

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 Open Meetings Act is amended by changing
5 Sections 1.02 and 2 as follows:

6 (5 ILCS 120/1.02) (from Ch. 102, par. 41.02)

7 Sec. 1.02. For the purposes of this Act:

8 "Meeting" means any gathering, whether in person or by
9 video or audio conference, telephone call, electronic means
10 (such as, without limitation, electronic mail, electronic
11 chat, and instant messaging), or other means of
12 contemporaneous interactive communication, of a majority of a
13 quorum of the members of a public body held for the purpose of
14 discussing public business or, for a 5-member public body, a
15 quorum of the members of a public body held for the purpose of
16 discussing public business.

17 Accordingly, for a 5-member public body, 3 members of the
18 body constitute a quorum and the affirmative vote of 3 members
19 is necessary to adopt any motion, resolution, or ordinance,
20 unless a greater number is otherwise required.

21 "Public body" includes all legislative, executive,
22 administrative or advisory bodies of the State, counties,
23 townships, cities, villages, incorporated towns, school

1 districts and all other municipal corporations, boards,
2 bureaus, committees or commissions of this State, and any
3 subsidiary bodies of any of the foregoing including but not
4 limited to committees and subcommittees which are supported in
5 whole or in part by tax revenue, or which expend tax revenue,
6 except the General Assembly and committees or commissions
7 thereof. "Public body" includes tourism boards and convention
8 or civic center boards located in counties that are contiguous
9 to the Mississippi River with populations of more than 250,000
10 but less than 300,000. "Public body" includes the Health
11 Facilities and Services Review Board. "Public body" does not
12 include a child death review team or the Illinois Child Death
13 Review Teams Executive Council established under the Child
14 Death Review Team Act, an ethics commission acting under the
15 State Officials and Employees Ethics Act, a regional youth
16 advisory board or the Statewide Youth Advisory Board
17 established under the Department of Children and Family
18 Services Statewide Youth Advisory Board Act, ~~or~~ the Illinois
19 Independent Tax Tribunal, or the regional interagency fatality
20 review teams and the Illinois Fatality Review Team Advisory
21 Council established under the Adult Protective Services Act.

22 (Source: P.A. 97-1129, eff. 8-28-12; 98-806, eff. 1-1-15.)

23 (5 ILCS 120/2) (from Ch. 102, par. 42)

24 Sec. 2. Open meetings.

25 (a) Openness required. All meetings of public bodies shall

1 be open to the public unless excepted in subsection (c) and
2 closed in accordance with Section 2a.

3 (b) Construction of exceptions. The exceptions contained
4 in subsection (c) are in derogation of the requirement that
5 public bodies meet in the open, and therefore, the exceptions
6 are to be strictly construed, extending only to subjects
7 clearly within their scope. The exceptions authorize but do
8 not require the holding of a closed meeting to discuss a
9 subject included within an enumerated exception.

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

12 (1) The appointment, employment, compensation,
13 discipline, performance, or dismissal of specific
14 employees, specific individuals who serve as independent
15 contractors in a park, recreational, or educational
16 setting, or specific volunteers of the public body or
17 legal counsel for the public body, including hearing
18 testimony on a complaint lodged against an employee, a
19 specific individual who serves as an independent
20 contractor in a park, recreational, or educational
21 setting, or a volunteer of the public body or against
22 legal counsel for the public body to determine its
23 validity. However, a meeting to consider an increase in
24 compensation to a specific employee of a public body that
25 is subject to the Local Government Wage Increase
26 Transparency Act may not be closed and shall be open to the

1 public and posted and held in accordance with this Act.

2 (2) Collective negotiating matters between the public
3 body and its employees or their representatives, or
4 deliberations concerning salary schedules for one or more
5 classes of employees.

6 (3) The selection of a person to fill a public office,
7 as defined in this Act, including a vacancy in a public
8 office, when the public body is given power to appoint
9 under law or ordinance, or the discipline, performance or
10 removal of the occupant of a public office, when the
11 public body is given power to remove the occupant under
12 law or ordinance.

13 (4) Evidence or testimony presented in open hearing,
14 or in closed hearing where specifically authorized by law,
15 to a quasi-adjudicative body, as defined in this Act,
16 provided that the body prepares and makes available for
17 public inspection a written decision setting forth its
18 determinative reasoning.

19 (4.5) Evidence or testimony presented to a school
20 board regarding denial of admission to school events or
21 property pursuant to Section 24-24 of the School Code,
22 provided that the school board prepares and makes
23 available for public inspection a written decision setting
24 forth its determinative reasoning.

25 (5) The purchase or lease of real property for the use
26 of the public body, including meetings held for the

1 purpose of discussing whether a particular parcel should
2 be acquired.

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

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

9 (8) Security procedures, school building safety and
10 security, and the use of personnel and equipment to
11 respond to an actual, a threatened, or a reasonably
12 potential danger to the safety of employees, students,
13 staff, the public, or public property.

