



CHAPTER 4: INTAKE OF REPORTS

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CHAPTER 4: INTAKE OF REPORTS

401: Purpose of Chapter

The purpose of this chapter is to provide guidelines to authorized agencies and staff as they receive reports of ANE/SN as it relates to the Illinois Adult Protective Services (APS) Program.

402: Agencies Authorized to Receive Reports

- A. Designated APS Provider Agencies shall have primary responsibility for receiving ANE/SN reports in their service areas.
- B. The following agencies are also authorized to receive ANE/SN reports:
 - 1. the Department's toll free 24-hour Adult Protective Services Hotline;
 - 2. the Department's Senior HelpLine;
 - 3. RAAs; and
 - 4. APS provider agencies
- C. Any staff persons of authorized agencies assigned to receive ANE/SN reports (hereinafter referred to as report takers) must have received training according to Section 305:K of this manual.

403: Receipt of Reports

- A. When a report taker receives a call or visit regarding alleged ANE/SN, the authorized agency will use the information to:
 - 1. record the exact allegation, including the nature, extent, and urgency of the alleged victim's condition;
 - 2. determine whether it meets the criteria established by IDoA to categorize it as an alleged ANE/SN report (see Section 404 of this Manual);
 - 3. determine the priority response (see Section 405 of this Manual); and
 - 4. relay the report to the appropriate APS PA for assessment services. An agency that is not an APS PA shall forward the report to the appropriate APS PA within two hours of the intake.
- B. The report taker shall attempt to secure all of the information requested on the ANE/SN Intake Form, and complete the intake. In addition, the report taker shall attempt to elicit the following information from the reporter:
 - 1. whether the reporter may be contacted by the APSCW for further information and determine how the APSCW can get in contact with the reporter for information. The report taker shall inform the reporter of the APS PA that will be assigned to the ANE/SN report. The report taker shall provide the reporter with contact information for the APS PA;

2. the reasons why the reporter has reasonable cause to believe the older adult or adult with a disability has been abused, neglected, or financially exploited or is neglecting himself or herself;
 3. any knowledge the reporter has regarding current risk of harm to the older adult or adult with a disability;
 4. any knowledge the reporter has about any potential danger to the APS PA staff;
 5. any knowledge the reporter has about the mental and physical condition of the alleged victim and the alleged abuser;
 6. the identity and location of possible witnesses to, or persons with knowledge of, the ANE/SN; and
 7. directions to any rural route, apartment number or other addresses.
- C. The report taker shall be prepared to explain to the reporter, if appropriate, that:
1. the reporter should contact the appropriate law enforcement agency immediately if the alleged victim is in immediate danger and inform the reporter that the report taker may also contact the law enforcement agency;
 2. anonymous reports are accepted;
 3. the reporter's identity is held confidential and, by law, may not be disclosed except by court order or by written consent from the reporter (see Section 1202);
 4. The APS PA has a legal responsibility to assess allegations of ANE/SN of adults with a disability, and adults 60 years of age and older who reside in a domestic living situation; and
 5. the reporter is immune from civil or criminal liability if the report is being made in good faith.
- D. The APS PA shall maintain a record of all incoming calls related to the APS Program.
- E. Based on the priority established as per Section 405, the timeline begins when the APS PA receives the report.
- F. Upon receipt of a report, if the staff person of the receiving agency questions the assigned priority given by the intake agency, the staff of the APS PA shall immediately notify the APSCW supervisor. If the APSCW supervisor agrees that a different priority should have been assigned, it will be the APSCW supervisor's responsibility to immediately notify the intake agency's supervisor to propose a reassignment of priority. If the intake agency's supervisor agrees to change the priority level, the APSPA will handle the assessment with in the revised priority timeframes.

However, if the intake agency's supervisor does not agree to change the priority assignment, the APS PA must respond within the timeframes of the assigned priority. In this case, if the APSCW supervisor believes the provider agency has justification to appeal the priority assigned to the report, the agency may appeal to IDoA's Springfield Office, Office of Adult Protective Service, which will in turn either deny the appeal or

approve the reassignment of priority. Any changes to the assigned priority shall be documented by the receiving agency in the APS CM system.

404: Criteria for Categorizing ANE Reports

- A. The following criteria must be met in order to be categorized as an ANE/SN report:
 - 1. there must be an alleged victim who is 60 years of age or older or an adult aged 18-59 with a disability;
 - 2. an allegation or allegations must be made, which if true, would constitute ANE/SN;
 - 3. the allegations must have occurred within the past 12 months, or, if the allegations occurred prior to twelve months previous, the effects of the allegations must continue to adversely affect the alleged victim;
 - 4. the alleged victim must reside in a domestic setting at the time of the report; and
 - 5. the alleged ANE must have been caused by an identifiable person other than the alleged victim who has continued access to the alleged victim.
- B. When a call is received from a reporter who has reason to believe that the death of an older adult or adult with a disability was the result of abuse or neglect, the report taker shall promptly report the matter to the APS PA. The APS PA shall immediately report the matter to law enforcement and the coroner or medical examiner.
 - 1. The APS PA shall immediately inform law enforcement and the coroner or medical examiner about the reported death. The APS PA shall document the reasons for the referral in the APS CM System and on the Suspicious Death Reporting Form Part I, along with the date and time of the referral, the agency to which the referral was made, and the person or persons at the agency to whom the APSCW spoke.
 - 2. Between 30 and 45 days after making a report to law enforcement and the coroner or medical examiner, the APS PA shall again contact law enforcement and the coroner or medical examiner to determine if any further action was taken. The APS PA shall document in the APS CM System and on the Suspicious Death Reporting Form Part II any further activity relative to the case.
- C. ANE does not include cases of crimes by strangers such as telemarketing fraud, consumer fraud, internet fraud, home repair, muggings, burglaries and landlord tenant complaints.
- D. If the reporter believes the alleged victim is 60 years of age or older or an adult aged 18-59 with a disability but is unable to clearly establish that, the report taker must make the assumption that the report is being made in "good faith" and take the report if the other criteria are met.
- E. If the criteria listed in 404:A are met, the information constitutes a report of ANE/SN and an ANE/SN Intake Form shall be completed.
- F. When the report taker concludes that the allegations do not meet the criteria of an ANE/SN report, the report taker shall inform the caller of this decision. If other services are requested or needed, the report taker shall refer the reporter to the appropriate agency for assistance.

405: Determining the Priority Response

- A. The APS Program has established categories of priorities for the provision of assessment services. Based on these priorities and the possibility of harm to the alleged victim, time frames for initiating the assessment and conducting a face-to-face interview with the alleged victim have been established.
- B. The agency receiving the report of ANE/SN shall assign a priority to the report according to the following criteria:
 1. **PRIORITY ONE:** Reports of abuse, neglect or self-neglect where the alleged victim is reported to be in imminent danger of death or serious physical harm. Priority one intake reports include, but are not limited to reports in which the following circumstances have been alleged by the reporter:
 - a. physical abuse or self-neglect, causing injuries such as fractures, head injuries, internal injuries, or burns when the reported injury is of a serious nature (e.g., such as to require medical treatment or death may result);
 - b. verbal threats of serious injury or death;
 - c. lack of basic physical necessities severe enough to result in freezing, serious heat stress, or starvation;
 - d. there is a need for immediate medical attention to treat conditions that could result in irreversible physical damage such as unconsciousness, acute pain, and severe respiratory distress;
 - e. alleged sexual abuse that has occurred within the last 72 hours;
 - f. threats of sexual abuse where the alleged abuser has access to the alleged victim; and
 - g. punishment by the alleged abuser, such as being locked in a closet.
 2. **PRIORITY TWO:** Reports that an alleged victim is being abused, neglected financially exploited or is neglecting himself or herself and the report taker has reason to believe that the health and safety consequences to the alleged victim are less serious than priority one reports. Priority two intake reports include, but are not limited to, reports in which the following circumstances have been alleged by the reporter:
 - a. physical abuse or self-neglect involving bruises or scratches;
 - b. verbal threats of physical harm;
 - c. inadequate attention to physical needs such as insufficient food, shelter or medicine;
 - d. unreasonable confinement; and
 - e. the probability of a rapid or complete liquidation and depletion of an alleged victim's income and assets.
 3. **PRIORITY THREE:** Reports that an alleged victim is being emotionally abused or the alleged victim's financial resources are being misused or withheld and the report taker has reason to believe that there is no immediate or serious threat of harm to the alleged victim. **SN Reports will not be assigned this priority.**

- C. If a report includes allegations or conditions of more than one priority, the agency who received the report will assign the report the higher priority.
- D. The priority assigned to the report will determine the timeframe for requiring an APSCW to attempt a face-to-face visit with the alleged victim. The timeframe for response is based on the actual date and time the report is made. The following time frames are required for each priority:
 - 1. Priority I – within 24 hours of the intake of the report;
 - 2. Priority II – within 72 hours of the intake of the report;
 - 3. Priority III – within 7 calendar days (with day 1 being the intake day) of the intake of the report.

