



ADULT PROTECTIVE SERVICES PROGRAM



STANDARDS AND PROCEDURES MANUAL

Revised 08/2018



State of Illinois
Illinois Department on Aging

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**CHAPTER 1:
INTRODUCTION**

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CHAPTER 1: INTRODUCTION

101: Scope of the Manual

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

102: Organization of the Manual

The general organization of the Manual is as follows:

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

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

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

Chapter 4: Intake – provides the APS PAs with the minimum guidelines for screening intake reports of abuse, neglect, financial exploitation or self-neglect.

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

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

Chapter 7: APS Registry – explains the purpose of reporting and access to the registry.

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

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

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

Chapter 11: Fatality Review Teams (FRTs) – explains the purpose, composition and role of Fatality Review Teams (FRTs).

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

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

Chapter 14: Monitoring/Quality Assurance Standards and Procedures – outlines the different roles and responsibilities of IDoA, RAAs, and the APS PAs in assuring that the services and activities of the program are being provided in accordance with the program procedures and the guiding principles developed for the program.

Chapter 15: Program and Financial Reporting Requirements (Reserved) – describes the program and financial reporting requirements of the program and the timeframes for submitting reports.

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

Appendix B: Administrative Rules – a copy of the administrative rules governing the program.

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

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

103: Clarifications, Revisions, or Changes to the Manual

A. Standards, Policies, and Procedural Clarification Requests

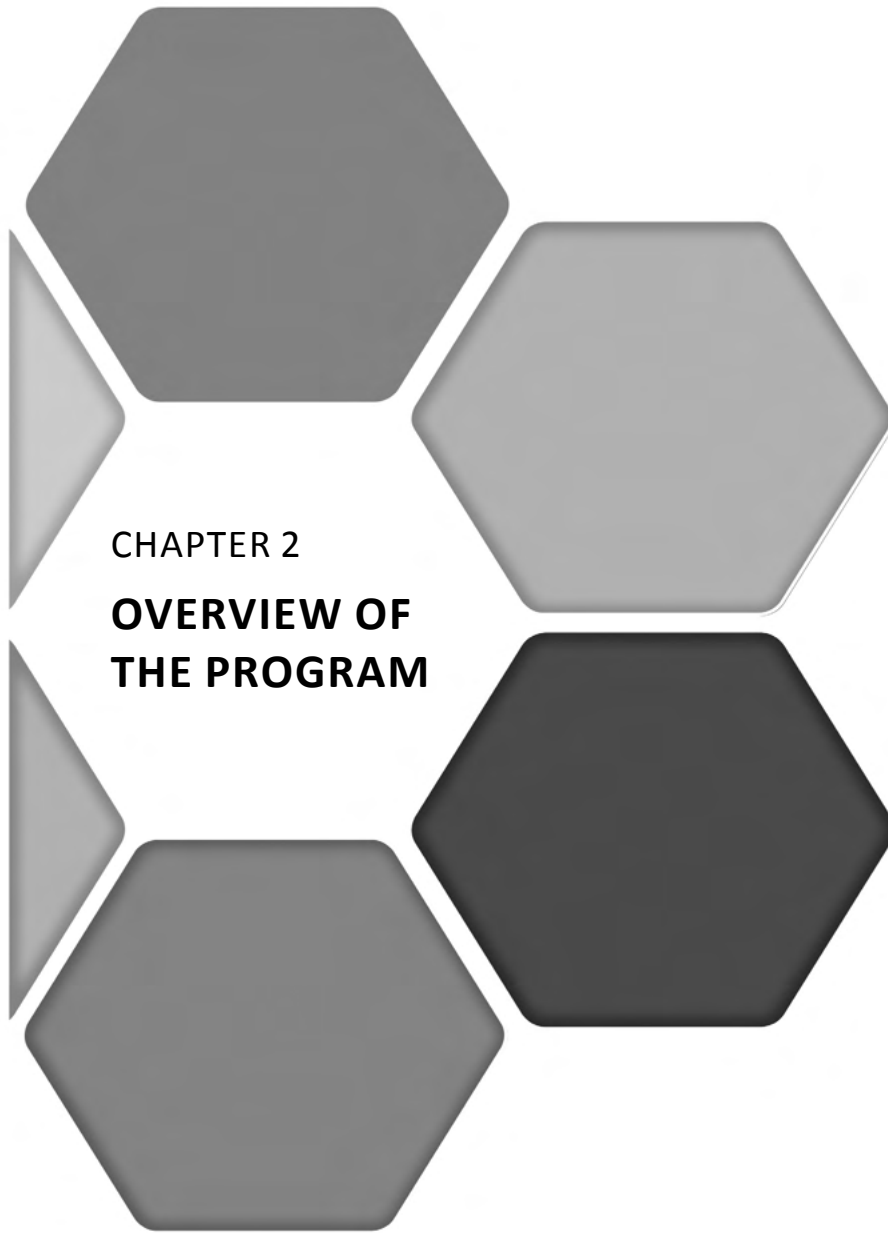
1. From time to time, users of this manual may find that certain standards, policies, or procedural instructions require additional clarification by IDoA. In order to systematically respond to these inquiries, IDoA has implemented a clarification process for the APS Program.
2. Policy Clarification Requests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

B. Procedural Changes to the Manual

1. New manual pages containing any information or changes to standards or procedures contained in this Manual, will be provided in sequentially numbered manual releases to all original manual recipients, with instructions to replace the affected pages. If necessary, an explanation will accompany the instructions outlining the purpose and need for the changes.
2. To the extent possible, procedural changes will be issued well enough in advance to allow RAAs and APS PAs to seek technical assistance prior to the implementation of such changes.