14 (9) Student disciplinary cases.

15 (10) The placement of individual students in special
16 education programs and other matters relating to
17 individual students.

18 (11) Litigation, when an action against, affecting or
19 on behalf of the particular public body has been filed and
20 is pending before a court or administrative tribunal, or
21 when the public body finds that an action is probable or
22 imminent, in which case the basis for the finding shall be
23 recorded and entered into the minutes of the closed
24 meeting.

25 (12) The establishment of reserves or settlement of
26 claims as provided in the Local Governmental and

1 Governmental Employees Tort Immunity Act, if otherwise the
2 disposition of a claim or potential claim might be
3 prejudiced, or the review or discussion of claims, loss or
4 risk management information, records, data, advice or
5 communications from or with respect to any insurer of the
6 public body or any intergovernmental risk management
7 association or self insurance pool of which the public
8 body is a member.

9 (13) Conciliation of complaints of discrimination in
10 the sale or rental of housing, when closed meetings are
11 authorized by the law or ordinance prescribing fair
12 housing practices and creating a commission or
13 administrative agency for their enforcement.

14 (14) Informant sources, the hiring or assignment of
15 undercover personnel or equipment, or ongoing, prior or
16 future criminal investigations, when discussed by a public
17 body with criminal investigatory responsibilities.

18 (15) Professional ethics or performance when
19 considered by an advisory body appointed to advise a
20 licensing or regulatory agency on matters germane to the
21 advisory body's field of competence.

22 (16) Self evaluation, practices and procedures or
23 professional ethics, when meeting with a representative of
24 a statewide association of which the public body is a
25 member.

26 (17) The recruitment, credentialing, discipline or

1 formal peer review of physicians or other health care
2 professionals, or for the discussion of matters protected
3 under the federal Patient Safety and Quality Improvement
4 Act of 2005, and the regulations promulgated thereunder,
5 including 42 C.F.R. Part 3 (73 FR 70732), or the federal
6 Health Insurance Portability and Accountability Act of
7 1996, and the regulations promulgated thereunder,
8 including 45 C.F.R. Parts 160, 162, and 164, by a
9 hospital, or other institution providing medical care,
10 that is operated by the public body.

11 (18) Deliberations for decisions of the Prisoner
12 Review Board.

13 (19) Review or discussion of applications received
14 under the Experimental Organ Transplantation Procedures
15 Act.

16 (20) The classification and discussion of matters
17 classified as confidential or continued confidential by
18 the State Government Suggestion Award Board.

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

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

25 (23) The operation by a municipality of a municipal
26 utility or the operation of a municipal power agency or

1 municipal natural gas agency when the discussion involves
2 (i) contracts relating to the purchase, sale, or delivery
3 of electricity or natural gas or (ii) the results or
4 conclusions of load forecast studies.

5 (24) Meetings of a residential health care facility
6 resident sexual assault and death review team or the
7 Executive Council under the Abuse Prevention Review Team
8 Act.

9 (25) Meetings of an independent team of experts under
10 Brian's Law.

11 (26) Meetings of a mortality review team appointed
12 under the Department of Juvenile Justice Mortality Review
13 Team Act.

14 (27) (Blank).

15 (28) Correspondence and records (i) that may not be
16 disclosed under Section 11-9 of the Illinois Public Aid
17 Code or (ii) that pertain to appeals under Section 11-8 of
18 the Illinois Public Aid Code.

19 (29) Meetings between internal or external auditors
20 and governmental audit committees, finance committees, and
21 their equivalents, when the discussion involves internal
22 control weaknesses, identification of potential fraud risk
23 areas, known or suspected frauds, and fraud interviews
24 conducted in accordance with generally accepted auditing
25 standards of the United States of America.

26 (30) (Blank). ~~Those meetings or portions of meetings~~

1 ~~of a fatality review team or the Illinois Fatality Review~~
2 ~~Team Advisory Council during which a review of the death~~
3 ~~of an eligible adult in which abuse or neglect is~~
4 ~~suspected, alleged, or substantiated is conducted pursuant~~
5 ~~to Section 15 of the Adult Protective Services Act.~~

6 (31) Meetings and deliberations for decisions of the
7 Concealed Carry Licensing Review Board under the Firearm
8 Concealed Carry Act.

9 (32) Meetings between the Regional Transportation
10 Authority Board and its Service Boards when the discussion
11 involves review by the Regional Transportation Authority
12 Board of employment contracts under Section 28d of the
13 Metropolitan Transit Authority Act and Sections 3A.18 and
14 3B.26 of the Regional Transportation Authority Act.

15 (33) Those meetings or portions of meetings of the
16 advisory committee and peer review subcommittee created
17 under Section 320 of the Illinois Controlled Substances
18 Act during which specific controlled substance prescriber,
19 dispenser, or patient information is discussed.

