Adult Protective Services (APS) Program
Mandated Reporter Training

An Office of Adult Protective Services Training
August, 27 2020
Illinois’ Elder Abuse and Neglect Act signed into law in 1988.

Statewide Program as of 1990.

July 2013, The Elder Abuse and Neglect Act amended to the Adult Protective Services Act (320 ILCS 20)
The Illinois Adult Protective Services Program is managed by the Illinois Department on Aging and is operated through designated local Adult Protective Services Provider Agencies (APS PAs). These APS PAs include not-for-profit social service agencies, city and county public health departments and senior centers.

Reports can be made to the Illinois Department on Aging, Adult Protective Services Hotline 1-866-800-1409, or through the individual's local Area Agency on Aging or the local Adult Protective Services Provider Agency.
Criteria for Illinois’ Adult Protective Services Program to accept a report of alleged or suspected ANE

There must be an alleged victim who is 60 years of age or an adult with a disability, age 18-59; 320 ILCS 20/2 (e)

Allegations must meet the criteria and definition for abuse, neglect or financial exploitation; 320 ILCS 20/2 (a)(g)(i-5) (f-1)

The alleged abuse must have occurred within the past twelve months, or, if the abuse occurred prior to the previous twelve months, the effects of the abuse must continue to adversely affect the alleged victim; 320 ILCS 20/4 (a-5)
Criteria for Illinois’ Adult Protective Services Program to accept a report of alleged or suspected ANE

The alleged abuse or neglect occurred outside of a facility and not under facility supervision by a family member, caregiver, or another person who has a continuing relationship with the alleged victim; 320 ILCS 20/2 (e)

The alleged financial exploitation was perpetrated by a family member, caregiver or another person who has a continuing relationship with the alleged victim, but who is not an employee of the facility where the alleged victim resides; 320 ILCS 20/2 (d)

The alleged abuse must have been caused by an identifiable person other than the alleged victim; who has continued access to the alleged victim 320 ILCS 20/2 (e)
Limited Mandatory Reporting  
320 ILCS 20/2 & 20/4  (Sections 2 & 4)

- Combines voluntary and mandatory reporting for abuse, neglect and financial exploitation

- A mandated report must be made within 24 hours of suspicion

- A mandated report must be made when it is believed that the eligible adult, who because of a disability or other condition or impairment is unable to seek assistance for himself or herself and has within the previous 12 months, been subjected to abuse, neglect or financial exploitation by an identifiable individual with whom the eligible adult has continued contact.
Limited Mandatory Reporting
320 ILCS 20/2 & 20/4 (Sections 2 & 4)

- “Mandated reporter” means a designated professional engaged in carrying out their professional duty
- The law exempts attorneys, including legal services providers and bankers from mandatory reporting
- Provides for voluntary reporting for self-neglect
- Act Provides Immunity from:
  - Criminal liability
  - Civil liability
  - Professional disciplinary action
- Act Prohibits Retaliation
  - By an employer against employee for reporting or helping with investigation
Limited Mandatory Reporting
320 ILCS 20/2 & 20/4 (Sections 2 & 4)

Mandated reporters include:

- Personnel of the Department of Human Services, the Guardianship and Advocacy Commission, the State Fire Marshal, local fire departments, the **Department on Aging and its subsidiary Area Agencies on Aging and provider agencies**, and the Office of the State Long Term Care Ombudsman

- For a listing of additional mandated reporters, please refer to 320 ILCS /20
Limited Mandatory Reporting
Abuse, Neglect, Financial Exploitation and Self-Neglect
320 ILCS 20/4  (Section 4)

- The reporter’s identity is confidential unless, the reporter provides a written consent for release or there is a court order.

- Reporters may remain anonymous. However, as a mandated reporter, anonymous reports will not provide proof that an individual had fulfilled their reporting requirements.
Reportable Events
ILCS 20/2 & ILCS 20/4

- Abuse
  - Physical
  - Sexual
  - Emotional
  - Confinement
- Neglect
  - Passive
  - Willful Deprivation
  - Self-Neglect
- Financial Exploitation
- Suspicious deaths
See It Report It

- If you are the one to see the abuse, neglect, self-neglect or exploitation you should be the one to report it.

- The report taker will ask questions that a person who did not witness the abuse, neglect, self-neglect or exploitation may not know.
Physical Abuse

“The causing of infliction of physical pain or injury to an older person or person with a disability.”

Joint Committee on Administrative Rules
Title 89 Section 270.210 & 270.240

Illinois Department on Aging
Sexual Abuse

“Any sexual activity with an eligible adult who is unable to understand, unwilling to consent, threatened, or physically forced to engage in such sexual activity.”

