



Rep. Michelle Mussman

Filed: 3/8/2024

10300HB4338ham001

LRB103 35332 KTG 70731 a

1 AMENDMENT TO HOUSE BILL 4338

2 AMENDMENT NO. _____. Amend House Bill 4338 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Opening Meetings Act is amended by
5 changing Sections 1.02 and 2 as follows:

6 (5 ILCS 120/1.02) (from Ch. 102, par. 41.02)

7 Sec. 1.02. For the purposes of this Act:

8 "Meeting" means any gathering, whether in person or by
9 video or audio conference, telephone call, electronic means
10 (such as, without limitation, electronic mail, electronic
11 chat, and instant messaging), or other means of
12 contemporaneous interactive communication, of a majority of a
13 quorum of the members of a public body held for the purpose of
14 discussing public business or, for a 5-member public body, a
15 quorum of the members of a public body held for the purpose of
16 discussing public business.

1 Accordingly, for a 5-member public body, 3 members of the
2 body constitute a quorum and the affirmative vote of 3 members
3 is necessary to adopt any motion, resolution, or ordinance,
4 unless a greater number is otherwise required.

5 "Public body" includes all legislative, executive,
6 administrative or advisory bodies of the State, counties,
7 townships, cities, villages, incorporated towns, school
8 districts and all other municipal corporations, boards,
9 bureaus, committees or commissions of this State, and any
10 subsidiary bodies of any of the foregoing including but not
11 limited to committees and subcommittees which are supported in
12 whole or in part by tax revenue, or which expend tax revenue,
13 except the General Assembly and committees or commissions
14 thereof. "Public body" includes tourism boards and convention
15 or civic center boards located in counties that are contiguous
16 to the Mississippi River with populations of more than 250,000
17 but less than 300,000. "Public body" includes the Health
18 Facilities and Services Review Board. "Public body" does not
19 include a child death review team or the Illinois Child Death
20 Review Teams Executive Council established under the Child
21 Death Review Team Act, an ethics commission acting under the
22 State Officials and Employees Ethics Act, a regional youth
23 advisory board or the Statewide Youth Advisory Board
24 established under the Department of Children and Family
25 Services Statewide Youth Advisory Board Act, ~~or~~ the Illinois
26 Independent Tax Tribunal, or the regional interagency fatality

1 review teams and the Illinois Fatality Review Team Advisory
2 Council established under the Adult Protective Services Act.

3 (Source: P.A. 97-1129, eff. 8-28-12; 98-806, eff. 1-1-15.)

4 (5 ILCS 120/2) (from Ch. 102, par. 42)

5 Sec. 2. Open meetings.

6 (a) Openness required. All meetings of public bodies shall
7 be open to the public unless excepted in subsection (c) and
8 closed in accordance with Section 2a.

9 (b) Construction of exceptions. The exceptions contained
10 in subsection (c) are in derogation of the requirement that
11 public bodies meet in the open, and therefore, the exceptions
12 are to be strictly construed, extending only to subjects
13 clearly within their scope. The exceptions authorize but do
14 not require the holding of a closed meeting to discuss a
15 subject included within an enumerated exception.

16 (c) Exceptions. A public body may hold closed meetings to
17 consider the following subjects:

18 (1) The appointment, employment, compensation,
19 discipline, performance, or dismissal of specific
20 employees, specific individuals who serve as independent
21 contractors in a park, recreational, or educational
22 setting, or specific volunteers of the public body or
23 legal counsel for the public body, including hearing
24 testimony on a complaint lodged against an employee, a
25 specific individual who serves as an independent

1 contractor in a park, recreational, or educational
2 setting, or a volunteer of the public body or against
3 legal counsel for the public body to determine its
4 validity. However, a meeting to consider an increase in
5 compensation to a specific employee of a public body that
6 is subject to the Local Government Wage Increase
7 Transparency Act may not be closed and shall be open to the
8 public and posted and held in accordance with this Act.

9 (2) Collective negotiating matters between the public
10 body and its employees or their representatives, or
11 deliberations concerning salary schedules for one or more
12 classes of employees.

13 (3) The selection of a person to fill a public office,
14 as defined in this Act, including a vacancy in a public
15 office, when the public body is given power to appoint
16 under law or ordinance, or the discipline, performance or
17 removal of the occupant of a public office, when the
18 public body is given power to remove the occupant under
19 law or ordinance.

20 (4) Evidence or testimony presented in open hearing,
21 or in closed hearing where specifically authorized by law,
22 to a quasi-adjudicative body, as defined in this Act,
23 provided that the body prepares and makes available for
24 public inspection a written decision setting forth its
25 determinative reasoning.

26 (4.5) Evidence or testimony presented to a school

1 board regarding denial of admission to school events or
2 property pursuant to Section 24-24 of the School Code,
3 provided that the school board prepares and makes
4 available for public inspection a written decision setting
5 forth its determinative reasoning.

6 (5) The purchase or lease of real property for the use
7 of the public body, including meetings held for the
8 purpose of discussing whether a particular parcel should
9 be acquired.

10 (6) The setting of a price for sale or lease of
11 property owned by the public body.

12 (7) The sale or purchase of securities, investments,
13 or investment contracts. This exception shall not apply to
14 the investment of assets or income of funds deposited into
15 the Illinois Prepaid Tuition Trust Fund.

16 (8) Security procedures, school building safety and
17 security, and the use of personnel and equipment to
18 respond to an actual, a threatened, or a reasonably
19 potential danger to the safety of employees, students,
20 staff, the public, or public property.

21 (9) Student disciplinary cases.

22 (10) The placement of individual students in special
23 education programs and other matters relating to
24 individual students.

25 (11) Litigation, when an action against, affecting or
26 on behalf of the particular public body has been filed and

1 is pending before a court or administrative tribunal, or
2 when the public body finds that an action is probable or
3 imminent, in which case the basis for the finding shall be
4 recorded and entered into the minutes of the closed
5 meeting.

6 (12) The establishment of reserves or settlement of
7 claims as provided in the Local Governmental and
8 Governmental Employees Tort Immunity Act, if otherwise the
9 disposition of a claim or potential claim might be
10 prejudiced, or the review or discussion of claims, loss or
11 risk management information, records, data, advice or
12 communications from or with respect to any insurer of the
13 public body or any intergovernmental risk management
14 association or self insurance pool of which the public
15 body is a member.

16 (13) Conciliation of complaints of discrimination in
17 the sale or rental of housing, when closed meetings are
18 authorized by the law or ordinance prescribing fair
19 housing practices and creating a commission or
20 administrative agency for their enforcement.

21 (14) Informant sources, the hiring or assignment of
22 undercover personnel or equipment, or ongoing, prior or
23 future criminal investigations, when discussed by a public
24 body with criminal investigatory responsibilities.

25 (15) Professional ethics or performance when
26 considered by an advisory body appointed to advise a

1 licensing or regulatory agency on matters germane to the
2 advisory body's field of competence.

3 (16) Self evaluation, practices and procedures or
4 professional ethics, when meeting with a representative of
5 a statewide association of which the public body is a
6 member.

7 (17) The recruitment, credentialing, discipline or
8 formal peer review of physicians or other health care
9 professionals, or for the discussion of matters protected
10 under the federal Patient Safety and Quality Improvement
11 Act of 2005, and the regulations promulgated thereunder,
12 including 42 C.F.R. Part 3 (73 FR 70732), or the federal
13 Health Insurance Portability and Accountability Act of
14 1996, and the regulations promulgated thereunder,
15 including 45 C.F.R. Parts 160, 162, and 164, by a
16 hospital, or other institution providing medical care,
17 that is operated by the public body.

18 (18) Deliberations for decisions of the Prisoner
19 Review Board.

20 (19) Review or discussion of applications received
21 under the Experimental Organ Transplantation Procedures
22 Act.

23 (20) The classification and discussion of matters
24 classified as confidential or continued confidential by
25 the State Government Suggestion Award Board.

26 (21) Discussion of minutes of meetings lawfully closed

1 under this Act, whether for purposes of approval by the
2 body of the minutes or semi-annual review of the minutes
3 as mandated by Section 2.06.

4 (22) Deliberations for decisions of the State
5 Emergency Medical Services Disciplinary Review Board.