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

23 (35) Meetings of the group established to discuss
24 Medicaid capitation rates under Section 5-30.8 of the
25 Illinois Public Aid Code.

26 (36) Those deliberations or portions of deliberations

1 for decisions of the Illinois Gaming Board in which there
2 is discussed any of the following: (i) personal,
3 commercial, financial, or other information obtained from
4 any source that is privileged, proprietary, confidential,
5 or a trade secret; or (ii) information specifically
6 exempted from the disclosure by federal or State law.

7 (37) Deliberations for decisions of the Illinois Law
8 Enforcement Training Standards Board, the Certification
9 Review Panel, and the Illinois State Police Merit Board
10 regarding certification and decertification.

11 (38) Meetings of the Ad Hoc Statewide Domestic
12 Violence Fatality Review Committee of the Illinois
13 Criminal Justice Information Authority Board that occur in
14 closed executive session under subsection (d) of Section
15 35 of the Domestic Violence Fatality Review Act.

16 (39) Meetings of the regional review teams under
17 subsection (a) of Section 75 of the Domestic Violence
18 Fatality Review Act.

19 (40) Meetings of the Firearm Owner's Identification
20 Card Review Board under Section 10 of the Firearm Owners
21 Identification Card Act.

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

23 "Employee" means a person employed by a public body whose
24 relationship with the public body constitutes an
25 employer-employee relationship under the usual common law
26 rules, and who is not an independent contractor.

1 "Public office" means a position created by or under the
2 Constitution or laws of this State, the occupant of which is
3 charged with the exercise of some portion of the sovereign
4 power of this State. The term "public office" shall include
5 members of the public body, but it shall not include
6 organizational positions filled by members thereof, whether
7 established by law or by a public body itself, that exist to
8 assist the body in the conduct of its business.

9 "Quasi-adjudicative body" means an administrative body
10 charged by law or ordinance with the responsibility to conduct
11 hearings, receive evidence or testimony and make
12 determinations based thereon, but does not include local
13 electoral boards when such bodies are considering petition
14 challenges.

15 (e) Final action. No final action may be taken at a closed
16 meeting. Final action shall be preceded by a public recital of
17 the nature of the matter being considered and other
18 information that will inform the public of the business being
19 conducted.

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

23 Section 10. The Adult Protective Services Act is amended
24 by changing Sections 2, 3, 3.1, 3.5, 4, 5, 6, 7, 7.1, 9, and 15
25 and by adding Section 5.1 as follows:

1 (320 ILCS 20/2) (from Ch. 23, par. 6602)

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

4 (a) "Abandonment" means the desertion or willful forsaking
5 of an eligible adult by an individual responsible for the care
6 and custody of that eligible adult under circumstances in
7 which a reasonable person would continue to provide care and
8 custody. Nothing in this Act shall be construed to mean that an
9 eligible adult is a victim of abandonment because of health
10 care services provided or not provided by licensed health care
11 professionals.

12 (a-1) "Abuse" means causing any physical, mental or sexual
13 injury to an eligible adult, including exploitation of such
14 adult's financial resources, and abandonment or subjecting an
15 eligible adult to an environment which creates a likelihood of
16 harm to the eligible adult's health, physical and emotional
17 well-being, or welfare.

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

24 Nothing in this Act shall be construed to mean that an
25 eligible adult is a victim of abuse because of health care

1 services provided or not provided by licensed health care
2 professionals.

3 Nothing in this Act shall be construed to mean that an
4 eligible adult is a victim of abuse in cases of criminal
5 activity by strangers, telemarketing scams, consumer fraud,
6 internet fraud, home repair disputes, complaints against a
7 homeowners' association, or complaints between landlords and
8 tenants.

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

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

18 (a-7) "Caregiver" means a person who either as a result of
19 a family relationship, voluntarily, or in exchange for
20 compensation has assumed responsibility for all or a portion
21 of the care of an eligible adult who needs assistance with
22 activities of daily living or instrumental activities of daily
23 living.

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

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

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

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

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

12 (1.5) A facility licensed under the ID/DD Community
13 Care Act;

14 (1.6) A facility licensed under the MC/DD Act;

15 (1.7) A facility licensed under the Specialized Mental
16 Health Rehabilitation Act of 2013;

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

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

22 (4) A hospital, sanitarium, or other institution, the
23 principal activity or business of which is the diagnosis,
24 care, and treatment of human illness through the
25 maintenance and operation of organized facilities
26 therefor, which is required to be licensed under the

1 Hospital Licensing Act;

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

4 (6) (Blank);

5 (7) A "community-integrated living arrangement" as
6 defined in the Community-Integrated Living Arrangements
7 Licensure and Certification Act or a "community
8 residential alternative" as licensed under that Act;

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

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

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

1 exploitation is perpetrated by a family member, caregiver, or
2 another person who has a continuing relationship with the
3 adult, but who is not an employee of the facility where the
4 adult resides.

