

**103RD GENERAL ASSEMBLY****State of Illinois****2023 and 2024****SB2799**

Introduced 1/17/2024, by Sen. Laura Fine

SYNOPSIS AS INTRODUCED:

See Index

Amends the Adult Protective Services Act. Expands the definition of abuse to include causing any emotional injury to an adult with disabilities aged 18 through 59 or a person aged 60 or older (eligible adults). Provides that, contingent upon adequate funding, the Department on Aging may provide funding for legal assistance for eligible adults. Provides that, for self-neglect cases, the Department shall establish mandatory standards for the provision of emergent casework and follow-up services to mitigate the risk of harm or death to an eligible adult. Provides that, upon receiving a report of self-neglect, a provider agency shall conduct an unannounced face-to-face visit at the residence of the eligible adult to administer an eligibility screening to quickly determine if the eligible adult is posing a substantial threat to himself or herself or to others. Sets forth the process and procedures for eligibility screenings. Provides that if an eligibility screening indicates self-neglect, the provider agency shall develop and implement within 5 business days a case plan for the eligible adult in consultation with any other appropriate provider of services. Requires the Department to establish, by rule, the time period within which an eligibility screening shall begin and within which a service plan shall be implemented. As to all investigations conducted under the Act, requires a provider agency to notify the eligible adult, the alleged abuser, and the reporter of abuse of the agency's final investigative findings. Makes changes to provisions concerning an eligible adult's capacity to consent to an eligibility screening. Changes the minimal number of times the Illinois Fatality Review Team Advisory Council must meet each calendar year. Makes other changes. Repeals a provision permitting the Department to use qualified volunteers to provide companion-type services to eligible adults. Amends the Open Meetings Act. Exempts from the requirements of the Act meetings conducted by the Illinois Fatality Review Team Advisory Council and regional interagency fatality review teams.

LRB103 37565 KTG 67691 b

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 1. The Opening Meetings Act is amended by changing
5 Section 2 as follows:

6 (5 ILCS 120/2) (from Ch. 102, par. 42)

7 Sec. 2. Open meetings.

8 (a) Openness required. All meetings of public bodies shall
9 be open to the public unless excepted in subsection (c) and
10 closed in accordance with Section 2a.

11 (b) Construction of exceptions. The exceptions contained
12 in subsection (c) are in derogation of the requirement that
13 public bodies meet in the open, and therefore, the exceptions
14 are to be strictly construed, extending only to subjects
15 clearly within their scope. The exceptions authorize but do
16 not require the holding of a closed meeting to discuss a
17 subject included within an enumerated exception.

18 (c) Exceptions. A public body may hold closed meetings to
19 consider the following subjects:

20 (1) The appointment, employment, compensation,
21 discipline, performance, or dismissal of specific
22 employees, specific individuals who serve as independent
23 contractors in a park, recreational, or educational

1 setting, or specific volunteers of the public body or
2 legal counsel for the public body, including hearing
3 testimony on a complaint lodged against an employee, a
4 specific individual who serves as an independent
5 contractor in a park, recreational, or educational
6 setting, or a volunteer of the public body or against
7 legal counsel for the public body to determine its
8 validity. However, a meeting to consider an increase in
9 compensation to a specific employee of a public body that
10 is subject to the Local Government Wage Increase
11 Transparency Act may not be closed and shall be open to the
12 public and posted and held in accordance with this Act.

13 (2) Collective negotiating matters between the public
14 body and its employees or their representatives, or
15 deliberations concerning salary schedules for one or more
16 classes of employees.

17 (3) The selection of a person to fill a public office,
18 as defined in this Act, including a vacancy in a public
19 office, when the public body is given power to appoint
20 under law or ordinance, or the discipline, performance or
21 removal of the occupant of a public office, when the
22 public body is given power to remove the occupant under
23 law or ordinance.

24 (4) Evidence or testimony presented in open hearing,
25 or in closed hearing where specifically authorized by law,
26 to a quasi-adjudicative body, as defined in this Act,

1 provided that the body prepares and makes available for
2 public inspection a written decision setting forth its
3 determinative reasoning.

4 (4.5) Evidence or testimony presented to a school
5 board regarding denial of admission to school events or
6 property pursuant to Section 24-24 of the School Code,
7 provided that the school board prepares and makes
8 available for public inspection a written decision setting
9 forth its determinative reasoning.

10 (5) The purchase or lease of real property for the use
11 of the public body, including meetings held for the
12 purpose of discussing whether a particular parcel should
13 be acquired.

14 (6) The setting of a price for sale or lease of
15 property owned by the public body.

16 (7) The sale or purchase of securities, investments,
17 or investment contracts. This exception shall not apply to
18 the investment of assets or income of funds deposited into
19 the Illinois Prepaid Tuition Trust Fund.

20 (8) Security procedures, school building safety and
21 security, and the use of personnel and equipment to
22 respond to an actual, a threatened, or a reasonably
23 potential danger to the safety of employees, students,
24 staff, the public, or public property.

25 (9) Student disciplinary cases.

26 (10) The placement of individual students in special

1 education programs and other matters relating to
2 individual students.

3 (11) Litigation, when an action against, affecting or
4 on behalf of the particular public body has been filed and
5 is pending before a court or administrative tribunal, or
6 when the public body finds that an action is probable or
7 imminent, in which case the basis for the finding shall be
8 recorded and entered into the minutes of the closed
9 meeting.

10 (12) The establishment of reserves or settlement of
11 claims as provided in the Local Governmental and
12 Governmental Employees Tort Immunity Act, if otherwise the
13 disposition of a claim or potential claim might be
14 prejudiced, or the review or discussion of claims, loss or
15 risk management information, records, data, advice or
16 communications from or with respect to any insurer of the
17 public body or any intergovernmental risk management
18 association or self insurance pool of which the public
19 body is a member.

