" to mean the desertion or willful forsaking of an eligible adult by anyone having care or custody of that eligible adult under circumstances in which a reasonable person would continue to provide care and custody.

LRB101 20310 KTG 69853 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning aging.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Adult Protective Services Act is amended by  
5 changing Sections 2, 3, 3.5, 4, 4.1, 4.2, 5, 7.1, 7.5, 8, 9,  
6 13, and 15 as follows:

7 (320 ILCS 20/2) (from Ch. 23, par. 6602)

8 Sec. 2. Definitions. As used in this Act, unless the  
9 context requires otherwise:

10 (a) "Abandonment" means the desertion or willful forsaking  
11 of an eligible adult by anyone having care or custody of that  
12 eligible adult under circumstances in which a reasonable person  
13 would continue to provide care and custody.

14 (a-1) ~~(a)~~ "Abuse" means causing any physical, mental or  
15 sexual injury to an eligible adult, including exploitation of  
16 such adult's financial resources, and abandonment.

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

23 Nothing in this Act shall be construed to mean that an

1 eligible adult is a victim of abuse because of health care  
2 services provided or not provided by licensed health care  
3 professionals.

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

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

11 (a-7) "Caregiver" means a person who either as a result of  
12 a family relationship, voluntarily, or in exchange for  
13 compensation has assumed responsibility for all or a portion of  
14 the care of an eligible adult who needs assistance with  
15 activities of daily living or instrumental activities of daily  
16 living.

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

19 (c) "Director" means the Director of the Department.

20 (c-5) "Disability" means a physical or mental disability,  
21 including, but not limited to, a developmental disability, an  
22 intellectual disability, a mental illness as defined under the  
23 Mental Health and Developmental Disabilities Code, or dementia  
24 as defined under the Alzheimer's Disease Assistance Act.

25 (d) "Domestic living situation" means a residence where the  
26 eligible adult at the time of the report lives alone or with

1 his or her family or a caregiver, or others, or other  
2 community-based unlicensed facility, but is not:

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

5 (1.5) A facility licensed under the ID/DD Community  
6 Care Act;

7 (1.6) A facility licensed under the MC/DD Act;

8 (1.7) A facility licensed under the Specialized Mental  
9 Health Rehabilitation Act of 2013;

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

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

15 (4) A hospital, sanitarium, or other institution, the  
16 principal activity or business of which is the diagnosis,  
17 care, and treatment of human illness through the  
18 maintenance and operation of organized facilities  
19 therefor, which is required to be licensed under the  
20 Hospital Licensing Act;

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

23 (6) (Blank);

24 (7) A "community-integrated living arrangement" as  
25 defined in the Community-Integrated Living Arrangements  
26 Licensure and Certification Act or a "community

1 residential alternative" as licensed under that Act;

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

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

7 (e) "Eligible adult" means either an adult with  
8 disabilities aged 18 through 59 or a person aged 60 or older  
9 who resides in a domestic living situation and is, or is  
10 alleged to be, abused, abandoned, neglected, or financially  
11 exploited by another individual or who neglects himself or  
12 herself. "Eligible adult" also includes an adult who resides in  
13 any of the facilities that are excluded from the definition of  
14 "domestic living situation" under paragraphs (1) through (9) of  
15 subsection (d), if either: (i) the alleged abuse, abandonment,  
16 or neglect occurs outside of the facility and not under  
17 facility supervision and the alleged abuser is a family member,  
18 caregiver, or another person who has a continuing relationship  
19 with the adult; or (ii) the alleged financial exploitation is  
20 perpetrated by a family member, caregiver, or another person  
21 who has a continuing relationship with the adult, but who is  
22 not an employee of the facility where the adult resides.

23 (f) "Emergency" means a situation in which an eligible  
24 adult is living in conditions presenting a risk of death or  
25 physical, mental or sexual injury and the provider agency has  
26 reason to believe the eligible adult is unable to consent to

1 services which would alleviate that risk.

2 (f-1) "Financial exploitation" means the use of an eligible  
3 adult's resources by another to the disadvantage of that adult  
4 or the profit or advantage of a person other than that adult.

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

8 (1) a professional or professional's delegate while  
9 engaged in: (i) social services, (ii) law enforcement,  
10 (iii) education, (iv) the care of an eligible adult or  
11 eligible adults, or (v) any of the occupations required to  
12 be licensed under the Clinical Psychologist Licensing Act,  
13 the Clinical Social Work and Social Work Practice Act, the  
14 Illinois Dental Practice Act, the Dietitian Nutritionist  
15 Practice Act, the Marriage and Family Therapy Licensing  
16 Act, the Medical Practice Act of 1987, the Naprapathic  
17 Practice Act, the Nurse Practice Act, the Nursing Home  
18 Administrators Licensing and Disciplinary Act, the  
19 Illinois Occupational Therapy Practice Act, the Illinois  
20 Optometric Practice Act of 1987, the Pharmacy Practice Act,  
21 the Illinois Physical Therapy Act, the Physician Assistant  
22 Practice Act of 1987, the Podiatric Medical Practice Act of  
23 1987, the Respiratory Care Practice Act, the Professional  
24 Counselor and Clinical Professional Counselor Licensing  
25 and Practice Act, the Illinois Speech-Language Pathology  
26 and Audiology Practice Act, the Veterinary Medicine and

1 Surgery Practice Act of 2004, and the Illinois Public  
2 Accounting Act;

3 (1.5) an employee of an entity providing developmental  
4 disabilities services or service coordination funded by  
5 the Department of Human Services;

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

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

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

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

23 (6) personnel of the Department of Human Services, the  
24 Guardianship and Advocacy Commission, the State Fire  
25 Marshal, local fire departments, the Department on Aging  
26 and its subsidiary Area Agencies on Aging and provider

1 agencies, and the Office of State Long Term Care Ombudsman;

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

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

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

11 (g) "Neglect" means another individual's failure to  
12 provide an eligible adult with or willful withholding from an  
13 eligible adult the necessities of life including, but not  
14 limited to, food, clothing, shelter or health care. This  
15 subsection does not create any new affirmative duty to provide  
16 support to eligible adults. Nothing in this Act shall be  
17 construed to mean that an eligible adult is a victim of neglect  
18 because of health care services provided or not provided by  
19 licensed health care professionals.

