



**CHAPTER 7:
APS REGISTRY**

CHAPTER 7: ADULT PROTECTIVE SERVICES (APS) REGISTRY

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CHAPTER 7: ADULT PROTECTIVE SERVICES (APS) REGISTRY

701: Purpose of Chapter

The purpose of the chapter is to provide guidance associated with the Illinois Department on Aging's (IDoA) Adult Protective Services (APS) Registry. The chapter will provide background information on the APS Registry; access and use of the APS Registry; notices sent to various entities throughout the APS Registry process; IDoA's Office of APS review process of the APS Provider Agency's verified and substantiated finding, which may result in caregiver's placement on the APS Registry; and caregiver's appeal process, confidentiality of records, Final Administrative Decision from IDoA Director, and removal process from APS Registry.

702: Background of Registry

The APS Registry was enabled through Public Act 98-49 and developed and implemented to protect victims or potential victims receiving in-home or community-based services from caregivers against whom a verified and substantiated finding of abuse, neglect, or financial exploitation was made by the APS Provider Agency (PA).

The APS Registry will include the identity of caregivers who are found, as a result of the APS PA investigation, to have abused, neglected, or financially exploited persons age 60 or over and adults with a disability age 18-59 who reside in or were visiting a domestic living situation, at the time of report.

The APS Registry makes the caregiver's identity available to the Illinois Department on Aging, Illinois Department of Public Health, Illinois Department of Human Services, Illinois Department of Healthcare and Family Services, and direct care entities or provider agencies that are licensed, certified, or regulated by or paid with public funds from any of these state departments. By these direct care provider agencies accessing and using the APS Registry, they will make better-informed hiring decisions of potential candidates for direct care positions. The APS Registry is intended to limit caregivers with verified and substantiated determinations from moving from one direct care agency to another.

Should an on-line check of the APS Registry indicate the name of a caregiver, the direct care agency cannot retain, hire, compensate (either directly or on behalf of a victim), or use the services of a caregiver to provide direct care for individuals. This also applies to direct care providers that gain knowledge of placement of a caregiver on the APS Registry.

703: Access to and Use of APS Registry

- A. The following state of Illinois agencies and direct care entities are to obtain credentials from the Illinois Department of Public Health to access IDoA's APS Registry.
 1. Illinois Department on Aging (IDoA);
 2. Illinois Department of Healthcare and Family Services (IDHFS);
 3. Illinois Department of Human Services (IDHS);
 4. Illinois Department of Public Health (IDPH); and
 5. any direct care entity or provider agency that is licensed, certified, or regulated by or paid with public funds from any of these state agencies.

- B. Direct care agencies cannot retain, hire, compensate (either directly or on behalf of a victim), or use the services of a caregiver to provide direct care if the online check indicates that the name of that caregiver has been placed on the APS Registry or when the direct care agency otherwise gains knowledge of the placement on the APS Registry.
- C. Direct care agencies are to conduct an online check:
 - 1. prior to hiring an individual in a caregiving role to determine whether the individual's identity has been placed on the APS Registry; and
 - 2. on an annual basis for purposes of retention.
- D. Direct care agencies funded by state departments are to maintain a copy of the results of the online check to demonstrate compliance.

704: Notice to Alleged Victim (Guardian or Agent)

- A. As part of the APS investigation process, the APS PA caseworker will provide the *"Know Your Rights"* brochure to the alleged victim or alleged victim's guardian or agent under a valid Power of Attorney, as may be applicable and as noted in the alleged victim's case record, that his or her caregiver's identity may be placed on the APS Registry based on a verified and substantiated finding of abuse, neglect, or financial exploitation by the APS PA.
- B. During the APS PA's investigation, the APS caseworker (APSCW) will take the following action regarding the *"Know Your Rights"* brochure.
 - 1. Summarize the content of the *"Know Your Rights"* brochure with the alleged victim (guardian or agent). [See exceptions below in item C.]
 - 2. Give a copy of the *"Know Your Rights"* brochure to the alleged victim (guardian or agent) during a face-to-face visit.
 - 3. Document this communication with the alleged victim (guardian or agent) in the case record.

The APSCW does not need to secure the alleged victim's (guardian or agent) signature on the *"Know Your Rights"* brochure to confirm the content was shared with and a copy given to the alleged victim (guardian or agent).

- C. While the APSCW will complete 704 (B) (1. & 3.) noted above, the APSCW will not leave a copy of the *"Know Your Rights"* brochure when the:
 - 1. alleged victim may be in harm's way if a copy of the *"Know Your Rights"* brochure is left; and
 - 2. guardian or an agent is an alleged or a substantiated abuser.

705: Notice to Caregiver (Verified and Substantiated Finding – Placement on Registry)

- A. APS PA will send a complete copy of the victim’s case record to the IDoA Office of APS within 24 hours after the verified and substantiated finding of abuse, neglect, or financial exploitation against the caregiver, when there is *an imminent risk of danger* to the victim or an *imminent risk of misuse* of his or her personal, medical, or financial information. The IDoA may request clarification from the APS PA.
- B. APS PA will send a complete copy of the victim’s case record to the IDoA Office of APS within five (5) business days after the verified and substantiated finding of abuse, neglect, or financial exploitation against a caregiver. The IDoA may request clarification from the APS PA.
- C. Upon receipt of the victim’s case record from the APS PA, the IDoA Office of APS Liaison will review the case record as a Quality Assurance measure to ensure correct interpretation and application of:
 1. the Adult Protective Services Act, administrative rules, and standards; and
 2. sufficient documented evidence of verified and substantiated abuse, neglect, or financial exploitation.
- D. Notice to Caregiver
 1. If the IDoA’s Office of APS **concur**s with the APS PA’s verified and substantiated finding, the IDoA will notify the caregiver within 30 calendar days after IDoA’s receipt of the case record that his/her name will be recommended for placement on Registry. The notice will include:
 - a. statement of allegation(s) from the abuse report and the substantiation decision from the final investigative report contained in the victim’s case record;
 - b. statement the IDoA intends to place the caregiver’s identity on the APS Registry;
 - c. information about the caregiver’s right to contest placement on the APS Registry, including grounds for appeal and applicable legal burden; and
 - d. identification number assigned by IDoA
 2. If the IDoA Office of APS **does not concur** with the verified and substantiated finding, IDoA will inform the caregiver and his or her employer, if applicable, within 30 calendar days after receipt of the case record that his or her name **will not** be recommended for APS Registry placement.
 3. Notice to the caregiver is presumed to have been received four calendar days after the date on the notice.
 4. Notice will be sent via regular pre-paid, first-class mail to the caregiver’s last known address.

706: Notice to the Caregiver's Employer

- A. Imminent Risk
1. The APS PA will notify the IDoA's Office of APS within 24 hours of the verified and substantiated finding of abuse, neglect, or financial exploitation against the caregiver, if there is an imminent risk of danger to an alleged victim or a victim or an imminent risk of misuse of his or her personal, medical, or financial information.
 2. IDoA is responsible for and will use reasonable efforts to promptly notify the direct care agency employing the caregiver of the APS PA's verified and substantiated finding against the caregiver.
 3. As set forth by the direct care agency's funding entity, the direct care agency shall immediately bar the caregiver from providing direct care to any alleged victim or victim pending the outcome of any challenge, review, appeal, criminal prosecution, or other type of collateral action.
 4. The bar to providing direct care to any alleged victim or victim is **not** a basis for an IDoA appeal.
 5. IDoA will use reasonable efforts to promptly notify the employer if a determination is made on appeal that the caregiver's identity **will not** be placed on the APS Registry.

707: APS PA Notice to Long Term Care or Health Care Facility and Regional Ombudsman

- A. The APS PA will use reasonable efforts to promptly inform the Health Care or Long-Term Care facility and appropriate Regional Long-Term Care Ombudsman about any placement of a caregiver on the APS Registry relevant to the alleged victim or victim, if an alleged victim or a victim transitions from a domestic living situation to a Health Care or Long-Term Care facility during an APS investigation or while receiving APS-funded services.

Reasonable efforts refer to steps taken in good-faith by the APS PA to achieve the objective or carry out the process to its logical conclusion. Reasonable efforts do not mean "all efforts" nor efforts to the point of undue hardship to the APS PA.

- B. The written notification to the Health Care or Long-Term Care facility and appropriate Regional Long-Term Care Ombudsman shall be written on the APS Provider Agency's letterhead and shall include the following (see next page):

Date: _____

RE: Notice to Facility and Regional Ombudsman

Dear _____:

We have been informed that _____
has transitioned from a domestic living setting to _____

This letter is to inform you that a verified and substantiated finding of abuse, neglect, or financial exploitation relating to this adult has been reported to the Illinois Department on Aging’s Adult Protective Services (APS) Registry involving the following caregiver. APS Registry information is confidential.

Caregiver Name	Date of Birth

If you need additional information about the APS Registry, please email Aging.APSRegistry@illinois.gov.

Sincerely,

_____, Supervisor

Cc: _____, Regional Ombudsman
IDoA, Office of APS

C. Examples of Health Care and Long-Term Care facilities include, but are not limited to:

- Licensed Nursing Homes
- Assisted Living Establishments
- Skilled Nursing Facilities
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- Licensed Specialized Mental Health Rehabilitation Facility (SMHRF)

708: Caregiver's Appeal of Placement on APS Registry

- A. Appeals are governed by rule. For details on the appeal process, see 270.414 and 270.422 through 270.476.
- B. Generally, the IDoA's Notice to Caregiver regarding placement on the APS Registry includes the following:
 - 1. instructions to the caregiver on how to initiate an appeal to contest placement of the caregiver's identity on the APS Registry; and
 - 2. a statement of allegation(s) in the abuse report and the substantiation decision in the final APS PA investigative report, which will be admitted into evidence without further proof from IDoA.
- C. Requests for appeal are to be submitted to IDoA Office of General Counsel per 270.414 of Title 89. The request will be forwarded to the ALJ.
 - 1. Requests are to be made in writing and signed by the caregiver within 30 calendar days after the date of IDoA's Notice to Caregiver regarding placement of caregiver's identity on the APS Registry.
 - 2. The caregiver's request to appeal is to be sent via regular pre-paid, first-class mail, email, facsimile, or other acceptable means as specified in the IDoA notice.

The sole issue on appeal is whether placement of the caregiver's identity on the APS Registry is in the public interest.