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

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

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

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

23 (1) a professional or professional's delegate while
24 engaged in: (i) social services, (ii) law enforcement,
25 (iii) education, (iv) the care of an eligible adult or
26 eligible adults, or (v) any of the occupations required to

1 be licensed under the Behavior Analyst Licensing Act, the
2 Clinical Psychologist Licensing Act, the Clinical Social
3 Work and Social Work Practice Act, the Illinois Dental
4 Practice Act, the Dietitian Nutritionist Practice Act, the
5 Marriage and Family Therapy Licensing Act, the Medical
6 Practice Act of 1987, the Naprapathic Practice Act, the
7 Nurse Practice Act, the Nursing Home Administrators
8 Licensing and Disciplinary Act, the Illinois Occupational
9 Therapy Practice Act, the Illinois Optometric Practice Act
10 of 1987, the Pharmacy Practice Act, the Illinois Physical
11 Therapy Act, the Physician Assistant Practice Act of 1987,
12 the Podiatric Medical Practice Act of 1987, the
13 Respiratory Care Practice Act, the Professional Counselor
14 and Clinical Professional Counselor Licensing and Practice
15 Act, the Illinois Speech-Language Pathology and Audiology
16 Practice Act, the Veterinary Medicine and Surgery Practice
17 Act of 2004, and the Illinois Public Accounting Act;

18 (1.5) an employee of an entity providing developmental
19 disabilities services or service coordination funded by
20 the Department of Human Services;

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

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

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

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

12 (6) personnel of the Department of Human Services, the
13 Guardianship and Advocacy Commission, the State Fire
14 Marshal, local fire departments, the Department on Aging
15 and its subsidiary Area Agencies on Aging and provider
16 agencies, except the State Long Term Care Ombudsman and
17 any of his or her representatives or volunteers where
18 prohibited from making such a report pursuant to 45 CFR
19 1324.11(e)(3)(iv);

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

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

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

3 (10) a person who performs the duties of an investment
4 advisor.

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

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

21 (i) "Regional administrative agency" means any public or
22 nonprofit agency in a planning and service area that provides
23 regional oversight and performs functions as set forth in
24 subsection (b) of Section 3 of this Act. The Department shall
25 designate an Area Agency on Aging as the regional
26 administrative agency or, in the event the Area Agency on

1 Aging in that planning and service area is deemed by the
2 Department to be unwilling or unable to provide those
3 functions, the Department may serve as the regional
4 administrative agency or designate another qualified entity to
5 serve as the regional administrative agency; any such
6 designation shall be subject to terms set forth by the
7 Department.

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

21 (j) "Substantiated case" means a reported case of alleged
22 or suspected abuse, abandonment, neglect, financial
23 exploitation, or self-neglect in which a provider agency,
24 after assessment, determines that there is reason to believe
25 abuse, abandonment, neglect, or financial exploitation has
26 occurred.

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

5 (Source: P.A. 102-244, eff. 1-1-22; 102-953, eff. 5-27-22;
6 103-329, eff. 1-1-24.)

7 (320 ILCS 20/3) (from Ch. 23, par. 6603)

8 Sec. 3. Responsibilities.

9 (a) The Department shall establish, design, and manage a
10 protective services program for eligible adults who have been,
11 or are alleged to be, victims of abuse, abandonment, neglect,
12 financial exploitation, or self-neglect. The Department may
13 develop policies and procedures to effectively administer all
14 aspects of the program defined in this Act. The Department
15 shall contract with or fund, or contract with and fund,
16 regional administrative agencies, provider agencies, or both,
17 for the provision of those functions, and, contingent on
18 adequate funding, with attorneys or legal services provider
19 agencies for the provision of legal assistance pursuant to
20 this Act. Contingent upon adequate funding, the Department, at
21 its discretion, may provide funding for legal assistance for
22 eligible adults. For self-neglect, the program shall include
23 the following services for eligible adults who have been
24 removed from their residences for the purpose of cleanup or
25 repairs: temporary housing; counseling; and caseworker

1 services to try to ensure that the conditions necessitating
2 the removal do not reoccur.

3 (a-1) The Department shall by rule develop standards for
4 minimum staffing levels and staff qualifications. The
5 Department shall by rule establish mandatory standards for the
6 investigation of abuse, abandonment, neglect, and financial
7 exploitation, ~~or self neglect~~ of eligible adults and mandatory
8 procedures for linking eligible adults to appropriate services
9 and supports. For self-neglect, the Department may by rule
10 establish mandatory standards for the provision of emergent
11 casework and follow-up services to mitigate the risk of harm
12 or death to the eligible adult.

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

1 Multi-disciplinary teams shall meet no less than 4 times
2 annually.

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

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

1 abuse, abandonment, or neglect after hours and on weekends.