6 (23) The operation by a municipality of a municipal
7 utility or the operation of a municipal power agency or
8 municipal natural gas agency when the discussion involves
9 (i) contracts relating to the purchase, sale, or delivery
10 of electricity or natural gas or (ii) the results or
11 conclusions of load forecast studies.

12 (24) Meetings of a residential health care facility
13 resident sexual assault and death review team or the
14 Executive Council under the Abuse Prevention Review Team
15 Act.

16 (25) Meetings of an independent team of experts under
17 Brian's Law.

18 (26) Meetings of a mortality review team appointed
19 under the Department of Juvenile Justice Mortality Review
20 Team Act.

21 (27) (Blank).

22 (28) Correspondence and records (i) that may not be
23 disclosed under Section 11-9 of the Illinois Public Aid
24 Code or (ii) that pertain to appeals under Section 11-8 of
25 the Illinois Public Aid Code.

26 (29) Meetings between internal or external auditors

1 and governmental audit committees, finance committees, and
2 their equivalents, when the discussion involves internal
3 control weaknesses, identification of potential fraud risk
4 areas, known or suspected frauds, and fraud interviews
5 conducted in accordance with generally accepted auditing
6 standards of the United States of America.

7 (30) (Blank). ~~Those meetings or portions of meetings~~
8 ~~of a fatality review team or the Illinois Fatality Review~~
9 ~~Team Advisory Council during which a review of the death~~
10 ~~of an eligible adult in which abuse or neglect is~~
11 ~~suspected, alleged, or substantiated is conducted pursuant~~
12 ~~to Section 15 of the Adult Protective Services Act.~~

13 (31) Meetings and deliberations for decisions of the
14 Concealed Carry Licensing Review Board under the Firearm
15 Concealed Carry Act.

16 (32) Meetings between the Regional Transportation
17 Authority Board and its Service Boards when the discussion
18 involves review by the Regional Transportation Authority
19 Board of employment contracts under Section 28d of the
20 Metropolitan Transit Authority Act and Sections 3A.18 and
21 3B.26 of the Regional Transportation Authority Act.

22 (33) Those meetings or portions of meetings of the
23 advisory committee and peer review subcommittee created
24 under Section 320 of the Illinois Controlled Substances
25 Act during which specific controlled substance prescriber,
26 dispenser, or patient information is discussed.

1 (34) Meetings of the Tax Increment Financing Reform
2 Task Force under Section 2505-800 of the Department of
3 Revenue Law of the Civil Administrative Code of Illinois.

4 (35) Meetings of the group established to discuss
5 Medicaid capitation rates under Section 5-30.8 of the
6 Illinois Public Aid Code.

7 (36) Those deliberations or portions of deliberations
8 for decisions of the Illinois Gaming Board in which there
9 is discussed any of the following: (i) personal,
10 commercial, financial, or other information obtained from
11 any source that is privileged, proprietary, confidential,
12 or a trade secret; or (ii) information specifically
13 exempted from the disclosure by federal or State law.

14 (37) Deliberations for decisions of the Illinois Law
15 Enforcement Training Standards Board, the Certification
16 Review Panel, and the Illinois State Police Merit Board
17 regarding certification and decertification.

18 (38) Meetings of the Ad Hoc Statewide Domestic
19 Violence Fatality Review Committee of the Illinois
20 Criminal Justice Information Authority Board that occur in
21 closed executive session under subsection (d) of Section
22 35 of the Domestic Violence Fatality Review Act.

23 (39) Meetings of the regional review teams under
24 subsection (a) of Section 75 of the Domestic Violence
25 Fatality Review Act.

26 (40) Meetings of the Firearm Owner's Identification

1 Card Review Board under Section 10 of the Firearm Owners
2 Identification Card Act.

3 (d) Definitions. For purposes of this Section:

4 "Employee" means a person employed by a public body whose
5 relationship with the public body constitutes an
6 employer-employee relationship under the usual common law
7 rules, and who is not an independent contractor.

8 "Public office" means a position created by or under the
9 Constitution or laws of this State, the occupant of which is
10 charged with the exercise of some portion of the sovereign
11 power of this State. The term "public office" shall include
12 members of the public body, but it shall not include
13 organizational positions filled by members thereof, whether
14 established by law or by a public body itself, that exist to
15 assist the body in the conduct of its business.

16 "Quasi-adjudicative body" means an administrative body
17 charged by law or ordinance with the responsibility to conduct
18 hearings, receive evidence or testimony and make
19 determinations based thereon, but does not include local
20 electoral boards when such bodies are considering petition
21 challenges.

22 (e) Final action. No final action may be taken at a closed
23 meeting. Final action shall be preceded by a public recital of
24 the nature of the matter being considered and other
25 information that will inform the public of the business being
26 conducted.

1 (Source: P.A. 102-237, eff. 1-1-22; 102-520, eff. 8-20-21;
2 102-558, eff. 8-20-21; 102-813, eff. 5-13-22; 103-311, eff.
3 7-28-23.)

4 Section 10. The Adult Protective Services Act is amended
5 by changing Sections 2, 3, 3.1, 3.5, 4, 5, 6, 7, 7.1, 9, and 15
6 and by adding Section 5.1 as follows:

7 (320 ILCS 20/2) (from Ch. 23, par. 6602)

8 Sec. 2. Definitions. As used in this Act, unless the
9 context requires otherwise:

10 (a) "Abandonment" means the desertion or willful forsaking
11 of an eligible adult by an individual responsible for the care
12 and custody of that eligible adult under circumstances in
13 which a reasonable person would continue to provide care and
14 custody. Nothing in this Act shall be construed to mean that an
15 eligible adult is a victim of abandonment because of health
16 care services provided or not provided by licensed health care
17 professionals.

18 (a-1) "Abuse" means causing any physical, mental or sexual
19 injury to an eligible adult, including exploitation of such
20 adult's financial resources, and abandonment or subjecting an
21 eligible adult to an environment which creates a likelihood of
22 harm to the eligible adult's health, physical and emotional
23 well-being, or welfare.

24 Nothing in this Act shall be construed to mean that an

1 eligible adult is a victim of abuse, abandonment, neglect, or
2 self-neglect for the sole reason that he or she is being
3 furnished with or relies upon treatment by spiritual means
4 through prayer alone, in accordance with the tenets and
5 practices of a recognized church or religious denomination.

6 Nothing in this Act shall be construed to mean that an
7 eligible adult is a victim of abuse because of health care
8 services provided or not provided by licensed health care
9 professionals.

10 Nothing in this Act shall be construed to mean that an
11 eligible adult is a victim of abuse in cases of criminal
12 activity by strangers, telemarketing scams, consumer fraud,
13 internet fraud, home repair disputes, complaints against a
14 homeowners' association, or complaints between landlords and
15 tenants.

16 (a-5) "Abuser" means a person who is a family member,
17 caregiver, or another person who has a continuing relationship
18 with the eligible adult and abuses, abandons, neglects, or
19 financially exploits an eligible adult.

20 (a-6) "Adult with disabilities" means a person aged 18
21 through 59 who resides in a domestic living situation and
22 whose disability as defined in subsection (c-5) impairs his or
23 her ability to seek or obtain protection from abuse,
24 abandonment, neglect, or exploitation.

25 (a-7) "Caregiver" means a person who either as a result of
26 a family relationship, voluntarily, or in exchange for

1 compensation has assumed responsibility for all or a portion
2 of the care of an eligible adult who needs assistance with
3 activities of daily living or instrumental activities of daily
4 living.

5 (b) "Department" means the Department on Aging of the
6 State of Illinois.

7 (c) "Director" means the Director of the Department.

8 (c-5) "Disability" means a physical or mental disability,
9 including, but not limited to, a developmental disability, an
10 intellectual disability, a mental illness as defined under the
11 Mental Health and Developmental Disabilities Code, or dementia
12 as defined under the Alzheimer's Disease Assistance Act.