- D. The burden of proof belongs to the caregiver to establish by a preponderance of evidence that placement of his or her identity on the APS Registry is not in the public interest, based on the following factors:
 - 1. length of time the caregiver has been providing care to the victim;
 - 2. relationship between the caregiver and victim;
 - 3. whether placement of the caregiver's identity on the APS Registry is in the victim's best interest or that of other participants;
 - 4. whether additional training for the caregiver could remediate the abuse, neglect, or financial exploitation;
 - 5. in the case of financial exploitation, the value of the assets at issue and whether restitution was made; or
 - 6. whether criminal charges were filed against a caregiver and any related outcome.
- E. The ALJ will schedule and conduct the hearing, weigh the evidence, and issue a recommendation for Final Administrative Decision by the IDoA Director (or designee) in accordance with the rules. Hearing rules address, but are not limited to, the following:
 - 1. IDoA will be represented at the hearing by a person designated by the Director.
 - 2. Caregiver may self-represent, have an attorney, or other representative for purposes of the appeal.

3. Evidence, witness testimony, subpoenas, and need for interpreters.
4. No party or other individual or entity legally interested in the outcome of the appeal may make any written or oral communication, directly or indirectly, imparting or requesting material information or making a material argument regarding potential action concerning the hearing, without including all parties to the hearing.
5. A collateral action challenging the adverse employment action resulting from the verified and substantiated finding of abuse, neglect, or financial exploitation may stay the appeal process.

709: Confidentiality for APS Registry

- A. Except as otherwise authorized by law, the IDoA or ALJ authorized to conduct hearings under Part 270.418 of Title 89 have an affirmative duty to protect the confidentiality of records protected under the Adult Protective Services Act, including:
 1. verified and substantiated finding of abuse, neglect, or financial exploitation of a victim by a caregiver;
 2. all records concerning reports of abuse, neglect, or financial exploitation and all case notes and records generated because of those reports;
 3. name of, and personal information about, the victim;
 4. names of, and identifying information about, the reporters;
 5. confidential, identifying, or personal information, which has been redacted to the extent possible, in the Final Administrative Decision of the ALJ consistent with Sections 4(c) and 8 of the Adult Protective Services Act and under 270.275 of Title 89; and
 6. access to and use of the APS Registry.
- B. None of the information and documents in the victim's case record or in the appeal record, including the Final Administrative Decision of the IDoA Director under 270.474 of Title 89 will be subject to the Freedom of Information Act [5 ILCS 140].
- C. Requests for records concerning the APS Registry received by the APS PA should be forwarded to the applicable IDoA Office of APS Liaison.

710: Final Administrative Decision

- A. The Final Administrative Decision will include a written order setting out the factual and legal reasons for the final decision. All findings of fact will be based exclusively on the record. The order will state it is a Final Administrative Decision and will fully advise the parties of any right to judicial review.
- B. The Final Administrative Decision will be served on all parties within 40 calendar days after the record has closed.

- C. When the ALJ issues a recommendation for Final Administrative Decision:
 - 1. the recommendation shall be in writing and set forth proposed findings of fact and recommended conclusions of law for review by the IDoA Director.
 - 2. the recommendation shall be provided to the IDoA Director within 20 calendar days after the close of the record.
 - 3. the IDoA Director shall consider the recommendation in issuing a Final Administrative Decision.
 - 4. the IDoA Director shall issue a decision accepting, rejecting, or modifying the recommendation of the IDoA or other entity within 20 calendar days after receipt of the recommendation.
 - 5. to the extent the IDoA Director does not accept the recommendation, the decision shall set out in writing the rationale.
 - 6. IDoA or other entity shall then serve all parties with the Final Administrative Decision.
- D. All parties or their designees shall take appropriate action and comply with all terms and conditions set forth in the Final Administrative Decision. All parties are responsible for ensuring the appropriate action is undertaken in the designated timeframe.
- E. Absent notice of judicial appeal, IDoA will place the caregiver's identity on the APS Registry within 45 calendar days after the Final Administrative Decision.
- F. The Final Administration Decision is confidential and not open to the public pursuant to Section 7.5(y) of the Freedom of Information Act.
- G. The Final Administrative Decision under Title 89 270. 474 is not subject to the Illinois Administrative Review Law [735 ILCS 5/Art. III].

711: Removal from APS Registry

- A. At any time after a caregiver's identity has been placed on the APS Registry, a caregiver may request removal of his or her name from the APS Registry by submitting a written request to IDoA.
 - 1. A caregiver's request for removal from APS Registry . . .
 - a. may only be made in relation to a single APS Registry placement decision;
 - b. cannot be made requesting removal of multiple APS Registry placement decisions; and
 - c. is not to be made more than once in each successive 3-year period after placement, with a maximum of 3 such requests.

- B. Within 60 calendar days after receiving a removal request, IDoA will review and consider any written supporting material provided by the caregiver. The caregiver is to provide, by a preponderance of the evidence, that removal of his or her name from the APS Registry is in the public interest.
1. IDoA's review will not include in-person testimony.
 2. IDoA may consider the following factors in making its determination on whether to remove a caregiver's identity from the Registry.
 - a. length of time the caregiver provided care to the victim;
 - b. relationship between the caregiver and victim;
 - c. whether inclusion of the caregiver's identity on the APS Registry remains in the victim's best interest or that of other participants;
 - d. whether the caregiver completed training to remediate the abuse, neglect, or financial exploitation;
 - e. in the case of financial exploitation, the value of the assets at issue and whether restitution was made;
 - f. whether criminal charges were filed against a caregiver and any related outcome.
 3. Within 30 calendar days after completion of the IDoA review, IDoA will issue a written decision either granting or denying removal of the caregiver's identity from the APS Registry.
 4. In the event IDoA decides the caregiver's identity should be removed from the APS Registry, IDoA will take all necessary steps to remove the caregiver's identity from the APS Registry.
 5. The removal decision by IDoA is not subject to the Administrative Review Law [735 ILCS 5/Art. III].



**CHAPTER 8:
EARLY
INTERVENTION
SERVICES**

CHAPTER 8: EARLY INTERVENTION SERVICES

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CHAPTER 8: EARLY INTERVENTION SERVICES

801: Purpose of Chapter

The purpose of this chapter is to outline the eligibility criteria, services and documentation required for purchasing Early Intervention Services (EIS) for alleged and substantiated victims of elder abuse, neglect and exploitation (ANE/SN).

Victims of ANE/SN are likely to have a range of problems, which may include serious mental and physical disabilities, chronic health problems, social isolation, dysfunctional family situations, unskilled caregivers and limited economic resources. These problems often make it difficult for vulnerable seniors to access necessary programs and services. Each individual case of ANE represents a unique combination of client needs and available services. EIS funding can secure those temporary and emergency services, including medical, housing, emergency aid, respite services or legal resources, which the client clearly needs for his/her safety and well-being.

802: Background Information

Victims of ANE/SN are, as a sub-group, likely to be frail adults with an accumulation of health, social, economic and environmental problems which impede their independent living. While an array of medical, housing and personal services are usually available in the community, often victims of elder abuse face unique barriers which prevent access to available resources. Abuse victims may have difficulty accessing services because they lack personal resources or because they have lost the ability to tap those resources that they have available. Compounding this situation are gaps in publicly supported services of application and processing delays that threaten the health and safety of clients. Temporary short term or emergency measures are often needed to secure the health and safety of clients until more durable and lasting solutions can be put into place.

803: Client Eligibility

- A. The criteria which persons may be eligible to receive EIS are as follows:
 1. there is a victim who is age sixty (60) or older, or 18-59 with a disability;
 2. there is an alleged or substantiated case of ANE/SN;
 3. there is an imminent threat to the health and safety of the client if the service is not available; and
 4. the community services and resources available for the client cannot be mobilized in a timely manner, would be insufficient to protect the client's health or safety, or the client's resources are insufficient or unavailable to purchase needed services.
- B. The case record must fully document the need for EIS and attempts made by the APS PA to obtain the services through other available resources.

804: Service Categories

Services which may be purchased by the APS PA for eligible older adults are:

- A. "Emergency Aid" which can include:
 - 1. food, clothing or furniture;
 - 2. medicine, medical evaluations or hospital expenses;
 - 3. psychiatric or mental health evaluations;
 - 4. transportation and ambulance services;
 - 5. minor household repairs, utility shut-offs, sanitation assistance;
 - 6. translation services; and
 - 7. other services (with prior approval of RAA).
- B. "Respite Care," which includes in-home or out-of-home care, and adult day care. Respite care can be purchased through EIS funds if there is a temporary loss of the caregiver or there is a need to separate the caregiver and the abused older adult. The need for respite care must be associated with the alleged or substantiated abuse and should not be made available through the APS for the sole purpose of socialization.
- C. "Legal Assistance" can include both services initiated by the client and those initiated for them. Allowable legal assistance costs include:
 - 1. court costs (i.e., filing fees);
 - 2. guardianship proceedings;
 - 3. preparation of Orders of Protection;
 - 4. recovery/restitution of damages;
 - 5. attorney fees; and
 - 6. witness fees.
- D. "Housing and Relocation Services." The use of EIS funds is allowable for emergency housing if a domestic violence shelter does not exist within the service area or the shelter is not equipped to serve the older adult or the shelter cannot admit the older adult because the shelter is at full capacity.

805: Maximum Cost Per Case

- A. EIS payments may not exceed \$1,000 per case per year, starting from the anniversary date of the intake of the report, unless a waiver has been granted.
- B. The expenditure of EIS funds must be approved by a designated supervisory level staff person at the provider agency and be in conformance with Section 807.

806: Waiver of the Maximum Cost Per Case

- A. A waiver for up to an additional \$1,000 in EIS funds may be granted with prior approval by the RAA if there are extenuating circumstances. Extenuating circumstances would include:
 - 1. multiple service demands to protect the life, safety and health of the older adult; and
 - 2. documented attempts to locate other resources have been unsuccessful.
- B. The RAA must designate which staff has the authority to grant a waiver to the maximum cost per case.
- C. The RAA may grant the waiver by telephone and the /RAA must follow-up with approval in the APS CM System.
- D. A request may be made to IDoA, through the RAA, to waive the \$2,000 limit under extraordinary circumstances. IDoA can grant the request only when the approval of additional funds will resolve the immediate emergency and enable a long-term care plan to be put into effect. The waiver granted by IDoA may be made by telephone; if so, it must be followed with approval within the APS CM System. The APS PA shall document on the EIS form any waivers granted via the telephone, the date, and the IDoA staff person granting the waiver. Written approval from IDoA must be transmitted to the APS PA and the RAA within 10 working days. The APS PA must then file the written approval in the case record.