406: Relaying Reports to the Adult Protective Service Provider Agency

- A. When a report is received by IDoA's Senior HelpLine, After Hours Provider, or a RAA, the following steps shall be taken:
 - 1. During regular office hours, Senior HelpLine staff shall:
 - a. Login to the APS CM System to complete and submit the new intake and
 - b. make arrangements to discuss the report with either the APSCW assigned to assess the report or another designated staff person. "Designated staff person" would include trained adult protective service intake workers and other certified caseworkers/supervisors.
 - 2. After regular working hours, Senior HelpLine staff, or After-Hours Provider staff, shall login to the APS CM System to complete and submit the new intake. The Senior HelpLine or After-Hours Provider staff will:
 - a. make arrangements to discuss the report with either the APSCW assigned to assess the report or another designated staff person.
- B. When a Priority I report is received requiring immediate action, the Senior HelpLine, or After-Hours Provider, shall telephone the APS PA or the designated "on call" staff immediately or, if the APS PA or staff cannot be located, the local law enforcement unit regardless of time or day. The ANE/SN Intake shall be relayed to the APS PA following the procedures listed under Section A.2 above.
- C. When a report is received about ANE/SN that occurred outside the receiving agency's service area, the receiving agency is to follow the steps in Section 406:A of this Manual to inform the appropriate agency of the report.

407: Priority I Reports Received During Non-Business Hours

- A. When a report is received by IDoA's Senior HelpLine or the After-Hours Intake Line, during non-business hours, the following steps shall be taken:
1. IDoA Senior HelpLine staff, or the After-Hours Intake Line staff, shall contact the appropriate APS PA at the designated on-call telephone number as soon as possible, but not to exceed two hours. The report taker shall:
 - a. inform the APS PA that a Priority I intake was received and discuss the report with the staff assigned to accept the after-hours report. Priority II and Priority III intakes received during non-business hours will be transmitted in accordance with Section 406;
 - b. verbally relay intake information to the on call-staff. IDoA Senior HelpLine staff or the After-Hours Intake Line will login to the APS CM System to complete and submit the new Intake; and
 - c. call local law enforcement, as necessary, regardless of time or day, if after one hour the IDoA Senior HelpLine or After-Hours Intake Line is not able to establish personal contact with the APS PA.
 2. APS PAs have a maximum of two hours to call back the Senior HelpLine or After-Hours Intake Line after being notified that a Priority I intake has been received. After receiving the intake information, the APS PA shall:
 - a. conduct a staff conference in person or by telephone, which includes the on-call caseworker and his/her supervisor to discuss the intake report and strategies for initiating the investigation. (If time does not permit such a staffing, or the supervisor is the on-call staff the conference is not required.);
 - b. contact the reporter, if known, to gather additional information and to assure the report is being investigated. The first face-to-face shall not be delayed if the reporter is unavailable;
 - c. attempt a face-to-face visit with the alleged victim within 24 hours of the intake. The only exception to the Priority I response timeframe is if the alleged victim has been ADMITTED into the hospital. If the exception is met, the timeframe is extended 24 hours; (Section 503:B.1) and
 - d. document all activities that were initiated during non- business hours related to the Priority I report as early as possible the following work day.
- B. All timeframes shall begin from the date and time recorded on the ANE/SN Intake by the IDoA Senior HelpLine or After-Hours Intake Line staff.
- C. APS PAs will be reimbursed at an enhanced assessment rate when conducting an initial face-to-face assessment for Priority I reports during non-business hours.
- D. If an APS PA receives a report of alleged ANE/SN and the alleged victim lives in the APS PA's service area but is hospitalized outside the APS PA's service area, the provider agency shall follow procedures listed in Section 503:C. The APS PA shall relay the intake information by telephone during non-business hours.

- E. If an APS PA receives a report of alleged ANE/SN, and the alleged victim lives in the APS PA's service area, but is in a hospital out-of-state, the APS PA shall follow procedures listed in Section 503:D.

408: Reports Involving Community Care Program (CCP) or Title III Staff:

When a report is received naming a CCP or Title III direct service worker as the alleged abuser, the APS PA shall open an adult protective service case and investigate all allegations of ANE by an in-home worker, Adult Day Care Center staff, or other direct service staff.

409: Reports Involving an Adult Protective Service Provider Agency Employee Board Member, or Advisory Council Member:

When a report is received naming an APS PA employee, Board of Directors member, or Advisory Council member as the alleged abuser, the APS PA shall notify the RAA and IDoA within 24 hours of the report. IDoA, in consultation with the RAA, shall determine how the report will be investigated. IDoA may request another APS PA to conduct the assessment, and if so, shall reimburse it through procedures established by IDoA.

410: Reports Involving Regional Administrative Agency Employees, Board Members or Advisory Council Members

When a report is received naming a RAA employee, Board of Directors member, or Advisory Council member as the alleged abuser, and the APS PA is aware of the alleged abuser's position with the RAA, the APS PA shall notify IDoA of the report within 24 hours. IDoA shall determine how the report will be investigated, which may include requesting an APS PA from another Planning and Service Area to conduct the assessment, and if so, shall reimburse it through procedures established by IDoA.

411: Reports Involving Department of Human Services (DHS) Support Services Workers

When a report is received naming a Department of Human Services (DHS) support services worker as the alleged abuser, the APS PA shall open an adult protective services case and investigate all allegations of ANE. Support services include homemakers, individual providers, and personal support workers.

- A. APS PAs shall utilize the Notice of Investigation Form to immediately notify DHS, Division of Rehabilitation Services (DRS) or Division of Developmental Disabilities (DDD) when a report is received of alleged abuse, neglect or financial exploitation of a current customer receiving support services through DHS.
- B. APS PAs shall utilize the Report of Substantiation Decision to notify (DHS) (DRS) or (DDD) when abuse, neglect or financial exploitation of a current customer receiving support services through DHS is substantiated, unable to substantiate or no indication.

The APS PA must, within two (2) working days of the substantiation decision, submit this form, along with the Client Assessment for all cases involving a DHS employee to DRS or DDD.

412: Reports Involving Private Pay Caregivers

(RESERVED)



**CHAPTER 5:
ASSESSMENT**

CHAPTER 5: ASSESSMENT

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CHAPTER 5: ASSESSMENT

501: Purpose of Chapter

The purpose of this chapter is to provide APS PAs with minimum guidelines for assessing reports of ANE. The assessment process is designed to collect sufficient information to conclude whether a report is “substantiated,” “unsubstantiated,” or “unable to substantiate” and to assess the immediate and long-term risk to the alleged victim of future ANE.