C. Policy Changes to the Manual

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



CHAPTER 2: OVERVIEW OF THE PROGRAM

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CHAPTER 2: OVERVIEW OF THE PROGRAM

201: Purpose of Chapter

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

202: Description of the Adult Protective Services Program

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

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

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

- A. **ABUSE.** Abuse means causing any physical, mental or sexual injury to an eligible adult, including exploitation of such adult's financial resources.
1. Physical Abuse means causing the infliction of physical pain or injury to an eligible adult.
 2. Sexual Abuse means touching, fondling, sexual threats, sexually inappropriate remarks, or any other sexual activity with an eligible adult when he or she is unable to understand, unwilling to consent, threatened, or physically forced to engage in sexual behavior.
 3. Emotional Abuse means verbal assaults, threats of maltreatment, harassment, or intimidation intended to compel the eligible adult to engage in conduct from which he or she wishes and has a right to abstain, or to refrain from conduct in which the eligible adult wishes and has a right to engage.
 4. Confinement means restraining or isolating, without legal authority, an eligible adult for other than medical reasons, as ordered by a physician.
 5. Financial Exploitation means the use of an eligible adult's resources by another to the disadvantage of that adult or the profit or advantage of a person other than that adult.
- B. **NEGLECT.** Neglect means another individual's failure to provide an eligible adult with or willful withholding from an eligible adult the necessities of life including, but not limited to, food, clothing, shelter or health care.
1. Passive Neglect means another individual's failure to provide an eligible adult with the necessities of life including, but not limited to, food, clothing, shelter, or medical care because of failure to understand the eligible adult's needs, lack

of awareness of services to help meet needs, or a lack of capacity to care for the eligible adult.

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

2. **Willful Deprivation** means deliberate denial of medications, medical care, shelter, food therapeutic devices, or other physical assistance to a person who, because of age, health, or disability, requires such assistance and thereby exposes that person to the risk of physical, mental, or emotional harm because of such denial: except with respect to medical care or treatment when the dependent person has expressed an intent to forego such medical care or treatment and has the capacity to understand the consequences.
- C. **SELF-NEGLECT.** Self-neglect means a condition that is the result of an eligible adult's inability, due to physical or mental impairments, or both, or a diminished capacity, to perform essential self-care tasks that substantially threaten his or her own health, including: providing essential food, clothing, shelter, and health care; and obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety.

204: Guiding Principles of the Program

- A. **ADVOCACY INTERVENTION MODEL.** After testing three intervention models used in other states to address elder abuse during a three year demonstration period, Illinois implemented an Advocacy Intervention Model. This model includes principles to guide the intervention, based on recognition that the victim of abuse, neglect and exploitation is an adult in a vulnerable position. Under this model, the responsible agency assists the victim through **interventions** on his or her behalf and serves as an **advocate**. As an advocate, the APS PA works to ensure that the rights of the adult are upheld while providing assistance in obtaining needed legal, medical, and social service supports.
- B. **LIMITED MANDATORY REPORTING.** Illinois adopted a law that combines voluntary reporting and mandatory reporting of suspected cases of ANE. The law requires that certain persons who provide services to older adults and adults with disabilities, including health professionals, Aging Network personnel and others, must report to the APS Program any suspicions of ANE of eligible adults who, because of a disability or other condition or impairment, cannot report for themselves. The law also encourages persons to report voluntarily and provides immunity from liability for anyone making an ANE report in good faith. Amendments to the Adult Protective Services Act, which added self-neglect, did not make reporting self-neglect mandatory for professionals, however, voluntary reporting is encouraged.

Note: For a list of mandatory reporters refer to the Adult Protective Services Act in Appendix A.

C. SELF- DETERMINATION. The concept of self-determination adopted by the Illinois APS Program includes certain civil rights to which competent adults are entitled. These rights do not diminish with age or disability. Competent adults have the right to:

1. decide where and how they will live;
2. choose whether to accept social services or other community assistance; and
3. make decisions different from those a reasonable adult would make, including “bad” decisions, which are not harmful to others.

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

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

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

205: Glossary of Terms

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

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

“Act” means the Adult Protective Services Act [320 ILCS 20].

“Administrative hearing” means a formal review of an action made by the Department. Specifically, it means any hearing authorized to be held by the Department or other entity authorized by the Director to hold these hearings.