Joint Committee on Administrative Rules
Title 89 Section 270.210
Emotional Abuse

“Verbal assaults, threats of abuse harassment or intimidation.”

Joint Committee on Administrative Rules
Title 89 Section 270.210
Confinement

“Restraining or isolating an individual for other than bona fide medical reasons.”

Joint Committee on Administrative Rules
Title 89 Section 270.210
Neglect

“Another individual’s failure to provide an eligible adult with or willful withholding from an eligible adult the necessities of life including, but not limited to, food, clothing, shelter or health care.”
## Types of Neglect

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<tr>
<th>Type</th>
<th>Description</th>
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<td><strong>Passive Neglect</strong></td>
<td>Failure by a caregiver to provide an eligible adult with the necessities of life including, but not limited to, food, clothing, shelter, or medical care, because of failure to understand the eligible adult’s needs, lack of awareness of services to help meet needs, or a lack of capacity to care for the eligible adult.</td>
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<td><strong>Willful Deprivation</strong></td>
<td>The deliberate denial to an eligible adult of required medication, medical care, shelter, food, therapeutic devices, or other physical assistance, thereby exposing that person to the risk of physical, mental, or emotional harm. This does not include the discontinuation of medical care or treatment when the eligible adult has expressed a desire to forego such medical care or treatment.</td>
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<td><strong>Self-Neglect</strong></td>
<td>A condition that is the result of an eligible adult’s inability, due to physical or mental impairments, or both, or a diminished capacity, to perform essential self-care tasks that substantially threaten his or her own health, including: providing essential food, clothing shelter, and health care; and obtaining goods and services necessary to maintain physical health, mental health, emotional well being, and general safety. Includes compulsive hoarding which significantly impairs the performance of essential self-care tasks or otherwise substantially threatens life or safety.</td>
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Financial Exploitation

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

Joint Committee on Administrative Rules
Title 89 Section 270.210
Even if you are unsure if the report meets criteria, report it!

It’s always better to make the report and let the report taker determine if the report meets criteria.

Even if you believe another report was already made, report it!

The other report may not have been made and then someone might not receive needed assistance.

Remember you are a mandated reporter. The only way to be sure a report was made, is to make it!
Suspicious Death Reports
Title 89 Section 270.210 and 270.241

- Suspicious death reporting is not a part of the mandated reporting requirements. However, APS does accept suspicious death reports for all eligible adults whose death is suspected to be the result of abuse, neglect, and/or exploitation.

- Upon receipt of a suspicious death report, the APS Provider Agency will immediately report the matter to both law enforcement and the coroner or medical examiner in the jurisdiction where the death occurred.
Suspicious Death Reporting

Common indicators that death may be related to abuse, neglect, and/or financial exploitation:

- Brain damage
- Loss or substantial impairment of a bodily function or organ
- Bone fractures
- Extensive burns
- Substantial disfigurement
- Evidence of sexual assault
- Serious bodily injury
- Extensive swelling or bruising
- Evidence of severe neglect
- Etc.
What information is needed to make a report?

- An identifiable victim who is age 60 or over or an individual age 18-59 who has a disability. The incident should meet the criteria of abuse, neglect, self-neglect, and/or financial exploitation.

- In cases other than self-neglect, there is an ongoing relationship between the alleged victim and the alleged abuser.

- A reporter need only have a “suspicion” that the allegation(s) occurred. Proof is not required.
What information is needed to make a report?

- Other helpful information includes:
  - Alleged victim’s and alleged abuser’s names, addresses, phone numbers, sex, age, and general conditions
  - Circumstances related to the suspicion of abuse, neglect, and/or financial exploitation
  - If the alleged victim is in immediate danger, the best time to contact the person, if the person is aware of the report, and if there is any danger to the worker going out to investigate
  - If the reporter believes the individual could self-report
  - The name, telephone number, and profession of the reporter
  - The names of others with information about the situation
  - Whether the reporter is willing to be contacted again
  - Any other relevant information.
After Hours Reporting

- At 4:45 PM and on State Holidays, the APS Intake Line (1-866-800-1409) will automatically transfer to an after-hours contracted vendor.

- If you experience any issues with this process, please contact IDoA at:

  Aging.APS@illinois.gov
Reporting Process

If you have questions about the reporting process, please contact:

Aging.APS@illinois.gov

Please note: APS Reports are considered confidential. Information may not be available to provide to reporters after intake.
What Happens After a Report is Made?