13 (d) "Domestic living situation" means a residence where
14 the eligible adult at the time of the report lives alone or
15 with his or her family or a caregiver, or others, or other
16 community-based unlicensed facility, but is not:

17 (1) A licensed facility as defined in Section 1-113 of
18 the Nursing Home Care Act;

19 (1.5) A facility licensed under the ID/DD Community
20 Care Act;

21 (1.6) A facility licensed under the MC/DD Act;

22 (1.7) A facility licensed under the Specialized Mental
23 Health Rehabilitation Act of 2013;

24 (2) A "life care facility" as defined in the Life Care
25 Facilities Act;

26 (3) A home, institution, or other place operated by

1 the federal government or agency thereof or by the State
2 of Illinois;

3 (4) A hospital, sanitarium, or other institution, the
4 principal activity or business of which is the diagnosis,
5 care, and treatment of human illness through the
6 maintenance and operation of organized facilities
7 therefor, which is required to be licensed under the
8 Hospital Licensing Act;

9 (5) A "community living facility" as defined in the
10 Community Living Facilities Licensing Act;

11 (6) (Blank);

12 (7) A "community-integrated living arrangement" as
13 defined in the Community-Integrated Living Arrangements
14 Licensure and Certification Act or a "community
15 residential alternative" as licensed under that Act;

16 (8) An assisted living or shared housing establishment
17 as defined in the Assisted Living and Shared Housing Act;
18 or

19 (9) A supportive living facility as described in
20 Section 5-5.01a of the Illinois Public Aid Code.

21 (e) "Eligible adult" means either an adult with
22 disabilities aged 18 through 59 or a person aged 60 or older
23 who resides in a domestic living situation and is, or is
24 alleged to be, abused, abandoned, neglected, or financially
25 exploited by another individual or who neglects himself or
26 herself. "Eligible adult" also includes an adult who resides

1 in any of the facilities that are excluded from the definition
2 of "domestic living situation" under paragraphs (1) through
3 (9) of subsection (d), if either: (i) the alleged abuse,
4 abandonment, or neglect occurs outside of the facility and not
5 under facility supervision and the alleged abuser is a family
6 member, caregiver, or another person who has a continuing
7 relationship with the adult; or (ii) the alleged financial
8 exploitation is perpetrated by a family member, caregiver, or
9 another person who has a continuing relationship with the
10 adult, but who is not an employee of the facility where the
11 adult resides.

12 (f) "Emergency" means a situation in which an eligible
13 adult is living in conditions presenting a risk of death or
14 physical, mental or sexual injury and the provider agency has
15 reason to believe the eligible adult is unable to consent to
16 services which would alleviate that risk.

17 (f-1) "Financial exploitation" means the use of an
18 eligible adult's resources by another to the disadvantage of
19 that adult or the profit or advantage of a person other than
20 that adult.

21 (f-3) "Investment advisor" means any person required to
22 register as an investment adviser or investment adviser
23 representative under Section 8 of the Illinois Securities Law
24 of 1953, which for purposes of this Act excludes any bank,
25 trust company, savings bank, or credit union, or their
26 respective employees.

1 (f-5) "Mandated reporter" means any of the following
2 persons while engaged in carrying out their professional
3 duties:

4 (1) a professional or professional's delegate while
5 engaged in: (i) social services, (ii) law enforcement,
6 (iii) education, (iv) the care of an eligible adult or
7 eligible adults, or (v) any of the occupations required to
8 be licensed under the Behavior Analyst Licensing Act, the
9 Clinical Psychologist Licensing Act, the Clinical Social
10 Work and Social Work Practice Act, the Illinois Dental
11 Practice Act, the Dietitian Nutritionist Practice Act, the
12 Marriage and Family Therapy Licensing Act, the Medical
13 Practice Act of 1987, the Naprapathic Practice Act, the
14 Nurse Practice Act, the Nursing Home Administrators
15 Licensing and Disciplinary Act, the Illinois Occupational
16 Therapy Practice Act, the Illinois Optometric Practice Act
17 of 1987, the Pharmacy Practice Act, the Illinois Physical
18 Therapy Act, the Physician Assistant Practice Act of 1987,
19 the Podiatric Medical Practice Act of 1987, the
20 Respiratory Care Practice Act, the Professional Counselor
21 and Clinical Professional Counselor Licensing and Practice
22 Act, the Illinois Speech-Language Pathology and Audiology
23 Practice Act, the Veterinary Medicine and Surgery Practice
24 Act of 2004, and the Illinois Public Accounting Act;

25 (1.5) an employee of an entity providing developmental
26 disabilities services or service coordination funded by

1 the Department of Human Services;

2 (2) an employee of a vocational rehabilitation
3 facility prescribed or supervised by the Department of
4 Human Services;

5 (3) an administrator, employee, or person providing
6 services in or through an unlicensed community based
7 facility;

8 (4) any religious practitioner who provides treatment
9 by prayer or spiritual means alone in accordance with the
10 tenets and practices of a recognized church or religious
11 denomination, except as to information received in any
12 confession or sacred communication enjoined by the
13 discipline of the religious denomination to be held
14 confidential;

15 (5) field personnel of the Department of Healthcare
16 and Family Services, Department of Public Health, and
17 Department of Human Services, and any county or municipal
18 health department;

19 (6) personnel of the Department of Human Services, the
20 Guardianship and Advocacy Commission, the State Fire
21 Marshal, local fire departments, the Department on Aging
22 and its subsidiary Area Agencies on Aging and provider
23 agencies, except the State Long Term Care Ombudsman and
24 any of his or her representatives or volunteers where
25 prohibited from making such a report pursuant to 45 CFR
26 1324.11(e)(3)(iv);

1 (7) any employee of the State of Illinois not
2 otherwise specified herein who is involved in providing
3 services to eligible adults, including professionals
4 providing medical or rehabilitation services and all other
5 persons having direct contact with eligible adults;

6 (8) a person who performs the duties of a coroner or
7 medical examiner;

8 (9) a person who performs the duties of a paramedic or
9 an emergency medical technician; or

10 (10) a person who performs the duties of an investment
11 advisor.

12 (g) "Neglect" means another individual's failure to
13 provide an eligible adult with or willful withholding from an
14 eligible adult the necessities of life including, but not
15 limited to, food, clothing, shelter or health care. This
16 subsection does not create any new affirmative duty to provide
17 support to eligible adults. Nothing in this Act shall be
18 construed to mean that an eligible adult is a victim of neglect
19 because of health care services provided or not provided by
20 licensed health care professionals.

21 (h) "Provider agency" means any public or nonprofit agency
22 in a planning and service area that is selected by the
23 Department or appointed by the regional administrative agency
24 with prior approval by the Department on Aging to receive and
25 assess reports of alleged or suspected abuse, abandonment,
26 neglect, or financial exploitation. A provider agency is also

1 referenced as a "designated agency" in this Act.

2 (i) "Regional administrative agency" means any public or
3 nonprofit agency in a planning and service area that provides
4 regional oversight and performs functions as set forth in
5 subsection (b) of Section 3 of this Act. The Department shall
6 designate an Area Agency on Aging as the regional
7 administrative agency or, in the event the Area Agency on
8 Aging in that planning and service area is deemed by the
9 Department to be unwilling or unable to provide those
10 functions, the Department may serve as the regional
11 administrative agency or designate another qualified entity to
12 serve as the regional administrative agency; any such
13 designation shall be subject to terms set forth by the
14 Department.

15 (i-5) "Self-neglect" means a condition that is the result
16 of an eligible adult's inability, due to physical or mental
17 impairments, or both, or a diminished capacity, to perform
18 essential self-care tasks that substantially threaten his or
19 her own health, including: providing essential food, clothing,
20 shelter, and health care; and obtaining goods and services
21 necessary to maintain physical health, mental health,
22 emotional well-being, and general safety. The term includes
23 compulsive hoarding, which is characterized by the acquisition
24 and retention of large quantities of items and materials that
25 produce an extensively cluttered living space, which
26 significantly impairs the performance of essential self-care

1 tasks or otherwise substantially threatens life or safety.

2 (j) "Substantiated case" means a reported case of alleged
3 or suspected abuse, abandonment, neglect, financial
4 exploitation, or self-neglect in which a provider agency,
5 after assessment, determines that there is reason to believe
6 abuse, abandonment, neglect, or financial exploitation has
7 occurred.

8 (k) "Verified" means a determination that there is "clear
9 and convincing evidence" that the specific injury or harm
10 alleged was the result of abuse, abandonment, neglect, or
11 financial exploitation.