“Administrative law judge” or “ALJ” means an attorney, licensed to practice law in the State of Illinois, who is authorized by the Director to conduct the administrative hearing and related processes.

“Adult Protective Service Case Management System” means the electronic web-based system for completing and storing APS client records.

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

“Adult Protective Services Program Coordinator” means the designated IDoA staff person who serves as a liaison between the RAA and APS PA within their planning and service area.

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

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

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

“Advisory Council” means the Illinois Fatality Review Team Advisory Council consisting of one member from each of the review teams in Illinois.

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

“Allegation” means, as used generally, a charge or a claim of fact in a report of abuse, neglect, financial exploitation or self-neglect which must be proven if the report is to be found true or substantiated.

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

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

“ANE” is an acronym for abuse, neglect, and exploitation.

“Appeal” means a request to contest placement of a caregiver’s identity on the Registry.

“APOAR” is an acronym for Annual Program Operations Administrative Review. “APOCR” is an acronym for Annual Program Operations Case Review.

“APSCW” is an acronym for an Adult Protective Services Caseworker.

“Authorized representative” means any person, including an attorney, authorized in writing by a party to act on behalf of the party in the administrative hearing process.

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

“APSCW Registry” means the registry maintained by IDoA of individuals who have completed required certification training.

“Business day” means a day, Monday through Friday, when State agency offices are open. The following are not business days: Saturdays, Sundays, State holidays, and any other day from time to time declared by the President of the United States or the Governor of Illinois to be a day during which the agencies of the State of Illinois that are ordinarily open to do business with the public will be closed for business.

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

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

“Case Work” is the development and implementation of a services plan for the client, which minimally includes: the identification of the needs, problems, limitations and capacities of the client; interventions to protect the health, welfare and safety of the client; assisting the client in obtaining needed services; and respecting the self-determination and independence of the client.

“Classification” means the major decision point of the assessment process where it is decided, based on information obtained and documented in writing, whether the report of ANE/SN is substantiated, unsubstantiated, or unable to be substantiated.

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

“Client” means an eligible adult who is receiving services from an Adult Protective Services Provider Agency (APS PA).

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

“Continuance” means a decision to proceed with a hearing at a later date than scheduled.

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

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

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

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

“Department” means the Department on Aging of the State of Illinois.

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

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

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

“Direct care agency” means a State agency listed in Section 270.404(a) and any entity or provider agency of direct care.

“Director” means the Director of the Department on Aging.

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

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

1. a licensed facility as defined in Section 1-113 of the Nursing Home Care Act
2. a facility licensed under the ID/DD Community Care Act;
3. a facility licensed under the Specialized Mental Health Rehabilitation Act;
4. a “life care facility” as defined in the Life Care Facilities Act;
5. a home, institution, or other place operated by the federal government or agency thereof or by the State of Illinois;
6. a hospital, sanitarium, or other institution, the principal activity or business of which is the diagnosis, care, and treatment of human illness through the maintenance and operation of organized facilities therefor, which is required to be licensed under the Hospital Licensing Act;
7. a “community living facility” as defined in the Community Living Facilities Licensing Act;
8. a “community-integrated living arrangement” as defined in the Community-Integrated Living Arrangements Licensure and Certification Act or a Community Residential Alternative as licensed under that Act;
9. “an assisted living or shared housing establishment” as defined in the Assisted Living and Shared Housing Act; or
10. “a supportive living facility” as described in Section 5-5.01a of the Illinois Public Aid Code.

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

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

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

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

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

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

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

“Filed” means conveyed to the Department/other entity authorized to conduct hearings. A valid document or request will be considered filed on the business day it is received or, if mailed, on the date it is postmarked. Contact in person, by phone, fax, e-mail, via an electronic account, or other acceptable means will be considered filed on a business day if it is received prior to 5:00 p.m. on that date. If receipt is after 5:00 p.m., the action will be deemed filed on the next business day.

“Final administrative decision” means the final determination by the IDoA Director regarding whether or not placement of a caregiver’s identity on the Registry is in the public interest.

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

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

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

“Health care facility” means any residential facility licensed, certified, or regulated by the Department of Public Health, the Department of Healthcare and Family Services, or the Department of Human Services.

“IDoA” means the Illinois Department on Aging, including the Office of Adult Protective Services, which administers the APS Program. IDoA also administers the Community Care Program.

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

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

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

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

“Intake” means the receipt of a report of suspected or alleged abuse, neglect, financial exploitation or self-neglect.

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

“Long term care facility” means any residential facility licensed, certified, or regulated by the Department of Public Health.

“MMSE” means the Mini-Mental State Examination.

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

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

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

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

“Other entity” means an Illinois State agency or its qualified designee with the administrative capacity to handle all hearing functions.

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

“Party” means an individual or entity, including the Department, that has standing to participate and is participating in a proceeding. For purposes of filing and service, “party” also means an appropriately designated agent for receipt of service.

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

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

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

“Pre-Admission Screening (PAS) Agent” means the person who screens for admission to Department of Human Services’ facilities.

