- 1 AN ACT regarding abused and neglected residents of long
- 2 term care facilities.
- 3 Be it enacted by the People of the State of Illinois,
- 4 represented in the General Assembly:
- 5 Section 5. The Abused and Neglected Long Term Care
- 6 Facility Residents Reporting Act is amended by changing
- 7 Sections 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, and 6.8 as follows:
- 8 (210 ILCS 30/6.2) (from Ch. 111 1/2, par. 4166.2)
- 9 (Section scheduled to be repealed on January 1, 2002)
- 10 Sec. 6.2. Inspector General.
- 11 (a) The Governor shall appoint, and the Senate shall
- 12 confirm, an Inspector General who shall function within the
- 13 Department of Human Services and report to the Secretary of
- 14 Human Services and the Governor. The Inspector General shall
- investigate reports of suspected abuse or neglect (as those
- 16 terms are defined in Section 3 of this Act) of patients or
- 17 residents in any mental health or developmental disabilities
- 18 facility operated by the Department of Human Services and

shall have authority to investigate and take immediate action

- 20 on reports of abuse or neglect of recipients, whether
- 21 patients or residents, in any mental health or developmental
- 22 disabilities facility or program that is licensed or
- 23 certified by the Department of Human Services (as successor
- 24 to the Department of Mental Health and Developmental
- 25 Disabilities) or that is funded by the Department of Human
- 26 Services (as successor to the Department of Mental Health and
- 27 Developmental Disabilities) and is not licensed or certified
- 28 by any agency of the State. At the specific, written request
- of an agency of the State other than the Department of Human
- 30 Services (as successor to the Department of Mental Health and
- 31 Developmental Disabilities), the Inspector General may

1 cooperate in investigating reports of abuse and neglect of

2 persons with mental illness or persons with developmental

3 disabilities. The Inspector General shall have no

4 supervision over or involvement in routine, programmatic,

5 licensure, or certification operations of the Department of

6 Human Services or any of its funded agencies.

7 The Inspector General shall promulgate rules establishing 8 minimum requirements for reporting allegations of abuse and 9 neglect and initiating, conducting, and completing The promulgated rules shall clearly set 10 investigations. 11 forth that in instances where 2 or more State agencies could 12 investigate an allegation of abuse or neglect, the Inspector General shall not conduct an investigation that is redundant 13 to an investigation conducted by another State agency. 14 rules shall establish criteria for determining, based upon 15 16 the nature of the allegation, the appropriate method of investigation, which may include, but need not be limited to, 17 site visits, telephone contacts, or requests for written 18 19 responses from agencies. The rules shall also clarify how the Office of the Inspector General shall interact with the 20 21 licensing unit of the Department of Human Services in 22 investigations of allegations of abuse or neglect. Any 23 allegations or investigations of reports made pursuant to this Act shall remain confidential until a final report is 24 25 completed. The resident or patient who allegedly was abused or neglected and his or her legal guardian shall be informed 26 by the facility or agency of the report of alleged abuse 27 neglect. Final reports regarding unsubstantiated or unfounded 28 29 allegations shall remain confidential, except that final 30 reports may be disclosed pursuant to Section 6 of this Act.

The Inspector General shall be appointed for a term of 4 years.

33 (b) The Inspector General shall within 24 hours after 34 receiving a report of suspected abuse or neglect determine

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1 whether the evidence indicates that any possible criminal act

2 has been committed. If he determines that a possible criminal

3 act has been committed, or that special expertise is required

in the investigation, he shall immediately notify the

Department of State Police. The Department of State Police

6 shall investigate any report indicating a possible murder,

7 rape, or other felony. All investigations conducted by the

8 Inspector General shall be conducted in a manner designed to

ensure the preservation of evidence for possible use in a

10 criminal prosecution.