2 (c-5) Where a provider agency has reason to believe that
3 the death of an eligible adult may be the result of abuse,
4 abandonment, or neglect, including any reports made after
5 death, the agency shall immediately report the matter to both
6 the appropriate law enforcement agency and the coroner or
7 medical examiner. Between 30 and 45 days after making such a
8 report, the provider agency again shall contact the law
9 enforcement agency and coroner or medical examiner to
10 determine whether any further action was taken. Upon request
11 by a provider agency, a law enforcement agency and coroner or
12 medical examiner shall supply a summary of its action in
13 response to a reported death of an eligible adult. A copy of
14 the report shall be maintained and all subsequent follow-up
15 with the law enforcement agency and coroner or medical
16 examiner shall be documented in the case record of the
17 eligible adult. If the law enforcement agency, coroner, or
18 medical examiner determines the reported death was caused by
19 abuse, abandonment, or neglect by a caregiver, the law
20 enforcement agency, coroner, or medical examiner shall inform
21 the Department, and the Department shall report the
22 caregiver's identity on the Registry as described in Section
23 7.5 of this Act.

24 (d) (Blank). ~~Upon sufficient appropriations to implement a~~
25 ~~statewide program, the Department shall implement a program,~~
26 ~~based on the recommendations of the Self Neglect Steering~~

1 ~~Committee, for (i) responding to reports of possible~~
2 ~~self-neglect, (ii) protecting the autonomy, rights, privacy,~~
3 ~~and privileges of adults during investigations of possible~~
4 ~~self-neglect and consequential judicial proceedings regarding~~
5 ~~competency, (iii) collecting and sharing relevant information~~
6 ~~and data among the Department, provider agencies, regional~~
7 ~~administrative agencies, and relevant seniors, (iv) developing~~
8 ~~working agreements between provider agencies and law~~
9 ~~enforcement, where practicable, and (v) developing procedures~~
10 ~~for collecting data regarding incidents of self neglect.~~

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

12 (320 ILCS 20/3.1)

13 Sec. 3.1. Adult protective services dementia training.

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

19 (b) The Department shall implement a dementia training
20 program that must include instruction on the identification of
21 people with dementia, risks such as wandering, communication
22 impairments, and elder abuse, and the best practices for
23 interacting with people with dementia.

24 (c) Training of at least 2 hours shall be completed at the
25 start of employment with the Adult Protective Services

1 ~~division. Persons who are employees of the Adult Protective~~
2 ~~Services division on the effective date of this amendatory Act~~
3 ~~of the 102nd General Assembly shall complete this training~~
4 ~~within 6 months after the effective date of this amendatory~~
5 ~~Act of the 102nd General Assembly.~~ The training shall cover
6 the following subjects:

7 (1) Alzheimer's disease and dementia.

8 (2) Safety risks.

9 (3) Communication and behavior.

10 (d) Annual continuing education shall include at least 2
11 hours of dementia training covering the subjects described in
12 subsection (c).

13 (e) This Section is designed to address gaps in current
14 dementia training requirements for Adult Protective Services
15 officials and improve the quality of training. If laws or
16 rules existing on the effective date of this amendatory Act of
17 the 102nd General Assembly contain more rigorous training
18 requirements for Adult Protective Service officials, those
19 laws or rules shall apply. Where there is overlap between this
20 Section and other laws and rules, the Department shall
21 interpret this Section to avoid duplication of requirements
22 while ensuring that the minimum requirements set in this
23 Section are met.

24 (f) The Department may adopt rules for the administration
25 of this Section.

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

1 (320 ILCS 20/3.5)

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

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

19 (b) coordination of efforts with other agencies,
20 councils, and like entities, to include but not be limited
21 to, the Administrative Office of the Illinois Courts, the
22 Office of the Attorney General, the Illinois State Police,
23 the Illinois Law Enforcement Training Standards Board, the
24 State Triad, the Illinois Criminal Justice Information
25 Authority, the Departments of Public Health, Healthcare

1 and Family Services, and Human Services, the Illinois
2 Guardianship and Advocacy Commission, the Family Violence
3 Coordinating Council, the Illinois Violence Prevention
4 Authority, and other entities which may impact awareness
5 of, and response to, abuse, abandonment, neglect,
6 financial exploitation, and self-neglect;

7 (c) collection and analysis of data;

8 (d) monitoring of the performance of regional
9 administrative agencies and adult protective services
10 agencies;

11 (e) promotion of prevention activities;

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

1 self-neglect;

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

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

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

1 (Source: P.A. 102-244, eff. 1-1-22; 102-538, eff. 8-20-21;
2 102-813, eff. 5-13-22.)