12 (Source: P.A. 102-244, eff. 1-1-22; 102-953, eff. 5-27-22;
13 103-329, eff. 1-1-24.)

14 (320 ILCS 20/3) (from Ch. 23, par. 6603)

15 Sec. 3. Responsibilities.

16 (a) The Department shall establish, design, and manage a
17 protective services program for eligible adults who have been,
18 or are alleged to be, victims of abuse, abandonment, neglect,
19 financial exploitation, or self-neglect. The Department may
20 develop policies and procedures to effectively administer all
21 aspects of the program defined in this Act. The Department
22 shall contract with or fund, or contract with and fund,
23 regional administrative agencies, provider agencies, or both,
24 for the provision of those functions, and, contingent on
25 adequate funding, with attorneys or legal services provider

1 agencies for the provision of legal assistance pursuant to
2 this Act. Contingent upon adequate funding, the Department, at
3 its discretion, may provide funding for legal assistance for
4 eligible adults. For self-neglect, the program shall include
5 the following services for eligible adults who have been
6 removed from their residences for the purpose of cleanup or
7 repairs: temporary housing; counseling; and caseworker
8 services to try to ensure that the conditions necessitating
9 the removal do not reoccur.

10 (a-1) The Department shall by rule develop standards for
11 minimum staffing levels and staff qualifications. The
12 Department shall by rule establish mandatory standards for the
13 investigation of abuse, abandonment, neglect, and financial
14 exploitation, ~~or self neglect~~ of eligible adults and mandatory
15 procedures for linking eligible adults to appropriate services
16 and supports. For self-neglect, the Department may by rule
17 establish mandatory standards for the provision of emergent
18 casework and follow-up services to mitigate the risk of harm
19 or death to the eligible adult.

20 (a-5) A provider agency shall, in accordance with rules
21 promulgated by the Department, establish a multi-disciplinary
22 team to act in an advisory role for the purpose of providing
23 professional knowledge and expertise in the handling of
24 complex abuse cases involving eligible adults. Each
25 multi-disciplinary team shall consist of one volunteer
26 representative from the following professions: banking or

1 finance; disability care; health care; law; law enforcement;
2 mental health care; and clergy. A provider agency may also
3 choose to add representatives from the fields of substance
4 abuse, domestic violence, sexual assault, or other related
5 fields. To support multi-disciplinary teams in this role, law
6 enforcement agencies and coroners or medical examiners shall
7 supply records as may be requested in particular cases.
8 Multi-disciplinary teams shall meet no less than 4 times
9 annually.

10 (b) Each regional administrative agency shall designate
11 provider agencies within its planning and service area with
12 prior approval by the Department on Aging, monitor the use of
13 services, provide technical assistance to the provider
14 agencies and be involved in program development activities.

15 (c) Provider agencies shall assist, to the extent
16 possible, eligible adults who need agency services to allow
17 them to continue to function independently. Such assistance
18 shall include, but not be limited to, receiving reports of
19 alleged or suspected abuse, abandonment, neglect, financial
20 exploitation, or self-neglect, conducting face-to-face
21 assessments of such reported cases, determination of
22 substantiated cases, referral of substantiated cases for
23 necessary support services, referral of criminal conduct to
24 law enforcement in accordance with Department guidelines, and
25 provision of case work and follow-up services on substantiated
26 cases. In the case of a report of alleged or suspected abuse,

1 abandonment, or neglect that places an eligible adult at risk
2 of injury or death, a provider agency shall respond to the
3 report on an emergency basis in accordance with guidelines
4 established by the Department by administrative rule and shall
5 ensure that it is capable of responding to such a report 24
6 hours per day, 7 days per week. A provider agency may use an
7 on-call system to respond to reports of alleged or suspected
8 abuse, abandonment, or neglect after hours and on weekends.

9 (c-5) Where a provider agency has reason to believe that
10 the death of an eligible adult may be the result of abuse,
11 abandonment, or neglect, including any reports made after
12 death, the agency shall immediately report the matter to both
13 the appropriate law enforcement agency and the coroner or
14 medical examiner. Between 30 and 45 days after making such a
15 report, the provider agency again shall contact the law
16 enforcement agency and coroner or medical examiner to
17 determine whether any further action was taken. Upon request
18 by a provider agency, a law enforcement agency and coroner or
19 medical examiner shall supply a summary of its action in
20 response to a reported death of an eligible adult. A copy of
21 the report shall be maintained and all subsequent follow-up
22 with the law enforcement agency and coroner or medical
23 examiner shall be documented in the case record of the
24 eligible adult. If the law enforcement agency, coroner, or
25 medical examiner determines the reported death was caused by
26 abuse, abandonment, or neglect by a caregiver, the law

1 enforcement agency, coroner, or medical examiner shall inform
2 the Department, and the Department shall report the
3 caregiver's identity on the Registry as described in Section
4 7.5 of this Act.

5 (d) (Blank). ~~Upon sufficient appropriations to implement a~~
6 ~~statewide program, the Department shall implement a program,~~
7 ~~based on the recommendations of the Self Neglect Steering~~
8 ~~Committee, for (i) responding to reports of possible~~
9 ~~self neglect, (ii) protecting the autonomy, rights, privacy,~~
10 ~~and privileges of adults during investigations of possible~~
11 ~~self neglect and consequential judicial proceedings regarding~~
12 ~~competency, (iii) collecting and sharing relevant information~~
13 ~~and data among the Department, provider agencies, regional~~
14 ~~administrative agencies, and relevant seniors, (iv) developing~~
15 ~~working agreements between provider agencies and law~~
16 ~~enforcement, where practicable, and (v) developing procedures~~
17 ~~for collecting data regarding incidents of self neglect.~~

18 (Source: P.A. 102-244, eff. 1-1-22.)

19 (320 ILCS 20/3.1)

20 Sec. 3.1. Adult protective services dementia training.

21 (a) This Section shall apply to any person who is employed
22 by the Department in the Adult Protective Services division,
23 or is contracted with the Department, and works on the
24 development or implementation of social services to respond to
25 and prevent adult abuse, neglect, or exploitation.

1 (b) The Department shall implement a dementia training
2 program that must include instruction on the identification of
3 people with dementia, risks such as wandering, communication
4 impairments, and elder abuse, and the best practices for
5 interacting with people with dementia.

6 (c) Training of at least 2 hours shall be completed at the
7 start of employment with the Adult Protective Services
8 division. ~~Persons who are employees of the Adult Protective~~
9 ~~Services division on the effective date of this amendatory Act~~
10 ~~of the 102nd General Assembly shall complete this training~~
11 ~~within 6 months after the effective date of this amendatory~~
12 ~~Act of the 102nd General Assembly.~~ The training shall cover
13 the following subjects:

14 (1) Alzheimer's disease and dementia.

15 (2) Safety risks.

16 (3) Communication and behavior.

17 (d) Annual continuing education shall include at least 2
18 hours of dementia training covering the subjects described in
19 subsection (c).

20 (e) This Section is designed to address gaps in current
21 dementia training requirements for Adult Protective Services
22 officials and improve the quality of training. If laws or
23 rules existing on the effective date of this amendatory Act of
24 the 102nd General Assembly contain more rigorous training
25 requirements for Adult Protective Service officials, those
26 laws or rules shall apply. Where there is overlap between this

1 Section and other laws and rules, the Department shall
2 interpret this Section to avoid duplication of requirements
3 while ensuring that the minimum requirements set in this
4 Section are met.

5 (f) The Department may adopt rules for the administration
6 of this Section.

7 (Source: P.A. 102-4, eff. 4-27-21.)