20 (13) Conciliation of complaints of discrimination in
21 the sale or rental of housing, when closed meetings are
22 authorized by the law or ordinance prescribing fair
23 housing practices and creating a commission or
24 administrative agency for their enforcement.

25 (14) Informant sources, the hiring or assignment of
26 undercover personnel or equipment, or ongoing, prior or

1 future criminal investigations, when discussed by a public
2 body with criminal investigatory responsibilities.

3 (15) Professional ethics or performance when
4 considered by an advisory body appointed to advise a
5 licensing or regulatory agency on matters germane to the
6 advisory body's field of competence.

7 (16) Self evaluation, practices and procedures or
8 professional ethics, when meeting with a representative of
9 a statewide association of which the public body is a
10 member.

11 (17) The recruitment, credentialing, discipline or
12 formal peer review of physicians or other health care
13 professionals, or for the discussion of matters protected
14 under the federal Patient Safety and Quality Improvement
15 Act of 2005, and the regulations promulgated thereunder,
16 including 42 C.F.R. Part 3 (73 FR 70732), or the federal
17 Health Insurance Portability and Accountability Act of
18 1996, and the regulations promulgated thereunder,
19 including 45 C.F.R. Parts 160, 162, and 164, by a
20 hospital, or other institution providing medical care,
21 that is operated by the public body.

22 (18) Deliberations for decisions of the Prisoner
23 Review Board.

24 (19) Review or discussion of applications received
25 under the Experimental Organ Transplantation Procedures
26 Act.

1 (20) The classification and discussion of matters
2 classified as confidential or continued confidential by
3 the State Government Suggestion Award Board.

4 (21) Discussion of minutes of meetings lawfully closed
5 under this Act, whether for purposes of approval by the
6 body of the minutes or semi-annual review of the minutes
7 as mandated by Section 2.06.

8 (22) Deliberations for decisions of the State
9 Emergency Medical Services Disciplinary Review Board.

10 (23) The operation by a municipality of a municipal
11 utility or the operation of a municipal power agency or
12 municipal natural gas agency when the discussion involves
13 (i) contracts relating to the purchase, sale, or delivery
14 of electricity or natural gas or (ii) the results or
15 conclusions of load forecast studies.

16 (24) Meetings of a residential health care facility
17 resident sexual assault and death review team or the
18 Executive Council under the Abuse Prevention Review Team
19 Act.

20 (25) Meetings of an independent team of experts under
21 Brian's Law.

22 (26) Meetings of a mortality review team appointed
23 under the Department of Juvenile Justice Mortality Review
24 Team Act.

25 (27) (Blank).

26 (28) Correspondence and records (i) that may not be

1 disclosed under Section 11-9 of the Illinois Public Aid
2 Code or (ii) that pertain to appeals under Section 11-8 of
3 the Illinois Public Aid Code.

4 (29) Meetings between internal or external auditors
5 and governmental audit committees, finance committees, and
6 their equivalents, when the discussion involves internal
7 control weaknesses, identification of potential fraud risk
8 areas, known or suspected frauds, and fraud interviews
9 conducted in accordance with generally accepted auditing
10 standards of the United States of America.

11 (30) Those meetings or portions of meetings of a
12 fatality review team or the Illinois Fatality Review Team
13 Advisory Council during which a review of the death of an
14 eligible adult in which abuse or neglect is suspected,
15 alleged, or substantiated is conducted pursuant to Section
16 15 of the Adult Protective Services Act.

17 (31) Meetings and deliberations for decisions of the
18 Concealed Carry Licensing Review Board under the Firearm
19 Concealed Carry Act.

20 (32) Meetings between the Regional Transportation
21 Authority Board and its Service Boards when the discussion
22 involves review by the Regional Transportation Authority
23 Board of employment contracts under Section 28d of the
24 Metropolitan Transit Authority Act and Sections 3A.18 and
25 3B.26 of the Regional Transportation Authority Act.

26 (33) Those meetings or portions of meetings of the

1 advisory committee and peer review subcommittee created
2 under Section 320 of the Illinois Controlled Substances
3 Act during which specific controlled substance prescriber,
4 dispenser, or patient information is discussed.

5 (34) Meetings of the Tax Increment Financing Reform
6 Task Force under Section 2505-800 of the Department of
7 Revenue Law of the Civil Administrative Code of Illinois.

8 (35) Meetings of the group established to discuss
9 Medicaid capitation rates under Section 5-30.8 of the
10 Illinois Public Aid Code.

11 (36) Those deliberations or portions of deliberations
12 for decisions of the Illinois Gaming Board in which there
13 is discussed any of the following: (i) personal,
14 commercial, financial, or other information obtained from
15 any source that is privileged, proprietary, confidential,
16 or a trade secret; or (ii) information specifically
17 exempted from the disclosure by federal or State law.

18 (37) Deliberations for decisions of the Illinois Law
19 Enforcement Training Standards Board, the Certification
20 Review Panel, and the Illinois State Police Merit Board
21 regarding certification and decertification.

22 (38) Meetings of the Ad Hoc Statewide Domestic
23 Violence Fatality Review Committee of the Illinois
24 Criminal Justice Information Authority Board that occur in
25 closed executive session under subsection (d) of Section
26 35 of the Domestic Violence Fatality Review Act.

1 (39) Meetings of the regional review teams under
2 subsection (a) of Section 75 of the Domestic Violence
3 Fatality Review Act.

4 (40) Meetings of the Firearm Owner's Identification
5 Card Review Board under Section 10 of the Firearm Owners
6 Identification Card Act.