502: Types of Reports

- A. Upon receiving an intake report directly or from the Senior HelpLine, After-Hours 800 Line, or RAA, the APS PA shall review its records to determine the type of report and document the type in the APS CM System. Refer to Appendix D – Decision Tree for Categorizing Intake Reports. A report may be:
 1. an Initial Intake Report (IIR); or
 2. a Subsequent Intake Report (SIR); or
 3. a Related Information Report (RIR).
- B. **INITIAL INTAKE REPORT.** A report is determined to be an IIR if it is the first report involving an older adult or adult with a disability who is not known to the APS PA through a report of ANE. An IIR requires a complete, separate assessment by the APS PA.
- C. **SUBSEQUENT INTAKE REPORT.** A SIR is a report of a new set of circumstances of ANE or new alleged abusers involving an older adult or adult with a disability known to the APS PA through a previously classified report of ANE. A SIR requires a complete, separate investigation by the APS PA.
- D. **RELATED INFORMATION REPORT.**
 1. A RIR is based on one or more of the following:
 - a. the same reporter of a pending or previous intake report is calling an intake agency to relate additional information about the original report; or
 - b. a different reporter is calling to report the same incident or set of circumstances that was in the original report, of a pending report, or of a previous intake report; or
 - c. the same or a different reporter of a pending intake report (i.e., assessment has not been classified) is calling to report new or additional allegations or additional alleged abusers.
 2. If the intake worker knows a report meets one of the criteria for a RIR as listed above in Section D:1, it is not necessary to complete an APS Intake. The information may be documented on the Case Recording Form (IL-402-0712) in lieu of the Intake.
 3. If the intake worker does not know if the report meets one of the criteria of Section D:1, the Intake should be completed. Upon a determination that the case does meet the above criteria of Section D:1, it shall be classified as a RIR.

4. A RIR does not require a complete, separate investigation by the APS PA; however, if the circumstances in Section D.1c apply based on the information obtained through the RIR, the APS PA shall make a face-to-face visit with the alleged victim. The RIR is to be included in the case record.
5. New or additional allegations or additional alleged abusers may not be added to a previously classified report via a RIR; instead, a SIR is to be completed.

503: Timeframes for Responding to ANE Reports

- A. An APSCW must make a documented good faith attempt (as described in Section 1303.C) to conduct a face-to-face visit with the alleged victim within the timeframe specified by the priority assigned to the report by the intake agency for all IIRs and SIRs, unless the exceptions listed in Section 503.C apply. The following are the required time frames for each priority:
 1. Priority I – within 24 hours of the receipt of the report;
 2. Priority II – within 72 hours of the receipt of the report;
 3. Priority III – within 7 calendar days (with day 1 being the intake day) of the receipt of the report.
- B. The following exceptions shall apply and extend, as necessary, the timeframes specified by the priority:
 1. The alleged victim of a Priority I report has been admitted to a hospital. The required response time for a face-to-face visit is then extended an additional 24 hours.
 2. The alleged victim of a Priority II or III report, where the APSCW is likely to be in danger, and a police escort is needed, or when a translator or another appropriate person is called in to investigate or escort the worker. Another appropriate person may be, but is not limited to, a mental health professional, health professional, disability care worker or significant relative. The required response time for a face-to-face visit is then extended until the police officer or other person is available, not to exceed three days beyond the required response time established for the priority
 3. The alleged victim does not wish a face-to-face visit within the timeframe.
- C. The APS PA shall respond to out of service area cases in the following manner under the specified circumstances:
 1. If the APS PA receives a report of alleged ANE and the alleged victim lives in the APS PA's service area but is hospitalized outside the APS PA's service area, the provider agency must, on the same day as the report:
 - a. make documented good faith efforts to confirm that the alleged victim is in a specific hospital, and
 - b. either choose to initiate the assessment and visit the alleged victim in the hospital whereby all timeframes and requirements of this manual shall apply; or

- c. inform the APS PA serving the area where the hospital is located about the report, providing all relevant facts about the abuse, the alleged victim's situation, the priority, etc. The supervisor of the agency that received the report shall:
 1. telephone the supervisor in the appropriate agency to discuss the report;
 2. transfer the Intake within the APS CM system;
 3. if the supervisor in either agency is not available, an APSCW shall transmit and/or receive the information.
2. If an APS PA receives a report that an alleged victim of ANE is in a hospital in its service area but lives in a different APS PA service area, the APS PA in the service area where the hospital is located shall take the report of suspected ANE and follow the steps outlined below:
 - a. Upon receipt of the report, the APS PA serving the area where the hospital is located shall initiate a face-to-face visit with the alleged victim in compliance with the priority assigned to the report.
 - b. The supervisor of the agency shall telephone the supervisor of the agency in the service area where the alleged victim lives to inform him or her of the report, informing him or her all relevant facts about the alleged victim's situation, the priority, etc.

The APS PA shall try to obtain the alleged victim's Social Security number. If the alleged victim's Social Security number is not available, the case number shall be a temporary number assigned by the APS PA serving the area where the alleged victim lives.

- c. If the alleged victim is discharged from the hospital back to his or her home, and the alleged victim consents, the supervisor in the area the hospital is located shall call the supervisor at the APS PA in the alleged victim's home area, to relay all relevant information, adhering to the following timelines:
 - within one (1) work day for Priority I cases; and
 - within five (5) work days for all other cases.
- d. The supervisor in the area the hospital is located shall transfer the client's case within the APS CM System.

If during the assessment period it is necessary to close the case while the alleged victim is still in the hospital because the alleged victim refuses the assessment, or because the alleged victim dies, the supervisor at the APS PA in the area where the hospital is located shall discuss the closure with the supervisor at the APS PA in the alleged victim's home area.

If the APS PA has reason to believe that the death of the alleged victim may be the result of abuse or neglect, the APS PA shall immediately report the death to the law enforcement agency with jurisdiction where the alleged crime occurred and the coroner or medical examiner where the death occurred. The APS PA shall

document the reasons for the referral in Case Recording and on the Suspicious Death Reporting Form Part I, along with the date and time of the referral, the agency to which the referral was made, and the person or persons at the agency to whom the APSCW spoke.

Between 30 and 45 days after making a report to law enforcement and the coroner or medical examiner, the APS PA shall again contact law enforcement and the coroner or medical examiner to determine if any further action was taken. The APS PA shall document in Case Recording and on the Suspicious Death Reporting Form Part II any further activity relative to the case.

If the alleged victim is discharged from the hospital to a long-term care facility for permanent placement and is no longer at risk, the APS PA shall inform the alleged victim of the Long-Term Care Ombudsman Program and shall close the case, again notifying the APS PA in the alleged victim's home area.

If the alleged victim is discharged back home during the 30-day assessment period, the APS PA in the alleged victim's home area shall complete the investigation. The APS PA shall consider the information obtained by the APS PA in the area where the hospital is located. The APS PA shall complete the required records, and shall make the substantiation decision. If the alleged victim remains in the hospital for more than 30 days, the APS PA in the service area where the hospital is located shall complete the investigation, shall complete the required records and shall make the substantiation decision.

3. All confidentiality and immunity provisions under the Adult Protective Services Act and this Manual shall apply to the APS PA that works with the alleged victim in the hospital as well as to the APS PA in the alleged victim's home area.

D. Responding to Out-of-State Cases

If an APS PA receives a report of alleged ANE, and the alleged victim lives in the APS PA's service area, but is in a hospital out-of-state, the APS PA may choose to initiate the investigation and visit the alleged victim. All relevant timeframes and requirements of this Manual shall apply. If the APS PA chooses not to initiate the investigation, it must comply with the following procedures:

1. The APS PA must make several good faith attempts to confirm and document that the alleged victim is in a specific hospital.
2. The APS PA must call a report of suspected ANE in to the other state's adult protective service system (Telephone numbers are available through the IDoA Senior HelpLine). The call can also be referred to the IDoA Senior HelpLine for forwarding to the other state. (No alleged victim records shall be transferred.)
3. The APS PA must attempt to determine when the alleged victim will be discharged back home. This may be done through contacting the hospital social worker, the reporter, other collaterals, or by telephoning the alleged victim's home periodically. In Priority I cases, these steps must be taken daily or until a satisfactory arrangement regarding notification of the discharge is made.