- (b-5) The Inspector General shall make a determination to accept or reject a preliminary report of the investigation of alleged abuse or neglect based on established investigative procedures. The facility or agency may request clarification or reconsideration based on additional information. For cases where the allegation of abuse or neglect is substantiated, the Inspector General shall require the facility or agency to submit a written response. written response from a facility or agency shall address in a concise and reasoned manner the actions that the agency or facility will take or has taken to protect the resident or patient from abuse or neglect, prevent reoccurrences, and eliminate problems identified and shall include implementation and completion dates for all such action.
- 25 (c) The Inspector General shall, within 10 calendar days after the transmittal date of a completed investigation where 26 abuse or neglect is substantiated or administrative action is 27 recommended, provide a complete report on the case to the 28 29 Secretary of Human Services and to the agency in which the 30 abuse or neglect is alleged to have happened. The complete report shall include a written response from the agency or 31 32 facility operated by the State to the Inspector General that addresses in a concise and reasoned manner the actions that 33 34 the agency or facility will take or has taken to protect the

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1 resident or patient from abuse or neglect, prevent 2 reoccurrences, and eliminate problems identified and shall include implementation and completion dates for all such 3 4 action. The Secretary of Human Services shall accept or 5 reject the response and establish how the Department will б determine whether the facility or program followed the 7 approved response. The Secretary may require Department 8 to visit the facility or agency for training, 9 technical assistance, programmatic, licensure, certification purposes. Administrative action, including 10 11 sanctions, may be applied should the Secretary reject the response or should the facility or agency fail to follow the 12 approved response. The facility or agency shall inform the 13 resident or patient and the legal guardian whether the 14 reported allegation was substantiated, unsubstantiated, 15 16 There shall be an appeals process for any person agency that is subject to any action based on 17 18 recommendation or recommendations.

- 19 (d) The Inspector General may recommend to the Departments of Public Health and Human Services sanctions to 20 21 be imposed against mental health and developmental disabilities facilities under the jurisdiction 22 of the 23 Department of Human Services for the protection of residents, including appointment of on-site monitors or receivers, 24 25 transfer or relocation of residents, and closure of units. The Inspector General may seek the assistance of the Attorney 26 General or any of the several State's attorneys in 27 imposing such sanctions. 28
 - (e) The Inspector General shall establish and conduct periodic training programs for Department employees concerning the prevention and reporting of neglect and abuse.
- 32 (f) The Inspector General shall at all times be granted 33 access to any mental health or developmental disabilities 34 facility operated by the Department, shall establish and

- 1 conduct unannounced site visits to those facilities at least
- 2 once annually, and shall be granted access, for the purpose
- of investigating a report of abuse or neglect, to any 3
- 4 facility or program funded by the Department that is subject
- 5 under the provisions of this Section to investigation by the
- 6 Inspector General for a report of abuse or neglect.
- 7 (g) Nothing in this Section shall limit investigations
- 8 by the Department of Human Services that may otherwise be
- required by law or that may be necessary in that Department's 9
- capacity as the central administrative authority responsible 10
- 11 for the operation of State mental health and developmental
- disability facilities. 12
- (Blank) This-Section-is-repealed-on-January-1,-2002. 13
- (Source: P.A. 90-252, eff. 7-29-97; 90-512, eff. 8-22-97; 14
- 90-655, eff. 7-30-98; 91-169, eff. 7-16-99.) 15
- (210 ILCS 30/6.3) (from Ch. 111 1/2, par. 4166.3) 16
- 17 (Section scheduled to be repealed on January 1, 2002)
- Sec. 6.3. Quality Care Board. There is created, within 18
- the Department of Human Services' Office of the Inspector 19
- 20 General, a Quality Care Board to be composed of 7 members
- 21 appointed by the Governor with the advice and consent of the
- by the Governor. Of the initial appointments made by the

One of the members shall be designated as chairman

- 24 Governor, 4 Board members shall each be appointed for a term
- of 4 years and 3 members shall each be appointed for a term 25
- 2 years. Upon the expiration of each member's term, a 26
- successor shall be appointed for a term of 4 years. 27
- 28 case of a vacancy in the office of any member, the Governor
- 29 shall appoint a successor for the remainder of the unexpired
- 30 term.