20 (h) "Provider agency" means any public or nonprofit agency  
21 in a planning and service area that is selected by the  
22 Department or appointed by the regional administrative agency  
23 with prior approval by the Department on Aging to receive and  
24 assess reports of alleged or suspected abuse, abandonment,  
25 neglect, or financial exploitation. A provider agency is also  
26 referenced as a "designated agency" in this Act.



1           (i) "Regional administrative agency" means any public or  
2 nonprofit agency in a planning and service area that provides  
3 regional oversight and performs functions as set forth in  
4 subsection (b) of Section 3 of this Act. The Department shall  
5 designate an Area Agency on Aging as the regional  
6 administrative agency or, in the event the Area Agency on Aging  
7 in that planning and service area is deemed by the Department  
8 to be unwilling or unable to provide those functions, the  
9 Department may serve as the regional administrative agency or  
10 designate another qualified entity to serve as the regional  
11 administrative agency; any such designation shall be subject to  
12 terms set forth by the Department.

13           (i-5) "Self-neglect" means a condition that is the result  
14 of an eligible adult's inability, due to physical or mental  
15 impairments, or both, or a diminished capacity, to perform  
16 essential self-care tasks that substantially threaten his or  
17 her own health, including: providing essential food, clothing,  
18 shelter, and health care; and obtaining goods and services  
19 necessary to maintain physical health, mental health,  
20 emotional well-being, and general safety. The term includes  
21 compulsive hoarding, which is characterized by the acquisition  
22 and retention of large quantities of items and materials that  
23 produce an extensively cluttered living space, which  
24 significantly impairs the performance of essential self-care  
25 tasks or otherwise substantially threatens life or safety.

26           (j) "Substantiated case" means a reported case of alleged

1 or suspected abuse, abandonment, neglect, financial  
2 exploitation, or self-neglect in which a provider agency, after  
3 assessment, determines that there is reason to believe abuse,  
4 neglect, or financial exploitation has occurred.

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

9 (Source: P.A. 99-180, eff. 7-29-15; 100-641, eff. 1-1-19.)

10 (320 ILCS 20/3) (from Ch. 23, par. 6603)

11 Sec. 3. Responsibilities.

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

1 (a-1) The Department shall by rule develop standards for  
2 minimum staffing levels and staff qualifications. The  
3 Department shall by rule establish mandatory standards for the  
4 investigation of abuse, abandonment, neglect, financial  
5 exploitation, or self-neglect of eligible adults and mandatory  
6 procedures for linking eligible adults to appropriate services  
7 and supports.

8 (a-5) A provider agency shall, in accordance with rules  
9 promulgated by the Department, establish a multi-disciplinary  
10 team to act in an advisory role for the purpose of providing  
11 professional knowledge and expertise in the handling of complex  
12 abuse cases involving eligible adults. Each multi-disciplinary  
13 team shall consist of one volunteer representative from the  
14 following professions: banking or finance; disability care;  
15 health care; law; law enforcement; mental health care; and  
16 clergy. A provider agency may also choose to add  
17 representatives from the fields of substance abuse, domestic  
18 violence, sexual assault, or other related fields. To support  
19 multi-disciplinary teams in this role, law enforcement  
20 agencies and coroners or medical examiners shall supply records  
21 as may be requested in particular cases.

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

1 (c) Provider agencies shall assist, to the extent possible,  
2 eligible adults who need agency services to allow them to  
3 continue to function independently. Such assistance shall  
4 include, but not be limited to, receiving reports of alleged or  
5 suspected abuse, abandonment, neglect, financial exploitation,  
6 or self-neglect, conducting face-to-face assessments of such  
7 reported cases, determination of substantiated cases, referral  
8 of substantiated cases for necessary support services,  
9 referral of criminal conduct to law enforcement in accordance  
10 with Department guidelines, and provision of case work and  
11 follow-up services on substantiated cases. In the case of a  
12 report of alleged or suspected abuse, abandonment, or neglect  
13 that places an eligible adult at risk of injury or death, a  
14 provider agency shall respond to the report on an emergency  
15 basis in accordance with guidelines established by the  
16 Department by administrative rule and shall ensure that it is  
17 capable of responding to such a report 24 hours per day, 7 days  
18 per week. A provider agency may use an on-call system to  
19 respond to reports of alleged or suspected abuse, abandonment,  
20 or neglect after hours and on weekends.

21 (c-5) Where a provider agency has reason to believe that  
22 the death of an eligible adult may be the result of abuse,  
23 abandonment, or neglect, including any reports made after  
24 death, the agency shall immediately report the matter to both  
25 the appropriate law enforcement agency and the coroner or  
26 medical examiner. Between 30 and 45 days after making such a

1 report, the provider agency again shall contact the law  
2 enforcement agency and coroner or medical examiner to determine  
3 whether any further action was taken. Upon request by a  
4 provider agency, a law enforcement agency and coroner or  
5 medical examiner shall supply a summary of its action in  
6 response to a reported death of an eligible adult. A copy of  
7 the report shall be maintained and all subsequent follow-up  
8 with the law enforcement agency and coroner or medical examiner  
9 shall be documented in the case record of the eligible adult.  
10 If the law enforcement agency, coroner, or medical examiner  
11 determines the reported death was caused by abuse, abandonment,  
12 or neglect by a caregiver, the law enforcement agency, coroner,  
13 or medical examiner shall inform the Department, and the  
14 Department shall report the caregiver's identity on the  
15 Registry as described in Section 7.5 of this Act.