4. The APS PA must initiate a face-to-face visit with the alleged victim within the established priority timeframes starting from the date the alleged victim returns home.
5. If the alleged victim is discharged to a Veteran's Nursing Home operated by the State, the APS PA may refer the case to the Long- Term Care Ombudsman Program.

504: Preparation for the Assessment

A. The APS PA shall:

1. Assign an APSCW to conduct the assessment of Initial and Subsequent Intake Reports relative to the ANE Intake Report received, according to procedures established by the APS PA. The APSCW shall discuss the ANE/SN Intake Report with the report taker.
2. Check all prior reports and other available information known to the APS PA.
3. If the alleged abuser is a homemaker or personal assistant paid through the DHS, DRS, Home Services Program, the APSCW shall notify the DRS HSP Central Support.
4. Collect information from collateral sources that are listed on the ANE Intake when appropriate, and if time permits.

B. The assigned APSCW shall:

1. Contact the reporter, if known, to gather additional information and to assure the reporter that the report is being investigated. The APSCW shall make at least one good faith attempt to contact the reporter before the first face-to-face visit to the alleged victim. The first face-to-face visit shall not be delayed if the reporter is unavailable.
2. Refrain from contacting the reporter prior to the first face-to-face, under the following circumstances:
 - a. when there is reason to believe that contacting the reporter is unwise or unsafe for the alleged victim, the APSCW shall note those concerns in the case file; or
 - b. when an agency or reporter, i.e., a law enforcement agency, has indicated that such contacts are unnecessary or unwelcome. The APS PA shall document this information in the case file.
3. Conduct a staff conference, in person or over the telephone, which shall include the APSCW and his/her supervisor to discuss the Intake and strategies for initiating the investigation. If the report is a Priority I and time does not permit such a staffing, or the supervisor is also the caseworker, the staff conference is not required. If the

- supervisor is the caseworker, he or she shall make reasonable attempts to conduct a conference. Areas to discuss and review include, but are not limited to:
- a. the information obtained by completing the activities listed under Sections 504.B, C, and D;
 - b. available resources when the Intake indicates a need for services, whether emergency or non-emergency; or
 - c. the possible risk to the APSCW or the alleged victim.
- C. Under the following circumstances, the APS PA shall request aid from law enforcement or assign more than one APSCW to conduct the initial face- to-face visit:
1. the Intake indicates a serious and immediate threat to the alleged victim; or
 2. the Intake indicates that the situation will pose a serious and immediate threat to the APSCW; or
 3. the Intake indicates that law enforcement involvement is necessary to preserve the peace.
- D. Additional information gained from talking with the reporter, report taker, and collaterals must be documented in Case Recording .
- E. For any intake where Priority I allegations have been made against a worker known to be paid through the Aging Network or through DHS Division of Rehabilitation Services' (DRS) Home Services Program (HSP), the APS PA must, within one business day of receiving the intake, notify the Office of Adult Protective Services. If the alleged abuser is paid through the Community Care Program (CCP), the Office of Adult Protective Services shall notify the Office of Community Care Services. If the worker is paid through the Older Americans Act, the Office of Adult Protective Services shall notify the appropriate AAA, who shall inform the employing agency that the worker may not provide direct services funded by Title III pending the outcome of the investigation. If the alleged abuser is paid through the DRS' HSP, the Office of Adult Protective Services shall notify the DRS' HSP Central Support.

505: Minimum Assessment Standards

- A. Initiation of the Assessment
1. The investigation will be initiated by establishing face-to-face contact with the alleged victim within the timeframes established in Section 503. A "good faith attempt" to initiate a face-to-face interview with the alleged victim that includes a visit to the residence of the alleged victim is generally recommended. However, the following situations may prevent an APSCW from visiting the alleged victim's residence:
 - a. the alleged victim is hospitalized and enters a facility upon release;
 - b. the alleged victim resides with the alleged abuser and a visit to residence may pose a danger to the alleged victim; or
 - c. the alleged victim did not give consent for the APSCW to visit his or her residence.

The reason for not visiting the alleged victim's residence shall be documented in the case record.

2. The following circumstances constitute a "good faith attempt" to initiate a face-to-face visit with the alleged victim within the established timeframe:
 - a. the APSCW learns, upon proceeding to the location given for the alleged victim on the ANE Intake, that the alleged victim is not there, the address does not exist, the alleged victim cannot be located, the alleged victim does not reside at the address, no one is at the location, or the alleged victim is unable to communicate due to a medical condition;
 - b. the APSCW, upon proceeding to the location given for the alleged victim on the ANE Intake, is denied access to see or speak to the alleged victim (for the steps to follow under circumstances where the APSCW is refused entry, refer to Section 506); or
 - c. the APSCW learns that the alleged victim is deceased. If the APSCW learns that the alleged victim is deceased and it is suspected that the death of the alleged victim may be the result of the alleged ANE, the APSCW shall immediately report the matter to both the appropriate law enforcement agency and the coroner or medical examiner (See 503.C.2.e).
3. If the circumstances under a) or b) exist, the APSCW must make diligent attempts to make a face-to-face contact with the alleged victim in a timely manner.
4. The general policy of the program is that the initial face-to-face visit with the alleged victim should be unannounced. In those cases, when an interview must be scheduled, the length of time between the call to set the interview and the interview itself should, if possible, be short enough to preclude the alleged abuser from concealing the evidence.
5. If the alleged victim enters a licensed facility during the assessment period, the APS PA shall complete the assessment. If the case is substantiated with consent to services, the APS PA may choose to keep the case open. During the casework period the APS PA must document the reason for keeping the case open, and must make the required face-to-face visits with the victim. The case should be closed at low risk level.

B. Interview the Alleged Abuser

1. The caseworker shall initiate, contingent upon alleged victim consent, a face-to-face or telephone contact with the alleged abuser within the 30-day assessment period. If a face-to-face or telephone contact is not completed with the alleged abuser, the APSCW must document the decision process used to determine why a face-to-face or telephone contact with the alleged abuser was not made.
2. In all cases in which the alleged abuser is paid through the Aging Network or the Department of Human Services DRS' HSP, the APSCW must interview the worker about the allegations and thoroughly document their responses. The caseworker shall inform the alleged victim that the worker will be interviewed and a thorough assessment will be conducted.

The caseworker shall make and document at least two good faith attempts to reach the worker for the interview. When the APSCW needs the paid worker's employer to provide the paid worker's address and telephone number in order to be able to conduct the interview, and is unable to obtain the information from the worker's employing agency, the caseworker's supervisor shall contact the Office of Adult Protective Services which will request assistance from the employing agency's funder.

3. In making any contact with the alleged abuser, the APSCW shall ensure that the alleged victim's rights to privacy and confidentiality are protected and the reporter's identity is protected, pursuant to Chapter 12, Section 1202.

C. Interview Collateral Contacts or Witnesses

1. Prior to contacting the alleged victim for a face-to-face interview, the APSCW may make collateral contacts with persons named or indicated by the reporter as having relevant information. This may include information about how to best approach the alleged victim or alleged abuser, as well as their personalities, behavioral patterns, and interdependencies, and information important for the safety of the APSCW. Collateral contacts should be made prior to obtaining the victim's consent only when information obtained during the intake indicates that it would be in the victim's best interest or that there is some possibility of danger to the caseworker. Collateral contacts may be able to help the worker determine possible dangers. The collateral contacts should be no more than necessary to determine the background information prior to making a face-to-face interview.
2. When making collateral contacts, the APSCW shall ensure that the alleged victim's rights to privacy and confidentiality are protected and the reporter's identity is protected. (see Chapter 12)
3. If, during the case, the APSCW learns that the alleged victim has a guardian who is not the alleged abuser, the APSCW should attempt to obtain a written release of information signed by the guardian. If, under those circumstances, the collaterals have information about the financial matters of the alleged victim, the consent should come from the guardian of the estate. Consent to speak to all other collateral contacts should come from the guardian of the person. If the alleged abuser is the guardian, refer to Section 1203.