7 (41) Meetings of the Illinois Fatality Review Team
8 Advisory Council and regional interagency fatality review
9 teams under Section 15 of the Adult Protective Services
10 Act.

11 (d) Definitions. For purposes of this Section:

12 "Employee" means a person employed by a public body whose
13 relationship with the public body constitutes an
14 employer-employee relationship under the usual common law
15 rules, and who is not an independent contractor.

16 "Public office" means a position created by or under the
17 Constitution or laws of this State, the occupant of which is
18 charged with the exercise of some portion of the sovereign
19 power of this State. The term "public office" shall include
20 members of the public body, but it shall not include
21 organizational positions filled by members thereof, whether
22 established by law or by a public body itself, that exist to
23 assist the body in the conduct of its business.

24 "Quasi-adjudicative body" means an administrative body
25 charged by law or ordinance with the responsibility to conduct
26 hearings, receive evidence or testimony and make

1 determinations based thereon, but does not include local
2 electoral boards when such bodies are considering petition
3 challenges.

4 (e) Final action. No final action may be taken at a closed
5 meeting. Final action shall be preceded by a public recital of
6 the nature of the matter being considered and other
7 information that will inform the public of the business being
8 conducted.

9 (Source: P.A. 102-237, eff. 1-1-22; 102-520, eff. 8-20-21;
10 102-558, eff. 8-20-21; 102-813, eff. 5-13-22; 103-311, eff.
11 7-28-23.)

12 Section 5. The Adult Protective Services Act is amended by
13 changing Sections 2, 3, 3.1, 3.5, 4, 5, 6, 7, 7.1, 9, and 15
14 and by adding Section 5.1 as follows:

15 (320 ILCS 20/2) (from Ch. 23, par. 6602)

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

18 (a) "Abandonment" means the desertion or willful forsaking
19 of an eligible adult by an individual responsible for the care
20 and custody of that eligible adult under circumstances in
21 which a reasonable person would continue to provide care and
22 custody. Nothing in this Act shall be construed to mean that an
23 eligible adult is a victim of abandonment because of health
24 care services provided or not provided by licensed health care

1 professionals.

2 (a-1) "Abuse" means causing any physical, mental,
3 emotional, or sexual injury to an eligible adult, including
4 exploitation of such adult's financial resources, and
5 abandonment.

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

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

16 Nothing in this Act shall be construed to mean that an
17 eligible adult is a victim of abuse in cases of criminal
18 activity by strangers, telemarketing scams, consumer fraud,
19 internet fraud, home repair disputes, complaints against a
20 homeowners' association, or complaints between landlords and
21 tenants.

22 (a-5) "Abuser" means a person who is a family member,
23 caregiver, or another person who has a continuing relationship
24 with the eligible adult and abuses, abandons, neglects, or
25 financially exploits an eligible adult.

26 (a-6) "Adult with disabilities" means a person aged 18

1 through 59 who resides in a domestic living situation and
2 whose disability as defined in subsection (c-5) impairs his or
3 her ability to seek or obtain protection from abuse,
4 abandonment, neglect, or exploitation.

5 (a-7) "Caregiver" means a person who either as a result of
6 a family relationship, voluntarily, or in exchange for
7 compensation has assumed responsibility for all or a portion
8 of the care of an eligible adult who needs assistance with
9 activities of daily living or instrumental activities of daily
10 living.

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

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

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

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

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

25 (1.5) A facility licensed under the ID/DD Community
26 Care Act;

- 1 (1.6) A facility licensed under the MC/DD Act;
- 2 (1.7) A facility licensed under the Specialized Mental
3 Health Rehabilitation Act of 2013;
- 4 (2) A "life care facility" as defined in the Life Care
5 Facilities Act;
- 6 (3) A home, institution, or other place operated by
7 the federal government or agency thereof or by the State
8 of Illinois;
- 9 (4) A hospital, sanitarium, or other institution, the
10 principal activity or business of which is the diagnosis,
11 care, and treatment of human illness through the
12 maintenance and operation of organized facilities
13 therefor, which is required to be licensed under the
14 Hospital Licensing Act;
- 15 (5) A "community living facility" as defined in the
16 Community Living Facilities Licensing Act;
- 17 (6) (Blank);
- 18 (7) A "community-integrated living arrangement" as
19 defined in the Community-Integrated Living Arrangements
20 Licensure and Certification Act or a "community
21 residential alternative" as licensed under that Act;
- 22 (8) An assisted living or shared housing establishment
23 as defined in the Assisted Living and Shared Housing Act;
24 or
- 25 (9) A supportive living facility as described in
26 Section 5-5.01a of the Illinois Public Aid Code.

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

18 (f) "Emergency" means a situation in which an eligible
19 adult is living in conditions presenting a risk of death or
20 physical, mental or sexual injury and the provider agency has
21 reason to believe the eligible adult is unable to consent to
22 services which would alleviate that risk.

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

1 (f-3) "Investment advisor" means any person required to
2 register as an investment adviser or investment adviser
3 representative under Section 8 of the Illinois Securities Law
4 of 1953, which for purposes of this Act excludes any bank,
5 trust company, savings bank, or credit union, or their
6 respective employees.

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

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

1 and Clinical Professional Counselor Licensing and Practice
2 Act, the Illinois Speech-Language Pathology and Audiology
3 Practice Act, the Veterinary Medicine and Surgery Practice
4 Act of 2004, and the Illinois Public Accounting Act;

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

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

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

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

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

25 (6) personnel of the Department of Human Services, the
26 Guardianship and Advocacy Commission, the State Fire

1 Marshal, local fire departments, the Department on Aging
2 and its subsidiary Area Agencies on Aging and provider
3 agencies, except the State Long Term Care Ombudsman and
4 any of his or her representatives or volunteers where
5 prohibited from making such a report pursuant to 45 CFR
6 1324.11(e)(3)(iv);

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

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

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

16 (10) a person who performs the duties of an investment
17 advisor.