16 (d) Upon sufficient appropriations to implement a  
17 statewide program, the Department shall implement a program,  
18 based on the recommendations of the Self-Neglect Steering  
19 Committee, for (i) responding to reports of possible  
20 self-neglect, (ii) protecting the autonomy, rights, privacy,  
21 and privileges of adults during investigations of possible  
22 self-neglect and consequential judicial proceedings regarding  
23 competency, (iii) collecting and sharing relevant information  
24 and data among the Department, provider agencies, regional  
25 administrative agencies, and relevant seniors, (iv) developing  
26 working agreements between provider agencies and law

1 enforcement, where practicable, and (v) developing procedures  
2 for collecting data regarding incidents of self-neglect.

3 (Source: P.A. 98-49, eff. 7-1-13; 98-1039, eff. 8-25-14.)

4 (320 ILCS 20/3.5)

5 Sec. 3.5. Other responsibilities. The Department shall  
6 also be responsible for the following activities, contingent  
7 upon adequate funding; implementation shall be expanded to  
8 adults with disabilities upon the effective date of this  
9 amendatory Act of the 98th General Assembly, except those  
10 responsibilities under subsection (a), which shall be  
11 undertaken as soon as practicable:

12 (a) promotion of a wide range of endeavors for the  
13 purpose of preventing abuse, abandonment, neglect,  
14 financial exploitation, and self-neglect, including, but  
15 not limited to, promotion of public and professional  
16 education to increase awareness of abuse, abandonment,  
17 neglect, financial exploitation, and self-neglect; to  
18 increase reports; to establish access to and use of the  
19 Registry established under Section 7.5; and to improve  
20 response by various legal, financial, social, and health  
21 systems;

22 (b) coordination of efforts with other agencies,  
23 councils, and like entities, to include but not be limited  
24 to, the Administrative Office of the Illinois Courts, the  
25 Office of the Attorney General, the State Police, the

1 Illinois Law Enforcement Training Standards Board, the  
2 State Triad, the Illinois Criminal Justice Information  
3 Authority, the Departments of Public Health, Healthcare  
4 and Family Services, and Human Services, the Illinois  
5 Guardianship and Advocacy Commission, the Family Violence  
6 Coordinating Council, the Illinois Violence Prevention  
7 Authority, and other entities which may impact awareness  
8 of, and response to, abuse, abandonment, neglect,  
9 financial exploitation, and self-neglect;

10 (c) collection and analysis of data;

11 (d) monitoring of the performance of regional  
12 administrative agencies and adult protective services  
13 agencies;

14 (e) promotion of prevention activities;

15 (f) establishing and coordinating an aggressive  
16 training program on the unique nature of adult abuse cases  
17 with other agencies, councils, and like entities, to  
18 include but not be limited to the Office of the Attorney  
19 General, the State Police, the Illinois Law Enforcement  
20 Training Standards Board, the State Triad, the Illinois  
21 Criminal Justice Information Authority, the State  
22 Departments of Public Health, Healthcare and Family  
23 Services, and Human Services, the Family Violence  
24 Coordinating Council, the Illinois Violence Prevention  
25 Authority, the agency designated by the Governor under  
26 Section 1 of the Protection and Advocacy for Persons with

1           Developmental Disabilities Act, and other entities that  
2           may impact awareness of and response to abuse, abandonment,  
3           neglect, financial exploitation, and self-neglect;

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

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

25          (h) coordinating efforts with utility and electric  
26          companies to send notices in utility bills to explain to



1 persons 60 years of age or older their rights regarding  
2 telemarketing and home repair fraud.

3 (Source: P.A. 98-49, eff. 7-1-13; 98-1039, eff. 8-25-14;  
4 99-143, eff. 7-27-15.)

5 (320 ILCS 20/4) (from Ch. 23, par. 6604)

6 Sec. 4. Reports of abuse, abandonment, or neglect.

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

12 (a-5) If any mandated reporter has reason to believe that  
13 an eligible adult, who because of a disability or other  
14 condition or impairment is unable to seek assistance for  
15 himself or herself, has, within the previous 12 months, been  
16 subjected to abuse, abandonment, neglect, or financial  
17 exploitation, the mandated reporter shall, within 24 hours  
18 after developing such belief, report this suspicion to an  
19 agency designated to receive such reports under this Act or to  
20 the Department. The agency designated to receive such reports  
21 under this Act or the Department may establish a manner in  
22 which a mandated reporter can make the required report through  
23 an Internet reporting tool. Information sent and received  
24 through the Internet reporting tool is subject to the same  
25 rules in this Act as other types of confidential reporting

1 established by the designated agency or the Department.  
2 Whenever a mandated reporter is required to report under this  
3 Act in his or her capacity as a member of the staff of a medical  
4 or other public or private institution, facility, or agency, he  
5 or she shall make a report to an agency designated to receive  
6 such reports under this Act or to the Department in accordance  
7 with the provisions of this Act and may also notify the person  
8 in charge of the institution, facility, or agency or his or her  
9 designated agent that the report has been made. Under no  
10 circumstances shall any person in charge of such institution,  
11 facility, or agency, or his or her designated agent to whom the  
12 notification has been made, exercise any control, restraint,  
13 modification, or other change in the report or the forwarding  
14 of the report to an agency designated to receive such reports  
15 under this Act or to the Department. The privileged quality of  
16 communication between any professional person required to  
17 report and his or her patient or client shall not apply to  
18 situations involving abused, abandoned, neglected, or  
19 financially exploited eligible adults and shall not constitute  
20 grounds for failure to report as required by this Act.