- D. If the initial face-to-face visit reveals the alleged victim does not meet the eligibility criteria of the program, the APSCW will terminate the assessment, document in Case Recording and classify the report as "no jurisdiction." The APSCW shall refer the alleged victim to the appropriate agency for assistance if needed.

- E. The APSCW shall record in Client Status and Alleged Abuser(s) all information that is relevant to the case, which shall include, at a minimum, client Social Security Number and information on the alleged victim and the alleged abuser.

506: Failure to Gain Entry

- A. The Adult Protective Services Act does not grant an APSCW any special authority to enter a residence without the occupant's permission absent a court order. Should that permission be denied by an occupant of the residence, the APSCW should not attempt to gain entry by force.
- B. When refused entry to the residence, the APSCW may wish to gain the cooperation of the reporter to accompany the APSCW in seeking to gain access to the reported victim of ANE.
- C. If the report is a Priority I, the APSCW shall immediately seek police assistance in accessing the alleged victim.
- D. If the report is a Priority II or III, the APSCW will make one to four additional efforts in a seven (7) day period, to gain access to the residence prior to seeking police assistance. When police assistance is needed, the required response time for a face-to-face visit can be extended up to an additional three (3) days.
- E. A report may not be classified as "Unable to Substantiate – Unable to Access" unless the APS PA has sought the assistance of law enforcement to gain entry.
- F. The APS PA shall seek a civil court order to allow access if all attempts to gain access to the alleged victim have failed because:
 - 1. a caregiver or third party has interfered with the assessment or service plan, or
 - 2. the agency has reason to believe that the eligible adult is denying access because of coercion, extortion, or justifiable fear of future ANE.

IDoA's Legal Services Developer shall be available to provide technical assistance. This section does not apply when an apparently competent alleged victim refuses access except under Section 506 F.2. above.

507: Immediate Interventions

- A. Immediate interventions are services or resources arranged by the APSCW to resolve the alleged victim's immediate problems prior to classification of the report and assigning the closing status.
- B. If the alleged victim appears to be at risk of serious injury or death and it reasonably appears that he or she lacks the capacity to consent to necessary services, the APS PA shall provide services to the alleged victim without the alleged victim's consent to ameliorate the risk of harm. The agency is to follow procedures outlined in Appendix C. The alleged victim's consent or the consent of the alleged victim's guardian is required for all other services, except as provided in Section 508.

- C. Immediate interventions may include, but not be limited to:
 - 1. Early Intervention Services (EIS) as described in Chapter 8;
 - 2. medical care;
 - 3. law enforcement intervention;
 - 4. Orders of Protection; and
 - 5. any other service or resource arranged by the APSCW to meet the needs of the alleged victim.
- D. During the case, the APSCW may learn that the alleged victim has been identified as meeting the CCP's spousal impoverishment requirements. If the APSCW believes that submitting the CCP application would result in the victim being at risk of ANE, the following steps should be taken:
 - 1. the APSCW shall contact the victim's CCP care coordinator requesting the waiver; and
 - 2. the APSCW shall document the request in Case Recording.

508: Referring to Law Enforcement, the Coroner or Medical Examiner

- A. The caseworker shall immediately report the following circumstances to the appropriate law enforcement agency:
 - 1. death which may have been the result of abuse or neglect;
 - 2. brain damage;
 - 3. loss or substantial impairment of a bodily function or organ;
 - 4. bone fracture;
 - 5. extensive burns;
 - 6. substantial disfigurement;
 - 7. sexual assault or aggravated sexual abuse;
 - 8. serious bodily injury as the result of a pattern of repetitive violent actions;
 - 9. extensive swelling or bruising, depending on such factors as the older adult or adult with a disability's physical condition, circumstances under which the injury occurred, and the number and location of bruises;
 - 10. serious symptoms the APSCW has reason to believe resulted from the use of medications or chemical restraints, or the withholding of life sustaining medications (i.e., insulin);
 - 11. evidence of severe neglect, such as unreasonable decubiti; or
 - 12. any other injuries which place the older adult or adult with a disability in imminent danger of death or serious bodily harm.

- C. The caseworker must complete the following steps when referring a case to law enforcement:
1. Consult with the APS program supervisor, and document the discussion and the supervisor's approval in the Case Recording Form.
 2. Inform the alleged victim that he or she appears to have been the victim of a crime(s), and that the APSCW must report the alleged crime(s) to law enforcement. Attempt to secure a competent client's consent whenever possible.
 3. Document the reasons for the referral in Case Recording and the Law Enforcement Tracking Instrument, along with the date and time of the referral, the agency to which the referral was made, and the person or persons at the agency to whom the APSCW spoke.
 4. Provide the law enforcement agency with case records in the investigation, upon request, with exception of the reporter's identity.
 5. Between 30 and 45 days after making a report to law enforcement for which a case has been referred for investigation, the APS PA shall again contact the law enforcement agency to determine if any further action was taken. The APS PA shall document in Case Recording and on Law Enforcement Tracking Instrument Part II any further activity relative to the criminal case.
 6. In cases where the victim is not at imminent risk of serious injury or death, and where the APSCW and supervisor are unsure of whether the case should be referred to law enforcement, the case should be referred to the agency's M-Team for advice. If advice is needed before a regularly scheduled meeting of the M-Team, individual M-Team members, the RAA, or IDoA may be contacted.
- C. In less serious cases that do not immediately threaten serious harm to the victim, and when the alleged victim is competent, he or she has the right to decide whether he or she wishes to report the crime(s) to the authorities. The APSCW may inform the alleged victim that the behavior in question may be criminal in nature and that the alleged victim has the right to refer it to the police or to the State's Attorney. Such efforts must be noted in Case Recording. In addition to the MMSE and other assessment tools, the APSCW may use the following criteria to determine if the victim is able to understand the situation:
1. Does the victim understand the facts of the situation?
 2. Is the victim making her or his own choices free of fear or intimidation?
 3. Does the victim understand the risks and benefits of the decision?
- D. In addition to reporting to Law Enforcement, where an APS PA has reason to believe that the death of an older adult or adult with a disability may be a result of abuse or neglect, the APS PA shall immediately report the matter to the coroner or medical examiner.
1. The APS PA shall document the reasons for the referral in Case Recording and on the Suspicious Death Reporting Form Part I, along with the date and time of the referral, the agency to which the referral was made, and the person or persons at the agency to whom the APSCW spoke.

2. Between 30 and 45 days after making a report to the coroner or medical examiner, the APS PA shall again contact the coroner or medical examiner to determine if any further action was taken. The APS PA shall document Case Recording and on the Suspicious Death Reporting Form Part II any further activity relative to the case.
- E. If an APSCW or supervisor is the victim of a crime (i.e., assault or battery), it is up to that person to decide whether to report the crime to the authorities. In cases where the APS PA's insurance requires a report to law enforcement, the agency may require the worker to report the crime as a condition of reimbursement for injuries.
- F. An APSCW or supervisor who suspects child abuse shall make a report of the child abuse or neglect to the Department of Children and Family Services Child Abuse Hotline: 1-800-252-2873; 1-800-358-5117 (TTY).

509: Classification of the ANE Assessment

- A. The ANE assessment must be completed and the report classified within 30 days from the date of the intake. See 509 A.10 regarding a request for a 15-day extension to the assessment and classification.

The classification shall include:

1. Determining whether ANE occurred as documented in the Client Assessment Form, Case Recording and other supporting documentation.
2. Determining the level of risk to the alleged victim for all reports received, regardless of whether the report is ultimately determined to be substantiated, by completing the ANE Overall Initial Risk Assessment.
 - a. The Overall Initial Risk Assessment should reflect the alleged victim's condition and circumstances as the APSCW first found them, before ANE interventions occurred. The overall level of risk associated with the alleged victim's condition and circumstances should determine if the alleged victim is at risk in his or her environment.
 - b. Completing the Overall Initial Risk Assessment Form is not required if the APSCW is investigating a SIR on an open case, if the alleged victim declines the investigation, if the APSCW is not able to make a face-to-face contact with the victim, if the victim is deceased, or if the APSCW is unable to locate the alleged victim.
3. Conducting a comprehensive assessment of alleged victim's total situation. Depending on the alleged victim's situation (i.e., the case notes indicate that the alleged victim's competency is questioned or the alleged victim appears depressed), such an assessment should include an MMSE, and may include a Yesavage Geriatric Depression Scale, and other similar assessment tools.