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

1 (h) "Provider agency" means any public or nonprofit agency
2 in a planning and service area that is selected by the
3 Department or appointed by the regional administrative agency
4 with prior approval by the Department on Aging to receive and
5 assess reports of alleged or suspected abuse, abandonment,
6 neglect, or financial exploitation. A provider agency is also
7 referenced as a "designated agency" in this Act.

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

21 (i-5) "Self-neglect" means a condition that is the result
22 of an eligible adult's inability, due to physical or mental
23 impairments, or both, or a diminished capacity, to perform
24 essential self-care tasks that substantially threaten his or
25 her own health, including: providing essential food, clothing,
26 shelter, and health care; and obtaining goods and services

1 necessary to maintain physical health, mental health,
2 emotional well-being, and general safety. The term includes
3 compulsive hoarding, which is characterized by the acquisition
4 and retention of large quantities of items and materials that
5 produce an extensively cluttered living space, which
6 significantly impairs the performance of essential self-care
7 tasks or otherwise substantially threatens life or safety.

8 (j) "Substantiated case" means a reported case of alleged
9 or suspected abuse, abandonment, neglect, financial
10 exploitation, or self-neglect in which a provider agency,
11 after assessment, determines that there is reason to believe
12 abuse, abandonment, neglect, or financial exploitation has
13 occurred.

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

18 (Source: P.A. 102-244, eff. 1-1-22; 102-953, eff. 5-27-22;
19 103-329, eff. 1-1-24.)

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

21 Sec. 3. Responsibilities.

22 (a) The Department shall establish, design, and manage a
23 protective services program for eligible adults who have been,
24 or are alleged to be, victims of abuse, abandonment, neglect,
25 financial exploitation, or self-neglect. The Department may

1 develop policies and procedures to effectively administer all
2 aspects of the program defined in this Act. The Department
3 shall contract with or fund, or contract with and fund,
4 regional administrative agencies, provider agencies, or both,
5 for the provision of those functions, and, contingent on
6 adequate funding, with attorneys or legal services provider
7 agencies for the provision of legal assistance pursuant to
8 this Act. Contingent upon adequate funding, the Department, at
9 its discretion, may provide funding for legal assistance for
10 eligible adults. For self-neglect, the program shall include
11 the following services for eligible adults who have been
12 removed from their residences for the purpose of cleanup or
13 repairs: temporary housing; counseling; and caseworker
14 services to try to ensure that the conditions necessitating
15 the removal do not reoccur.

16 (a-1) The Department shall by rule develop standards for
17 minimum staffing levels and staff qualifications. The
18 Department shall by rule establish mandatory standards for the
19 investigation of abuse, abandonment, neglect, and financial
20 exploitation, ~~or self-neglect~~ of eligible adults and mandatory
21 procedures for linking eligible adults to appropriate services
22 and supports. For self-neglect, the Department shall establish
23 mandatory standards for the provision of emergent casework and
24 follow-up services to mitigate the risk of harm or death to the
25 eligible adult.

26 (a-5) A provider agency shall, in accordance with rules

1 promulgated by the Department, establish a multi-disciplinary
2 team to act in an advisory role for the purpose of providing
3 professional knowledge and expertise in the handling of
4 complex abuse cases involving eligible adults. Each
5 multi-disciplinary team shall consist of one volunteer
6 representative from the following professions: banking or
7 finance; disability care; health care; law; law enforcement;
8 mental health care; and clergy. A provider agency may also
9 choose to add representatives from the fields of substance
10 abuse, domestic violence, sexual assault, or other related
11 fields. To support multi-disciplinary teams in this role, law
12 enforcement agencies and coroners or medical examiners shall
13 supply records as may be requested in particular cases. A
14 multi-disciplinary team shall meet on an as-needed basis
15 whenever a case received by the provider agency requires
16 consultation of the multi-disciplinary team.

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

22 (c) Provider agencies shall assist, to the extent
23 possible, eligible adults who need agency services to allow
24 them to continue to function independently. Such assistance
25 shall include, but not be limited to, receiving reports of
26 alleged or suspected abuse, abandonment, neglect, financial

1 exploitation, or self-neglect, conducting face-to-face
2 assessments of such reported cases, determination of
3 substantiated cases, referral of substantiated cases for
4 necessary support services, referral of criminal conduct to
5 law enforcement in accordance with Department guidelines, and
6 provision of case work and follow-up services on substantiated
7 cases. In the case of a report of alleged or suspected abuse,
8 abandonment, or neglect that places an eligible adult at risk
9 of injury or death, a provider agency shall respond to the
10 report on an emergency basis in accordance with guidelines
11 established by the Department by administrative rule and shall
12 ensure that it is capable of responding to such a report 24
13 hours per day, 7 days per week. A provider agency may use an
14 on-call system to respond to reports of alleged or suspected
15 abuse, abandonment, or neglect after hours and on weekends.

16 (c-5) Where a provider agency has reason to believe that
17 the death of an eligible adult may be the result of abuse,
18 abandonment, or neglect, including any reports made after
19 death, the agency shall immediately report the matter to both
20 the appropriate law enforcement agency and the coroner or
21 medical examiner. Between 30 and 45 days after making such a
22 report, the provider agency again shall contact the law
23 enforcement agency and coroner or medical examiner to
24 determine whether any further action was taken. Upon request
25 by a provider agency, a law enforcement agency and coroner or
26 medical examiner shall supply a summary of its action in

1 response to a reported death of an eligible adult. A copy of
2 the report shall be maintained and all subsequent follow-up
3 with the law enforcement agency and coroner or medical
4 examiner shall be documented in the case record of the
5 eligible adult. If the law enforcement agency, coroner, or
6 medical examiner determines the reported death was caused by
7 abuse, abandonment, or neglect by a caregiver, the law
8 enforcement agency, coroner, or medical examiner shall inform
9 the Department, and the Department shall report the
10 caregiver's identity on the Registry as described in Section
11 7.5 of this Act.