“Preponderance of the Evidence” is the standard of the burden of proof that must be met to reach a substantiation decision of “some indication.” This standard of the burden of proof is met when the credible evidence, weighed in its entirety, creates a certainty of more than 50%, that abuse, neglect, financial exploitation or self-neglect is or has occurred.

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

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

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

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

“Registry” means the Adult Protective Service Registry.

“Relevant Contact Information” means the current contact information, including, but not limited to, address, phone number and email address that allows the Department/other entity authorized to conduct hearings under this Subpart to contact the party as necessary during the course of a proceeding.

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

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

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

“Senior Helpline” means IDoA’s toll-free, statewide number (1-800-252-8966) Voice and (1-888-206-1327) TTY that can be called to find out additional information about services available to eligible adults.

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

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

“Some Indication” means a determination that there is a “preponderance of the evidence” that the specific injury or harm alleged was the result of ANE/SN.

“SN” is an acronym for self-neglect.

“Substantiation” is the process by which an APS provider agency determines, after a review of all available information, that abuse, neglect, financial exploitation or self-neglect of an eligible adult has occurred.

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

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

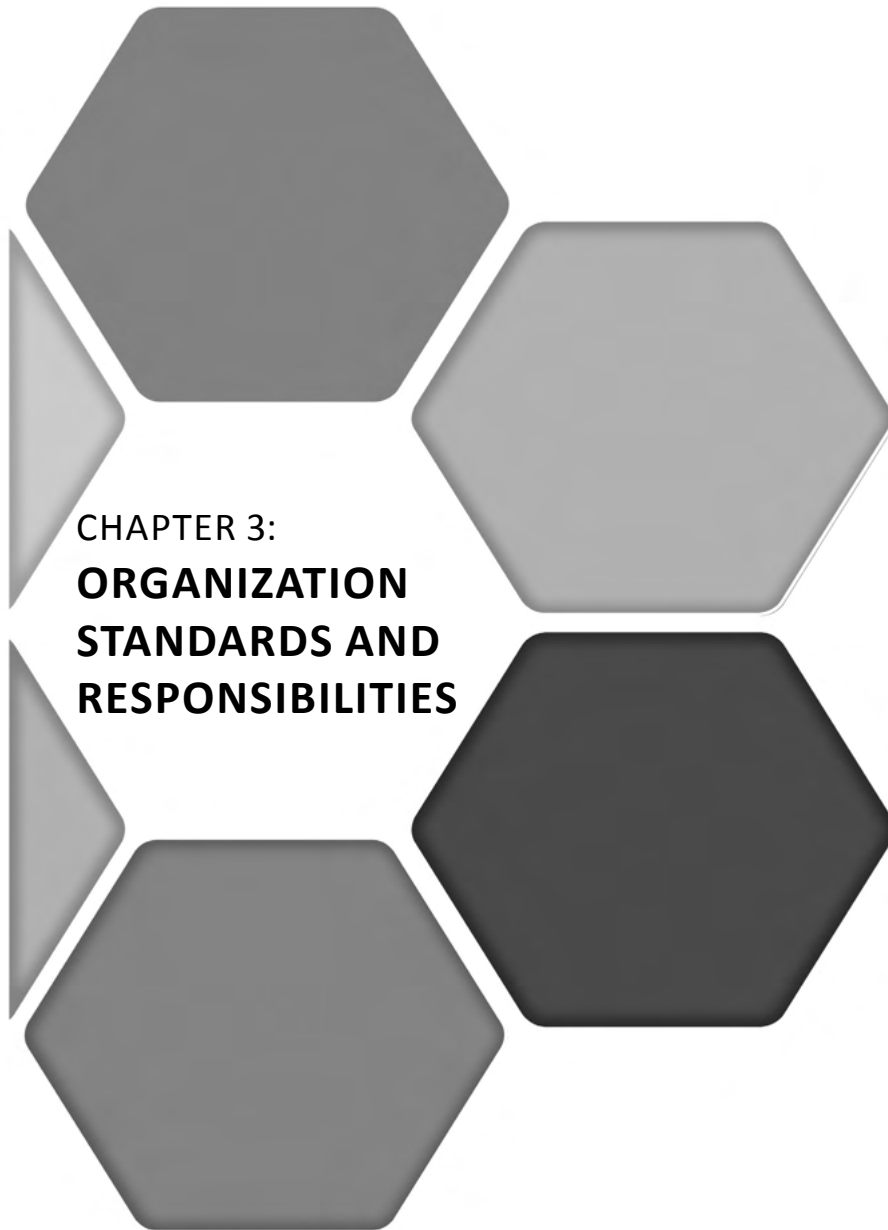
“Undue Influence” means any improper persuasion whereby the will of a person is overpowered and he or she is induced to do, or is kept from doing, an act which he would not do or would do if left to act freely.

“Verified” means a determination that there is “clear and convincing evidence” that the specific injury or harm was the result of abuse, neglect, or financial exploitation.

“Victim” means an eligible adult who is the subject of a substantiated report of abuse, neglect, financial exploitation or self-neglect.