8 (320 ILCS 20/3.5)

9 Sec. 3.5. Other responsibilities. The Department shall
10 also be responsible for the following activities, contingent
11 upon adequate funding; implementation shall be expanded to
12 adults with disabilities upon the effective date of this
13 amendatory Act of the 98th General Assembly, except those
14 responsibilities under subsection (a), which shall be
15 undertaken as soon as practicable:

16 (a) promotion of a wide range of endeavors for the
17 purpose of preventing abuse, abandonment, neglect,
18 financial exploitation, and self-neglect, including, but
19 not limited to, promotion of public and professional
20 education to increase awareness of abuse, abandonment,
21 neglect, financial exploitation, and self-neglect; to
22 increase reports; to establish access to and use of the
23 Registry established under Section 7.5; and to improve
24 response by various legal, financial, social, and health
25 systems;

1 (b) coordination of efforts with other agencies,
2 councils, and like entities, to include but not be limited
3 to, the Administrative Office of the Illinois Courts, the
4 Office of the Attorney General, the Illinois State Police,
5 the Illinois Law Enforcement Training Standards Board, the
6 State Triad, the Illinois Criminal Justice Information
7 Authority, the Departments of Public Health, Healthcare
8 and Family Services, and Human Services, the Illinois
9 Guardianship and Advocacy Commission, the Family Violence
10 Coordinating Council, the Illinois Violence Prevention
11 Authority, and other entities which may impact awareness
12 of, and response to, abuse, abandonment, neglect,
13 financial exploitation, and self-neglect;

14 (c) collection and analysis of data;

15 (d) monitoring of the performance of regional
16 administrative agencies and adult protective services
17 agencies;

18 (e) promotion of prevention activities;

19 (f) establishing and coordinating an aggressive
20 training program on the unique nature of adult abuse cases
21 with other agencies, councils, and like entities, to
22 include but not be limited to the Office of the Attorney
23 General, the Illinois State Police, the Illinois Law
24 Enforcement Training Standards Board, the State Triad, the
25 Illinois Criminal Justice Information Authority, the State
26 Departments of Public Health, Healthcare and Family

1 Services, and Human Services, the Family Violence
2 Coordinating Council, the Illinois Violence Prevention
3 Authority, the agency designated by the Governor under
4 Section 1 of the Protection and Advocacy for Persons with
5 Developmental Disabilities Act, and other entities that
6 may impact awareness of and response to abuse,
7 abandonment, neglect, financial exploitation, and
8 self-neglect;

9 (g) solicitation of financial institutions for the
10 purpose of making information available to the general
11 public warning of financial exploitation of adults and
12 related financial fraud or abuse, including such
13 information and warnings available through signage or
14 other written materials provided by the Department on the
15 premises of such financial institutions, provided that the
16 manner of displaying or distributing such information is
17 subject to the sole discretion of each financial
18 institution; and

19 (g-1) developing by joint rulemaking with the
20 Department of Financial and Professional Regulation
21 minimum training standards which shall be used by
22 financial institutions for their current and new employees
23 with direct customer contact; the Department of Financial
24 and Professional Regulation shall retain sole visitation
25 and enforcement authority under this subsection (g-1); the
26 Department of Financial and Professional Regulation shall

1 provide bi-annual reports to the Department setting forth
2 aggregate statistics on the training programs required
3 under this subsection (g-1). ~~;~~ and

4 ~~(h) coordinating efforts with utility and electric~~
5 ~~companies to send notices in utility bills to explain to~~
6 ~~persons 60 years of age or older their rights regarding~~
7 ~~telemarketing and home repair fraud.~~

8 (Source: P.A. 102-244, eff. 1-1-22; 102-538, eff. 8-20-21;
9 102-813, eff. 5-13-22.)

10 (320 ILCS 20/4) (from Ch. 23, par. 6604)

11 Sec. 4. Reports of abuse, abandonment, or neglect.

12 (a) Any person who suspects the abuse, abandonment,
13 neglect, financial exploitation, or self-neglect of an
14 eligible adult may report this suspicion or information about
15 the suspicious death of an eligible adult to an agency
16 designated to receive such reports under this Act or to the
17 Department.

18 (a-5) If any mandated reporter has reason to believe that
19 an eligible adult, who because of a disability or other
20 condition or impairment is unable to seek assistance for
21 himself or herself, has, within the previous 12 months, been
22 subjected to abuse, abandonment, neglect, or financial
23 exploitation, the mandated reporter shall, within 24 hours
24 after developing such belief, report this suspicion to an
25 agency designated to receive such reports under this Act or to

1 the Department. The agency designated to receive such reports
2 under this Act or the Department may establish a manner in
3 which a mandated reporter can make the required report through
4 an Internet reporting tool. Information sent and received
5 through the Internet reporting tool is subject to the same
6 rules in this Act as other types of confidential reporting
7 established by the designated agency or the Department.
8 Whenever a mandated reporter is required to report under this
9 Act in his or her capacity as a member of the staff of a
10 medical or other public or private institution, facility, or
11 agency, he or she shall make a report to an agency designated
12 to receive such reports under this Act or to the Department in
13 accordance with the provisions of this Act and may also notify
14 the person in charge of the institution, facility, or agency
15 or his or her designated agent that the report has been made.
16 Under no circumstances shall any person in charge of such
17 institution, facility, or agency, or his or her designated
18 agent to whom the notification has been made, exercise any
19 control, restraint, modification, or other change in the
20 report or the forwarding of the report to an agency designated
21 to receive such reports under this Act or to the Department.
22 The privileged quality of communication between any
23 professional person required to report and his or her patient
24 or client shall not apply to situations involving abused,
25 abandoned, neglected, or financially exploited eligible adults
26 and shall not constitute grounds for failure to report as

1 required by this Act.

2 (a-6) If a mandated reporter has reason to believe that
3 the death of an eligible adult may be the result of abuse or
4 neglect, the matter shall be reported to an agency designated
5 to receive such reports under this Act or to the Department for
6 subsequent referral to the appropriate law enforcement agency
7 and the coroner or medical examiner in accordance with
8 subsection (c-5) of Section 3 of this Act.

9 (a-7) A person making a report under this Act in the belief
10 that it is in the alleged victim's best interest shall be
11 immune from criminal or civil liability or professional
12 disciplinary action on account of making the report,
13 notwithstanding any requirements concerning the
14 confidentiality of information with respect to such eligible
15 adult which might otherwise be applicable.

16 (a-9) Law enforcement officers shall continue to report
17 incidents of alleged abuse pursuant to the Illinois Domestic
18 Violence Act of 1986, notwithstanding any requirements under
19 this Act.

20 (b) Any person, institution or agency participating in the
21 making of a report, providing information or records related
22 to a report, assessment, or services, or participating in the
23 investigation of a report under this Act in good faith, or
24 taking photographs or x-rays as a result of an authorized
25 assessment, shall have immunity from any civil, criminal or
26 other liability in any civil, criminal or other proceeding

1 brought in consequence of making such report or assessment or
2 on account of submitting or otherwise disclosing such
3 photographs or x-rays to any agency designated to receive
4 reports of alleged or suspected abuse, abandonment, or
5 neglect. Any person, institution or agency authorized by the
6 Department to provide assessment, intervention, or
7 administrative services under this Act shall, in the good
8 faith performance of those services, have immunity from any
9 civil, criminal or other liability in any civil, criminal, or
10 other proceeding brought as a consequence of the performance
11 of those services. For the purposes of any civil, criminal, or
12 other proceeding, the good faith of any person required to
13 report, permitted to report, or participating in an
14 investigation of a report of alleged or suspected abuse,
15 abandonment, neglect, financial exploitation, or self-neglect
16 shall be presumed.

17 (c) The identity of a person making a report of alleged or
18 suspected abuse, abandonment, neglect, financial exploitation,
19 or self-neglect or a report concerning information about the
20 suspicious death of an eligible adult under this Act may be
21 disclosed by the Department or other agency provided for in
22 this Act only with such person's written consent or by court
23 order, but is otherwise confidential.

24 (d) The Department shall by rule establish a system for
25 filing and compiling reports made under this Act.

26 (e) Any physician who willfully fails to report as

1 required by this Act shall be referred to the Illinois State
2 Medical Disciplinary Board for action in accordance with
3 subdivision (A) (22) of Section 22 of the Medical Practice Act
4 of 1987. Any dentist or dental hygienist who willfully fails
5 to report as required by this Act shall be referred to the
6 Department of Financial and Professional Regulation for
7 possible disciplinary action ~~in accordance with paragraph 19~~
8 ~~of Section 23 of the Illinois Dental Practice Act.~~ Any
9 optometrist who willfully fails to report as required by this
10 Act shall be referred to the Department of Financial and
11 Professional Regulation for action in accordance with
12 paragraph (15) of subsection (a) of Section 24 of the Illinois
13 Optometric Practice Act of 1987. Any other mandated reporter
14 required by this Act to report suspected abuse, abandonment,
15 neglect, or financial exploitation who willfully fails to
16 report the same is guilty of a Class A misdemeanor.