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

25 (Source: P.A. 102-244, eff. 1-1-22.)

1 (320 ILCS 20/3.1)

2 Sec. 3.1. Adult protective services dementia training.

3 (a) This Section shall apply to any person who is employed
4 by the Department in the Adult Protective Services division,
5 or is contracted with the Department, and works on the
6 development or implementation of social services to respond to
7 and prevent adult abuse, neglect, or exploitation.

8 (b) The Department shall implement a dementia training
9 program that must include instruction on the identification of
10 people with dementia, risks such as wandering, communication
11 impairments, and elder abuse, and the best practices for
12 interacting with people with dementia.

13 (c) Training of at least 2 hours shall be completed at the
14 start of employment with the Adult Protective Services
15 division. ~~Persons who are employees of the Adult Protective~~
16 ~~Services division on the effective date of this amendatory Act~~
17 ~~of the 102nd General Assembly shall complete this training~~
18 ~~within 6 months after the effective date of this amendatory~~
19 ~~Act of the 102nd General Assembly.~~ The training shall cover
20 the following subjects:

21 (1) Alzheimer's disease and dementia.

22 (2) Safety risks.

23 (3) Communication and behavior.

24 (d) Annual continuing education shall include at least 2
25 hours of dementia training covering the subjects described in
26 subsection (c).

1 (e) This Section is designed to address gaps in current
2 dementia training requirements for Adult Protective Services
3 officials and improve the quality of training. If laws or
4 rules existing on the effective date of this amendatory Act of
5 the 102nd General Assembly contain more rigorous training
6 requirements for Adult Protective Service officials, those
7 laws or rules shall apply. Where there is overlap between this
8 Section and other laws and rules, the Department shall
9 interpret this Section to avoid duplication of requirements
10 while ensuring that the minimum requirements set in this
11 Section are met.

12 (f) The Department may adopt rules for the administration
13 of this Section.

14 (Source: P.A. 102-4, eff. 4-27-21.)

15 (320 ILCS 20/3.5)

16 Sec. 3.5. Other responsibilities. The Department shall
17 also be responsible for the following activities, contingent
18 upon adequate funding; implementation shall be expanded to
19 adults with disabilities upon the effective date of this
20 amendatory Act of the 98th General Assembly, except those
21 responsibilities under subsection (a), which shall be
22 undertaken as soon as practicable:

23 (a) promotion of a wide range of endeavors for the
24 purpose of preventing abuse, abandonment, neglect,
25 financial exploitation, and self-neglect, including, but

1 not limited to, promotion of public and professional
2 education to increase awareness of abuse, abandonment,
3 neglect, financial exploitation, and self-neglect; to
4 increase reports; to establish access to and use of the
5 Registry established under Section 7.5; and to improve
6 response by various legal, financial, social, and health
7 systems;

8 (b) coordination of efforts with other agencies,
9 councils, and like entities, to include but not be limited
10 to, the Administrative Office of the Illinois Courts, the
11 Office of the Attorney General, the Illinois State Police,
12 the Illinois Law Enforcement Training Standards Board, the
13 State Triad, the Illinois Criminal Justice Information
14 Authority, the Departments of Public Health, Healthcare
15 and Family Services, and Human Services, the Illinois
16 Guardianship and Advocacy Commission, the Family Violence
17 Coordinating Council, the Illinois Violence Prevention
18 Authority, and other entities which may impact awareness
19 of, and response to, abuse, abandonment, neglect,
20 financial exploitation, and self-neglect;

21 (c) collection and analysis of data;

22 (d) monitoring of the performance of regional
23 administrative agencies and adult protective services
24 agencies;

25 (e) promotion of prevention activities;

26 (f) establishing and coordinating an aggressive

1 training program on the unique nature of adult abuse cases
2 with other agencies, councils, and like entities, to
3 include but not be limited to the Office of the Attorney
4 General, the Illinois State Police, the Illinois Law
5 Enforcement Training Standards Board, the State Triad, the
6 Illinois Criminal Justice Information Authority, the State
7 Departments of Public Health, Healthcare and Family
8 Services, and Human Services, the Family Violence
9 Coordinating Council, the Illinois Violence Prevention
10 Authority, the agency designated by the Governor under
11 Section 1 of the Protection and Advocacy for Persons with
12 Developmental Disabilities Act, and other entities that
13 may impact awareness of and response to abuse,
14 abandonment, neglect, financial exploitation, and
15 self-neglect;

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

26 (g-1) developing by joint rulemaking with the

1 Department of Financial and Professional Regulation
2 minimum training standards which shall be used by
3 financial institutions for their current and new employees
4 with direct customer contact; the Department of Financial
5 and Professional Regulation shall retain sole visitation
6 and enforcement authority under this subsection (g-1); the
7 Department of Financial and Professional Regulation shall
8 provide bi-annual reports to the Department setting forth
9 aggregate statistics on the training programs required
10 under this subsection (g-1). ~~and~~

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

15 (Source: P.A. 102-244, eff. 1-1-22; 102-538, eff. 8-20-21;
16 102-813, eff. 5-13-22.)

17 (320 ILCS 20/4) (from Ch. 23, par. 6604)

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

19 (a) Any person who suspects the abuse, abandonment,
20 neglect, financial exploitation, or self-neglect of an
21 eligible adult may report this suspicion or information about
22 the suspicious death of an eligible adult to an agency
23 designated to receive such reports under this Act or to the
24 Department.