“Vulnerable Adult” (VA) is the preferred term to describe an individual who self-neglects.

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



CHAPTER 3: ORGANIZATION STANDARDS AND RESPONSIBILITIES

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301: Purpose of Chapter

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

302: Illinois Department on Aging

- A. IDoA has the overall responsibility for designing and managing the APS Program.
- B. IDoA shall designate RAAs in accordance with Section 304 and approve the designation by the RAA, of APS PAs in accordance with Section 307.
- C. IDoA shall enter into an agreement with each designated RAA to perform the responsibilities outlined in Section 303.
- D. IDoA shall establish and maintain written standards and procedures for the operation of the program.
- E. IDoA shall develop standards for minimum staffing levels and staff qualifications.
- F. IDoA shall establish mandatory standards for the investigation of ANE/SN of eligible adults and mandatory procedures for linking eligible adults to appropriate services and supports.
- G. IDoA shall submit an annual budget for the program to the Governor's office and establish reimbursement rates for APS Providers and RAA responsibilities.
- H. IDoA shall design the programmatic and financial reporting system for the program.
- I. IDoA shall develop a system to monitor the performance of the program, reporting any findings and recommendations for change to the Director. The APS PA subject to a review and the RAA of such APS PA shall receive copies of the findings and recommendations.
- J. IDoA shall, contingent upon adequate funding, promote a wide range of endeavors to prevent ANE/SN including, but not limited to, promotion of public and professional education to increase awareness of abuse, neglect, financial exploitation, and self-neglect, to increase reports, to establish access to and use of the Registry and to improve response by various legal, financial, social, and health systems.
- K. IDoA shall prepare and submit to the Governor and General Assembly a report describing the activities of the APS Program in a format developed by IDoA within 270 days after the end of each fiscal year.
- L. IDoA shall establish an Advisory Committee whose purpose is to provide advice on policy issues and to assist IDoA in responding to concerns regarding the program. The committee shall be composed of representatives appointed by IDoA for three-year terms, and will include RAA and APS PA representatives. The committee will meet once every quarter
- M. IDoA shall establish a Fatality Review Team (FRT) Advisory Council whose purpose is to serve as the voice of review teams in Illinois and oversee the review teams regarding coordination and compliance issues. The committee shall be composed of one member from each review team. The Director may appoint to the FRT Advisory Council any ex-officio members deemed necessary.

- N. The Director, in consultation with the FRT Advisory Council, law enforcement, and other professionals, shall appoint members to a minimum of one regional interagency fatality review team in each of the Department's planning and service areas. Each member of a review team shall be appointed for a 2-year term and shall be eligible for reappointment upon expiration of the term. FRTs shall review cases of deaths of at-risk adults occurring in its planning and service area.
- O. IDoA shall coordinate with other agencies, councils and like entities, including, but not limited to, the Administrative Office of the Illinois Courts, the Office of the Attorney General, the State Police, the Illinois Law Enforcement Training Standards Board, the State TRIAD, the Illinois Criminal Justice Information Authority, the Departments of Public Health, Healthcare and Family Services, and Human Services, the Illinois Guardianship and Advocacy Commission, the Family Violence Coordinating Council and other entities which may impact awareness of, and response to abuse, neglect, financial exploitation, and self-neglect.
- P. IDoA shall provide technical assistance, policy clarifications or interpretations to RAAs on adherence to the rules, standards, and procedures established for the program.
- Q. IDoA shall provide updates to policy changes through correspondence with RAAs and APS PAs.
- R. IDoA may provide technical assistance directly to the APS PAs in case handling. The technical assistance provided by IDoA may include legal advice and consultation.
- S. IDoA shall maintain a registry of all APS PA and RAA staff that have successfully completed IDoA sponsored certification training and are assessing reports of ANE/SN.
- T. IDoA shall, upon request, provide information to public agencies, legislators, and others about older adults and adults with disabilities affected by ANE/SN.
- U. IDoA shall provide training to RAA staff. IDoA shall also provide training to APS Program staff who assess reports of ANE/SN.
- V. IDoA shall establish and coordinate an aggressive training program on the unique nature of adult abuse cases with other agencies, councils, and like entities, to include but not be limited to the Illinois Office of the Attorney General, the Illinois State Police, the Illinois Law Enforcement Training and Standards Board, the Illinois State TRIAD, the Illinois Criminal Justice Information Authority, the Illinois State Departments of Public Health, Illinois Healthcare and Family Services and Human Services, the Illinois Family Violence Coordinating Councils, the agency designated by the Governor under Section 1 of the Protection and Advocacy for Developmentally Disabled Persons Act, and other entities that may impact awareness of and response to ANE/SN.
- W. IDoA shall be responsible for collection and analysis of data from the APS Program.
- X. IDoA's Senior HelpLine shall receive reports of ANE/SN and relay such reports to the appropriate APS Program in accordance with Chapter 4.
- Y. Senior HelpLine staff who receive reports of ANE/SN shall attend IDoA- sponsored training. Successful completion of the above training shall be established by certification.