3 (320 ILCS 20/4) (from Ch. 23, par. 6604)

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

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

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

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

21 (a-6) If a mandated reporter has reason to believe that
22 the death of an eligible adult may be the result of abuse or
23 neglect, the matter shall be reported to an agency designated
24 to receive such reports under this Act or to the Department for
25 subsequent referral to the appropriate law enforcement agency
26 and the coroner or medical examiner in accordance with

1 subsection (c-5) of Section 3 of this Act.

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

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

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

1 faith performance of those services, have immunity from any
2 civil, criminal or other liability in any civil, criminal, or
3 other proceeding brought as a consequence of the performance
4 of those services. For the purposes of any civil, criminal, or
5 other proceeding, the good faith of any person required to
6 report, permitted to report, or participating in an
7 investigation of a report of alleged or suspected abuse,
8 abandonment, neglect, financial exploitation, or self-neglect
9 shall be presumed.

10 (c) The identity of a person making a report of alleged or
11 suspected abuse, abandonment, neglect, financial exploitation,
12 or self-neglect or a report concerning information about the
13 suspicious death of an eligible adult under this Act may be
14 disclosed by the Department or other agency provided for in
15 this Act only with such person's written consent or by court
16 order, but is otherwise confidential.

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

19 (e) Any physician who willfully fails to report as
20 required by this Act shall be referred to the Illinois State
21 Medical Disciplinary Board for action in accordance with
22 subdivision (A) (22) of Section 22 of the Medical Practice Act
23 of 1987. Any dentist or dental hygienist who willfully fails
24 to report as required by this Act shall be referred to the
25 Department of Financial and Professional Regulation for
26 possible disciplinary action ~~in accordance with paragraph 19~~

1 ~~of Section 23 of the Illinois Dental Practice Act.~~ Any
2 optometrist who willfully fails to report as required by this
3 Act shall be referred to the Department of Financial and
4 Professional Regulation for action in accordance with
5 paragraph (15) of subsection (a) of Section 24 of the Illinois
6 Optometric Practice Act of 1987. Any other mandated reporter
7 required by this Act to report suspected abuse, abandonment,
8 neglect, or financial exploitation who willfully fails to
9 report the same is guilty of a Class A misdemeanor.

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

11 (320 ILCS 20/5) (from Ch. 23, par. 6605)

12 Sec. 5. Procedure.

13 (a) A provider agency, upon receiving a report of alleged
14 or suspected abuse, abandonment, neglect, or financial
15 exploitation, shall conduct a face-to-face assessment with
16 respect to such report, in accordance with established law and
17 Department protocols, procedures, and policies. A provider
18 agency that receives a report of self-neglect shall follow the
19 procedures set forth in Section 5.1 ~~designated to receive~~
20 ~~reports of alleged or suspected abuse, abandonment, neglect,~~
21 ~~financial exploitation, or self-neglect under this Act shall,~~
22 ~~upon receiving such a report, conduct a face to face~~
23 ~~assessment with respect to such report, in accord with~~
24 ~~established law and Department protocols, procedures, and~~
25 ~~policies. Face to face assessments, casework, and follow up of~~

1 ~~reports of self neglect by the provider agencies designated to~~
2 ~~receive reports of self neglect shall be subject to sufficient~~
3 ~~appropriation for statewide implementation of assessments,~~
4 ~~casework, and follow up of reports of self neglect. In the~~
5 ~~absence of sufficient appropriation for statewide~~
6 ~~implementation of assessments, casework, and follow up of~~
7 ~~reports of self neglect, the designated adult protective~~
8 ~~services provider agency shall refer all reports of~~
9 ~~self neglect to the appropriate agency or agencies as~~
10 ~~designated by the Department for any follow up.~~

11 **(b)** The assessment shall include, but not be limited to, a
12 visit to the residence of the eligible adult who is the subject
13 of the report and shall include interviews or consultations
14 regarding the allegations with service agencies, immediate
15 family members, and individuals who may have knowledge of the
16 eligible adult's circumstances based on the consent of the
17 eligible adult in all instances, except where the provider
18 agency is acting in the best interest of an eligible adult who
19 is unable to seek assistance for himself or herself and where
20 there are allegations against a caregiver who has assumed
21 responsibilities in exchange for compensation. If, after the
22 assessment, the provider agency determines that the case is
23 substantiated it shall develop a service care plan for the
24 eligible adult and may report its findings at any time during
25 the case to the appropriate law enforcement agency in accord
26 with established law and Department protocols, procedures, and

1 policies. In developing a case plan, the provider agency may
2 consult with any other appropriate provider of services, and
3 such providers shall be immune from civil or criminal
4 liability on account of such acts, except for intentional,
5 willful, or wanton conduct. The plan shall include alternative
6 suggested or recommended services which are appropriate to the
7 needs of the eligible adult and which involve the least
8 restriction of the eligible adult's activities commensurate
9 with his or her needs. Only those services to which consent is
10 provided in accordance with Section 9 of this Act shall be
11 provided, contingent upon the availability of such services.