25 (a-5) If any mandated reporter has reason to believe that

1 an eligible adult, who because of a disability or other
2 condition or impairment is unable to seek assistance for
3 himself or herself, has, within the previous 12 months, been
4 subjected to abuse, abandonment, neglect, or financial
5 exploitation, the mandated reporter shall, within 24 hours
6 after developing such belief, report this suspicion to an
7 agency designated to receive such reports under this Act or to
8 the Department. The agency designated to receive such reports
9 under this Act or the Department may establish a manner in
10 which a mandated reporter can make the required report through
11 an Internet reporting tool. Information sent and received
12 through the Internet reporting tool is subject to the same
13 rules in this Act as other types of confidential reporting
14 established by the designated agency or the Department.
15 Whenever a mandated reporter is required to report under this
16 Act in his or her capacity as a member of the staff of a
17 medical or other public or private institution, facility, or
18 agency, he or she shall make a report to an agency designated
19 to receive such reports under this Act or to the Department in
20 accordance with the provisions of this Act and may also notify
21 the person in charge of the institution, facility, or agency
22 or his or her designated agent that the report has been made.
23 Under no circumstances shall any person in charge of such
24 institution, facility, or agency, or his or her designated
25 agent to whom the notification has been made, exercise any
26 control, restraint, modification, or other change in the

1 report or the forwarding of the report to an agency designated
2 to receive such reports under this Act or to the Department.
3 The privileged quality of communication between any
4 professional person required to report and his or her patient
5 or client shall not apply to situations involving abused,
6 abandoned, neglected, or financially exploited eligible adults
7 and shall not constitute grounds for failure to report as
8 required by this Act.

9 (a-6) If a mandated reporter has reason to believe that
10 the death of an eligible adult may be the result of abuse or
11 neglect, the matter shall be reported to an agency designated
12 to receive such reports under this Act or to the Department for
13 subsequent referral to the appropriate law enforcement agency
14 and the coroner or medical examiner in accordance with
15 subsection (c-5) of Section 3 of this Act.

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

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

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

24 (c) The identity of a person making a report of alleged or
25 suspected abuse, abandonment, neglect, financial exploitation,
26 or self-neglect or a report concerning information about the

1 suspicious death of an eligible adult under this Act may be
2 disclosed by the Department or other agency provided for in
3 this Act only with such person's written consent or by court
4 order, but is otherwise confidential.

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

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

24 (Source: P.A. 102-244, eff. 1-1-22; 103-329, eff. 1-1-24.)

25 (320 ILCS 20/5) (from Ch. 23, par. 6605)

1 Sec. 5. Procedure.

2 (a) A provider agency ~~designated to receive reports of~~
3 ~~alleged or suspected abuse, abandonment, neglect, financial~~
4 ~~exploitation, or self-neglect under this Act shall, upon~~
5 receiving ~~such~~ a report of alleged or suspected abuse,
6 abandonment, neglect, or financial exploitation, shall 7
7 conduct a face-to-face assessment with respect to such report,
8 in accord with established law and Department protocols,
9 procedures, and policies. A provider agency that receives a
10 report of self-neglect shall follow the procedures set forth
11 in Section 5.1. ~~Face-to-face assessments, casework, and~~
12 ~~follow-up of reports of self-neglect by the provider agencies~~
13 ~~designated to receive reports of self-neglect shall be subject~~
14 ~~to sufficient appropriation for statewide implementation of~~
15 ~~assessments, casework, and follow-up of reports of~~
16 ~~self-neglect. In the absence of sufficient appropriation for~~
17 ~~statewide implementation of assessments, casework, and~~
18 ~~follow-up of reports of self-neglect, the designated adult~~
19 ~~protective services provider agency shall refer all reports of~~
20 ~~self-neglect to the appropriate agency or agencies as~~
21 ~~designated by the Department for any follow-up.~~

22 (b) The assessment shall include, but not be limited to, a
23 visit to the residence of the eligible adult who is the subject
24 of the report and shall include interviews or consultations
25 regarding the allegations with service agencies, immediate
26 family members, and individuals who may have knowledge of the

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

23 (c) ~~(b)~~ A provider agency shall refer evidence of crimes
24 against an eligible adult to the appropriate law enforcement
25 agency according to Department policies. A referral to law
26 enforcement may be made at intake, at any time during the case,

1 or after a report of a suspicious death, depending upon the
2 circumstances. Where a provider agency has reason to believe
3 the death of an eligible adult may be the result of abuse,
4 abandonment, or neglect, the agency shall immediately report
5 the matter to the coroner or medical examiner and shall
6 cooperate fully with any subsequent investigation.

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

13 (Source: P.A. 102-244, eff. 1-1-22; 103-329, eff. 1-1-24.)

14 (320 ILCS 20/5.1 new)

15 Sec. 5.1. Procedure for self-neglect.

16 (a) A provider agency, upon receiving a report of
17 self-neglect, shall conduct an unannounced face-to-face visit
18 at the residence of the eligible adult to administer an
19 eligibility screening within the prescribed timeframe. The
20 eligibility screening is intended to quickly determine if the
21 eligible adult is posing a substantial threat to himself or
22 herself or to others. A full assessment phase shall not be
23 completed for self-neglect cases and eligible adults
24 experiencing self-neglect shall immediately enter the casework
25 phase to begin service referrals to mitigate risk.

1 (b) The eligibility screening shall include, but is not
2 limited to:

3 (1) an interview with the eligible adult;

4 (2) interviews or consultations regarding the
5 allegations with immediate family members and other
6 individuals who may have knowledge of the eligible adult's
7 circumstances; and

8 (3) an inquiry of active service providers engaged
9 with the eligible adult who are providing services that
10 are mitigating the risk identified on the intake. These
11 service providers may be, but are not limited to:

12 (i) Managed care organizations.