17 (Source: P.A. 102-244, eff. 1-1-22; 103-329, eff. 1-1-24.)

18 (320 ILCS 20/5) (from Ch. 23, par. 6605)

19 Sec. 5. Procedure.

20 (a) A provider agency, upon receiving a report of alleged
21 or suspected abuse, abandonment, neglect, or financial
22 exploitation, shall conduct a face-to-face assessment with
23 respect to such report, in accordance with established law and
24 Department protocols, procedures, and policies. A provider
25 agency that receives a report of self-neglect shall follow the

1 ~~procedures set forth in Section 5.1 designated to receive~~
2 ~~reports of alleged or suspected abuse, abandonment, neglect,~~
3 ~~financial exploitation, or self neglect under this Act shall,~~
4 ~~upon receiving such a report, conduct a face to face~~
5 ~~assessment with respect to such report, in accord with~~
6 ~~established law and Department protocols, procedures, and~~
7 ~~policies. Face to face assessments, casework, and follow up of~~
8 ~~reports of self neglect by the provider agencies designated to~~
9 ~~receive reports of self neglect shall be subject to sufficient~~
10 ~~appropriation for statewide implementation of assessments,~~
11 ~~casework, and follow up of reports of self neglect. In the~~
12 ~~absence of sufficient appropriation for statewide~~
13 ~~implementation of assessments, casework, and follow up of~~
14 ~~reports of self neglect, the designated adult protective~~
15 ~~services provider agency shall refer all reports of~~
16 ~~self neglect to the appropriate agency or agencies as~~
17 ~~designated by the Department for any follow up.~~

18 (b) The assessment shall include, but not be limited to, a
19 visit to the residence of the eligible adult who is the subject
20 of the report and shall include interviews or consultations
21 regarding the allegations with service agencies, immediate
22 family members, and individuals who may have knowledge of the
23 eligible adult's circumstances based on the consent of the
24 eligible adult in all instances, except where the provider
25 agency is acting in the best interest of an eligible adult who
26 is unable to seek assistance for himself or herself and where

1 there are allegations against a caregiver who has assumed
2 responsibilities in exchange for compensation. If, after the
3 assessment, the provider agency determines that the case is
4 substantiated it shall develop a service care plan for the
5 eligible adult and may report its findings at any time during
6 the case to the appropriate law enforcement agency in accord
7 with established law and Department protocols, procedures, and
8 policies. In developing a case plan, the provider agency may
9 consult with any other appropriate provider of services, and
10 such providers shall be immune from civil or criminal
11 liability on account of such acts. The plan shall include
12 alternative suggested or recommended services which are
13 appropriate to the needs of the eligible adult and which
14 involve the least restriction of the eligible adult's
15 activities commensurate with his or her needs. Only those
16 services to which consent is provided in accordance with
17 Section 9 of this Act shall be provided, contingent upon the
18 availability of such services.

19 (c) ~~(b)~~ A provider agency shall refer evidence of crimes
20 against an eligible adult to the appropriate law enforcement
21 agency according to Department policies. A referral to law
22 enforcement may be made at intake, at any time during the case,
23 or after a report of a suspicious death, depending upon the
24 circumstances. Where a provider agency has reason to believe
25 the death of an eligible adult may be the result of abuse,
26 abandonment, or neglect, the agency shall immediately report

1 the matter to the coroner or medical examiner and shall
2 cooperate fully with any subsequent investigation.

3 (d) ~~(e)~~ If any person other than the alleged victim
4 refuses to allow the provider agency to begin an
5 investigation, interferes with the provider agency's ability
6 to conduct an investigation, or refuses to give access to an
7 eligible adult, the appropriate law enforcement agency must be
8 consulted regarding the investigation.

9 (Source: P.A. 102-244, eff. 1-1-22; 103-329, eff. 1-1-24.)

10 (320 ILCS 20/5.1 new)

11 Sec. 5.1. Procedure for self-neglect.

12 (a) A provider agency, upon receiving a report of
13 self-neglect, shall conduct no less than 2 unannounced
14 face-to-face visits at the residence of the eligible adult to
15 administer, upon consent, the eligibility screening. The
16 eligibility screening is intended to quickly determine if the
17 eligible adult is posing a substantial threat to themselves or
18 others. A full assessment phase shall not be completed for
19 self-neglect cases, and with individual consent, verified
20 self-neglect cases shall immediately enter the casework phase
21 to begin service referrals to mitigate risk unless
22 self-neglect occurs concurrently with another reported abuse
23 type (abuse, neglect, or exploitation), a full assessment
24 shall occur.

25 (b) The eligibility screening shall include, but is not

1 limited to:

2 (1) an interview with the eligible adult;

3 (2) with eligible adult consent, interviews or
4 consultations regarding the allegations with immediate
5 family members, and other individuals who may have
6 knowledge of the eligible adult's circumstances; and

7 (3) an inquiry of active service providers engaged
8 with the eligible adult who are providing services that
9 are mitigating the risk identified on the intake. These
10 services providers may be, but are not limited to:

11 (i) Managed care organizations.

12 (ii) Case coordination units.

13 (iii) The Department of Human Services' Division
14 of Rehabilitation Services.

15 (iv) The Department of Human Services' Division of
16 Developmental Disabilities.

17 (v) The Department of Human Services' Division of
18 Mental Health.

19 (c) During the visit, a provider agency shall obtain the
20 consent of the eligible adult before initiating the
21 eligibility screening. If the eligible adult cannot consent
22 and no surrogate decision maker is established, and where the
23 provider agency is acting in the best interest of an eligible
24 adult who is unable to seek assistance for themselves, the
25 provider agency shall conduct the eligibility screening as
26 described in subsection (b).

1 (d) When the eligibility screening indicates that the
2 individual is experiencing self-neglect, the provider agency
3 shall within 10 business days and with client consent, develop
4 an initial case plan.

5 (e) In developing a case plan, the provider agency shall
6 consult with any other appropriate provider of services to
7 ensure no duplications of services. Such providers shall be
8 immune from civil or criminal liability on account of such
9 acts except for intentional, willful, or wanton misconduct.

10 (f) The case plan shall be client directed and include
11 recommended services which are appropriate to the needs and
12 wishes of the individual, and which involve the least
13 restriction of the individual's activities commensurate with
14 the individual's needs.

15 (g) Only those services to which consent is provided in
16 accordance with Section 9 of this Act shall be provided,
17 contingent upon the availability of such services.

18 (320 ILCS 20/6) (from Ch. 23, par. 6606)

19 Sec. 6. Time. The Department shall by rule establish the
20 period of time within which an assessment or eligibility
21 screening shall begin and within which a service care plan
22 shall be implemented. Such rules shall provide for an
23 expedited response to emergency situations.

24 (Source: P.A. 85-1184.)

1 (320 ILCS 20/7) (from Ch. 23, par. 6607)

2 Sec. 7. Review. All services provided to an eligible adult
3 shall be reviewed by the provider agency on at least a
4 quarterly basis for up to one year to determine whether the
5 service care plan should be continued or modified, except
6 that, upon review, the Department on Aging may grant a waiver
7 to extend the service care plan for up to one additional year.
8 Provider agencies shall demonstrate responsiveness and
9 timeliness to eligible adult needs in the provision of
10 services.

11 (Source: P.A. 95-331, eff. 8-21-07.)

12 (320 ILCS 20/7.1)

13 Sec. 7.1. Final investigative report. A provider agency
14 shall prepare a final investigative report, upon the
15 completion or closure of an investigation, in all cases of
16 reported abuse, abandonment, neglect, financial exploitation,
17 or self-neglect of an eligible adult, whether or not there is a
18 substantiated finding. Upon eligible adult consent, notice of
19 findings shall be provided to the eligible adult, the alleged
20 abuser or abusers, and the reporter by the provider agency at
21 the point of substantiation when provision of such would not
22 create an environment of harm to the eligible adult. When a
23 report is accepted, a notice of findings shall include only
24 substantiation type (Substantiated, No Jurisdiction, Unable to
25 locate, not substantiated).