807: Recovery of Early Intervention Services Funds

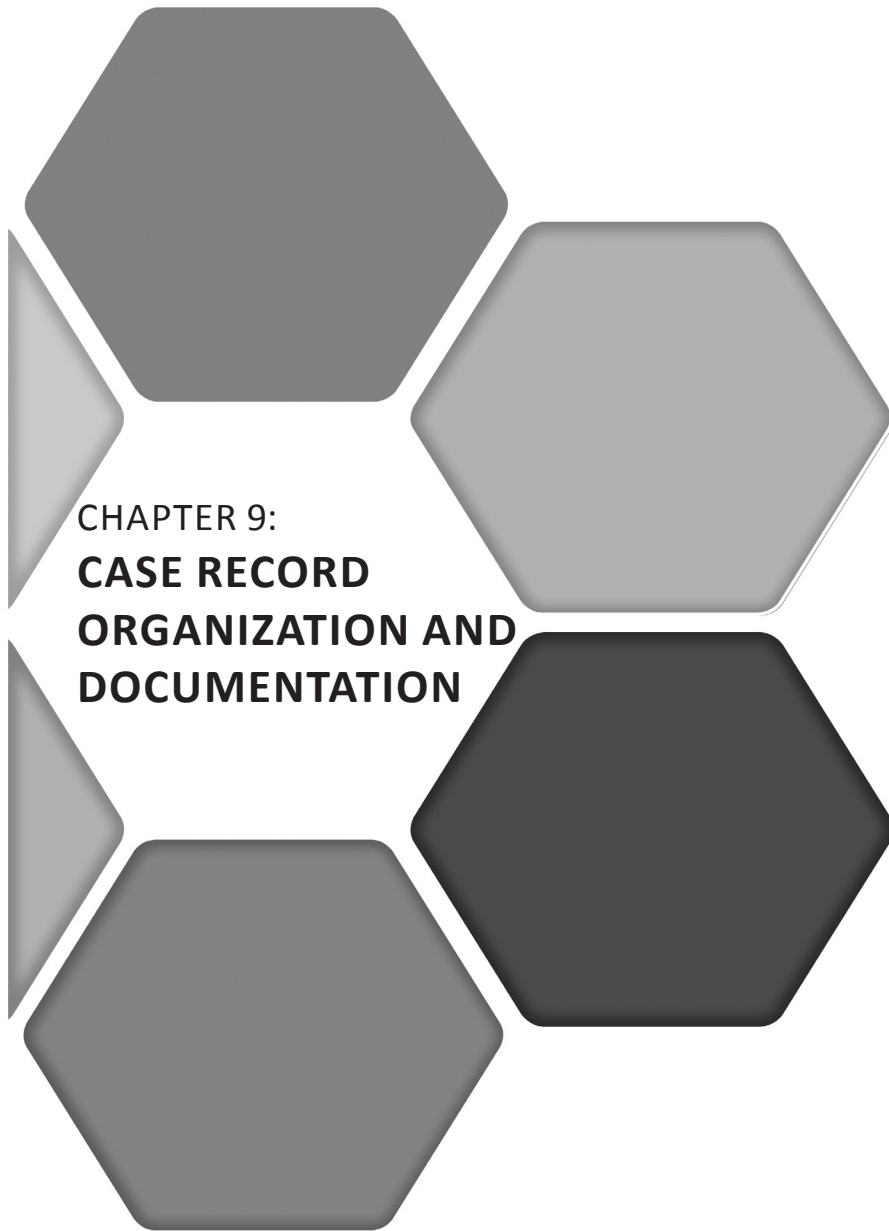
- A. The APS PA shall make a good faith effort to recover EIS funds from the client or client's representative in all cases where:
 - 1. there are potential funds available in the client's estate,
 - 2. the situation involving the client is resolved,
 - 3. the client's well-being will not be adversely affected, and
 - 4. the amount of EIS expended exceeds \$1,000.
- B. Where the expenditures of EIS funds exceeded \$1,000 for legal and court costs on behalf of a client, the elder abuse caseworker/supervisor shall request that the attorney representing the APS PA, petition the court for reimbursement of attorneys' fees and the costs associated with petitioning for guardianship. If reimbursement is not requested, the reason shall be documented in the case notes.
- C. Where the expenditures of EIS funds exceeded \$1,000 for emergency housing, medications or other similar allowable expenditures, the caseworker/supervisor may request that the client or the client's representative reimburse the APS PA for the amount expended. If reimbursement is not requested, the reason shall be documented in the case notes.
- D. All funds recovered by the provider agency shall be returned to the RAA. The RAA shall reimburse IDoA for the amount recovered. The RAA shall include the client name, I.D. number, and indicate that the check represents an EIS refund.

808: Procurement Requirements

- A. APS PAs may use their own procurement policies and procedures to purchase EIS.
- B. When time permits, a price or cost analysis should be conducted through a comparison of price quotations or market prices and similar indicia.
- C. The APS PA's procurement records and files shall include the basis for procurement selection.

809: Case Record Documentation and Review

- A. The case record must contain a completed copy of any documentation required by Sections 703 B., and 707 C., if applicable.
- B. Upon review of a case record, if the RAA finds expenditures that have not met the criteria or documentation requirements, the following steps shall be taken:
 - 1. The RAA, within ten (10) working days, shall transmit, in writing, to IDoA, the findings.
 - 2. IDoA shall review the findings of the RAA and, if IDoA concurs with the findings, shall disallow the expenditures made by the APS PA.



**CHAPTER 9:
CASE RECORD
ORGANIZATION AND
DOCUMENTATION**

CHAPTER 9: CASE RECORD ORGANIZATION AND DOCUMENTATION

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CHAPTER 9: CASE RECORD ORGANIZATION AND DOCUMENTATION

901: Purpose of Chapter

The purpose of this chapter is to describe the minimum requirements to be followed by APS PAs for documenting intake, assessment, case work, and follow-up activities.

902: Case Documentation

- A. Documentation is the electronic entry of information into the APS CM System describing the actions and conclusions of the APS PA.
- B. All documentation must contain clear, concise, objective, accurate, and complete information regarding the assessment, the findings of the APS PA, the casework, and follow-up, and all decisions and actions that occur in a case.

903: Establishing a Case Record

- A. The APS PA shall establish a case record to document each IIR, SIR, and transfer case.
- B. All IDoA forms are to be completed according to their instructions.
- C. All case records printed from the APS CM System must be stamped in bold print, "CONFIDENTIAL", on the front of each file folder.
- D. All paper case records, both open and closed, must be stored in a designated and secured area within the APS PA offices. IDoA does not recommend storing paper records if possible.
- E. All electronic records must be stored in the APS CM System.
- F. Records shall be maintained separately from any other programmatic records the APS PA has on the same client.
- G. The APS PA shall have written procedures specific to electronic records, which protect client confidentiality. Procedures for ensuring confidentiality may include, but are not limited to, the use of passwords, or the file being saved on a portable electronic device and the device being stored in a locked cabinet.

904: Contents of the Case Record

- A. The case record shall minimally contain:
 - 1. ANE/SN Intake Form;
 - 2. Client Assessment Form;
 - 3. ANE/SN Overall Initial Risk Assessment;
 - 4. Assessment Preparation/Case Recording; and
 - 5. Client Status
 - 6. AA(s)/Abuser(s)
 - 7. Case Activity Tracker

- B. The case record of substantiated reports, including “some indication” or “verified,” shall also contain the following:
1. Overall Substantiated Risk Assessment;
 2. Overall Risk Assessment and Updated Risk Assessment;
 3. Case Plan; and
 4. Case Closure
- C. When the APS PA has expended Early Intervention Services (EIS) funds on the case, the case record shall contain the EIS Form (IL-402-0713)
- D. The case record shall also contain, if appropriate, the following:
1. ANE/SN Intake for Related Information Reports;
 2. Release of Information Form (IL-402-1246);
 3. Injury Location Chart Form (IL-402-0715);
 4. MMSE Form IL-402-0195 (If the competency of the alleged victim is in question per section “N” of the Risk Assessment form, at least one completed MMSE form must be in the case file; depending on the circumstances of the case and the MMSE guidelines, additional MMSEs may also be included in the file);
 5. Clox I & II Test;
 6. Referral Form (IL-402-1215);
 7. DHS Forms:
 - Notice of Investigation
 - Report of Substantiation Decision
 - Referral For DHS Services
 - Referral to DHS/Division of Mental Health
 8. Law Enforcement Tracking Instrument Form Part I and Part II;
 9. Suspicious Death Reporting Form Part I and Part II;
 10. Photographs;
 11. Relevant documents (medical records, etc.) and correspondence;
 12. Documents pertaining to interventions/services being received, (i.e., order of protection, police reports, etc.);
 13. A copy of the Yesavage Geriatric Scale; and
 14. Other assessment tools.

905: Substitution of IDoA Forms

- A. An APS PA must use IDoA APS CM System and Program forms. Substitute forms may be used for the following with prior approval from IDoA:
 - 1. Injury Location Chart Form (IL-402-0715); and
 - 2. Release of Information Form (IL-402-0717).
- B. To obtain approval to substitute forms, the APS PA shall submit a request for approval to the IDoA and RAA, with copies of the APS PA's proposed forms and instructions.
- C. The IDoA shall compare the forms and shall inform the RAA and APS PA of its decision within fifteen (15) business days of the receipt of the APS PA's request.

906: Case Record Retention

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 the IDoA. Federal and State auditors and any persons duly authorized by the IDoA shall have the right to full access and to examine any of said materials during that 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 APS PA must insure that any purged records are shredded, incinerated or if stored electronically, permanently deleted.



**CHAPTER 10:
MULTI-DISCIPLINARY
TEAMS**

CHAPTER 10: MULTI-DISCIPLINARY TEAMS

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CHAPTER 10: MULTI-DISCIPLINARY TEAMS**1001: Purpose of Chapter**

The purpose of this chapter is to outline the requirements for developing and implementing a volunteer M-Team, which will act in a technical advisory role to APS PAs.

1002: APS PAs Required to Develop M-Teams

- A. Each APS PA shall develop and maintain a M-Team, with the following exceptions:
 - 1. the APS PA has less than 7,200 older persons (age 60 years or older) residing in its designated service area; or
 - 2. the RAA recommends to the IDoA, in writing, that two or more service areas implement a combined M-Team, 90 days prior to the implementation date.
- B. If two or more areas share an M-Team, one APS PA shall be designated the lead agency, and will assume the responsibilities outlined in Section 1006 of this Chapter 10.

1003: Timeframes for Developing M-Teams

- A. An APS PA's M-Team shall begin operation no later than 120 calendar days after such APS PA has been funded to provide adult protective service activities. A M-Team must meet at least 8 times per calendar year.
- B. Initial M-Team meetings may be used to train members.

1004: APS PA Responsibilities

- A. The APS PA is responsible for recruiting M-Team members, providing an orientation and overview of the purpose of a M-Team to members and to APSCWs, and assuring that M-Team members are aware of the confidentiality requirements. The APS PA shall use the IDoA's training material.
- B. The APS PA is required to have written procedures for the following:
 - 1. recruiting M-Team members;
 - 2. preparing for and conducting M-Team meetings; and
 - 3. financial management of M-Team funds.
- C. The APS PA is responsible for having a written agreement with an individual or agency, whichever is appropriate, outlining the M-Team member's roles and responsibilities.
- D. It is the responsibility of the APS PA to request records from law enforcement, the coroner, or the medical examiner in the review of particular cases.