13 (ii) Case coordination units.

14 (iii) The Department of Human Services' Division
15 of Rehabilitation Services.

16 (iv) The Department of Human Services' Division of
17 Developmental Disabilities.

18 (v) The Department of Human Services' Division of
19 Mental Health.

20 (c) During the visit, a provider agency shall obtain the
21 consent of the eligible adult before initiating the
22 eligibility screening. If the eligible adult cannot consent,
23 and where the provider agency is acting in the best interest of
24 an eligible adult who is unable to seek assistance for
25 themselves, the provider agency shall conduct the eligibility
26 screening as described in subsection (b).

1 (d) When the eligibility screening indicates that the
2 vulnerable adult is experiencing self-neglect, the provider
3 agency shall, within 5 business days and with client consent,
4 develop and implement a case plan.

5 (e) In developing a case plan, the provider agency shall
6 consult with any other appropriate provider of services to
7 ensure that there are no duplications of services. Such
8 providers shall be immune from civil or criminal liability on
9 account of such acts.

10 (f) The service plan shall include alternative, suggested,
11 or recommended services which are appropriate to the needs of
12 the eligible adult and which involve the least restriction of
13 the eligible adult's activities commensurate with his or her
14 needs.

15 (g) Only those services to which consent is provided in
16 accordance with Section 9 shall be provided, contingent upon
17 the availability of such services.

18 (320 ILCS 20/6) (from Ch. 23, par. 6606)

19 Sec. 6. Time. The Department shall by rule establish the
20 period of time within which an assessment or eligibility
21 screening shall begin and within which a service care plan
22 shall be implemented. Such rules shall provide for an
23 expedited response to emergency situations.

24 (Source: P.A. 85-1184.)

1 (320 ILCS 20/7) (from Ch. 23, par. 6607)

2 Sec. 7. Review. All services provided to an eligible adult
3 shall be reviewed by the provider agency on at least a
4 quarterly basis for up to one year to determine whether the
5 service care plan should be continued or modified, except
6 that, upon review, the Department on Aging may grant a waiver
7 to extend the service care plan for up to one additional year.
8 The provider agency shall demonstrate responsiveness to the
9 eligible adult's needs in the provision of services.

10 (Source: P.A. 95-331, eff. 8-21-07.)

11 (320 ILCS 20/7.1)

12 Sec. 7.1. Final investigative report. A provider agency
13 shall prepare a final investigative report, upon the
14 completion or closure of an investigation, in all cases of
15 reported abuse, abandonment, neglect, financial exploitation,
16 or self-neglect of an eligible adult, whether or not there is a
17 substantiated finding. Notice of findings shall be provided to
18 the eligible adult, the alleged abuser, and the reporter by
19 the provider agency.

20 (Source: P.A. 102-244, eff. 1-1-22.)

21 (320 ILCS 20/9) (from Ch. 23, par. 6609)

22 Sec. 9. Authority to consent to services.

23 (a) If an eligible adult consents to an assessment of a
24 reported incident of suspected abuse, abandonment, neglect, or

1 financial exploitation~~7~~ or to an eligibility screening for a
2 reported incident of self-neglect and, following the
3 assessment or eligibility screening of such report, consents
4 to services being provided according to the case plan, such
5 services shall be arranged to meet the adult's needs, based
6 upon the availability of resources to provide such services.
7 If an adult withdraws his or her consent for an assessment or
8 eligibility screening of the reported incident or withdraws
9 his or her consent for services and refuses to accept such
10 services, the services shall not be provided.

11 (b) If it reasonably appears to the Department or other
12 agency designated under this Act that a person is an eligible
13 adult and lacks the capacity to consent to an assessment of a
14 reported incident of suspected abuse, abandonment, neglect, or
15 financial exploitation~~7~~ or to an eligibility screening for a
16 reported incident of self-neglect or to necessary services,
17 the Department or other agency shall take appropriate action
18 necessary to ameliorate risk to the eligible adult if there is
19 a threat of ongoing harm or another emergency exists. Once the
20 emergent risk has been mitigated, the ~~The~~ Department or the
21 provider ~~other~~ agency shall be authorized to seek the
22 appointment of a temporary guardian as provided in Article XIa
23 of the Probate Act of 1975 or a surrogate decision-maker for
24 the purpose of consenting to an assessment or eligibility
25 screening of the reported incident and such services, together
26 with an order for an evaluation of the eligible adult's

1 physical, psychological, and medical condition and decisional
2 capacity.

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

18 (d) If an emergency exists and the Department or other
19 agency designated under this Act reasonably believes that a
20 person is an eligible adult and lacks the capacity to consent
21 to necessary services, the Department or other agency may
22 request an ex parte order from the circuit court of the county
23 in which the petitioner or respondent resides or in which the
24 alleged abuse, abandonment, neglect, financial exploitation,
25 or self-neglect occurred, authorizing an assessment of a
26 report of alleged or suspected abuse, abandonment, neglect,

1 financial exploitation, or self-neglect or the provision of
2 necessary services, or both, including relief available under
3 the Illinois Domestic Violence Act of 1986 in accord with
4 established law and Department protocols, procedures, and
5 policies. Petitions filed under this subsection shall be
6 treated as expedited proceedings. When an eligible adult is at
7 risk of serious injury or death and it reasonably appears that
8 the eligible adult lacks capacity to consent to necessary
9 services, the Department or other agency designated under this
10 Act may take action necessary to ameliorate the risk in
11 accordance with administrative rules promulgated by the
12 Department.