303: Regional Administrative Agencies

- A. The RAA shall designate, with prior approval from IDoA, APS PAs in accordance with Section 307.
- B. The RAA shall designate RAA staff to attend IDoA-sponsored training and meetings pertaining to the APS Program. RAA staff that have successfully completed the APSCW certification, the Phase II certification, and the Supervisor's certification may be added to the registry as back-up to provider agencies.
- C. The designated RAA staff shall meet the following in-service training requirements: Fourteen (14) hours of documented in-service training on abuse of older adults and adults with disabilities, rights of older adults and adults with disabilities, self-neglect, and domestic violence subjects within a calendar year. For partial years of employment, training shall be prorated to one (1) hour for each full month of employment. Documented participation in RAA, state, regional, or national conferences on abuse of older adults and adults with disabilities, rights of older adults and adults with disabilities, self-neglect, and domestic violence subjects will qualify as in-service training. Documented hours would be the time spent in actual attendance at specific sessions. This time should be included in the employee's personnel file. The documented number of hours and name of the conference will suffice.
- D. The designated RAA staff shall complete eleven (11) hours of qualifying Recertification training every three years. Completion of training must be documented in the liaison's personnel file. RAA staff is required to complete Recertification training in order to remain on the APSCW registry.
- E. The RAA must return to IDoA, within 15 days, any photo identification and/or certification cards issued by the APS Program upon RAA staff leaving the agency.
- F. The RAA shall provide technical assistance to APS PAs on established standards and procedures for the program and shall seek from IDoA staff policy clarifications and interpretations of established standards and procedures. In the event that there is a conflict between IDoA staff and the RAA concerning a policy clarification or interpretation, IDoA staff's clarification or interpretation shall prevail.
- G. The RAA shall conduct quarterly meetings with the APS PAs in the Planning and Service Areas for the primary purpose of discussing implementation issues of the program. The RAA shall submit notice to IDoA of the time and date of the meeting at least three weeks in advance to allow IDoA staff to attend the meetings. If an IDoA sponsored supervisor's meeting is held, it may count as a quarterly meeting and the RAA would not be required to hold one during the same quarter.
- H. The RAA may assist IDoA and the APS PA in providing public awareness and education on the issues related to ANE/SN of older adults and adults with disabilities.
- I. The RAA may receive reports of ANE/SN; however, the RAA shall not publicize its agency or phone number for the purpose of receiving such reports and shall not require that the APS PAs publicize the RAA or the RAA's phone number for the purpose of receiving reports. If the RAA wishes to receive reports, the RAA shall:

1. inform IDoA in writing of its intent to receive reports;
 2. assure that staff receiving reports and who have not attended IDoA-sponsored training shall receive documented training from the designated RAA staff person who attended IDoA-sponsored training; and
 3. have procedures for receiving and relaying reports.
- J. RAAs shall assist IDoA in establishing APS M-Teams in each APS PA consistent with Chapter 10.
- K. RAAs shall authorize provider agency EIS expenditures in accordance with Chapter 8 of this Manual.
- L. RAAs shall monitor the performance of APS PAs consistent with the APS Standards and Procedures Manual.
- M. RAAs shall, when producing any public information or education materials on abuse of older adults and adults with disabilities, include in the materials the IDoA's Adult Protective Service Hotline at 1-866-800- 1409 (Voice) and 1-888-206-1327 (TTY), and reference to the fact that it or the local program(s) are part of IDoA's statewide APS Program. Any written materials shall also include the IDoA non-discrimination clause.
- N. The RAA shall retain any case records for ten full years from the date of case closure. Following the ten-year period, the case records may be purged. The Agency must insure that any purged records are completely shredded, incinerated or if stored electronically, permanently deleted.
- O. The RAA shall not serve as agent, as designated under the Power of Attorney Act, a temporary, limited, or plenary guardian designated under the Probate Act, or as a representative payee, for any clients served by the APS Program. A waiver to this standard shall be allowed only if the APS PA has documented evidence that no other qualified person or entity exists to serve as agent, guardian, or representative payee on behalf of a client of the APS Program, and the RAA is willing and qualified to serve. The RAA shall submit a quarterly report, no later than 10 days following the end of the quarter, to the Department's Office of Adult Protective Services, listing all open and closed APS Program cases for which the RAA is serving as agent or guardian, at the time the report is submitted.
- P. The RAA shall not serve as agent, as designated under the Power of Attorney Act, a temporary, limited or plenary guardian designated under the Probate Act, or as a representative payee, for any clients served by the APS Program. A waiver to this standard shall be allowed only if the APS PA has documented evidence that no other qualified person or entity exists to serve as agent, guardian or representative payee on behalf of a client of the APS Program, and the RAA is willing and qualified to serve. The RAA shall submit a quarterly report, no later than 10 days following the end of the quarter, to the Department's Office of Adult Protective Services, listing all open and closed APS Program cases for whom the RAA is serving as agent or guardian, at the time the report is submitted.