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

1 adult which might otherwise be applicable.

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

6 (b) Any person, institution or agency participating in the  
7 making of a report, providing information or records related to  
8 a report, assessment, or services, or participating in the  
9 investigation of a report under this Act in good faith, or  
10 taking photographs or x-rays as a result of an authorized  
11 assessment, shall have immunity from any civil, criminal or  
12 other liability in any civil, criminal or other proceeding  
13 brought in consequence of making such report or assessment or  
14 on account of submitting or otherwise disclosing such  
15 photographs or x-rays to any agency designated to receive  
16 reports of alleged or suspected abuse, abandonment, or neglect.  
17 Any person, institution or agency authorized by the Department  
18 to provide assessment, intervention, or administrative  
19 services under this Act shall, in the good faith performance of  
20 those services, have immunity from any civil, criminal or other  
21 liability in any civil, criminal, or other proceeding brought  
22 as a consequence of the performance of those services. For the  
23 purposes of any civil, criminal, or other proceeding, the good  
24 faith of any person required to report, permitted to report, or  
25 participating in an investigation of a report of alleged or  
26 suspected abuse, abandonment, neglect, financial exploitation,

1 or self-neglect shall be presumed.

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

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

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

26 (Source: P.A. 97-860, eff. 7-30-12; 98-49, eff. 7-1-13;

1 98-1039, eff. 8-25-14.)

2 (320 ILCS 20/4.1)

3 Sec. 4.1. Employer discrimination. No employer shall  
4 discharge, demote or suspend, or threaten to discharge, demote  
5 or suspend, or in any manner discriminate against any employee  
6 who makes any good faith oral or written report of suspected  
7 abuse, abandonment, neglect, or financial exploitation or who  
8 is or will be a witness or testify in any investigation or  
9 proceeding concerning a report of suspected abuse,  
10 abandonment, neglect, or financial exploitation.

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

12 (320 ILCS 20/4.2)

13 Sec. 4.2. Testimony by mandated reporter and investigator.  
14 Any mandated reporter who makes a report or any person who  
15 investigates a report under this Act shall testify fully in any  
16 judicial proceeding resulting from such report, as to any  
17 evidence of abuse, abandonment, neglect, or financial  
18 exploitation or the cause thereof. Any mandated reporter who is  
19 required to report a suspected case of abuse, abandonment,  
20 neglect, or financial exploitation under Section 4 of this Act  
21 shall testify fully in any administrative hearing resulting  
22 from such report, as to any evidence of abuse, abandonment,  
23 neglect, or financial exploitation or the cause thereof. No  
24 evidence shall be excluded by reason of any common law or

1 statutory privilege relating to communications between the  
2 alleged abuser or the eligible adult subject of the report  
3 under this Act and the person making or investigating the  
4 report.

5 (Source: P.A. 90-628, eff. 1-1-99.)

6 (320 ILCS 20/5) (from Ch. 23, par. 6605)

7 Sec. 5. Procedure.

8 (a) A provider agency designated to receive reports of  
9 alleged or suspected abuse, abandonment, neglect, financial  
10 exploitation, or self-neglect under this Act shall, upon  
11 receiving such a report, conduct a face-to-face assessment with  
12 respect to such report, in accord with established law and  
13 Department protocols, procedures, and policies. Face-to-face  
14 assessments, casework, and follow-up of reports of  
15 self-neglect by the provider agencies designated to receive  
16 reports of self-neglect shall be subject to sufficient  
17 appropriation for statewide implementation of assessments,  
18 casework, and follow-up of reports of self-neglect. In the  
19 absence of sufficient appropriation for statewide  
20 implementation of assessments, casework, and follow-up of  
21 reports of self-neglect, the designated adult protective  
22 services provider agency shall refer all reports of  
23 self-neglect to the appropriate agency or agencies as  
24 designated by the Department for any follow-up. The assessment  
25 shall include, but not be limited to, a visit to the residence

1 of the eligible adult who is the subject of the report and  
2 shall include interviews or consultations regarding the  
3 allegations with service agencies, immediate family members,  
4 and individuals who may have knowledge of the eligible adult's  
5 circumstances based on the consent of the eligible adult in all  
6 instances, except where the provider agency is acting in the  
7 best interest of an eligible adult who is unable to seek  
8 assistance for himself or herself and where there are  
9 allegations against a caregiver who has assumed  
10 responsibilities in exchange for compensation. If, after the  
11 assessment, the provider agency determines that the case is  
12 substantiated it shall develop a service care plan for the  
13 eligible adult and may report its findings at any time during  
14 the case to the appropriate law enforcement agency in accord  
15 with established law and Department protocols, procedures, and  
16 policies. In developing a case plan, the provider agency may  
17 consult with any other appropriate provider of services, and  
18 such providers shall be immune from civil or criminal liability  
19 on account of such acts. The plan shall include alternative  
20 suggested or recommended services which are appropriate to the  
21 needs of the eligible adult and which involve the least  
22 restriction of the eligible adult's activities commensurate  
23 with his or her needs. Only those services to which consent is  
24 provided in accordance with Section 9 of this Act shall be  
25 provided, contingent upon the availability of such services.