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- Members appointed by the Governor shall be qualified by 31
- professional knowledge or experience in the area of law, 32
- investigatory techniques, or in the area of care of the 33

- 1 mentally ill or developmentally disabled. Two members
- 2 appointed by the Governor shall be persons with a disability
- 3 or a parent of a person with a disability. Members shall
- 4 serve without compensation, but shall be reimbursed for
- 5 expenses incurred in connection with the performance of their
- 6 duties as members.
- 7 The Board shall meet quarterly, and may hold other
- 8 meetings on the call of the chairman. Four members shall
- 9 constitute a quorum. The Board may adopt rules and
- 10 regulations it deems necessary to govern its own procedures.
- 11 This-Section-is-repealed-on-January-1,-2002.
- 12 (Source: P.A. 91-169, eff. 7-16-99.)
- 13 (210 ILCS 30/6.4) (from Ch. 111 1/2, par. 4166.4)
- 14 (Section scheduled to be repealed on January 1, 2002)
- 15 Sec. 6.4. Scope and function of the Quality Care Board.
- 16 The Board shall monitor and oversee the operations, policies,
- and procedures of the Inspector General to assure the prompt
- 18 and thorough investigation of allegations of neglect and
- 19 abuse. In fulfilling these responsibilities, the Board may
- 20 do the following:
- 21 (1) Provide independent, expert consultation to the
- 22 Inspector General on policies and protocols for
- investigations of alleged neglect and abuse.
- 24 (2) Review existing regulations relating to the
- operation of facilities under the control of the
- Department.
- 27 (3) Advise the Inspector General as to the content
- of training activities authorized under Section 6.2.
- 29 (4) Recommend policies concerning methods for
- 30 improving the intergovernmental relationships between the
- office of the Inspector General and other State or
- 32 federal agencies.
- 33 This-Section-is-repealed-on-January-1,-2002.

1 (Source: P.A. 91-169, eff. 7-16-99.)

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2 (210 ILCS 30/6.5) (from Ch. 111 1/2, par. 4166.5)
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- 3 (Section scheduled to be repealed on January 1, 2002)
- 4 Sec. 6.5. Investigators. Within 60 days after the
- 5 effective date of this amendatory Act of 1992, the Inspector
- 6 General shall establish a comprehensive program to ensure
- 7 that every person employed or newly hired to conduct
- 8 investigations shall receive training on an on-going basis
- 9 concerning investigative techniques, communication skills,
- 10 and the appropriate means of contact with persons admitted or
- 11 committed to the mental health or developmental disabilities
- 12 facilities under the jurisdiction of the Department of Human
- 13 Services.

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- 14 This-Section-is-repealed-on-January-1,-2002.
- 15 (Source: P.A. 91-169, eff. 7-16-99.)
- 16 (210 ILCS 30/6.6) (from Ch. 111 1/2, par. 4166.6)
- 17 (Section scheduled to be repealed on January 1, 2002)
- 18 Sec. 6.6. Subpoenas; testimony; penalty. The Inspector
- 19 General shall have the power to subpoena witnesses and compel
- 20 the production of books and papers pertinent to an

investigation authorized by this Act, provided that the power

- 22 to subpoena or to compel the production of books and papers
- 23 shall not extend to the person or documents of a labor
- organization or its representatives insofar as the person or
- 25 documents of a labor organization relate to the function of
- 26 representing an employee subject to investigation under this
- 27 Act. Mental health records of patients shall be confidential
- 28 as provided under the Mental Health and Developmental
- 29 Disabilities Confidentiality Act. Any person who fails to
- 30 appear in response to a subpoena or to answer any question or
- 31 produce any books or papers pertinent to an investigation
- 32 under this Act, except as otherwise provided in this Section,

- 1 or who knowingly gives false testimony in relation to an
- 2 investigation under this Act is guilty of a Class A
- 3 misdemeanor.