1 (Source: P.A. 102-244, eff. 1-1-22.)

2 (320 ILCS 20/9) (from Ch. 23, par. 6609)

3 Sec. 9. Authority to consent to services.

4 (a) If an eligible adult consents to an assessment of a
5 reported incident of suspected abuse, abandonment, neglect,
6 financial exploitation, or eligibility screening for
7 self-neglect and, following the assessment of such report,
8 consents to services being provided according to the case
9 plan, such services shall be arranged to meet the adult's
10 needs, based upon the availability of resources to provide
11 such services. If an adult withdraws his or her consent for an
12 assessment of the reported incident or withdraws his or her
13 consent for services and refuses to accept such services, the
14 services shall not be provided.

15 (b) If it reasonably appears to the Department or other
16 agency designated under this Act that a person is an eligible
17 adult and lacks the capacity to consent to an assessment, or
18 eligibility screen, of a reported incident of suspected abuse,
19 abandonment, neglect, financial exploitation, or self-neglect
20 or to necessary services, the Department or other agency shall
21 take appropriate action necessary to ameliorate risk to the
22 eligible adult if there is a threat of ongoing harm or another
23 emergency exists. Once the emergent risk has been mitigated,
24 the ~~The~~ Department or the provider ~~other~~ agency shall be
25 authorized to seek the appointment of a temporary guardian as

1 provided in Article XIa of the Probate Act of 1975 or surrogate
2 decision-maker for the purpose of consenting to an assessment
3 or eligibility screen of the reported incident and such
4 services, together with an order for an evaluation of the
5 eligible adult's physical, psychological, and medical
6 condition and decisional capacity.

7 (c) A guardian of the person of an eligible adult may
8 consent to an assessment of the reported incident and to
9 services being provided according to the case plan. If an
10 eligible adult lacks capacity to consent, an agent having
11 authority under a power of attorney may consent to an
12 assessment of the reported incident and to services. If the
13 guardian or agent is the suspected abuser and he or she
14 withdraws consent for the assessment of the reported incident,
15 or refuses to allow services to be provided to the eligible
16 adult, the Department, an agency designated under this Act, or
17 the office of the Attorney General may request a court order
18 seeking appropriate remedies, and may in addition request
19 removal of the guardian and appointment of a successor
20 guardian or request removal of the agent and appointment of a
21 guardian.

22 (d) If an emergency exists and the Department or other
23 agency designated under this Act reasonably believes that a
24 person is an eligible adult and lacks the capacity to consent
25 to necessary services, the Department or other agency may
26 request an ex parte order from the circuit court of the county

1 in which the petitioner or respondent resides or in which the
2 alleged abuse, abandonment, neglect, financial exploitation,
3 or self-neglect occurred, authorizing an assessment of a
4 report of alleged or suspected abuse, abandonment, neglect,
5 financial exploitation, or self-neglect or the provision of
6 necessary services, or both, including relief available under
7 the Illinois Domestic Violence Act of 1986 in accord with
8 established law and Department protocols, procedures, and
9 policies. Petitions filed under this subsection shall be
10 treated as expedited proceedings. When an eligible adult is at
11 risk of serious injury or death and it reasonably appears that
12 the eligible adult lacks capacity to consent to necessary
13 services, the Department or other agency designated under this
14 Act may take action necessary to ameliorate the risk in
15 accordance with administrative rules promulgated by the
16 Department.

17 (d-5) For purposes of this Section, an eligible adult
18 "lacks the capacity to consent" if qualified staff of an
19 agency designated under this Act reasonably determine, in
20 accordance with administrative rules promulgated by the
21 Department, that he or she appears either (i) unable to
22 receive and evaluate information related to the assessment or
23 services or (ii) unable to communicate in any manner decisions
24 related to the assessment of the reported incident or
25 services.

26 (e) Within 15 days after the entry of the ex parte

1 emergency order, the order shall expire, or, if the need for
2 assessment of the reported incident or services continues, the
3 provider agency shall petition for the appointment of a
4 guardian as provided in Article XIa of the Probate Act of 1975
5 for the purpose of consenting to such assessment or services
6 or to protect the eligible adult from further harm.

7 (f) If the court enters an ex parte order under subsection
8 (d) for an assessment of a reported incident of alleged or
9 suspected abuse, abandonment, neglect, financial exploitation,
10 or self-neglect, or for the provision of necessary services in
11 connection with alleged or suspected self-neglect, or for
12 both, the court, as soon as is practicable thereafter, shall
13 appoint a guardian ad litem for the eligible adult who is the
14 subject of the order, for the purpose of reviewing the
15 reasonableness of the order. The guardian ad litem shall
16 review the order and, if the guardian ad litem reasonably
17 believes that the order is unreasonable, the guardian ad litem
18 shall file a petition with the court stating the guardian ad
19 litem's belief and requesting that the order be vacated.

20 (g) In all cases in which there is a substantiated finding
21 of abuse, abandonment, neglect, or financial exploitation by a
22 guardian, the Department shall, within 30 days after the
23 finding, notify the Probate Court with jurisdiction over the
24 guardianship.

25 (Source: P.A. 102-244, eff. 1-1-22.)

1 (320 ILCS 20/15)

2 Sec. 15. Fatality review teams.

3 (a) State policy.

4 (1) Both the State and the community maintain a
5 commitment to preventing the abuse, abandonment, neglect,
6 and financial exploitation of at-risk adults. This
7 includes a charge to bring perpetrators of crimes against
8 at-risk adults to justice and prevent untimely deaths in
9 the community.

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

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

21 (4) Access to information regarding the deceased
22 person and his or her family by multidisciplinary and
23 multi-agency fatality review teams is necessary in order
24 to fulfill their purposes and duties.

25 (a-5) Definitions. As used in this Section:

26 "Advisory Council" means the Illinois Fatality Review

1 Team Advisory Council.

2 "Review Team" means a regional interagency fatality
3 review team.

4 (b) The Director, in consultation with the Advisory
5 Council, law enforcement, and other professionals who work in
6 the fields of investigating, treating, or preventing abuse,
7 abandonment, or neglect of at-risk adults, shall appoint
8 members to a minimum of one review team in each of the
9 Department's planning and service areas. If a review team in
10 an established planning and service area may be better served
11 combining with adjacent planning and service areas for greater
12 access to cases or expansion of expertise, then the Department
13 maintains the right to combine review teams. Each member of a
14 review team shall be appointed for a 2-year term and shall be
15 eligible for reappointment upon the expiration of the term. A
16 review team's purpose in conducting review of at-risk adult
17 deaths is: (i) to assist local agencies in identifying and
18 reviewing suspicious deaths of adult victims of alleged,
19 suspected, or substantiated abuse, abandonment, or neglect in
20 domestic living situations; (ii) to facilitate communications
21 between officials responsible for autopsies and inquests and
22 persons involved in reporting or investigating alleged or
23 suspected cases of abuse, abandonment, neglect, or financial
24 exploitation of at-risk adults and persons involved in
25 providing services to at-risk adults; (iii) to evaluate means
26 by which the death might have been prevented; and (iv) to

1 report its findings to the appropriate agencies and the
2 Advisory Council and make recommendations that may help to
3 reduce the number of at-risk adult deaths caused by abuse,
4 abandonment, and neglect and that may help to improve the
5 investigations of deaths of at-risk adults and increase
6 prosecutions, if appropriate.

7 (b-5) Each such team shall be composed of representatives
8 of entities and individuals including, but not limited to:

9 (1) the Department on Aging or the delegated regional
10 administrative agency as appointed by the Department;

11 (2) coroners or medical examiners (or both);

12 (3) State's Attorneys;

13 (4) local police departments;

14 (5) forensic units;

15 (6) local health departments;

16 (7) a social service or health care agency that
17 provides services to persons with mental illness, in a
18 program whose accreditation to provide such services is
19 recognized by the Division of Mental Health within the
20 Department of Human Services;

21 (8) a social service or health care agency that
22 provides services to persons with developmental
23 disabilities, in a program whose accreditation to provide
24 such services is recognized by the Division of
25 Developmental Disabilities within the Department of Human
26 Services;

1 (9) a local hospital, trauma center, or provider of
2 emergency medicine;

3 (10) providers of services for eligible adults in
4 domestic living situations; and

5 (11) a physician, psychiatrist, or other health care
6 provider knowledgeable about abuse, abandonment, and
7 neglect of at-risk adults.