12 (c) ~~(b)~~ A provider agency shall refer evidence of crimes
13 against an eligible adult to the appropriate law enforcement
14 agency according to Department policies. A referral to law
15 enforcement may be made at intake, at any time during the case,
16 or after a report of a suspicious death, depending upon the
17 circumstances. Where a provider agency has reason to believe
18 the death of an eligible adult may be the result of abuse,
19 abandonment, or neglect, the agency shall immediately report
20 the matter to the coroner or medical examiner and shall
21 cooperate fully with any subsequent investigation.

22 (d) ~~(e)~~ If any person other than the alleged victim
23 refuses to allow the provider agency to begin an
24 investigation, interferes with the provider agency's ability
25 to conduct an investigation, or refuses to give access to an
26 eligible adult, the appropriate law enforcement agency must be

1 consulted regarding the investigation.

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

3 (320 ILCS 20/5.1 new)

4 Sec. 5.1. Procedure for self-neglect.

5 (a) A provider agency, upon receiving a report of
6 self-neglect, shall conduct no less than 2 unannounced
7 face-to-face visits at the residence of the eligible adult to
8 administer, upon consent, the eligibility screening. The
9 eligibility screening is intended to quickly determine if the
10 eligible adult is posing a substantial threat to themselves or
11 others. A full assessment phase shall not be completed for
12 self-neglect cases, and with individual consent, verified
13 self-neglect cases shall immediately enter the casework phase
14 to begin service referrals to mitigate risk unless
15 self-neglect occurs concurrently with another reported abuse
16 type (abuse, neglect, or exploitation), a full assessment
17 shall occur.

18 (b) The eligibility screening shall include, but is not
19 limited to:

20 (1) an interview with the eligible adult;

21 (2) with eligible adult consent, interviews or
22 consultations regarding the allegations with immediate
23 family members, and other individuals who may have
24 knowledge of the eligible adult's circumstances; and

25 (3) an inquiry of active service providers engaged

1 with the eligible adult who are providing services that
2 are mitigating the risk identified on the intake. These
3 services providers may be, but are not limited to:

4 (i) Managed care organizations.

5 (ii) Case coordination units.

6 (iii) The Department of Human Services' Division
7 of Rehabilitation Services.

8 (iv) The Department of Human Services' Division of
9 Developmental Disabilities.

10 (v) The Department of Human Services' Division of
11 Mental Health.

12 (c) During the visit, a provider agency shall obtain the
13 consent of the eligible adult before initiating the
14 eligibility screening. If the eligible adult cannot consent
15 and no surrogate decision maker is established, and where the
16 provider agency is acting in the best interest of an eligible
17 adult who is unable to seek assistance for themselves, the
18 provider agency shall conduct the eligibility screening as
19 described in subsection (b).

20 (d) When the eligibility screening indicates that the
21 individual is experiencing self-neglect, the provider agency
22 shall within 10 business days and with client consent, develop
23 an initial case plan.

24 (e) In developing a case plan, the provider agency shall
25 consult with any other appropriate provider of services to
26 ensure no duplications of services. Such providers shall be

1 immune from civil or criminal liability on account of such
2 acts except for intentional, willful, or wanton misconduct.

3 (f) The case plan shall be client directed and include
4 recommended services which are appropriate to the needs and
5 wishes of the individual, and which involve the least
6 restriction of the individual's activities commensurate with
7 the individual's needs.

8 (g) Only those services to which consent is provided in
9 accordance with Section 9 of this Act shall be provided,
10 contingent upon the availability of such services.

11 (320 ILCS 20/6) (from Ch. 23, par. 6606)

12 Sec. 6. Time. The Department shall by rule establish the
13 period of time within which an assessment or eligibility
14 screening shall begin and within which a service care plan
15 shall be implemented. Such rules shall provide for an
16 expedited response to emergency situations.

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

18 (320 ILCS 20/7) (from Ch. 23, par. 6607)

19 Sec. 7. Review. All services provided to an eligible adult
20 shall be reviewed by the provider agency on at least a
21 quarterly basis for up to one year to determine whether the
22 service care plan should be continued or modified, except
23 that, upon review, the Department on Aging may grant a waiver
24 to extend the service care plan for up to one additional year.

1 Provider agencies shall demonstrate responsiveness and
2 timeliness to eligible adult needs in the provision of
3 services.

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

5 (320 ILCS 20/7.1)

6 Sec. 7.1. Final investigative report. A provider agency
7 shall prepare a final investigative report, upon the
8 completion or closure of an investigation, in all cases of
9 reported abuse, abandonment, neglect, financial exploitation,
10 or self-neglect of an eligible adult, whether or not there is a
11 substantiated finding. Upon eligible adult consent, notice of
12 findings shall be provided to the eligible adult, the alleged
13 abuser or abusers, and the reporter by the provider agency at
14 the point of substantiation when provision of such would not
15 create an environment of harm to the eligible adult. When a
16 report is accepted, a notice of findings shall include only
17 substantiation type (Substantiated, No Jurisdiction, Unable to
18 locate, not substantiated).