4. When an alleged victim reasonably appears to lack decisional capacity to consent to an assessment or to needed services, the APSCW shall notify the Illinois Guardianship and Advocacy Commission, the Office of State Guardian, or any other appropriate agency, of the potential need for appointment of a temporary guardian for the purpose of consenting to an assessment and services. Evidence of the alleged victim's lack of decisional capacity shall be documented in the case file.
5. An alleged victim who appears to lack the capacity to consent to an assessment must be assessed as either (i) unable to receive and evaluate information related to the assessment or services or (ii) is unable to communicate in any manner decisions related to the assessment of the reported incident or services.
6. A Guardian of the person of an alleged victim may consent to an assessment of the reported incident and to services being provided according to the case plan.
7. If an alleged victim lacks the capacity to consent to an assessment, an agent having authority under a power of attorney may consent to an assessment of the reported incident and to services.
8. If the guardian or agent is the alleged abuser and he or she withdraws consent for the assessment of the reported incident, or refuses to allow services to be provided, the Department, an APS PA, or the Office of the Attorney General may request a court order seeking remedies, and may in addition request removal of the guardian and appointment of a successor guardian or request removal of the agent and appointment of a guardian.
9. When an alleged victim appears to lack the capacity to consent to an assessment or necessary services and appears to be at risk of serious injury or death, the Department or APS PA shall take action necessary to ameliorate the alleged victim's risk of harm.
10. A request to delay the assessment and report classification up to an additional 15 days can be approved by the APS supervisor. This exception does not affect the required timeframe of 90 days for casework (from date of Intake). Supervisory approval of a delay must be based on one or more of the following criteria:
 - a. Awaiting further documentation (financial, medical, etc.) to complete assessment
 - b. Recent receipt of additional information/allegations through Related Information Report
 - c. Awaiting further review(s) with AV, AA, or key collateral contact(s)
 - d. Attempts to locate alleged victim unsuccessful
 - e. Attempts to locate alleged abuser unsuccessful
 - f. Awaiting stabilization of alleged victim's condition
 - g. Assessment delayed due to alleged victim reluctance.

The caseworker's request to delay the ANE assessment and report classification should be discussed with the supervisor and approved by the APS supervisor prior to the standard 30-day deadline from the date of Intake. Documentation of the discussion and rationale for approval should be included in Case Recording, and signed by the Supervisor.

- B. Upon completion of the assessment and prior to classification of the report, a determination must be reached regarding each specific allegation of ANE alleged on the ANE Intake and any other specific ANE allegation that emerged during the assessment process and documented in the Client Assessment. The substantiation determination for each type of ANE/SN shall be one of the following:
1. **Verified** – “Verified” indicates that there is “clear and convincing evidence” resulting in a determination that the specific injury or harm alleged was the result of ANE.
 2. **Some Indication** – “Some Indication” indicates that there is a “preponderance of the evidence” the specific injury or harm alleged was the result of ANE.
 3. **No Indication** – “No Indication” indicates that there is a “lack of credible evidence” that ANE exists.
- C. Each IIR and SIR report must be classified as either “substantiated,” “unsubstantiated,” or “unable to substantiate” as follows:
1. **Substantiated.** The report will be classified as “substantiated” if all the specific allegations of ANE were classified as either “verified” or “some indication.”
 2. **Unsubstantiated.** The report will be classified as “unsubstantiated” if each of the specific allegations of ANE were classified as “no indication,” unless the reason for the “no indication” finding was that the APSCW was “unable to substantiate” for one of the reasons listed below.
 3. **Unable to Substantiate.** The report will be classified as “unable to substantiate” if there was a finding of any of the following circumstances:
 - a. No Jurisdiction – The APS PA had no jurisdiction to initiate an assessment of the ANE report according to the Adult Protective Service Act. “No jurisdiction” classifications would occur when the alleged victim was determined not to be an eligible adult or was not living in a domestic living situation.
 - b. Unable to Locate – After documented “good faith” efforts, the APS PA was unable to locate the alleged victim.
 - c. Unable to Access – After documented “good faith” efforts to gain access to the alleged victim including those listed in Section 506, the APS PA was unable to access the alleged victim.
 - d. Assessment Refused – After documented “good faith” efforts, the alleged victim declined assessment.
- D. The supervisor of the APSCW shall review the case and discuss with and approve the classification made by the APSCW by signing and dating the Client Assessment.

510: Closing Status of the Assessment / Final Investigative Report

- A. Substantiated reports of ANE shall have a closing status at the completion of the assessment which shall be included as part of the final investigative report.
1. The closing status shall determine the level of risk to the victim of further injury or harm by completing the Overall Substantiated Risk Assessment.
 2. The Supervisor of the APSCW who completes the Overall Substantiated Risk Assessment Form shall sign and date the form indicating that the overall level of assessed risk assigned by the APSCW has been discussed and approved.
 3. As part of the final investigative report, the closing status of the assessment shall include documenting:
 - a. Victim Consents to Services: If a victim consents to continued services, the APSCW shall prepare a case plan and provide casework and follow-up services. The victim's consent to services may minimally include continued contact with the APSCW, which is considered consent to provide case work and follow-up services. (See Chapter 6)
 - b. Victim Declines Services: If a victim who is capable of giving consent refuses all services offered, the APS PA shall close the case; however, the agency shall inform the victim of ways to contact the APS PA in the future. If the victim is incapable of giving consent, the guardian may refuse services as long as the guardian is not the abuser.
 - c. Victim Deceased: If the victim is deceased, the APSCW shall close the case unless the death is suspected to be the result of the ANE, in which case the APS PA follows the procedures identified in Section 508.
 - d. Victim Entered LTC Facility: If the victim is discharged from the hospital to a long-term care facility for permanent placement and is no longer at risk, the provider agency shall inform the victim of the Ombudsman Program and shall close the case.
 - e. Victim Moved Out of the Area: If the victim has moved out of the area and the victim is no longer at risk, the APSCW closes the case. If the victim remains at risk, the provider agency shall refer the case to the APS PA in the location of the new residence according the Section 606.
 - f. Victim No Longer at Risk: If the victim is not at risk because the abuser has died, moved out of state, or has been incarcerated, the APSCW shall close the case using this closing status.
- B. The APS PA shall close any case that is not classified as "Substantiated Victim Consents to Services," and include a closing status as part of the final investigative report.
- C. The supervisor of the APSCW who completes the assessment must review the case and approve the classification decision by signing and dating the Client Assessment.

511: Reporting Substantiated Cases Where the Abuser Works for the Aging Network

- A. All substantiated reports that name an APS PA employee, board member, or advisory council member, RAA employee, board member, or advisory council member must be reported to IDoA. The Office of Adult Protective Services shall review the case and provide a recommendation on further action to the APS PA, RAA, or advisory council.