1005: M-Team Membership and Responsibilities

- A. M-Teams shall consist of one M-Team Coordinator who is appointed by the APS PA and who has completed the IDoA sponsored APSCW certification, and one individual from each of the following professions:
1. banking or finance;
 2. clergy or faith community;
 3. disability care;
 4. healthcare;
 5. law enforcement;
 6. legal; and
 7. mental health.

Optional members may be appointed from the fields of substance abuse, domestic violence, sexual assault, or other related fields.

- B. The objectives of the M-Team are to provide case consultation and assistance to the AP SCWs; provide support and insight in clarifying community awareness; and encourage cooperation among various service agencies. Specific M-Team member responsibilities include:
1. banking or finance member – responsible for providing expertise, advice, and information to resolve the client’s financial problems and conflicts;
 2. clergy or faith community member – responsible for providing expertise, advice, and information from a faith based perspective;
 3. disability care member – responsible for providing expertise, advice and information regarding adults with disabilities;
 4. health care member - responsible for providing expertise, advice and information regarding available medical resources, nursing home placement, insurance coverage, and other medical questions;
 5. law enforcement member - responsible for providing expertise, advice, and information regarding the law enforcement process and police interaction and when requested, provide records associated with the cases discussed within their jurisdiction;
 6. legal member – responsible for providing legal counsel/expertise, advice, and information;
 7. mental health care member - responsible for providing expertise, advice, and information from a mental health perspective; and
 8. optional members - responsible for providing expertise, advice, and information in this member’s profession or area of competency.

9. M-Team Coordinator - responsibilities include:
 - a. completing the M-Team training provided by IDoA or the RAA;
 - b. planning, organizing, and facilitating the M- Team meetings;
 - c. meeting with the APSCW and supervisor prior to the meeting to select and discuss the case presentation;
 - d. preparing minutes and an agenda for each meeting;
 - e. ensuring that each member receives information that is needed for the meeting;
 - f. acting as a liaison between the M-Team members and the APS PA; and
 - g. obtaining relevant records from coroners or medical examiners prior to meeting and discussion of a case.
10. APSCW – responsible for preparing case summaries and presenting them at M-Team meetings; and providing follow-up information to M-Team members on cases previously discussed by the M-Team.

1006: RAA Responsibilities

- A. The RAA is responsible for providing training to the APS PA's M- Team Coordinator. The training will include the following:
 1. providing information on the standards and procedures regarding M-Teams;
 2. recruitment of M-Team members;
 3. training M-Team Members;
 4. selecting cases to present;
 5. planning and organizing meetings;
 6. following up on recommendations of the M-Team members; and
 7. ensuring that confidentiality procedures are followed.
- B. The RAA is responsible for providing technical assistance and, if appropriate, training to the APS PAs.
- C. The RAA shall designate an RAA staff member who has successfully completed the IDoA sponsored APS APSCW and Supervisor certification.
- D. An RAA representative may attend no more than one M-Team meeting per year in each provider service area for monitoring purposes.
- E. If a RAA recommends that two or more APS PAs share a M-Team, the RAA shall appoint one lead agency to be responsible for appointing a M- Team Coordinator, and maintaining the M-Team funds.



**CHAPTER 11:
FATALITY REVIEW
TEAMS (FRTs)**

CHAPTER 11: FATALITY REVIEW TEAMS (FRTs)

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CHAPTER 11: FATALITY REVIEW TEAMS (FRTs)**1101: Purpose of Chapter**

The purpose of this chapter is to outline the requirements for developing and implementing FRTs and the FRT Advisory Council.

1102: State Policy and Agencies Required to Develop FRTs

- A. Both the State and community maintain a commitment to preventing ANE of at-risk adults. This includes a charge to bring perpetrators of crimes against at-risk adults to justice and prevent untimely deaths in the community.

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

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

Access to information regarding the deceased person and his or her family by multidisciplinary and multi-agency FRTs is necessary in order to fulfill their purposes and duties.

- B. A minimum of one regional interagency FRT shall be established in each of the Department's planning and service areas.

1103: Timeframes for Developing FRTs

- A. The chair of a review team shall apply to the Department for official designation under the APS Program. The application shall be in writing and must include:

1. the county or counties that will participate on the review team;
2. the names, offices, business addresses, and emergency contact information of the members of the review team;
3. a copy of the proposed procedures and protocols for the review team or a statement by the chair that the review team is adopting the statewide standard designated by the Department; and
4. the date on which, if a designation is approved, the review team proposes to begin its work.

- B. Upon receipt of an application, the Department will have 25 calendar days to respond. If the Department, in consultation with the FRT Advisory Council, refuses to approve a designation, the reason or reasons for that refusal will be promptly transmitted, in writing, to the chair. An application for official designation as a FRT that has been refused previously by the Department may be resubmitted, with appropriate changes, at any time.

- C. An FRT shall begin operation upon the appointment of team members by the Director. The AFR Team meetings are to be held at least 6 times per calendar year.
- D. Initial FRT meetings may be used to train members.

1104: APS PA Responsibilities

- A. The APS PA in consultation with law enforcement and other professionals who work in the field of investigating, treating or preventing ANE of at-risk adults may recruit FRT members.
- B. The APS PA shall conduct activities as required by statute and as referenced in the Illinois Department on Aging's Adult Protective Service FRT Manual.
- C. It is the responsibility of the APS PA to request records from law enforcement, the coroner or medical examiner in the review of suspicious deaths.

1105: FRT Membership and Responsibilities

- A. The Director, in consultation with the FRT Advisory Council, law enforcement, and other professionals who work in the field of adult protective services, shall appoint members to a 2-year term with a minimum of one FRT in each of the Department's planning and service areas. Each member shall be eligible for reappointment upon the expiration of the term.

FRTs shall consist of one designated coordinator, one chairperson and one co-chair. Unless the FRT selects, by majority vote, another member, the coroner or medical examiner of the county in which the FRT is located shall serve as chair. For teams in which more than one county is participating, the FRT shall select the chair by majority vote.

Each FRT shall be composed of representatives of entities and individuals including, but not limited to:

1. the Department on Aging;
2. coroners or medical examiners (or both);
3. State's Attorneys;
4. local police departments;
5. forensic units;
6. local health departments;
7. social service or health care agency that provides services to persons with mental illness in a program whose accreditation to provide such services is recognized by the Division of Mental Health within the Department of Human Services;
8. a social service or health care agency that provides services to persons with developmental disabilities in a program whose accreditation to provide such services is recognized by the Division of Developmental Disabilities within the Department of Human Services;

9. a local hospital, trauma center, or provider of emergency medicine;
 10. providers of services for eligible adults in domestic living situations; and
 11. a physician, psychiatrist, or other health care provider knowledgeable about abuse and neglect of at-risk adults.
- B. The designated coordinator shall:
1. serve as the recorder and shall keep minutes of all meetings;
 2. collect and disseminate all relevant case review materials to team members;
 3. oversee the collection and disposition of all case review materials upon completion of the review;
 4. collect and submit information from case reviews to the statewide database using the data collection form;
 5. keep records of all correspondence, findings and recommendations prepared by the FRT; and
 6. delegate various responsibilities to available staff members designated by participating agencies.
- C. The chair shall perform all duties required by law and preside at all FRT meetings. The chair shall rule on issues of order and procedure and shall take other actions as necessary for the efficient and orderly conduct of reviews unless directed otherwise by the FRT.
- D. The co-chair shall serve in the absence of the chair and have all the powers of the chair during the chair's absence, disability or disqualification.
- E. Each FRT member will be responsible for providing insight, advice and information about resources based on their professional expertise.
- F. FRT members may bring trainees to a meeting with prior approval of the chair and FRT.
- G. Law enforcement, coroners or medical examiners will be responsible for providing records associated with the cases discussed within their jurisdiction.
- H. Each team member shall attend, at a minimum, 50% of the meetings in a year (July 1 – June 30) to maintain membership.
- I. The FRT shall conduct its activities in accordance with any applicable policies and procedures established by the Department and as referenced in the IDoA's APS FRT Manual.
- J. A FRT shall review cases of deaths of at-risk adults occurring in its planning and service area:
1. involving blunt force trauma or an undetermined manner or suspicious cause of death;
 2. if requested by the deceased's attending physician or an emergency room physician;
 3. upon referral by a health care provider;
 4. upon referral by a coroner or medical examiner;

5. constituting an open or closed case from an APS PA, law enforcement agency, State's Attorney's office, or the Department of Human Services' Office of the Inspector General that involves alleged or suspected ANE;
6. upon referral by a law enforcement agency or State's Attorney's office.

If such a death occurs in a planning and service area where an FRT has not yet been established, the Director shall request that the Advisory Council or another FRT review that death. An FRT may also review deaths of at-risk adults if the alleged abuse or neglect occurred while the person was residing in a domestic living situation.

- K. The FRT's purpose in conducting reviews of at-risk adult deaths is:
 1. to assist local agencies in identifying and reviewing suspicious deaths of adult victims of alleged, suspected, or substantiated ANE in domestic living situations;
 2. to facilitate communications between officials responsible for autopsies and inquests and persons involved in reporting or investigating alleged or suspected cases of ANE of at-risk adults and persons involved in providing services to at-risk adults;
 3. to evaluate means by which the death might have been prevented; and
 4. to report its findings to appropriate agencies and the Advisory Council and make recommendations that may help to reduce the number of at-risk adult deaths caused by ANE and that may help to improve the investigations of deaths of at-risk adults and increase prosecutions, if appropriate.
- L. FRT members shall complete the Office of the Attorney General's Open Meetings Act on-line training. A copy of the certificate of completion shall be provided to the FRT designated coordinator and kept on file.

1106: FRT Confidentiality and Indemnification

- A. Documents, oral communication or written communication shared within or produced by the FRT relating to a case discussed or reviewed by the FRT is confidential. Such communication is not admissible as evidence in civil or criminal proceedings, except for use by a State's Attorney's office in prosecuting a criminal case against a caregiver. Records and information are, however, subject to discovery or subpoena, and are admissible as evidence; to the extent they are otherwise available to the public.
- B. Documents, oral communication or written communication provided to a FRT by an individual or entity, and created by that individual or entity solely for the use of the FRT is confidential. Such communication is not subject to disclosure or discoverable by another party, and is not admissible as evidence in any civil or criminal proceeding, except for use by a State's Attorney's office in prosecuting a criminal case against a caregiver. Records and information are, however, subject to discovery or subpoena, and are admissible as evidence, to the extent they are otherwise available to the public.