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

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

21 Sec. 9. Authority to consent to services.

22 (a) If an eligible adult consents to an assessment of a
23 reported incident of suspected abuse, abandonment, neglect,
24 financial exploitation, or eligibility screening for

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

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

26 (c) A guardian of the person of an eligible adult may

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

15 (d) If an emergency exists and the Department or other
16 agency designated under this Act reasonably believes that a
17 person is an eligible adult and lacks the capacity to consent
18 to necessary services, the Department or other agency may
19 request an ex parte order from the circuit court of the county
20 in which the petitioner or respondent resides or in which the
21 alleged abuse, abandonment, neglect, financial exploitation,
22 or self-neglect occurred, authorizing an assessment of a
23 report of alleged or suspected abuse, abandonment, neglect,
24 financial exploitation, or self-neglect or the provision of
25 necessary services, or both, including relief available under
26 the Illinois Domestic Violence Act of 1986 in accord with

1 established law and Department protocols, procedures, and
2 policies. Petitions filed under this subsection shall be
3 treated as expedited proceedings. When an eligible adult is at
4 risk of serious injury or death and it reasonably appears that
5 the eligible adult lacks capacity to consent to necessary
6 services, the Department or other agency designated under this
7 Act may take action necessary to ameliorate the risk in
8 accordance with administrative rules promulgated by the
9 Department.

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

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

26 (f) If the court enters an ex parte order under subsection

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

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

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

19 (320 ILCS 20/15)

20 Sec. 15. Fatality review teams.

21 (a) State policy.

22 (1) Both the State and the community maintain a
23 commitment to preventing the abuse, abandonment, neglect,
24 and financial exploitation of at-risk adults. This
25 includes a charge to bring perpetrators of crimes against

1 at-risk adults to justice and prevent untimely deaths in
2 the community.

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

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

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

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

19 "Advisory Council" means the Illinois Fatality Review
20 Team Advisory Council.

21 "Review Team" means a regional interagency fatality
22 review team.

23 (b) The Director, in consultation with the Advisory
24 Council, law enforcement, and other professionals who work in
25 the fields of investigating, treating, or preventing abuse,
26 abandonment, or neglect of at-risk adults, shall appoint

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

26 (b-5) Each such team shall be composed of representatives

1 of entities and individuals including, but not limited to:

2 (1) the Department on Aging or the delegated regional
3 administrative agency as appointed by the Department;

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

5 (3) State's Attorneys;

6 (4) local police departments;

7 (5) forensic units;

8 (6) local health departments;

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

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

20 (9) a local hospital, trauma center, or provider of
21 emergency medicine;

22 (10) providers of services for eligible adults in
23 domestic living situations; and

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

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

20 A review team shall meet not less than 2 4 times a year to
21 discuss cases for its possible review. Each review team, with
22 the advice and consent of the Department, shall establish
23 criteria to be used in discussing cases of alleged, suspected,
24 or substantiated abuse, abandonment, or neglect for review and
25 shall conduct its activities in accordance with any applicable
26 policies and procedures established by the Department.

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

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

17 The Advisory Council has, but is not limited to, the
18 following duties:

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

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

23 (3) To ensure that the data, results, findings, and
24 recommendations of the review teams are adequately used in
25 a timely manner to make any necessary changes to the
26 policies, procedures, and State statutes in order to

1 protect at-risk adults.

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

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

8 (6) To serve as a link with review teams throughout
9 the country and to participate in national review team
10 activities.

11 (7) To provide the review teams with the most current
12 information and practices concerning at-risk adult death
13 review and related topics.

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

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

23 In any instance where a review team does not operate in
24 accordance with established protocol, the Director, in
25 consultation and cooperation with the Advisory Council, must
26 take any necessary actions to bring the review team into

1 compliance with the protocol.

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

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

21 Each entity or individual represented on the fatality
22 review team may share with other members of the team
23 information in the entity's or individual's possession
24 concerning the decedent who is the subject of the review or
25 concerning any person who was in contact with the decedent, as
26 well as any other information deemed by the entity or

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

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

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

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

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

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

20 (f) The Department, in consultation with coroners, medical
21 examiners, and law enforcement agencies, shall use aggregate
22 data gathered by and recommendations from the Advisory Council
23 and the review teams to create an annual report and may use
24 those data and recommendations to develop education,
25 prevention, prosecution, or other strategies designed to
26 improve the coordination of services for at-risk adults and

1 their families. The Department or other State or county
2 agency, in consultation with coroners, medical examiners, and
3 law enforcement agencies, also may use aggregate data gathered
4 by the review teams to create a database of at-risk
5 individuals.

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

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

9 (320 ILCS 20/14 rep.)

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