512: Notification of Cases Involving Clients Receiving Home Care Services:

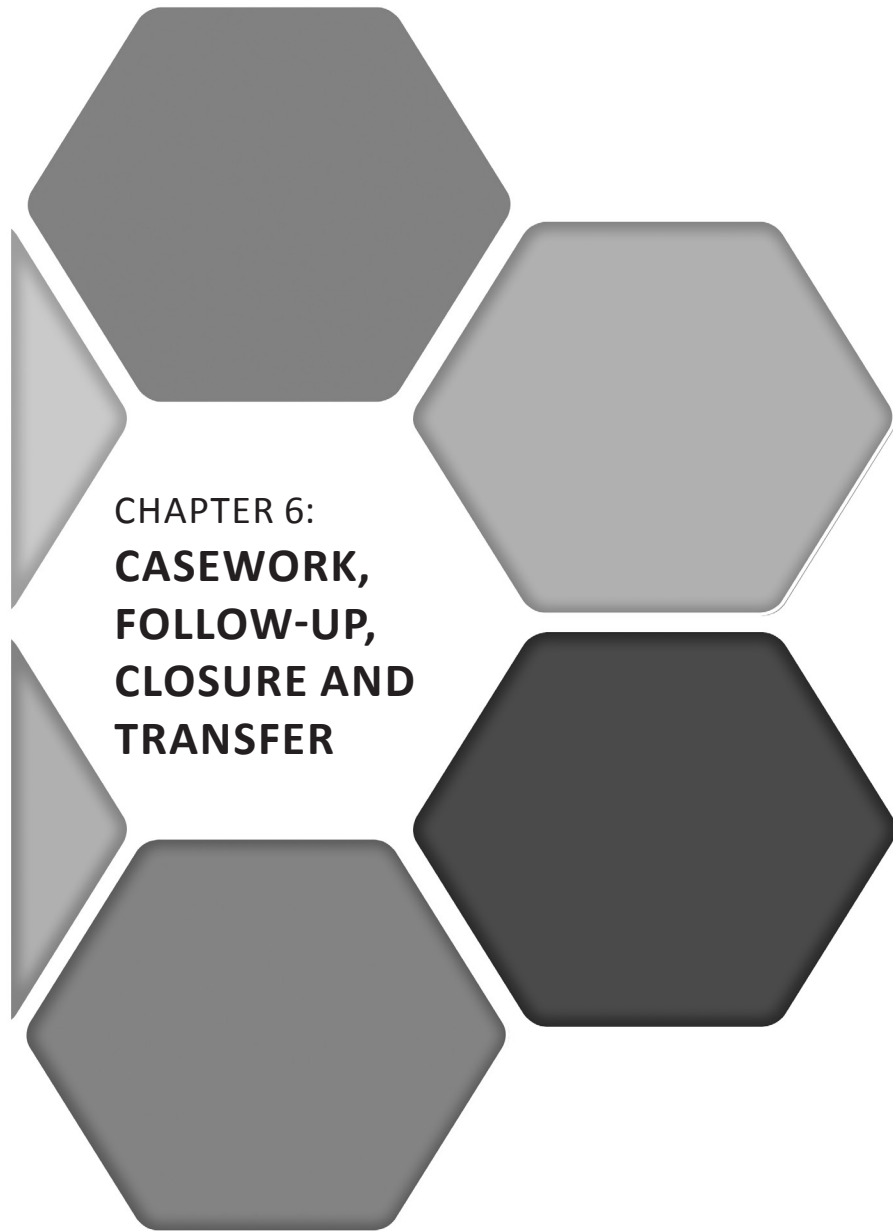
- A. Reports involving a Community Care Participant (CCP)

The APS PA will notify the IDoA's Office of Community Care Services (OCCS) regarding any case of ANE/SN involving a CCP participant that is substantiated, unable to substantiate, or no ANE is substantiated. Notification includes completion and submittal of the Client Assessment and Report of Substantiation within the APS CM System.
- B. Reports involving an Illinois Department of Human Services (DHS) Customer

Notification to DHS either Division of Rehabilitation Services (DRS) or Division of Developmental Disabilities (DDD) is required when a report of ANE/SN of a current customer receiving support services through DHS is substantiated, unable to substantiate, or no ANE/SN is substantiated. Support services include individual provider (IP), homemakers (HM), and personal support workers (PSW). Notification to DHS should be made when the APS PA has information that an APS client is either a current DHS customer or applying for DHS services. Notification should also be made involving a DRS or DDD worker who is named an alleged abuser regardless of whom they are abusing in the home and whether that person or person is receiving state-supported services. Notification includes completion and submittal of the Client Assessment and Report of Substantiation within the APS CM System.
- C. Reports involving clients receiving services through the University of Illinois at Chicago's (UIC) Division of Specialized Care for Children (DSCC):

Notification to UIC DSCC is required when a report of ANE of a client receiving services through YIC DSCC is substantiated, unable to substantiate, or no ANE/SN is substantiated. Notification includes completion and submittal of the Client Assessment and Report of Substantiation within the APS CM System.
- D. Reports involving clients receiving services through a Managed Care Organization (MCO):

Notification to an MCO is required when a report of ANE/SN of a current participant of a MCO is substantiated, unable to substantiate, or no ANE is substantiated. Notification includes completion and submittal of the Client Assessment and Report of Substantiation within the APS CM System.



CHAPTER 6: CASEWORK, FOLLOW-UP, CLOSURE AND TRANSFER

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CHAPTER 6: CASEWORK, FOLLOW-UP, CLOSURE AND TRANSFER

601: Purpose of Chapter

The purpose of this chapter is to describe the minimum requirements of casework and follow-up activities to be undertaken by APS PAs to assist victims of ANE/SN and to describe the procedures to follow when closing and transferring ANE/SN cases.

602: Long Term Interventions

- A. Casework and follow-up services are provided to victims of ANE/SN with the goal of providing long term support and intervention to alleviate and prevent further ANE/SN.
- B. Long term interventions occur after the closing status of the ANE/SN Assessment and include the development of a case plan, arranging for services/interventions, and making sure that the services are being provided in the intended fashion.

603: Casework

- A. The APS PA shall provide casework activities to victims of ANE/SN whose closing assessment status was substantiated with “consent to services” **and** when the victim was the subject of:
 1. an Initial Intake Report (IIR); or
 2. a Subsequent Intake Report (SIR), when the case was no longer active at the time the report was taken.
- B. Casework activities occur during the period beginning with the closing status/disposition date of the Assessment and continuing until ninety (90) days have elapsed since the date of the Intake Report.
 1. The time period of casework may be reduced when there is case closure according to Section 605. However, in cases of ANE, a case may not be closed during the casework period because the client is no longer at risk.
 2. When the case is closed prior to ninety (90) days from the date of the Intake Report, the completion of each activity listed in Section 603:C. may not be required.
- C. Casework activities minimally include:
 1. Development of a case plan based on information obtained during the assessment process to meet those identified problems/needs of the Overall Substantiated Risk Assessment and documented on the Case Plan. Client self-determination is the foundation of case plan development. The plan should focus on interventions which support self-determination.
 2. During the first required face-to-face visit during the casework period, the APSCW shall describe long term intervention options to the client including legal, medical and social support service options to meet his/her identified problems and needs, including Early Intervention Services (see Chapter 8). When the APSCW believes that the victim of ANE/SN may also be a victim of a crime, the APSCW must inform the

client of the legal and law enforcement options available to him or her, and document the discussion (see Chapter 10 on confidentiality and disclosure and Chapter 5 section 508).

3. Assisting the client in obtaining needed services or interventions, which he or she has consented to receive and, if appropriate, assisting abusers in obtaining needed assistance. The APSCW should always attempt to obtain a written Release of Information when assisting a client to obtain needed services. However, verbal permission is accepted as long as the APSCW has adequately documented the client's verbal consent in the case record. The APS PA or the APSCW can petition the court for certain legal interventions. The APS PA, RAA, or APSCW cannot serve as a Representative Payee (except with approval from the Money Management Program), Agent under a Power of Attorney, or Guardian.

The APS PA shall not petition the court for the RAA, or the RAA's individual employees, to serve as a Guardian, except as allowed under Section 303:P of the Adult Protective Services Program Standards. Any waiver to Section 303:P of the Adult Protective Services Program Standards must be documented in the client's case record, showing evidence that no other qualified person or entity exists to serve as guardian on behalf of the client.

4. Counseling the victim and/or the abuser(s) on how to reduce risk factors related to ANE/SN.
5. Conducting a face-to-face follow-up assessment within ninety (90) days (plus or minus 15 days) from the date of intake to determine the level of risk to the client from further injury or harm and completing an Overall Risk Assessment Update (IL-402- 1091). This shall occur during the second required face- to-face visit during the casework period.
6. A minimum of two face-to-face visits with the client are required during the casework period. The nature of the case and client's needs should determine if additional face-to-face visits are needed.