- Information provided by the mandated reporter is forwarded to the APS provider agency in the alleged victim’s coverage area.
- There are 40 provider agencies across 13 planning and service areas.
- The APS provider agency will make a follow-up call to the mandated reporter, if agreeable, to gather any additional information available.
- The APS provider may then reach out to other collaterals before initiating a face-to-face visit with the alleged victim.
The goal of Adult Protective Services is to maintain proper health, safety and welfare of older adults and adults with disabilities.

APS will work with and on behalf of individuals to:

1. Investigate reports of alleged abuse, neglect, self-neglect, and financial exploitation
2. Intervene to prevent further mistreatment; and
3. Allow the individual to remain independent to the maximum degree possible.
Guiding Principles

- Ethics
- Self Determination
- Advocacy Intervention Model
- Collaboration
- Intervention
- Health, welfare, and safety
Guiding Principles—Ethics

The Administration for Community Living (ACL) sets forth in the 2019 Consensus Guidelines the following ethical foundations for APS:

- **Least restrictive alternative**—“a setting, program, or a course of action that puts as few limits as possible on a person’s rights and individual freedoms while, at the same time, meeting the person’s care and support needs.”

- **Person-centered service**—“an orientation to the delivery of services that consider an adult’s needs, goals, preferences, cultural traditions, family situation, and values.”

- **Trauma-informed approach**—“realize the widespread impact of trauma,” “recognize the signs and symptoms of trauma,” “respond by fully integrating knowledge about trauma into policies, procedures, and practices,” “actively resist re-traumatization.”

- **Supported decision-making**—“a series of relationships, practices, arrangements, and agreements, of more or less formality and intensity, designed to assist an individual with a disability to make, and communicate to others, decisions about the individual’s life.”
Guiding Principles: Self Determination

- Competent adults have the right to:
  1. Decide how and where to live
  2. Choose whether to accept services and support
  3. Make their own decisions
  4. Develop personal relationships

- Allow room for unique personal and lifestyle choices which do no harm
- Competent adults have a right to privacy
Guiding Principles: Advocacy

- Recognize that the individual is in a vulnerable situation
- Assist the individual through interventions
- Serve as an advocate of the individual’s rights
- Assist the individual in obtaining needed services
- Support the individual’s right to self-advocacy
Guiding Principles: Collaboration

- Facilitate collaboration with community members to provide the individual with the broadest range of options, improve access to services, and increase the likelihood that they will receive help.

- Work with multi-disciplinary team members to address the varied needs of individual’s served by utilizing the team member’s individual talents, knowledge, and skills.
Guiding Principles: Intervention

- Involve the individual in decision making
- The individual’s interest comes first
- Respect the individual’s right to confidentiality
- Be direct in discussing the situation

- IDoA will assure:
  - Adequate program standards are in place
  - License/certification standards are met including APS statute, administrative rules, and standards/procedures
  - Ability to meet the unique service needs of individuals that are among different target groups
  - Services are provided in home and community-based settings
  - System for tracking services to prevent future incidents of abuse, neglect, and exploitation
  - Use of data to prevent future incidents
Defining Urgency of Response
Title 89 Section 270.240

➢ **Priority 1 (24 hrs)**
  Serious physical harm or immediate danger

➢ **Priority II (72 hrs)**
  Less serious consequences than priority 1

➢ **Priority III (7 Days)**
  Emotional abuse, financial exploitation or with no immediate threat or harm

*Some exceptions may apply depending on the circumstance(s).*
Services Provided:

1. Intake
2. Comprehensive Assessment
3. Case Plan and Interventions
4. Follow-up Monitoring
5. Multi-Disciplinary Teams
Goals of Casework and Follow-Up

- To provide long term support and intervention to prevent further abuse/neglect/self-neglect/financial exploitation
  - Development of a case plan
  - Arranging for services/interventions in case plan
  - Monitoring progress in the case
Types of Interventions

- Immediate/Short-Term/Crisis
  - Early Intervention Services
  - Medical Care
  - Law Enforcement Interventions
  - Orders of Protection

- Long Term
  - Medical/Health
  - Social
  - Legal/Law Enforcement Involvement
  - Supportive Counseling
Case Closure

- Individual declines services
- Individual deceased
- Permanent placement in a LTC facility or group home
- Individual moved
- Individual no longer at risk
- Administrative closure
Questions

For more information or to schedule in-person training please contact:
Office Adult Protective Services
Illinois Department on Aging
One Natural Resources Way, #100
Springfield, IL 62702-1271
E-mail: Aging.APS@Illinois.gov
1-800-252-8966