26 (b) A provider agency shall refer evidence of crimes

1 against an eligible adult to the appropriate law enforcement  
2 agency according to Department policies. A referral to law  
3 enforcement may be made at intake or any time during the case.  
4 Where a provider agency has reason to believe the death of an  
5 eligible adult may be the result of abuse, abandonment, or  
6 neglect, the agency shall immediately report the matter to the  
7 coroner or medical examiner and shall cooperate fully with any  
8 subsequent investigation.

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

15 (Source: P.A. 101-496, eff. 1-1-20.)

16 (320 ILCS 20/7.1)

17 Sec. 7.1. Final investigative report. A provider agency  
18 shall prepare a final investigative report, upon the completion  
19 or closure of an investigation, in all cases of reported abuse,  
20 abandonment, neglect, financial exploitation, or self-neglect  
21 of an eligible adult, whether or not there is a substantiated  
22 finding.

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

24 (320 ILCS 20/7.5)



1           Sec. 7.5. Registry.

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

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

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

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

22           A finding against a caregiver that is placed in the  
23 Registry shall preclude that caregiver from providing direct  
24 care, as defined in this Section, in a position with or that is  
25 regulated by or paid with public funds from the Department on  
26 Aging, the Department of Healthcare and Family Services, the

1 Department of Human Services, or the Department of Public  
2 Health or with an entity or provider licensed, certified, or  
3 regulated by or paid with public funds from any of these State  
4 agencies.

5 (b) Definitions. As used in this Section:

6 "Direct care" includes, but is not limited to, direct  
7 access to a person aged 60 or older or to an adult with  
8 disabilities aged 18 through 59, his or her living quarters, or  
9 his or her personal, financial, or medical records for the  
10 purpose of providing nursing care or assistance with feeding,  
11 dressing, movement, bathing, toileting, other personal needs  
12 and activities of daily living or instrumental activities of  
13 daily living, or assistance with financial transactions.

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

19 (c) Access to and use of the Registry. Access to the  
20 Registry shall be limited to the Department on Aging, the  
21 Department of Healthcare and Family Services, the Department of  
22 Human Services, and the Department of Public Health and  
23 providers of direct care as described in subsection (a-10) of  
24 this Section. These State agencies and providers shall not  
25 hire, compensate either directly or on behalf of a participant,  
26 or utilize the services of any person seeking to provide direct

1 care without first conducting an online check of whether the  
2 person has been placed on the Registry. These State agencies  
3 and providers shall maintain a copy of the results of the  
4 online check to demonstrate compliance with this requirement.  
5 These State agencies and providers are prohibited from  
6 retaining, hiring, compensating either directly or on behalf of  
7 a participant, or utilizing the services of a person to provide  
8 direct care if the online check of the person reveals a  
9 verified and substantiated finding of abuse, abandonment,  
10 neglect, or financial exploitation that has been placed on the  
11 Registry or when the State agencies or providers otherwise gain  
12 knowledge of such placement on the Registry. Failure to comply  
13 with this requirement may subject such a provider to corrective  
14 action by the appropriate regulatory agency or other lawful  
15 remedies provided under the applicable licensure,  
16 certification, or regulatory laws and rules.

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

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

1 of this Section.

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

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

21 (h) Caregiver's rights to collateral action. The  
22 Department on Aging shall not make any report to the Registry  
23 if a caregiver notifies the Department in writing that he or  
24 she is formally challenging an adverse employment action  
25 resulting from a verified and substantiated finding of abuse,  
26 abandonment, neglect, or financial exploitation by complaint

1 filed with the Illinois Civil Service Commission, or by another  
2 means which seeks to enforce the caregiver's rights pursuant to  
3 any applicable collective bargaining agreement. If an action  
4 taken by an employer against a caregiver as a result of such a  
5 finding is overturned through an action filed with the Illinois  
6 Civil Service Commission or under any applicable collective  
7 bargaining agreement after that caregiver's name has already  
8 been sent to the Registry, the caregiver's name shall be  
9 removed from the Registry.

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

24 (j) Referral of Registry reports to health care facilities.  
25 In the event an eligible adult receiving services from a  
26 provider agency changes his or her residence from a domestic

1 living situation to that of a health care or long term care  
2 facility, the provider agency shall use reasonable efforts to  
3 promptly inform the facility and the appropriate Regional Long  
4 Term Care Ombudsman about any Registry reports relating to the  
5 eligible adult. For purposes of this Section, a health care or  
6 long term care facility includes, but is not limited to, any  
7 residential facility licensed, certified, or regulated by the  
8 Department of Public Health, Healthcare and Family Services, or  
9 Human Services.

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

14 (Source: P.A. 98-49, eff. 1-1-14; 98-756, eff. 7-16-14;  
15 98-1039, eff. 8-25-14; 99-78, eff. 7-20-15.)

16 (320 ILCS 20/8) (from Ch. 23, par. 6608)

17 Sec. 8. Access to records. All records concerning reports  
18 of abuse, abandonment, neglect, financial exploitation, or  
19 self-neglect and all records generated as a result of such  
20 reports shall be confidential and shall not be disclosed except  
21 as specifically authorized by this Act or other applicable law.  
22 In accord with established law and Department protocols,  
23 procedures, and policies, access to such records, but not  
24 access to the identity of the person or persons making a report  
25 of alleged abuse, abandonment, neglect, financial

1 exploitation, or self-neglect as contained in such records,  
2 shall be provided, upon request, to the following persons and  
3 for the following persons:

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

10 (1.5) A representative of the public guardian acting in  
11 the course of investigating the appropriateness of  
12 guardianship for the eligible adult or while pursuing a  
13 petition for guardianship of the eligible adult pursuant to  
14 the Probate Act of 1975;