- C. Members of an FRT are not subject to examination, in any civil or criminal proceeding, concerning information presented to members of a FRT or opinions formed by members of the FRT based on that information. A person may, however, be examined concerning information provided to a FRT.
- D. Meetings of the FRT may be closed to the public under the Open Meetings Act. Records and information provided to a FRT, and records maintained by a FRT, are exempt from release under the Freedom of Information Act.
- E. The State indemnifies and holds harmless FRT members for all of their acts, omissions, decisions, or other conduct arising out of the scope of their service on the FRT, except those involving willful or wanton misconduct. The method of providing indemnification is provided in the State Employee Indemnification Act.

1107: FRT Advisory Council

- A. The FRT Advisory Council serves as the coordinating and oversight body for FRTs and activities in Illinois.
- B. The FRT Advisory Council shall consist of one member from each FRT in the state. The Director may appoint to the FRT Advisory Council any ex-officio members deemed necessary. Persons with expertise needed by the FRT Advisory Council may be invited to meetings.
- C. The FRT Advisory Council must select from its members a chairperson and a vice-chairperson to each serve a two year term. The chairperson or vice-chairperson may be selected to serve additional, subsequent terms.
- D. The Department may provide or arrange for the staff support necessary for the FRT Advisory Council to carry out its duties.
- E. The Director, in cooperation and consultation with the FRT Advisory Council, shall appoint, reappoint, and remove FRT members.
- F. The FRT Advisory Council must meet at least 4 times during each calendar year.
- G. The FRT Advisory Council has, but is not limited to, the following duties:
 - 1. to serve as the voice of FRTs in Illinois;
 - 2. to oversee the FRTs in order to ensure that FRT's work is coordinated and in compliance with State statutes and the Department protocol;
 - 3. to ensure that the data, results, findings, and recommendations of the FRTs are adequately used in a timely manner to make any necessary changes to the policies, procedures, and State statutes in order to protect at-risk adults;
 - 4. to collaborate with the Department in order to develop any legislation needed to prevent unnecessary deaths of at-risk adults;
 - 5. to ensure the FRT's review processes are standardized in order to convey data, findings, and recommendations in a usable format;

6. to serve as a link with FRTs throughout the country and to participate in national review team activities;
 7. to provide FRTs with the most current information and practices concerning at-risk adult death review and related topics; and
 8. to perform any other functions necessary to enhance the capability of the FRTs to reduce and prevent at-risk adult fatalities.
- H. In any instance where a FRT does not operate in accordance with established Department protocol, the Director, in consultation and cooperation with the FRT Advisory Council, must take any necessary actions to bring the review team into compliance with the protocol.
- I. The FRT Advisory Council may prepare an annual report, in consultation with the Department, using aggregate data gathered by FRTs and using the FRT's recommendations to develop education, prevention, prosecution, or other strategies designed to improve the coordination of services for at-risk adults and their families.
- J. Members the FRT Advisory Council are not subject to examination, in any civil or criminal proceeding, concerning information presented to members of the FRT Advisory Council or opinions formed by members of the FRT Advisory Council based on that information. A person may, however, be examined concerning information provided to the FRT Advisory Council.
- K. Meetings of the FRT Advisory Council may be closed to the public under the Open Meetings Act. Records and information provided to the FRT Advisory Council, and records maintained by the FRT Advisory Council, are exempt from release under the Freedom of Information Act.
- L. The State indemnifies and holds harmless FRT Advisory Council members for all of their acts, omissions, decisions, or other conduct arising out of the scope of their service on the FRT Advisory Council, except those involving willful or wanton misconduct. The method of providing indemnification is provided in the State Employee Indemnification Act.
- M. FRT Advisory Council members shall complete the Office of the Attorney General's Open Meetings Act on-line training. A copy of the certificate of completion shall be provided to the designated Department staff member and kept on file.



**CHAPTER 12:
CONFIDENTIALITY
AND DISCLOSURE**

CHAPTER 12: CONFIDENTIALITY AND DISCLOSURE

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CHAPTER 12: CONFIDENTIALITY AND DISCLOSURE

1201: Purpose of Chapter

The purpose of this chapter is to describe statutory and programmatic requirements regarding confidentiality, disclosure and consent.

This chapter also addresses how to proceed with an investigation when the alleged victim has a court appointed guardian or agent(s) appointed under a power(s) of attorney.

1202: Scope of Confidentiality

- A. Reports of abuse or neglect
 1. The APS Act, in Section 4(c), provides that the identity of any person making a report of alleged or suspected ANE/SN shall not be disclosed unless with that person's written consent or by court order.
 2. The IDoA, RAA, or APS PA shall not disclose the identity of any person making such a report, unless the reporter has given his or her written consent or such release is specifically ordered by the court. Prior to the release of the reporter's identity, the APS PA responsible for the records containing the identity of the reporter must have received the written consent from the reporter, signed and dated by the reporter, or a court order, signed and dated by the judge.
 3. Upon receipt of a court order requiring the disclosure of the identity of a reporter of alleged or suspected ANE/SN, the individual or agency to whom the court order is directed shall immediately consult the Office of APS to determine the validity of the order. In addition, the APS PA should follow the requirements in Section 1303:D. The individual or agency to whom the court order is directed shall comply with all lawful orders of the court.
- B. Access to records
 1. The APS Act, in Section 8, provides that all records concerning reports of ANE/SN and all records generated by such reports are confidential and shall not be disclosed except under specific circumstances authorized by law.
 2. The access to such records, without the disclosure of the identity of any person making a report of alleged or suspected ANE/SN, is permitted to the following persons:
 - a. To IDoA staff, RAA staff, APS PA staff, or other Aging network staff, in the furtherance of their responsibilities for monitoring and supervising the APS program. In no case shall such disclosure be broader than those records necessary for such monitoring and supervision. Each such disclosure shall only be made pursuant to a specific request from the requesting agency, detailing the records requested, and stating the purpose of the request.
 - b. A representative of the public guardian acting in the course of investigating the appropriateness of guardianship for the eligible adult or while pursuing a petition for guardianship of the eligible adult pursuant to the Probate Act of 1975.

- c. To a law enforcement agency investigating a known or suspected case of ANE/SN. Where an APS PA has reason to believe that the death of an eligible adult may be the result of abuse or neglect, including any reports made after death, the agency shall immediately provide the appropriate law enforcement agency with all records pertaining to the eligible adult.
- d. To a law enforcement agency, fire department agency, or fire protection district having proper jurisdiction pursuant to a written agreement between an APS PA and the law enforcement agency, fire department agency, or fire protection district under which the APS PA may furnish to the law enforcement agency, fire department agency, or fire protection district a list of all eligible adults who may be at imminent risk of ANE/SN.
- e. To a physician who has before him or her, or who is involved in the treatment of, an eligible adult whom he or she reasonably suspects may be abused, neglected, financially exploited, or self-neglecting or who has been referred to the APS Program.
- f. To an eligible adult reported to be abused, neglected, or financially exploited, or is reported to be self-neglecting, or such adult's authorized guardian or agent designated under the Power of Attorney Act, or to an attorney at law representing the client; unless the guardian or agent is the abuser or the alleged abuser. Such release shall only be in accordance to the procedures found in Section 1202:C.2.
- g. To an executor or administrator of the estate of an eligible adult who is deceased.
- h. To a court or a guardian ad litem (GAL), in cases regarding abuse, neglect, or financial exploitation, upon a determination by the judge or the GAL that access to such records may be necessary for the determination of an issue before the court. Such release shall only be made pursuant to a written request by the GAL or a written order by the court. Such access by the court is limited to an *in camera* inspection (a review done by the judge in chambers), unless the court determines that disclosure of the information contained in the records is necessary for the resolution of an issue then pending before the court.
- i. To a guardian ad litem in cases regarding self-neglect.
- j. To a grand jury, upon its determination that access to the records is necessary for conduct of its official business, and upon a subpoena issued by or on behalf of that grand jury for such records being served upon the APS PA having custody of such records.
- k. To any person authorized by the Director, in writing, for audit or bona fide research purposes. The APS PA shall have actual custody of the authorization before such release, and shall release such records only to the person(s) so designated.
- l. To a coroner or medical examiner having reason to believe that an eligible adult has died as the result of ANE/SN. The APS PA shall immediately provide the coroner or medical examiner with all records pertaining to the eligible adult.

- m. To a coroner or medical examiner having proper jurisdiction, pursuant to a written agreement between a APS PA and the coroner or medical examiner, under which the APS PA may furnish to the office of the coroner or medical examiner a list of all eligible adults who may be at imminent risk of death as a result of ANE/SN.
 - n. To the Department of Financial and Professional Regulation staff and members of the Illinois Medical Disciplinary Board, or to the members or staff of the Social Work Examining and Disciplinary Board, pursuant to an official request, made in writing, for the purpose of investigating alleged violations of the Clinical Social Work and Social Work Practice Act [225 ILCS 20/1 *et seq.*] by an APS PA staff or other licensing bodies at the discretion of the Director of IDoA.
 - o. To the Department of Healthcare and Family Services staff and its provider agency staff, when that Department is funding services to the eligible adult, including access to the identity of the eligible adult.
 - p. To the Department of Human Services staff and its provider agency staff when that Department is funding services to the eligible adult or is providing reimbursement for services provided by the abuser or alleged abuser including access to the identity of the eligible adult.
 - q. To hearing officers in the course of conducting an administrative hearing under the APS Act.
 - r. To a caregiver who challenges placement on the APS Registry, allegations in the ANE/SN Intake Form and the substantiation decision in the final investigative report shall be provided.
 - s. To the Illinois Guardianship and Advocacy Commission and the agency designated by the Governor under Section 1 of the Protection and Advocacy for Persons with Developmental Disabilities Act. Access, through the Department, to records shall include the findings pertaining to a completed or closed investigation of a report of suspected ANE/SN of an eligible adult.
- C. Release of Records Procedures
- 1. In cases where the APS PA has initiated the referral of a case to an individual or entity referred to in the APS Act Section 8, copies of records may be released without having received a written request.
 - 2. The release of information or records to the client or to that client's guardian, agent or attorney pursuant to 1202:B.2.e. shall be made only pursuant to a written request from the client, the agent designated under the Power of Attorney Act, guardian, or the attorney at law. Such agent, guardian or attorney at law must provide documentation to the APSCW that the agent, guardian, or attorney at law seeking the information is acting within the scope of his or her authority. For an agent, this means that the agent must present to the APSCW a valid power of attorney document appointing the agent. For an attorney at law, the documentation of authority must be in writing, on the business stationery of such attorney at law, and state that the

attorney is representing the client on the specific issues involved in the APS case. A guardian shall provide a copy of the court order appointing such person as the guardian. If there is any doubt on the part of the APSCW, the APS PA should consult the Office of APS. The request from such agent, guardian, or attorney at law should not be honored until such time as the APS supervisor is assured of the authority of the agent, guardian or the attorney at law.