304: Designation of Regional Administrative Agencies

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

305: Adult Protective Service Provider Agencies

- A. To be appointed as an APS PA, an agency shall be designated by the RAA, with prior approval from IDoA, in accordance with Section 307, for a specific geographic area in the RAA's planning and service area.
- B. The APS PA shall be open for business and available to receive ANE/SN reports directly or from IDoA's Senior HelpLine at least seven hours each working day, and shall not be closed for more than four consecutive days unless an alternative method of receiving ANE/SN reports is approved by and on file with the RAA and IDoA. If a recorded message is activated, during business hours, there must be an option to talk to a person at that time rather than leaving a message on voice mail. Persons calling in to make an ANE/SN report must have the opportunity to talk directly to an intake worker. In addition, each APS PA shall be open for business not less than 246 working days per calendar year.
- C. The APS PA shall ensure that it is capable of responding to a priority one report, 24 hours per day, 7 days per week. A provider agency may use an on-call system to respond to reports of alleged or suspected ANE/SN after hours and on weekends.
- D. The APS PA shall have and observe written policies and procedures:
 - 1. confidentiality of client records consistent with Chapter 12;
 - 2. the assignment of an APSCW for each ANE/SN Intake Report (IL-402-0709) received, and back-up procedures for assigning a substitute APSCW, who meets the minimum requirements, in the absence of the assigned APSCW;
 - 3. providing services to adults with physical or mental disabilities including a developmental disability, an intellectual disability, a mental illness and non-English speaking, reporters, alleged victims, and clients of the program; and
 - 4. providing those service activities outlined in Chapters 4, 5, 6, 7, 8, 9, 10, and 11 and for which the APS PA has an agreement to perform; such policies and procedures to be in place not later than three months after the contract implementation date.

- E. Personnel records shall be maintained for each employee and shall include at least the following:
 - 1. an employee application or résumé;
 - 2. annual performance evaluation;
 - 3. supervisory reports regarding the employee;
 - 4. documentation of the following items:
 - a. that a copy of that particular employee's job description has been provided to the employee;
 - b. that the employee has received a copy of current written personnel policies for his or her job category at the time of employment and any subsequent revisions;
 - c. that the paid employee has been informed of the salary range for the specific job category at the time of employment and any subsequent revisions;
 - d. that paid employee benefits and grievance procedures have been clearly stated and provided in writing to each employee; and
 - e. documentation of all participation of the employee in IDoA-provided or approved training.
- F. The agency shall be accessible to older adults, adults with disabilities and their families and other organizations providing services to older adults and adults with disabilities in the agency's jurisdiction.
- G. The agency shall carry the types of insurance coverage listed below:
 - 1. workers' compensation as required by state law,
 - 2. unemployment compensation as required by state law, and
 - 3. general liability insurance in the single limit minimum of \$100,000 per occurrence.
- H. The APS PA shall have available medical and legal resources to provide professional advice on individual cases as well as advice on matters pertaining to the overall program. The APS PA may obtain these consultative services through the establishment of a multi-disciplinary consultation team, through letters of agreement, or through direct employment
- I. The APS PA shall have APS staff attend quarterly meetings conducted by the RAA and training sessions as required by the RAA and IDoA.
- J. The APS PA may request technical assistance from the RAA on established standards and procedures and shall seek from the RAA clarifications and interpretations on the standards and procedures. The APS PA may also request from the RAA, or may directly request from IDoA staff, technical assistance in handling specific ANE/SN reports or cases including, but not limited to, legal advice and consultation.

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

306: Minimum Staff Requirements for Adult Protective Service Provider Agencies

- A. Pursuant to the terms of their contracts, the APS PAs shall have sufficient staff to perform all duties and responsibilities of the program for which an agreement is in effect.
 - B. The APS supervisor must be involved in guiding and directing ANE/SN cases and share responsibility in the APSCW's decisions and actions. APS supervisor activities shall include:
 1. general supervision of all daily service delivery aspects of the program;
 2. assigning an APSCW to each ANE/SN Intake Report received;
 3. discussing each ANE/SN Intake Report requiring an assessment with the assigned APSCW to develop strategies for initiating the investigation;
 4. discussing assessment results with the APSCW and approving, signing and dating the Client Assessment Form found in the web-based APS CM system;
 5. discussing the initial, substantiated, and each three-month risk assessment and case plan with the APSCW to ensure that appropriate actions are being taken to meet identified problems/needs and closure risk assessments;