8 (c) A review team shall review cases of deaths of at-risk
9 adults occurring in its planning and service area (i)
10 involving blunt force trauma or an undetermined manner or
11 suspicious cause of death; (ii) if requested by the deceased's
12 attending physician or an emergency room physician; (iii) upon
13 referral by a health care provider; (iv) upon referral by a
14 coroner or medical examiner; (v) constituting an open or
15 closed case from an adult protective services agency, law
16 enforcement agency, State's Attorney's office, or the
17 Department of Human Services' Office of the Inspector General
18 that involves alleged or suspected abuse, abandonment,
19 neglect, or financial exploitation; or (vi) upon referral by a
20 law enforcement agency or State's Attorney's office. If such a
21 death occurs in a planning and service area where a review team
22 has not yet been established, the Director shall request that
23 the Advisory Council or another review team review that death.
24 A team may also review deaths of at-risk adults if the alleged
25 abuse, abandonment, or neglect occurred while the person was
26 residing in a domestic living situation.

1 A review team shall meet not less than 2 ~~4~~ times a year to
2 discuss cases for its possible review. Each review team, with
3 the advice and consent of the Department, shall establish
4 criteria to be used in discussing cases of alleged, suspected,
5 or substantiated abuse, abandonment, or neglect for review and
6 shall conduct its activities in accordance with any applicable
7 policies and procedures established by the Department.

8 (c-5) The Illinois Fatality Review Team Advisory Council,
9 consisting of one member from each review team in Illinois,
10 shall be the coordinating and oversight body for review teams
11 and activities in Illinois. The Director may appoint to the
12 Advisory Council any ex-officio members deemed necessary.
13 Persons with expertise needed by the Advisory Council may be
14 invited to meetings. The Advisory Council must select from its
15 members a chairperson and a vice-chairperson, each to serve a
16 2-year term. The chairperson or vice-chairperson may be
17 selected to serve additional, subsequent terms. The Advisory
18 Council must meet at least 2 ~~4~~ times during each calendar year.

19 The Department may provide or arrange for the staff
20 support necessary for the Advisory Council to carry out its
21 duties. The Director, in cooperation and consultation with the
22 Advisory Council, shall appoint, reappoint, and remove review
23 team members.

24 The Advisory Council has, but is not limited to, the
25 following duties:

- 26 (1) To serve as the voice of review teams in Illinois.

1 (2) To oversee the review teams in order to ensure
2 that the review teams' work is coordinated and in
3 compliance with State statutes and the operating protocol.

4 (3) To ensure that the data, results, findings, and
5 recommendations of the review teams are adequately used in
6 a timely manner to make any necessary changes to the
7 policies, procedures, and State statutes in order to
8 protect at-risk adults.

9 (4) To collaborate with the Department in order to
10 develop any legislation needed to prevent unnecessary
11 deaths of at-risk adults.

12 (5) To ensure that the review teams' review processes
13 are standardized in order to convey data, findings, and
14 recommendations in a usable format.

15 (6) To serve as a link with review teams throughout
16 the country and to participate in national review team
17 activities.

18 (7) To provide the review teams with the most current
19 information and practices concerning at-risk adult death
20 review and related topics.

21 (8) To perform any other functions necessary to
22 enhance the capability of the review teams to reduce and
23 prevent at-risk adult fatalities.

24 The Advisory Council may prepare an annual report, in
25 consultation with the Department, using aggregate data
26 gathered by review teams and using the review teams'

1 recommendations to develop education, prevention, prosecution,
2 or other strategies designed to improve the coordination of
3 services for at-risk adults and their families.

4 In any instance where a review team does not operate in
5 accordance with established protocol, the Director, in
6 consultation and cooperation with the Advisory Council, must
7 take any necessary actions to bring the review team into
8 compliance with the protocol.

9 (d) Any document or oral or written communication shared
10 within or produced by the review team relating to a case
11 discussed or reviewed by the review team is confidential and
12 is not admissible as evidence in any civil or criminal
13 proceeding, except for use by a State's Attorney's office in
14 prosecuting a criminal case against a caregiver. Those records
15 and information are, however, subject to discovery or
16 subpoena, and are admissible as evidence, to the extent they
17 are otherwise available to the public.

18 Any document or oral or written communication provided to
19 a review team by an individual or entity, and created by that
20 individual or entity solely for the use of the review team, is
21 confidential, is not subject to disclosure to or discoverable
22 by another party, and is not admissible as evidence in any
23 civil or criminal proceeding, except for use by a State's
24 Attorney's office in prosecuting a criminal case against a
25 caregiver. Those records and information are, however, subject
26 to discovery or subpoena, and are admissible as evidence, to

1 the extent they are otherwise available to the public.

2 Each entity or individual represented on the fatality
3 review team may share with other members of the team
4 information in the entity's or individual's possession
5 concerning the decedent who is the subject of the review or
6 concerning any person who was in contact with the decedent, as
7 well as any other information deemed by the entity or
8 individual to be pertinent to the review. Any such information
9 shared by an entity or individual with other members of the
10 review team is confidential. The intent of this paragraph is
11 to permit the disclosure to members of the review team of any
12 information deemed confidential or privileged or prohibited
13 from disclosure by any other provision of law. Release of
14 confidential communication between domestic violence advocates
15 and a domestic violence victim shall follow subsection (d) of
16 Section 227 of the Illinois Domestic Violence Act of 1986
17 which allows for the waiver of privilege afforded to
18 guardians, executors, or administrators of the estate of the
19 domestic violence victim. This provision relating to the
20 release of confidential communication between domestic
21 violence advocates and a domestic violence victim shall
22 exclude adult protective service providers.

23 A coroner's or medical examiner's office may share with
24 the review team medical records that have been made available
25 to the coroner's or medical examiner's office in connection
26 with that office's investigation of a death.

1 Members of a review team and the Advisory Council are not
2 subject to examination, in any civil or criminal proceeding,
3 concerning information presented to members of the review team
4 or the Advisory Council or opinions formed by members of the
5 review team or the Advisory Council based on that information.
6 A person may, however, be examined concerning information
7 provided to a review team or the Advisory Council.

8 (d-5) Meetings of the review teams and the Advisory
9 Council are exempt from ~~may be closed to the public under~~ the
10 Open Meetings Act. Records and information provided to a
11 review team and the Advisory Council, and records maintained
12 by a team or the Advisory Council, are exempt from release
13 under the Freedom of Information Act.

14 (e) A review team's recommendation in relation to a case
15 discussed or reviewed by the review team, including, but not
16 limited to, a recommendation concerning an investigation or
17 prosecution, may be disclosed by the review team upon the
18 completion of its review and at the discretion of a majority of
19 its members who reviewed the case.

20 (e-5) The State shall indemnify and hold harmless members
21 of a review team and the Advisory Council for all their acts,
22 omissions, decisions, or other conduct arising out of the
23 scope of their service on the review team or Advisory Council,
24 except those involving willful or wanton misconduct. The
25 method of providing indemnification shall be as provided in
26 the State Employee Indemnification Act.

1 (f) The Department, in consultation with coroners, medical
2 examiners, and law enforcement agencies, shall use aggregate
3 data gathered by and recommendations from the Advisory Council
4 and the review teams to create an annual report and may use
5 those data and recommendations to develop education,
6 prevention, prosecution, or other strategies designed to
7 improve the coordination of services for at-risk adults and
8 their families. The Department or other State or county
9 agency, in consultation with coroners, medical examiners, and
10 law enforcement agencies, also may use aggregate data gathered
11 by the review teams to create a database of at-risk
12 individuals.

13 (g) The Department shall adopt such rules and regulations
14 as it deems necessary to implement this Section.

15 (Source: P.A. 102-244, eff. 1-1-22.)

16 (320 ILCS 20/14 rep.)

17 Section 15. The Adult Protective Services Act is amended
18 by repealing Section 14."