D. Release of Records Procedures under Specific Circumstances

1. When the substantiated abuser is a worker paid through the IDoA, Department of Human Services, Department of Public Health, or Department of Healthcare and Family Services, whose employment may be adversely affected by the substantiation decision, IDoA may share summary information provided by the APS PA regarding the investigation conducted, the type(s) of abuse substantiated, and the reasons for substantiation. This information may also be shared with the abuser's employer and with the abuser.
2. When the substantiated abuser is a worker paid through the Older Americans Act and related funds, whose employment may be adversely affected by the substantiation decision, the RAA may, upon written request, share summary information provided by the APS PA regarding the investigation conducted, the types(s) of abuse substantiated, and the reasons for substantiation. This information may be shared with the abuser's employer and with the abuser.
3. When an APSCW has evidence that an APS client did not accurately report his or her assets to the CCP, Department of Human Services, Department of Public Health, Department of Healthcare and Family Services, or another publicly funded program, the APSCW must report such evidence to the Office of APS.
4. Client information, limited to what is necessary to serve the best interests of the client, may be shared verbally with other professionals, including long-term care ombudsmen, case managers at a care coordination unit, staff of the Department of Human Services including PAS Agents, staff at the Department of Healthcare and Family Services, staff of Managed Care Organizations, staff of a money management program, medical services providers, caregiver-support program staff, and staff of another APS PA, provided that:
 - a. the professionals or their agencies are providing services to the client, or
 - b. the APS program is arranging services with the individual or agency for the client.
5. Requests for APS case files under the Freedom of Information Act (FOIA) (5 ILCS 140/1 *et seq.*) will not be honored. The right to access APS records through a FOIA request is limited by Section 7.5(y) of the FOIA and Sections 4 and 8 of the APS Act regarding confidentiality. If an APS PA receives a FOIA request, the APS PA shall contact the Office of APS for guidance on response.

E. Security of Records and Protecting Privacy

1. In any release of the records provided by law, the APS PA shall not release the name or identity of the reporter, and shall disclose the records only to the person or persons authorized by law to receive or review such records, and only such records as are legally requested, authorized, or required to be released.
2. The APSCW and the APS PA shall take all necessary measures to safeguard the physical security of, and access to, the records, including those stored electronically. Electronic records shall be protected through the use of electronic security measures such as passwords granted only to authorized persons. Under no circumstances (except with the permission of IDoA) shall any employee of the RAA or the APS PA remove copies of the files from the premises of the offices of the RAA or APS PA unless the original files are being taken to court for judicial review.
3. Any electronic transfer of confidential information by an APS PA must take place via an encrypted channel. Encryption requires the scrambling of a message or data so that no one but the sender and the intended recipient can read it.

Email messages containing encrypted data may never include the password in the same message as the encrypted data. Instead, when the encryption method includes a password, that password must be transferred through an alternative method, such as calling the individual and leaving the password on their voice mail.

Individuals who are unsure if they are correctly encrypting electronic data transfers should immediately contact the Office of APS.

4. The APS PA shall also, when appropriate, seek to prevent further disclosure of the records by requesting that the person or office to whom the records are released take appropriate measures to safeguard the physical security of, and access to, the records by authorized persons.
5. In the event of an actual or potential breach of confidential information held or transferred by an APS PA, the APS PA must immediately take all steps necessary to cure or mitigate the effects of the breach. Additionally, the APS PA must immediately contact the Office of APS to report the breach. The Office of APS will determine what additional action may be required on behalf of the APS PA.

F. Response to Subpoenas for Records

1. Section 8 of the APS Act describes the confidentiality of, and access to, records generated as a result of the report of alleged or suspected ANE/SN. The APS PA must not comply with subpoenas for records from parties that are not entitled to access to such records. When a question arises as to the propriety of the release, the APS PA shall contact the Office of APS for guidance.

2. When an APS PA receives a subpoena to produce any portion of a case record relating to an ANE/SN case, the APS PA shall take the following steps:
 - a. The APS PA should first determine the nature of the case in which the subpoena was issued, the party issuing the subpoena, and the scope of the demand for records contained in the subpoena. (If the subpoena is for the testimony of the supervisor or caseworker at a deposition, hearing or trial, then consult the following Subpart G.)
 - b. The APS PA should then determine if the subpoena has been issued by a person or agency authorized under Section 8 of the APS Act (see Subpart B above). If it has, the APS PA should prepare a redacted copy of the case record. Redacted information should minimally include references to the identity of the reporter and sensitive personal identifiers such as a Social Security Number, Medicare Number, Medicaid Number, Driver's License Number and financial account numbers.

The APS PA may also redact references to conversations in the case notes protected by attorney-client privilege. The APS PA shall retain a copy of the records released to the party that issued the subpoena, or to the court for a judicial review. This copy should be uploaded to the client record in the APS CM System.

- c. If the records cannot be submitted to the party issuing the subpoena, then the APS PA must, directly or through legal counsel, advise the party issuing the subpoena that, under Section 8 of the APS Act, any portion of the case record relating to a case of ANE/SN is confidential and can only be disclosed in accordance with Section 8 of the Act.
- d. If the APS PA determines that it cannot release the case record, the APS PA shall respond to the party issuing the subpoena in writing as follows:

We must respectfully decline to comply with your subpoena of [date], regarding the case record relating to [name of person whose files are the subject of the subpoena]. Section 8 of the Adult Protective Services Act provides in relevant part that: "All records concerning reports of abuse, neglect, financial exploitation or self-neglect and all records generated as a result of such reports shall be confidential and shall not be disclosed except as specifically authorized by this Act or other applicable law."

Your subpoena does not fit into any of the exceptions listed in Section 8. Therefore, this agency must decline to produce the case record requested by your subpoena.

This agency will comply with a court order issued in accordance with Section 8 of the Adult Protective Services Act, which provides that a "court, upon its finding that access to such records may be necessary for the determination of an issue before such court" may order the access to such records. However, this access is limited to an in camera inspection by the court, unless the court determines the disclosure of such information in court is necessary for the resolution of issues before it.

This agency will cooperate in the disclosure of such records only in accordance with the provisions of the Adult Protective Services Act.

- e. If it appears likely that the party issuing the subpoena will pursue a court order to enforce the subpoena, the APS PA should consult their own legal counsel or IDoA for legal advice.
- f. When the court orders an in camera inspection, the APS PA must submit the case record to the judge consistent with the redaction requirements of Section 1202:F.2.b.

G. Responding to Subpoenas for Oral Testimony

1. If the subpoena demands that an APSCW or supervisor provide testimony in a deposition, hearing, or trial, the APSCW or supervisor shall make herself or himself available to be deposed or to testify. The APSCW or supervisor shall answer all questions relating to what she or he observed, witnessed, saw or heard. The confidentiality provisions of the APS Act pertain to the case record, not to direct observations by the APSCW or supervisor.
2. If, during a deposition, the APSCW or supervisor is asked to identify the reporter in the case, the witness should refuse to do so, pending a later ruling by the court. If the question is put to the witness in a hearing or trial, the witness should remain silent until objections have been made and ruled upon, or, in the absence of objections, the witness should ask the judge if she/he is required to divulge that information and then comply with the judge's ruling.

1203: Authority to Consent

- A. During the APS investigation the APSCW must determine whether there is a valid guardianship in place, a valid durable power of attorney, and the powers and limitations of the guardian or agent. This information may be determined by a review of the guardianship order signed by the judge or by a review of the Durable Power of Attorney forms.
- B. If it reasonably appears to the APS PA that the alleged victim has decisional capacity at the initial interview, then the APS PA will conduct an assessment of the reported incident of suspected ANE/SN in accordance with Chapters 4, 5 and 6.
- C. The APS PA shall support that an agent acting under a Durable Power of Attorney never has the legal authority to override the decision-making powers of a principal.
- D. Whatever the scope of authority of the guardian or agent, the APS PA need not follow the directions of a guardian or agent who is an alleged, suspected or substantiated abuser to the extent that such directions are adverse to the best interests of the ward (a person who has been adjudicated disabled and had a guardian appointed) or principal.
- E. An eligible adult "lacks the capacity to consent" if qualified staff of an APS PA reasonably determine, that he or she appears either unable to receive and evaluate information related to the assessment or services or unable to communicate in any manner decisions related to the assessment of the reported incident or services.

- F. If it reasonably appears to the APS PA that the alleged victim lacks decisional capacity at the initial interview, and there is no immediate risk of harm, then the APS PA will continue to intervene in order to determine if the alleged victim has a guardian or agency under an advanced directive with authority to act on his or her behalf for consenting to an assessment and/or services.
1. Upon consent by the guardian or agent under an advance directive, services will be provided according to the case plan and shall be arranged to meet the client's needs, based on the availability of resources to provide such services.
 2. If the client does not have a guardian or agent, or the guardian or agent lacks authority to act, the APS PA shall contact 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 as provided in Article XIa of the Probate Act of 1975 for the purposes of consenting to an assessment of the reported incident and services, together with an order for an evaluation of the alleged victim's decisional capacity and his or her physical, psychological, and medical condition. *(320 ILCS 20/9(b))*.
- G. The APS PA shall follow the directions of the ward to the extent that the limited or temporary guardianship order allows the ward, provided that the decisions are not adverse to the best interests of the ward.
- H. When a guardian (whether temporary, plenary or limited) has been appointed by the court to make decisions for the client, and such guardian is not the alleged, suspected, or substantiated abuser, the APS PA shall work with and through that guardian to the extent of the guardian's authority. This includes approaching the guardian to request consent for an assessment of the reported incident, services, or consent to the release of information on behalf of the guardian's ward.
- I. If the guardian is the alleged abuser or the substantiated abuser, and such guardian has interfered with services, refused to cooperate with the APS PA, or refused to permit access to the client, or such guardian cannot be located or contacted in a timely manner after several good faith attempts, the APSCW may request a court order seeking appropriate 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.