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- 4 This-Section-is-repealed-on-January-1,-2002.
- 5 (Source: P.A. 91-169, eff. 7-16-99.)
- 6 (210 ILCS 30/6.7) (from Ch. 111 1/2, par. 4166.7)
- 7 (Section scheduled to be repealed on January 1, 2002)
- 8 Sec. 6.7. Annual report. The Inspector General shall
- 9 provide to the General Assembly and the Governor, no later
- 10 than January 1 of each year, a summary of reports and
- 11 investigations made under this Act for the prior fiscal year
- 12 with respect to residents of institutions under the
- 13 jurisdiction of the Department. The report shall detail the
- 14 imposition of sanctions and the final disposition of those
- 15 recommendations. The summaries shall not contain any
- 16 confidential or identifying information concerning the
- 17 subjects of the reports and investigations. The report shall
- 18 also include a trend analysis of the number of reported
- 19 allegations and their disposition, for each facility and
- 20 Department-wide, for the most recent 3-year time period and a

statement, for each facility, of the staffing-to-patient

ratios. The ratios shall include only the number of direct

- 23 care staff. The report shall also include detailed
- 24 recommended administrative actions and matters for
- 25 consideration by the General Assembly.
- 26 This-Section-is-repealed-on-January-1,-2002.
- 27 (Source: P.A. 91-169, eff. 7-16-99.)
- 28 (210 ILCS 30/6.8) (from Ch. 111 1/2, par. 4166.8)
- 29 (Section scheduled to be repealed on January 1, 2002)
- 30 Sec. 6.8. Program audit. The Auditor General shall
- 31 conduct a biennial program audit of the office of the
- 32 Inspector General in relation to the Inspector General's

- 1 compliance with this Act. The audit shall specifically
- 2 include the Inspector General's effectiveness in
- 3 investigating reports of alleged neglect or abuse of
- 4 residents in any facility operated by the Department and in
- 5 making recommendations for sanctions to the Departments of
- 6 Human Services and Public Health. The Auditor General shall
- 7 conduct the program audit according to the provisions of the
- 8 Illinois State Auditing Act and shall report its findings to
- 9 the General Assembly no later than January 1 of each
- 10 odd-numbered year.
- 11 This-Section-is-repealed-on-January-1,-2002.
- 12 (Source: P.A. 91-169, eff. 7-16-99.).
- 13 Section 10. The Mental Health and Developmental
- 14 Disabilities Confidentiality Act is amended by changing
- 15 Section 10 as follows:
- 16 (740 ILCS 110/10) (from Ch. 91 1/2, par. 810)
- 17 Sec. 10. (a) Except as provided herein, in any civil,
- 18 criminal, administrative, or legislative proceeding, or in
- 19 any proceeding preliminary thereto, a recipient, and a
- 20 therapist on behalf and in the interest of a recipient, has
- 21 the privilege to refuse to disclose and to prevent the
- disclosure of the recipient's record or communications.
- 23 (1) Records and communications may be disclosed in
- 24 a civil, criminal or administrative proceeding in which
- 25 the recipient introduces his mental condition or any
- aspect of his services received for such condition as an
- 27 element of his claim or defense, if and only to the
- 28 extent the court in which the proceedings have been
- brought, or, in the case of an administrative proceeding,
- 30 the court to which an appeal or other action for review
- of an administrative determination may be taken, finds,
- 32 after in camera examination of testimony or other

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evidence, that it is relevant, probative, not unduly prejudicial or inflammatory, and otherwise clearly satisfactory evidence admissible; that other demonstrably unsatisfactory as evidence of the facts sought to be established by such evidence; and that disclosure is more important to the interests substantial justice than protection from injury to the therapist-recipient relationship or to the recipient other whom disclosure is likely to harm. Except in a criminal proceeding in which the recipient, who is accused in that proceeding, raises the defense of insanity, no record or communication between a therapist and a recipient shall be deemed relevant for purposes of this subsection, except the fact of treatment, the cost of services and the ultimate diagnosis unless the party seeking disclosure of the communication clearly establishes in the trial court a compelling need for its production. However, for purposes of this Act, in any action brought or defended under the Illinois Marriage and Dissolution of Marriage Act, or in any action in which pain and suffering is an element of the claim, mental condition shall not be deemed to be introduced merely by making such claim and shall be deemed to be introduced only if the recipient or a witness on his behalf first testifies concerning the record or communication.