6. discussing referrals to law enforcement and the coroner regarding suspicious deaths of eligible adults;
 7. reviewing and approving the expenditure of EIS funds before referral for services;
 8. approving, signing, and dating case closures to ensure that cases are closed according to the requirements specified in this Manual;
 9. ensuring that supervisory consultation on individual cases is documented in Case Recording;
 10. approving case legal action such as:
 - a. providing immediate consultation to the APSCW;
 - b. approving planned legal actions before the caseworker initiates the actions; and
 - c. accompanying the APSCW to court proceedings, if appropriate.
 11. ensuring that each APSCW has an updated and complete copy of the APS S&P Manual and access to the APS CM system.
- C. APS supervisor minimum and continuing qualifications and requirements shall be as follows:
1. Each person employed as a supervisor of an APSCW shall have either:
 - a. a Master's Degree in health, social sciences, social work, health care administration, gerontology, criminal justice, or public administration, and one year experience in health or human services; or
 - b. a RN license, or a B.S.N. or a BA/B.S. in health, social sciences, social work, health care administration, gerontology, or criminal justice, and three years' experience in health or human services, including either one year of supervisory experience or one year of experience in aging, adults with disabilities or domestic violence programs or services.
 2. Each person employed as a supervisor of APSCWs shall successfully complete all of the following in order to conduct APS Program Services:
 - a. IDoA sponsored APSCW certification and on-line forms training to be placed on the Department's temporary registry;
 - b. IDoA sponsored Phase II certification training within six months of the APSCW certification, to be placed on the Department's official registry; and
 - c. IDoA sponsored APS Program Supervisors' certification training as documented in the supervisor's personnel file.
 3. Persons serving in the capacity of supervisor of APSCWs and listed on the APSCW Registry prior to the date the APS Program was implemented in the service area, who have received the training listed in Section 306: C.2.a., are waived from the above cited requirements in Section 306:C.1.

4. Each person employed as a supervisor of APSCWs shall meet the following in-service training requirements: fourteen (14) hours of documented in-service training on abuse of older adults and adults with disabilities, rights of older adults and adults with disabilities, self-neglect, and domestic violence subjects within a calendar year.

For partial years of employment, training shall be prorated to one (1) hour for each full month of employment. Documented participation in RAA, state, regional, or national conferences on abuse of older adults and adults with disabilities, rights of older adults and adults with disabilities, self-neglect, and domestic violence subject will qualify as in-service training.

Documented hours would be the time spent in actual attendance at specific sessions. This time should be included in the employee's personnel file. The documented number of hours and name of the conference will suffice.
 5. An APS Program Supervisor must successfully complete, eleven (11) hours of qualifying Recertification training every three years. Completion of training must be documented in the supervisor's personnel file.
- D. An APSCW shall carry out, but may not be limited to, the following activities;
1. assessment of ANE/SN reports;
 2. case work and follow-up of substantiated ANE/SN cases;
 3. reporting suspicious deaths of eligible adults to law enforcement and the coroner or medical examiner;
 4. determining the need for EIS; and
 5. completion of all documentation related to ANE/SN reports and cases.
- E. APSCW minimum and continuing qualifications and requirements shall be as follows:
1. Each person employed as an APSCW shall have either:
 - a. a Master's Degree in health, social services, social work, health care administration, gerontology, criminal justice, public administration; or
 - b. a RN license, or a B.S.N. or a BA or a B.S. in health, social sciences, social work, health care administration, gerontology, or criminal justice, and one year experience in health or human services; or
 - c. a LPN license, with two years' experience in health or human services.
 2. Each person employed as an APSCW shall successfully complete all of the following in order to conduct APS Program Services:
 - a. IDoA sponsored APSCW certification to be placed on the Department's temporary registry; and
 - b. IDoA sponsored Phase II certification training within six months of the APSCW certification, to be placed on the Department's official registry.

3. Each person employed as an APSCW shall meet the following minimum in-service training requirements: twelve (12) hours of documented in-service training on abuse of older adults and adults with disabilities, rights of older adults and adults with disabilities, self-neglect, or domestic violence subjects within a calendar year. For partial years of employment, training shall be prorated to one (1) hour for each full month of employment. Documented participation in RAA, state, regional, or national conferences on abuse of older adults and adults with disabilities, rights of older adults and adults with disabilities, self-neglect or domestic violence subjects will qualify as in-service training. Documented hours would be the time spent in actual attendance at specific sessions. The documented number of hours and name of the conference will suffice.
 4. An APSCW must successfully complete eleven (11) hours of qualifying Recertification training every three years. Completion of training must be documented in the APSCW's personnel file.
- F. Prior to performing the activities listed in Section 306: D., an individual must complete the training listed in 306:E.2.a and be listed on the APSCW Registry.
 - G. IDoA reserves the right to suspend or remove from the Registry any APSCW or supervisor who fails or refuses to perform the duties of an APSCW or supervisor in accordance with this Manual.
 - H. The APS PA must return to IDoA, within 15 days, any identification card which has been returned by a caseworker or supervisor upon the separation of his or her employment from the APSPA.

307: Designation of Adult Protective Service Provider Agencies

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

- D. If the RAA submits more than one agency to be designated as an APS PA, each agency must receive a subcontract from the RAA for adult protective service program services, and each agency must serve a unique, specified geographic area within the planning and service area.
- E. IDoA shall provide written notification to the RAA of its approval of each agency proposed by the RAA for APS PA designation. The RAA shall award subcontracts to the APS PA only after receipt of Department approval of the proposed designation(s).

308: Adult Protective Service Provider Agency Designation Rationale

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