If it reasonably appears to the APS PA that the alleged victim lacks the decisional capacity at the initial interview, and there is an immediate risk of harm or some other emergency exists, then the APS PA may:

1. take appropriate action necessary to ameliorate the risk by consulting with any other appropriate professional and/or provider of services, through charitable and community assistance, disability agencies, private means, or public benefit programs to meet identified needs, stabilize the abusive situation and reduce the risk of further harm, such as:
 - a. seeking assistance of law enforcement to gain access to the alleged victim;
 - b. obtaining emergency medical care;

- c. petitioning for Orders of Protection, Restraining Orders, or orders freezing assets;
 - d. purchasing early intervention services under Section 270:265; and
 - e. applying for appointment of a representative payee; and/or
2. request an ex parte order from the circuit court of the county in which the petitioner or respondent resides or in which the alleged ANE/SN occurred, authorizing an assessment of a report of alleged or suspected ANE/SN or the provision of necessary services, or both, including relief available under the Illinois Domestic Violence Act of 1986 (750 ILCS 60). (320 ILCS 20/9(d))
- J. In all cases in which there is a substantiated finding of abuse, neglect, or financial exploitation by a guardian, the Department shall, within 30 days after the finding, notify the probate court with jurisdiction over the guardianship.
 - K. The written notification to the probate court shall be written on the APS PA's letterhead and shall include the following:

DATE: _____

Hon. Judge _____

In re: _____

Probate Case No. _____

Dear Hon. Judge _____:

Pursuant to 320 ILCS 20/9(g), I am writing to notify you that on _____ (date of substantiation), (name of guardian) _____, the guardian of (victim) _____, a disabled person, was substantiated as an abuser of (victim) _____.

Should you wish to review the appropriateness of the guardianship as a result of this notification, please provide us with an Order for *in camera* inspection, in accordance with the Adult Protective Services Act, 320 ILCS 20/*et seq.* You may call the Adult Protective Services caseworker, _____, to provide testimony in the event of a hearing.

Respectfully,

APS Supervisor

cc: Illinois Department on Aging Office of Adult Protective Services



**CHAPTER 13:
IMMUNITY
PROVISIONS**

CHAPTER 13: IMMUNITY PROVISIONS

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CHAPTER 13: IMMUNITY PROVISIONS

1301: Purpose of Chapter

The purpose of this chapter is to describe the statutory provisions for immunity of reporters of ANE/SN and APS PA caseworkers and supervisors from civil, criminal, and professional disciplinary liability.

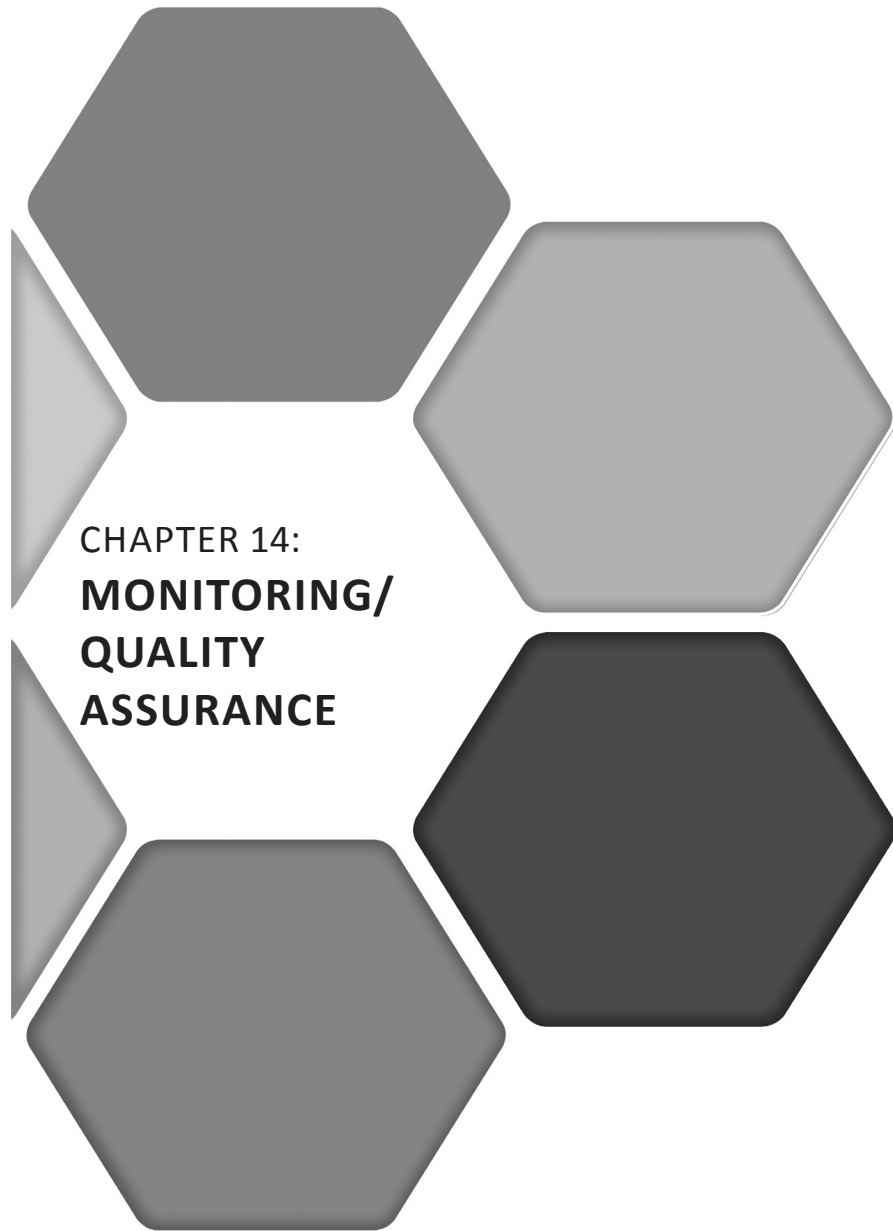
1302: Scope of Immunity

- A. The APS Act provides, in Section 4, that any person, institution, or agency making a report or providing information or records related to a report, assessment, or services, or taking photographs or X-rays as part of an authorized assessment, or authorized by IDoA to provide assessments, interventions (including casework and follow-up), or administrative services (i.e., the RAAs) shall be immune from any civil or criminal liability, or professional disciplinary action, when so acting in good faith.
- B. "Good faith" is a legal term of art which means that the action was done in the absence of malice; with no design to defraud or seek an unconscionable advantage; with an honesty of purpose; and while being faithful to one's duties and obligations. It would not include using the reporting or assessment process for personal advantage. The strict adherence to the procedures outlined in these standards would support the defense of an APSCW that the report or assessment was done in "good faith." Section 4 of the Adult Protective Service's Act provides that in any hearing or trial, the good faith of the APSCWs, supervisors and APS PAs shall be presumed, unless such presumption is overcome by clear evidence.

1303: Responses to Legal Summons

- A. The State Employee Indemnification Act (5 ILCS 350/0.01 *et seq.*) does provide for the legal representation of APSCWs, supervisors, APS PA volunteers (when such volunteer status is put in a written agreement), RAAs, and APS PAs by the Attorney General of the State of Illinois.
- B. Should an APSCW, supervisor, volunteer, RAA or APS PA be faced with a civil lawsuit or criminal prosecution, the individual or program may choose to retain legal counsel. Whether the agency or individual would be reimbursed the cost of legal representation or would be offered the representation of the Attorney General would depend upon the specific circumstances. Decisions regarding representation are made by the Office of the Attorney General.
- C. For a civil or criminal prosecution to overcome the statutory immunity provision, the plaintiff or prosecutor would be required to plead and prove that the report or assessment was not undertaken in "good faith." The evidence of a lack of "good faith" must be more than mere negligence or lack of desired results, but must include an allegation of malice, misconduct, fraud, recklessness, or the seeking of a personal advantage.

- D. IDoA shall be notified upon receipt of a legal summons of any legal action (other than a subpoena) taken against the RAA, APS PA or APS staff or volunteers in connection with the APS Program. Such notice shall be provided within 24 hours, in writing, and shall include a copy of the legal document received.



CHAPTER 14: MONITORING/QUALITY ASSURANCE

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CHAPTER 14: MONITORING/QUALITY ASSURANCE**1401: Purpose of Chapter**

The purpose of this chapter is to outline the standards, functions and responsibilities of IDoA, RAAs, and APS PAs to assure that activities conducted are consistent with program standards and procedures.

1402: RAA Peer Review

- A. RAAs shall select the specific case records to be reviewed. The size of the sample of case records to be reviewed will be determined according to IDoA protocol.
- B. RAAs shall provide the sample to the APS PA two weeks prior to the start of the review. APS PAs will then be given thirty days in which to complete their peer review.
- C. RAAs are responsible for providing technical assistance as necessary based on the results of the peer review.

1403: Adult Protective Service Provider Agencies/ Peer Review

- A. Each APS PA is required to complete an annual peer review between July 1 – December 31.
- B. Each APSCW who is listed on the IDoA APSCW registry shall complete one review of another peer's case record using the APOCR. If an APSCW listed on the registry was not assigned to a case within the review period, the APSCW would still be required to complete a peer review of an APS co-worker's case record.
- C. Each APS supervisor listed on the Department's APS supervisor's registry shall complete, at a minimum, a review of one APSCW's case record whom he or she directly supervises using the APOCR. If an APSCW listed on the registry was not assigned to a case within the review period, the APS supervisor would not be required to review a file for that APSCW.
- D. The selection of cases for review is determined by the RAA. The RAA determines the selection based on the APOCR's case selection criteria.
- E. APS PAs shall notify their RAA four weeks prior to conducting their peer review.
- F. The APS PA shall utilize the Department's instructions for completing the APOCR process. The APOCR form shall be used to review each case record.
- G. As a part of the peer review, the supervisor shall hold an in-service to discuss the strengths and weaknesses of the APS PA's work, noted from the peer review process. All supervisors and caseworkers who participated in the peer review shall attend. Minutes and a sign-in sheet are required. A copy of this information shall be forwarded to the RAA within two weeks following the completion of the review.
- H. The APS PA shall be responsible for completing the Peer Review Action Plan Form (PRAP) and taking corrective actions if necessary based on the results of the peer review.

- I. The following information regarding the results of the peer review shall be kept on file for follow-up review by the RAA:
 1. the completed APOCR forms;
 2. the case review instrument recap sheet;
 3. minutes and sign-in sheets from the in-service training as applicable; and
 4. the Peer Review Action Plan Form.

1404: RAA/APOCR

- A. Each RAA shall complete an APOCR for each APS PA located in its service area by reviewing a sample of case records at each agency.
- B. All individuals completing the annual case review for the RAA must have successfully completed APSCW Certification and on-line forms training, Phase II Certification, and Supervisory Training sponsored by IDoA, as well as Recertification Training every three years.
- C. The APOCR shall be conducted between January 1 – June 30.
- D. The RAA shall give the APS PA not less than three weeks' notice of the APOCR.
- E. The RAA shall select the specific case records to be reviewed. The size of the sample of case records will be determined according to IDoA's protocol.
- F. The RAA, based on the results of the APOCR, will determine whether the APS PA has passed or failed the APOCR.
- G. The RAA shall provide the APS PA with a report of its findings and conclusions within three weeks following the completion of the APOCR.
- H. The RAA shall identify all activity areas requiring corrective action. Corrective actions should outline steps that can be taken in the future to improve program operations.
- I. The APOCR results and corrective action plan are to be kept by the RAA and the APS PA. If no corrective action was deemed to be necessary based on the results of the review, a memorandum or other document explaining this conclusion shall be filed with the completed review materials.
- J. It shall be the responsibility of the RAA to assure that all corrective measures have been implemented.
- K. Within three weeks following the conclusion of their APOCRs, the RAA shall submit to IDoA the following documents:
 1. Case Review Instrument Recap Sheet,
 2. Case Review Summary Sheet,
 3. Results Summary Chart,
 4. Report of Finding, and
 5. Corrective Action Plan, if required.