604: Follow-Up Services

- A. The APS PA shall provide up to twelve (12) months of "uninterrupted" follow-up services to victims of ANE/SN which shall begin:
 1. at the conclusion of the casework period unless the case is closed in accordance with Section 605; or
 2. when a SIR on an open case was received and the closing assessment status was a substantiation with "consent to services." Follow-up services shall be provided until the case is closed in accordance with Section 605. Casework is not provided under these circumstances since a case plan has already been developed.
- B. "Uninterrupted" follow-up services means the client has not been a subject of a substantiated Intake Report for twelve months, and continuous follow-up services, which meet the minimum requirements of Section 604:C, have been provided.

- C. Where the APS PA has determined that the best interest, safety and well-being of the client require the provision of follow-up services for longer than 12 months, the APS PA may petition IDoA, through its RAA, for a waiver. This waiver shall allow follow-up services to continue for up to an additional 12 months. The waiver request shall specify why continued services are necessary.
- D. Follow-up services shall include at a minimum:
 - 1. monthly contact, every 30 days with the client (which may be by telephone), and
 - 2. a documented face-to-face visit with the client within 90 days (plus or minus 15 days) from the date the last risk assessment was due (calculated from the date of intake).
- E. The following circumstances may require an exception to the minimum follow-up requirement:
 - 1. Client does not wish monthly contact or a face-to-face visit within the timeframe.
 - 2. Making the face-to-face visit or monthly contact could pose a danger to the client.
 - 3. The client is temporarily out of the service area or is otherwise not accessible.
 - 4. A court order was entered prohibiting contact or a face-to-face visit.

If the APSCW is aware that the circumstances leading to the exception have changed, the APSCW must, within fifteen (15) days, contact the client to determine if follow-up services should be initiated.

- F. Purposes of follow-up services include:
 - 1. Describing new or different long term goals and interventions with the client, as appropriate. The options presented to the client may include legal, medical and social support services to meet his or her identified problems and needs, including Early Intervention Services (see Chapter 8). When the APSCW believes that the victim of ANE/SN may also be a victim of a crime, the APSCW must inform the client of the legal and law enforcement options available to him or her, and document the discussion (see Chapter 10 on confidentiality and disclosure and Chapter 5 section 508).
 - 2. Monitoring to make sure that services and interventions are being provided in the intended fashion. The APSCW shall, if necessary, modify the Case Plan based on information obtained during follow-up.
 - 3. Assisting the client in continuing to receive needed services or interventions to which he or she has consented. When appropriate, assist abusers in obtaining needed assistance.
 - 4. Counseling the client and in cases of ANE, the abuser, on alleviating high risk factors which may lead to ANE/SN.
 - 5. Monitoring the level of risk to the client of further injury or harm by completing an Overall Risk Assessment Update (IL-402-1091) within 90 days (plus or minus 15 days) since the previous risk assessment was due (calculated from the date of intake).

6. When follow-up services are provided following a SIR as described in Section 604:A.2., a follow-up visit is to be conducted within ninety (90) days (plus or minus 15 days) following the SIR date, provided the SIR did not come in during the original report casework period. For SIRs received during follow-up, the APS PA can bill for assessment and follow-up the same month the substantiation decision is made.

605: Case Closure

- A. An APS PA shall close a case under the following circumstances:
 1. Client Refuses Services – If a client who has the capacity to consent refuses all services offered, the APS PA shall close the case; however, the APS PA shall inform the client of methods to contact the APS PA in the future. If the client appears to lack the capacity to consent (meaning that the client is unable to receive and evaluate information related to services or is unable to communicate in any manner decisions related to services), the guardian or an agent having authority under a power of attorney may refuse services as long as he or she is not the abuser (see Appendix B).
 2. Client is Deceased – If the client is deceased, the APSCW shall close the case unless the death is suspected to be the result of the ANE, in which case the APS PA follows the procedures specified in Section 508.
 3. Client Moved Out of the Area – If the client moves out of the area, the APS PA shall close the case. If the client remains at risk, and the APS PA is aware of the new location, the APS PA shall refer the case to the APS PA in the location of the new residence.
 4. Client is No Longer at Risk of ANE/SN – The APS PA may close the case within ten (10) calendar days after a face-to-face visit where an Overall Risk Assessment Update was completed, if the Risk Assessment score indicates the client is at no risk or low risk of further injury or harm.
 5. Administrative Closure – The APS PA shall close the case when the client has received “uninterrupted” follow-up services for 12 months, unless the APS PA has requested, and the Department has approved, in accordance with Section 604:C, a waiver to continue providing follow-up services for up to an additional 12 months.
- B. The APSCW shall make a final judgment as to the level of risk of further injury or harm prior to closing the case in accordance with the Risk Assessment. The supervisor of the APSCW must approve, sign, and date the case closure entries in Case Recording.
- C. An ANE/SN Overall Risk Assessment Update is to be completed during each follow-up period and at case closure. If the case is closed due to client death, moving out of service area, or a client refusing services, the APSCW shall complete Section V, on page 1 of the Overall Risk Assessment Update form, mark the “At Closure” box, mark the appropriate risk level based on the last completed risk assessment, and note the rationale that the client is deceased, refused services, etc. Both the APSCW and supervisor signatures are required on the form.

- D. If the client continues to be in need of community based services at case closure, the APS PA shall refer him or her to the appropriate service provider in the area where he or she resides.

606: Case Transfer

- A. With client consent, an APS PA shall transfer an open case when the client moves out of its service area to another APS PA's service area. If the APS PA is notified in advance of the move, the transfer shall be made at the approximate time of the client's move to the new service area.

For all other transfer cases the transferring APS PA shall transfer the case upon becoming aware of the client's move out of its service area subject to the following timeframes:

1. a Priority I case in the assessment period must be transferred within 24 hours;
 2. Priority 2 and 3 cases, in the assessment period must be transferred within five (5) calendar days and
 3. Cases transferred during the casework or follow-up period must be transferred within five (5) calendar days. In situations where an emergency arises in which the client could be in potential harm, the case must be transferred within 24 hours.
- C. In order for the original APS PA to transfer a case, the APS PA shall refer the case to the appropriate APS PA in the client's new service area. The supervisor of the transferring APS PA shall call the supervisor of the receiving agency to inform the latter of the pending transfer. The transferring supervisor shall inform the receiving supervisor of the client's name, number, general nature of the allegations or substantiated ANE/SN, status of the case, what types of actions the APS PA has taken to date and any other appropriate information. If a supervisor is unavailable in either APS PA, an APSCW shall transmit and/or receive the information.
 - D. Upon transfer of the case during the assessment period, the receiving APS PA shall initiate a face-to-face visit with the client based on the priority assigned. For cases transferred during casework or follow-up the receiving APS PA shall initiate a face-to-face visit with the client according to the most recent risk level:
 1. within 24 hours for Priority I or Risk Level 3 clients,
 2. within 72 hours for Priority II or Risk Level 2 clients, and
 3. within 7 calendar days for Priority III or Risk Level 1 clients.As soon as possible, but within at least one (1) business day for Priority I cases in the assessment period and five (5) business days of the telephone conversation in all other cases, the transferring agency shall transfer the client's record in the APS CM System.
 - E. A client with the capacity to consent may refuse a transfer of the case or may refuse services from the receiving agency. In either situation, the case shall be closed.

- F. If a client moves without a forwarding address, the APS PA shall take (and document) reasonable steps to locate the client's whereabouts while respecting the client's right to confidentiality, e.g. by contacting other persons whom it has consent to talk with such as family members, the client's physician, a PAS agent, the DHS DRS Home Services Program, the CCP vendor or the CCU, etc. If after a reasonable effort the APS PA is unable to locate the client, it shall close the case.
- G. If a client moves out-of-state, the APS PA shall report the case to the other state's adult protective service system, following the guidelines above regarding consent and determining location. However, the client case records shall not be transferred.

