**Section 270.240 Intake of Abuse, Neglect, Financial Exploitation, or Self-Neglect Reports**

a) The following agencies and hotlines are authorized to receive reports of abuse, neglect, financial exploitation, or self-neglect:

1) the Department on Aging's toll-free 24-hour Adult Protective Services Hotline;

2) the Department on Aging's Senior HelpLine;

3) regional administrative agencies; and

4) APS provider agencies.

b) An APS provider agency receiving a report of abuse, neglect, financial exploitation, or self-neglect will assign a priority to the report in accordance with the following:

1) Priority 1 reports are reports of abuse, neglect, or self-neglect in which the alleged victim is reported as being in serious physical harm or in immediate danger of death or serious physical harm. Priority 1 reports include, but are not limited to, the following:

A) physical abuse or self-neglect causing injuries such as fractures, head injuries, internal injuries, or burns, when the injury is of a serious nature, such as to require medical treatment;

B) threats of serious injury or death;

C) passive neglect or willful deprivation involving a lack of basic physical necessities severe enough to result in freezing, serious heat stress or starvation;

D) immediate medical attention is needed to treat conditions that could result in irreversible physical damages such as unconsciousness, acute pain, or severe respiratory distress;

E) alleged sexual abuse that has occurred in the last 72 hours;

F) threats of sexual abuse where the alleged abuser has access to the alleged victim; and

G) punishment by the alleged abuser, such as locking the alleged victim in the closet.

2) Priority 2 reports are reports of abuse, neglect, financial exploitation, or self-neglect in which the alleged victim is reported as being abused, neglected, or exploited, or is self-neglecting, and the report taker has reason to believe that the consequences are less serious than Priority 1 reports. Priority 2 reports include, but are not limited to, the following:

A) physical abuse or self-neglect involving scratches or bruises;

B) verbal threats of physical harm;

C) passive neglect or willful deprivation involving inadequate attention to physical needs, such as insufficient food or medicine;

D) unreasonable confinement; and

E) probability of liquidation or depletion of an alleged victim's income and assets.

3) Priority 3 reports are reports of abuse, neglect, or financial exploitation in which the alleged victim is reported as the target of emotional abuse by a caregiver or the alleged victim's financial resources are being misused or withheld and the report taker has reason to believe that there is no immediate threat of harm to the alleged victim.

c) If a report includes allegations or conditions of more than one priority, the report taker that has received the report assigns it to the higher priority.

d) An agency that is not an APS provider agency shall forward the reports of abuse, neglect, financial exploitation, or self-neglect to the appropriate APS provider agency within two hours.

e) The APS provider agency is directed to respond to reports of abuse, neglect, financial exploitation, or self-neglect within the time frames indicated in subsection (f), including making a good faith attempt to conduct a face-to-face visit with the alleged victim.

f) The applicable time frames for each priority are: for Priority 1 reports, 24 hours from the receipt of the report; Priority 2 reports, 72 hours from the receipt of the report; and for Priority 3 reports, seven calendar days from the receipt of the report.

g) The following exceptions shall apply and extend the time frames specified for that priority:

1) The alleged victim of the Priority 1 report has been admitted to the hospital, in which case the response time for a face-to-face visit is extended from 24 hours to the following work day.

2) The report is a Priority 2 or Priority 3 report, the APS case worker is likely to be in danger, and a police officer or another appropriate individual is called to investigate or escort the worker. An appropriate escort may be, but is not limited to, a mental health professional, health professional, or significant relative. The response time for a face-to-face visit is then extended until such a time as the police officer or appropriate escort is available, not to exceed three days beyond the response time established for that priority.

3) The alleged victim does not wish or consent to a face-to-face visit within the time frame.

(Source: Amended at 42 Ill. Reg. 9226, effective July 1, 2018)