1405: APS PA/APOCR

- A. The APS PA must prepare a corrective action plan after receipt of the RAA's report of the results of the case review (if corrective action is required). The plan must be submitted to the RAA within two weeks.
- B. The APS PA may request a meeting with the RAA if the APS PA objects to any of the findings and conclusions of the RAA. If such a meeting is requested, the corrective action plan must be submitted to the RAA within three weeks following the APS PA's receipt of the report, if required.
- C. The APS PA shall submit written evidence that corrective actions have taken place within ninety (90) days following submission of the corrective action plan. For example, if the corrective action plan states that training will be provided, written evidence that the required training has occurred must be submitted. If the corrective action plan requires a change in policy or procedure, such change in policy or procedure must be documented.
- D. The APS PA shall keep a record of all case review results, and corrective action plans, documentation of the implementation of all corrective action plans, and, if there were no corrective actions deemed necessary, a written statement to that effect.

1406: RAA/PPOAR

- A. The RAA shall be responsible for conducting a PPOAR of the APS PAs in the RAA's service area.
- B. The frequency of the review of each APS PA shall be determined by the following criteria, however, in no case may the period between administrative reviews exceed three years.
 - 1. For the first two years the RAA contracts with the APS PA, a review must be conducted annually.
 - 2. If the APS PA has met all the requirements of their PPOAR, the RAA may elect to conduct the next review in three years.
 - 3. If the RAA or IDoA has reason to believe a more frequent review is warranted, then a PPOAR shall be conducted within the next year.
- C. The RAA shall give the APS PA no less than three weeks' notice that the RAA will be conducting its PPOAR.
- D. Upon arrival at the APS PA, the RAA shall briefly meet with the head of the APS PA's program, or agency director, as appropriate, to discuss the review and the location of, and procedures for, accessing records that will be part of the review.
- E. The RAA shall provide the APS PA with a report of its findings and conclusions within three weeks after the PPOAR is completed. The reports must identify all areas requiring corrective action.
- F. The RAA and the APS PA shall keep on file all review results and the corrective action plan. If no corrective action was deemed necessary based on the results of the PPOAR, then a written statement to that effect is to be filed with the completed PPOAR materials.

- G. During the next PPOAR, the RAA shall review the areas requiring corrective action as a result of the last review to assure that all required corrective measures were implemented.
- H. Within three weeks following the conclusion of the PPOAR, the RAA shall submit to IDoA the following documents:
 - 1. the PPOAR findings, conclusions, and areas requiring corrective actions; and
 - 2. any corrective action plans prepared by the APS PA in response to the RAA's findings.

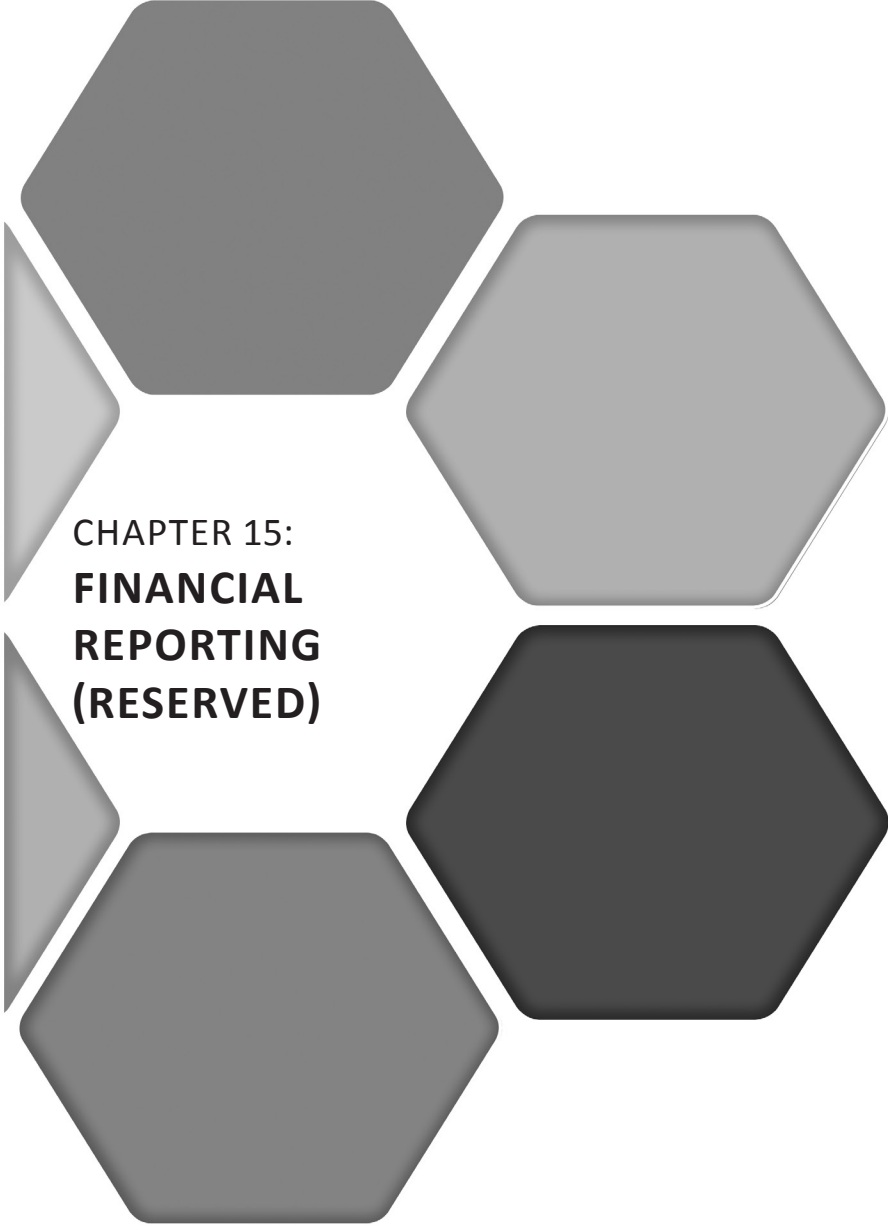
1407: APS PA/PPOAR

- A. The APS PA shall prepare a corrective action plan after receiving the results of the RAA's PPOAR (if such corrective actions are required.) The plan must be submitted to the RAA within two weeks following receipt of the report.
- B. If the APS PA objects to any of the RAA's findings or conclusions, the APS PA may request a meeting with the RAA to discuss the report. If such a meeting is requested, the corrective action plan must be submitted to the RAA within three weeks following the APS PA's receipt of the report, if required.
- C. The APS PA shall submit written evidence that the required corrective actions have taken place within 90 days following submission of the corrective action plan. For example, if the corrective action plan states that training will be provided, written evidence that the required training has occurred must be submitted. If the corrective action plan requires a change in policy or procedure, such change in policy or procedure must be documented.

1408: Complaint Review Process

- A. All complaints or allegations against an APS PA relating to an ANE/SN case under the IDoA/Office of APS should be submitted in writing, unless physically impossible for the complainant. The written complaint submission should be as specific as possible as to the nature of the complaint, and should include such documentation as is available and relevant.
- B. The complainant should initially be directed to submit the written complaint to the APS PA supervisor, thus giving the APS PA the opportunity to review the complaint and take appropriate corrective action to resolve the complaint.
 - 1. If the complainant has previously attempted to make a complaint to the APS PA without receiving a satisfactory response or if the circumstances are such that the complaint to the APS PA would not be fairly considered, then the complaint may be directed to the IDoA/Office of APS.
 - 2. If the central issue of the written complaint is based on new factual allegations, then the APS PA supervisor shall advise the complainant to submit those new facts as an ANE/SN report to the APS PA.
 - 3. When the initial complaint is made to the APS PA, the APS PA supervisor shall review the case file, discuss the case with the assigned caseworker, and respond in writing to the complainant within thirty (30) calendar days of receiving the written complaint.

4. If the complainant notifies the APS PA the complainant is unsatisfied with the APS PA response, the APS PA supervisor shall forward the original complaint, APS PA written response, and documentation in support of the complaint to IDoA/Office of APS within five (5) business days of the notification.
5. Upon receipt of the request for a review of the original complaint, the IDoA/Office of APS shall review the case record by completing the 'Complaint Review Protocol'. IDoA/Office of APS may discuss the case with the APS PA supervisor and/or caseworker. Within the limitations of confidentiality rules, the reviewing staff may also discuss the complaint with the complainant. The review by IDoA/ Office of APS shall be concluded and a written response mailed to the complainant within 45 calendar days after receipt by IDoA/Office of APS of all relevant materials required by the review.
 - a. IDoA/Office of APS will document its findings in a written response to the complainant and copy the APS PA for entry into the associated client case record.
 - b. IDoA/Office of APA will address its concerns in writing with the APS PA supervisor. The APS PA must submit such documentation to the associated client case record. IDoA/Office of APS will document such findings in writing to the complainant and copy the APS PA for entry into the associated client case record.
 - c. IDoA finds the initial report does not meet APS jurisdiction criteria. IDoA supervisor has reviewed and concurs. IDoA will notify the APS PA of the need to close the case. The APS PA will close the case and document the reason in the client case record. IDoA will document such findings in writing to the complainant and copy the APS PA for entry into the associated client case record.
 - d. IDoA will notify the APS PA in writing of the need to override the substantiation decision and document such in the client case record. IDoA will document such findings in writing to the complainant and copy the APS PA for entry into the associated client case record.
 - e. Or none of the above outcomes apply and another outcome will be documented by IDoA.
- C. Complaints received directly by IDoA will require review of the subject case record by completing the 'Complaint Review Protocol'. IDoA may discuss the case with the APS PA supervisor and/or caseworker. Within the limitations of confidentiality rules, the reviewing staff may also discuss the complaint with the complainant. The review by IDoA shall be concluded and a written response mailed to the complainant within 45 days after receipt by APS of all relevant materials required by the review.
 1. The response by IDoA will be limited to one of the following outcomes noted in 1408.B.5(a-e).



CHAPTER 15:
**FINANCIAL
REPORTING
(RESERVED)**

CHAPTER 15: FINANCIAL REPORTING (Reserved)