15 (2) A law enforcement agency or State's Attorney's  
16 office investigating known or suspected abuse,  
17 abandonment, neglect, financial exploitation, or  
18 self-neglect. Where a provider agency has reason to believe  
19 that the death of an eligible adult may be the result of  
20 abuse, abandonment, or neglect, including any reports made  
21 after death, the agency shall immediately provide the  
22 appropriate law enforcement agency with all records  
23 pertaining to the eligible adult;

24 (2.5) A law enforcement agency, fire department  
25 agency, or fire protection district having proper  
26 jurisdiction pursuant to a written agreement between a

1 provider agency and the law enforcement agency, fire  
2 department agency, or fire protection district under which  
3 the provider agency may furnish to the law enforcement  
4 agency, fire department agency, or fire protection  
5 district a list of all eligible adults who may be at  
6 imminent risk of abuse, abandonment, neglect, financial  
7 exploitation, or self-neglect;

8 (3) A physician who has before him or her or who is  
9 involved in the treatment of an eligible adult whom he or  
10 she reasonably suspects may be abused, abandoned,  
11 neglected, financially exploited, or self-neglected or who  
12 has been referred to the Adult Protective Services Program;

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

17 (4.5) An executor or administrator of the estate of an  
18 eligible adult who is deceased;

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



1 pending before it;

2 (5.5) In cases regarding self-neglect, a guardian ad  
3 litem;

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

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

9 (8) A coroner or medical examiner who has reason to  
10 believe that an eligible adult has died as the result of  
11 abuse, abandonment, neglect, financial exploitation, or  
12 self-neglect. The provider agency shall immediately  
13 provide the coroner or medical examiner with all records  
14 pertaining to the eligible adult;

15 (8.5) A coroner or medical examiner having proper  
16 jurisdiction, pursuant to a written agreement between a  
17 provider agency and the coroner or medical examiner, under  
18 which the provider agency may furnish to the office of the  
19 coroner or medical examiner a list of all eligible adults  
20 who may be at imminent risk of death as a result of abuse,  
21 abandonment, neglect, financial exploitation, or  
22 self-neglect;

23 (9) Department of Financial and Professional  
24 Regulation staff and members of the Illinois Medical  
25 Disciplinary Board or the Social Work Examining and  
26 Disciplinary Board in the course of investigating alleged

1 violations of the Clinical Social Work and Social Work  
2 Practice Act by provider agency staff or other licensing  
3 bodies at the discretion of the Director of the Department  
4 on Aging;

5 (9-a) Department of Healthcare and Family Services  
6 staff and provider agency staff when that Department is  
7 funding services to the eligible adult, including access to  
8 the identity of the eligible adult;

9 (9-b) Department of Human Services staff and provider  
10 agency staff when that Department is funding services to  
11 the eligible adult or is providing reimbursement for  
12 services provided by the abuser or alleged abuser,  
13 including access to the identity of the eligible adult;

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

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

22 (12) The Illinois Guardianship and Advocacy Commission  
23 and the agency designated by the Governor under Section 1  
24 of the Protection and Advocacy for Persons with  
25 Developmental Disabilities Act shall have access, through  
26 the Department, to records, including the findings,

1           pertaining to a completed or closed investigation of a  
2           report of suspected abuse, abandonment, neglect, financial  
3           exploitation, or self-neglect of an eligible adult.

4           (Source: P.A. 98-49, eff. 7-1-13; 98-1039, eff. 8-25-14;  
5           99-143, eff. 7-27-15; 99-287, eff. 1-1-16; 99-547, eff.  
6           7-15-16; 99-642, eff. 7-28-16.)

7           (320 ILCS 20/9) (from Ch. 23, par. 6609)

8           Sec. 9. Authority to consent to services.

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

19          (b) If it reasonably appears to the Department or other  
20          agency designated under this Act that a person is an eligible  
21          adult and lacks the capacity to consent to an assessment of a  
22          reported incident of suspected abuse, abandonment, neglect,  
23          financial exploitation, or self-neglect or to necessary  
24          services, the Department or other agency shall take appropriate  
25          action necessary to ameliorate risk to the eligible adult if

1 there is a threat of ongoing harm or another emergency exists.  
2 The Department or other agency shall be authorized to seek the  
3 appointment of a temporary guardian as provided in Article XIa  
4 of the Probate Act of 1975 for the purpose of consenting to an  
5 assessment of the reported incident and such services, together  
6 with an order for an evaluation of the eligible adult's  
7 physical, psychological, and medical condition and decisional  
8 capacity.

9 (c) A guardian of the person of an eligible adult may  
10 consent to an assessment of the reported incident and to  
11 services being provided according to the case plan. If an  
12 eligible adult lacks capacity to consent, an agent having  
13 authority under a power of attorney may consent to an  
14 assessment of the reported incident and to services. If the  
15 guardian or agent is the suspected abuser and he or she  
16 withdraws consent for the assessment of the reported incident,  
17 or refuses to allow services to be provided to the eligible  
18 adult, the Department, an agency designated under this Act, or  
19 the office of the Attorney General may request a court order  
20 seeking appropriate remedies, and may in addition request  
21 removal of the guardian and appointment of a successor guardian  
22 or request removal of the agent and appointment of a guardian.

23 (d) If an emergency exists and the Department or other  
24 agency designated under this Act reasonably believes that a  
25 person is an eligible adult and lacks the capacity to consent  
26 to necessary services, the Department or other agency may

1 request an ex parte order from the circuit court of the county  
2 in which the petitioner or respondent resides or in which the  
3 alleged abuse, abandonment, neglect, financial exploitation,  
4 or self-neglect occurred, authorizing an assessment of a report  
5 of alleged or suspected abuse, abandonment, neglect, financial  
6 exploitation, or self-neglect or the provision of necessary  
7 services, or both, including relief available under the  
8 Illinois Domestic Violence Act of 1986 in accord with  
9 established law and Department protocols, procedures, and  
10 policies. Petitions filed under this subsection shall be  
11 treated as expedited proceedings. When an eligible adult is at  
12 risk of serious injury or death and it reasonably appears that  
13 the eligible adult lacks capacity to consent to necessary  
14 services, the Department or other agency designated under this  
15 Act may take action necessary to ameliorate the risk in  
16 accordance with administrative rules promulgated by the  
17 Department.