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

22 (e) Within 15 days after the entry of the ex parte
23 emergency order, the order shall expire, or, if the need for
24 assessment of the reported incident or services continues, the
25 provider agency shall petition for the appointment of a
26 guardian as provided in Article XIa of the Probate Act of 1975

1 for the purpose of consenting to such assessment or services
2 or to protect the eligible adult from further harm.

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

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

21 (Source: P.A. 102-244, eff. 1-1-22.)

22 (320 ILCS 20/15)

23 Sec. 15. Fatality review teams.

24 (a) State policy.

25 (1) Both the State and the community maintain a

1 commitment to preventing the abuse, abandonment, neglect,
2 and financial exploitation of at-risk adults. This
3 includes a charge to bring perpetrators of crimes against
4 at-risk adults to justice and prevent untimely deaths in
5 the community.

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

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

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

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

22 "Advisory Council" means the Illinois Fatality Review
23 Team Advisory Council.

24 "Review Team" means a regional interagency fatality
25 review team.

26 (b) The Director, in consultation with the Advisory

1 Council, law enforcement, and other professionals who work in
2 the fields of investigating, treating, or preventing abuse,
3 abandonment, or neglect of at-risk adults, shall appoint
4 members to a ~~minimum of one~~ review team in each of the
5 Department's planning and service areas. If a review team in
6 an established planning and service area may be better served
7 combining with adjacent planning and service areas for greater
8 access to cases or expansion of expertise, then the Department
9 is authorized to combine review teams. Each member of a review
10 team shall be appointed for a 2-year term and shall be eligible
11 for reappointment upon the expiration of the term. A review
12 team's purpose in conducting review of at-risk adult deaths
13 is: (i) to assist local agencies in identifying and reviewing
14 suspicious deaths of adult victims of alleged, suspected, or
15 substantiated abuse, abandonment, or neglect in domestic
16 living situations; (ii) to facilitate communications between
17 officials responsible for autopsies and inquests and persons
18 involved in reporting or investigating alleged or suspected
19 cases of abuse, abandonment, neglect, or financial
20 exploitation of at-risk adults and persons involved in
21 providing services to at-risk adults; (iii) to evaluate means
22 by which the death might have been prevented; and (iv) to
23 report its findings to the appropriate agencies and the
24 Advisory Council and make recommendations that may help to
25 reduce the number of at-risk adult deaths caused by abuse,
26 abandonment, and neglect and that may help to improve the

1 investigations of deaths of at-risk adults and increase
2 prosecutions, if appropriate.

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

5 (1) the Department on Aging or a designated regional
6 administrative agency as appointed by the Department;

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

8 (3) State's Attorneys;

9 (4) local police departments;

10 (5) forensic units;

11 (6) local health departments;

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

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

23 (9) a local hospital, trauma center, or provider of
24 emergency medicine;

25 (10) providers of services for eligible adults in
26 domestic living situations; and

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

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

23 A review team shall meet not less than 2 4 times a year to
24 discuss cases for its possible review. Each review team, with
25 the advice and consent of the Department, shall establish
26 criteria to be used in discussing cases of alleged, suspected,

1 or substantiated abuse, abandonment, or neglect for review and
2 shall conduct its activities in accordance with any applicable
3 policies and procedures established by the Department.

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

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

20 The Advisory Council has, but is not limited to, the
21 following duties:

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

23 (2) To oversee the review teams in order to ensure
24 that the review teams' work is coordinated and in
25 compliance with State statutes and the operating protocol.

26 (3) To ensure that the data, results, findings, and

1 recommendations of the review teams are adequately used in
2 a timely manner to make any necessary changes to the
3 policies, procedures, and State statutes in order to
4 protect at-risk adults.

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

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

11 (6) To serve as a link with review teams throughout
12 the country and to participate in national review team
13 activities.

14 (7) To provide the review teams with the most current
15 information and practices concerning at-risk adult death
16 review and related topics.

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

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

26 In any instance where a review team does not operate in

1 accordance with established protocol, the Director, in
2 consultation and cooperation with the Advisory Council, must
3 take any necessary actions to bring the review team into
4 compliance with the protocol.

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

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

24 Each entity or individual represented on the fatality
25 review team may share with other members of the team
26 information in the entity's or individual's possession

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

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

23 Members of a review team and the Advisory Council are not
24 subject to examination, in any civil or criminal proceeding,
25 concerning information presented to members of the review team
26 or the Advisory Council or opinions formed by members of the

1 review team or the Advisory Council based on that information.
2 A person may, however, be examined concerning information
3 provided to a review team or the Advisory Council.

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

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

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

24 (f) The Department, in consultation with coroners, medical
25 examiners, and law enforcement agencies, shall use aggregate
26 data gathered by and recommendations from the Advisory Council

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

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

12 (Source: P.A. 102-244, eff. 1-1-22.)

13 (320 ILCS 20/14 rep.)

14 Section 10. The Adult Protective Services Act is amended
15 by repealing Section 14.

1		INDEX
2		Statutes amended in order of appearance
3	5 ILCS 120/2	from Ch. 102, par. 42
4	320 ILCS 20/2	from Ch. 23, par. 6602
5	320 ILCS 20/3	from Ch. 23, par. 6603
6	320 ILCS 20/3.1	
7	320 ILCS 20/3.5	
8	320 ILCS 20/4	from Ch. 23, par. 6604
9	320 ILCS 20/5	from Ch. 23, par. 6605
10	320 ILCS 20/5.1 new	
11	320 ILCS 20/6	from Ch. 23, par. 6606
12	320 ILCS 20/7	from Ch. 23, par. 6607
13	320 ILCS 20/7.1	
14	320 ILCS 20/9	from Ch. 23, par. 6609
15	320 ILCS 20/15	
16	320 ILCS 20/14 rep.	