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

26 (e) Within 15 days after the entry of the ex parte

1 emergency order, the order shall expire, or, if the need for  
2 assessment of the reported incident or services continues, the  
3 provider agency shall petition for the appointment of a  
4 guardian as provided in Article XIa of the Probate Act of 1975  
5 for the purpose of consenting to such assessment or services or  
6 to protect the eligible adult from further harm.

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

20 (g) In all cases in which there is a substantiated finding  
21 of abuse, abandonment, neglect, or financial exploitation by a  
22 guardian, the Department shall, within 30 days after the  
23 finding, notify the Probate Court with jurisdiction over the  
24 guardianship.

25 (Source: P.A. 98-49, eff. 7-1-13; 98-1039, eff. 8-25-14.)

1 (320 ILCS 20/13)

2 Sec. 13. Access.

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

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

25 Any records received by such representative, the  
26 confidentiality of which is protected by another law or rule,

1 shall be maintained as confidential, except for such use as may  
2 be necessary for any administrative or other legal proceeding.

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

8 (1) a caregiver or third party has interfered with the  
9 assessment or service plan, or

10 (2) the agency has reason to believe that the eligible  
11 adult is denying access because of coercion, extortion, or  
12 justifiable fear of future abuse, abandonment, neglect, or  
13 financial exploitation.

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

16 (d) If the provider agency has substantiated financial  
17 exploitation against an eligible adult, and has documented a  
18 reasonable belief that the eligible adult will be irreparably  
19 harmed as a result of the financial exploitation, the Office of  
20 the Attorney General, the Department, or the provider agency  
21 may petition for an order freezing the assets of the eligible  
22 adult. The petition shall be filed in the county or counties in  
23 which the assets are located. The court's order shall prohibit  
24 the sale, gifting, transfer, or wasting of the assets of the  
25 eligible adult, both real and personal, owned by, or vested in,  
26 the eligible adult, without the express permission of the



1 court. The petition to freeze the assets of the eligible adult  
2 shall be afforded an expedited hearing in the circuit court.

3 (Source: P.A. 98-1039, eff. 8-25-14.)

4 (320 ILCS 20/15)

5 Sec. 15. Fatality review teams.

6 (a) State policy.

7 (1) Both the State and the community maintain a  
8 commitment to preventing the abuse, abandonment, neglect,  
9 and financial exploitation of at-risk adults. This  
10 includes a charge to bring perpetrators of crimes against  
11 at-risk adults to justice and prevent untimely deaths in  
12 the community.

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

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

24 (4) Access to information regarding the deceased  
25 person and his or her family by multidisciplinary and

1 multi-agency fatality review teams is necessary in order to  
2 fulfill their purposes and duties.

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

4 "Advisory Council" means the Illinois Fatality Review  
5 Team Advisory Council.

6 "Review Team" means a regional interagency fatality  
7 review team.

8 (b) The Director, in consultation with the Advisory  
9 Council, law enforcement, and other professionals who work in  
10 the fields of investigating, treating, or preventing abuse,  
11 abandonment, or neglect of at-risk adults, shall appoint  
12 members to a minimum of one review team in each of the  
13 Department's planning and service areas. Each member of a  
14 review team shall be appointed for a 2-year term and shall be  
15 eligible for reappointment upon the expiration of the term. A  
16 review team's purpose in conducting review of at-risk adult  
17 deaths is: (i) to assist local agencies in identifying and  
18 reviewing suspicious deaths of adult victims of alleged,  
19 suspected, or substantiated abuse, abandonment, or neglect in  
20 domestic living situations; (ii) to facilitate communications  
21 between officials responsible for autopsies and inquests and  
22 persons involved in reporting or investigating alleged or  
23 suspected cases of abuse, abandonment, neglect, or financial  
24 exploitation of at-risk adults and persons involved in  
25 providing services to at-risk adults; (iii) to evaluate means  
26 by which the death might have been prevented; and (iv) to

1 report its findings to the appropriate agencies and the  
2 Advisory Council and make recommendations that may help to  
3 reduce the number of at-risk adult deaths caused by abuse,  
4 abandonment, and neglect and that may help to improve the  
5 investigations of deaths of at-risk adults and increase  
6 prosecutions, if appropriate.

7 (b-5) Each such team shall be composed of representatives  
8 of entities and individuals including, but not limited to:

9 (1) the Department on Aging;

10 (2) coroners or medical examiners (or both);

11 (3) State's Attorneys;

12 (4) local police departments;

13 (5) forensic units;

14 (6) local health departments;

15 (7) a social service or health care agency that  
16 provides services to persons with mental illness, in a  
17 program whose accreditation to provide such services is  
18 recognized by the Division of Mental Health within the  
19 Department of Human Services;

20 (8) a social service or health care agency that  
21 provides services to persons with developmental  
22 disabilities, in a program whose accreditation to provide  
23 such services is recognized by the Division of  
24 Developmental Disabilities within the Department of Human  
25 Services;

26 (9) a local hospital, trauma center, or provider of

1 emergency medicine;

2 (10) providers of services for eligible adults in  
3 domestic living situations; and

4 (11) a physician, psychiatrist, or other health care  
5 provider knowledgeable about abuse, abandonment, and  
6 neglect of at-risk adults.

7 (c) A review team shall review cases of deaths of at-risk  
8 adults occurring in its planning and service area (i) involving  
9 blunt force trauma or an undetermined manner or suspicious  
10 cause of death; (ii) if requested by the deceased's attending  
11 physician or an emergency room physician; (iii) upon referral  
12 by a health care provider; (iv) upon referral by a coroner or  
13 medical examiner; (v) constituting an open or closed case from  
14 an adult protective services agency, law enforcement agency,  
15 State's Attorney's office, or the Department of Human Services'  
16 Office of the Inspector General that involves alleged or  
17 suspected abuse, abandonment, neglect, or financial  
18 exploitation; or (vi) upon referral by a law enforcement agency  
19 or State's Attorney's office. If such a death occurs in a  
20 planning and service area where a review team has not yet been  
21 established, the Director shall request that the Advisory  
22 Council or another review team review that death. A team may  
23 also review deaths of at-risk adults if the alleged abuse, abandonment,  
24 abandonment, or neglect occurred while the person was residing  
25 in a domestic living situation.

26 A review team shall meet not less than 4 times a year to

1 discuss cases for its possible review. Each review team, with  
2 the advice and consent of the Department, shall establish  
3 criteria to be used in discussing cases of alleged, suspected,  
4 or substantiated abuse, abandonment, or neglect for review and  
5 shall conduct its activities in accordance with any applicable  
6 policies and procedures established by the Department.

7 (c-5) The Illinois Fatality Review Team Advisory Council,  
8 consisting of one member from each review team in Illinois,  
9 shall be the coordinating and oversight body for review teams  
10 and activities in Illinois. The Director may appoint to the  
11 Advisory Council any ex-officio members deemed necessary.  
12 Persons with expertise needed by the Advisory Council may be  
13 invited to meetings. The Advisory Council must select from its  
14 members a chairperson and a vice-chairperson, each to serve a  
15 2-year term. The chairperson or vice-chairperson may be  
16 selected to serve additional, subsequent terms. The Advisory  
17 Council must meet at least 4 times during each calendar year.

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

23 The Advisory Council has, but is not limited to, the  
24 following duties:

25 (1) To serve as the voice of review teams in Illinois.

26 (2) To oversee the review teams in order to ensure that

1 the review teams' work is coordinated and in compliance  
2 with State statutes and the operating protocol.

3 (3) To ensure that the data, results, findings, and  
4 recommendations of the review teams are adequately used in  
5 a timely manner to make any necessary changes to the  
6 policies, procedures, and State statutes in order to  
7 protect at-risk adults.

8 (4) To collaborate with the Department in order to  
9 develop any legislation needed to prevent unnecessary  
10 deaths of at-risk adults.

11 (5) To ensure that the review teams' review processes  
12 are standardized in order to convey data, findings, and  
13 recommendations in a usable format.

14 (6) To serve as a link with review teams throughout the  
15 country and to participate in national review team  
16 activities.

17 (7) To provide the review teams with the most current  
18 information and practices concerning at-risk adult death  
19 review and related topics.

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

23 The Advisory Council may prepare an annual report, in  
24 consultation with the Department, using aggregate data  
25 gathered by review teams and using the review teams'  
26 recommendations to develop education, prevention, prosecution,

1 or other strategies designed to improve the coordination of  
2 services for at-risk adults and their families.

3 In any instance where a review team does not operate in  
4 accordance with established protocol, the Director, in  
5 consultation and cooperation with the Advisory Council, must  
6 take any necessary actions to bring the review team into  
7 compliance with the protocol.

8 (d) Any document or oral or written communication shared  
9 within or produced by the review team relating to a case  
10 discussed or reviewed by the review team is confidential and is  
11 not admissible as evidence in any civil or criminal proceeding,  
12 except for use by a State's Attorney's office in prosecuting a  
13 criminal case against a caregiver. Those records and  
14 information are, however, subject to discovery or subpoena, and  
15 are admissible as evidence, to the extent they are otherwise  
16 available to the public.

17 Any document or oral or written communication provided to a  
18 review team by an individual or entity, and created by that  
19 individual or entity solely for the use of the review team, is  
20 confidential, is not subject to disclosure to or discoverable  
21 by another party, and is not admissible as evidence in any  
22 civil or criminal proceeding, except for use by a State's  
23 Attorney's office in prosecuting a criminal case against a  
24 caregiver. Those records and information are, however, subject  
25 to discovery or subpoena, and are admissible as evidence, to  
26 the extent they are otherwise available to the public.

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

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

26           Members of a review team and the Advisory Council are not



1 subject to examination, in any civil or criminal proceeding,  
2 concerning information presented to members of the review team  
3 or the Advisory Council or opinions formed by members of the  
4 review team or the Advisory Council based on that information.  
5 A person may, however, be examined concerning information  
6 provided to a review team or the Advisory Council.

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

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

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

26 (f) The Department, in consultation with coroners, medical

1 examiners, and law enforcement agencies, shall use aggregate  
2 data gathered by and recommendations from the Advisory Council  
3 and the review teams to create an annual report and may use  
4 those data and recommendations to develop education,  
5 prevention, prosecution, or other strategies designed to  
6 improve the coordination of services for at-risk adults and  
7 their families. The Department or other State or county agency,  
8 in consultation with coroners, medical examiners, and law  
9 enforcement agencies, also may use aggregate data gathered by  
10 the review teams to create a database of at-risk individuals.

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

13 (Source: P.A. 98-49, eff. 7-1-13; 98-1039, eff. 8-25-14; 99-78,  
14 eff. 7-20-15; 99-530, eff. 1-1-17.)