(2) Records or communications may be disclosed in a civil proceeding after the recipient's death when the recipient's physical or mental condition has been introduced as an element of a claim or defense by any party claiming or defending through or as a beneficiary of the recipient, provided the court finds, after in camera examination of the evidence, that it is relevant, probative, and otherwise clearly admissible; that other

satisfactory evidence is not available regarding the facts sought to be established by such evidence; and that disclosure is more important to the interests of substantial justice than protection from any injury which disclosure is likely to cause.

- (3) In the event of a claim made or an action filed by a recipient, or, following the recipient's death, by any party claiming as a beneficiary of the recipient for injury caused in the course of providing services to such recipient, the therapist and other persons whose actions are alleged to have been the cause of injury may disclose pertinent records and communications to an attorney or attorneys engaged to render advice about and to provide representation in connection with such matter and to persons working under the supervision of such attorney or attorneys, and may testify as to such records or communication in any administrative, judicial or discovery proceeding for the purpose of preparing and presenting a defense against such claim or action.
- (4) Records and communications made to or by a therapist in the course of examination ordered by a court for good cause shown may, if otherwise relevant and admissible, be disclosed in a civil, criminal, or administrative proceeding in which the recipient is a party or in appropriate pretrial proceedings, provided such court has found that the recipient has been as adequately and as effectively as possible informed before submitting to such examination that such records and communications would not be considered confidential or privileged. Such records and communications shall be admissible only as to issues involving the recipient's physical or mental condition and only to the extent that these are germane to such proceedings.
 - (5) Records and communications may be disclosed in

- a proceeding under the Probate Act of 1975, to determine a recipient's competency or need for guardianship, provided that the disclosure is made only with respect to that issue.
 - (6) Records and communications may be disclosed when such are made during treatment which the recipient is ordered to undergo to render him fit to stand trial on a criminal charge, provided that the disclosure is made only with respect to the issue of fitness to stand trial.
 - (7) Records and communications of the recipient may be disclosed in any civil or administrative proceeding involving the validity of or benefits under a life, accident, health or disability insurance policy or certificate, or Health Care Service Plan Contract, insuring the recipient, but only if and to the extent that the recipient's mental condition, or treatment or services in connection therewith, is a material element of any claim or defense of any party, provided that information sought or disclosed shall not be redisclosed except in connection with the proceeding in which disclosure is made.
 - (8) Records or communications may be disclosed when such are relevant to a matter in issue in any action brought under this Act and proceedings preliminary thereto, provided that any information so disclosed shall not be utilized for any other purpose nor be redisclosed except in connection with such action or preliminary proceedings.
 - (9) Records and communications of the recipient may be disclosed in investigations of and trials for homicide when the disclosure relates directly to the fact or immediate circumstances of the homicide.
 - (10) Records and communications of a deceased recipient may be disclosed to a coroner conducting a

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preliminary investigation into the recipient's death under Section 3-3013 of the Counties Code. However, records and communications of the deceased recipient disclosed in an investigation shall be limited solely to the deceased recipient's records and communications relating to the factual circumstances of the incident being investigated in a mental health facility.

(11) Records and communications of a recipient shall be disclosed in a proceeding where a petition or motion is filed under the Juvenile Court Act of 1987 and the recipient is named as a parent, guardian, or legal custodian of a minor who is the subject of a petition for wardship as described in Section 2-3 of that Act or a minor who is the subject of a petition for wardship as described in Section 2-4 of that Act alleging the minor is abused, neglected, or dependent or the recipient is named as a parent of a child who is the subject of a petition, supplemental petition, or motion to appoint a guardian with the power to consent to adoption under Section 2-29 of the Juvenile Court Act of 1987.

(b) Before a disclosure is made under subsection (a), any party to the proceeding or any other interested person camera review of the record or in may request an communications to be disclosed. The court or agency conducting the proceeding may hold an in camera review on its own motion. When, contrary to the express wish of the recipient, the therapist asserts a privilege on behalf and in the interest of a recipient, the court may require that the therapist, in an in camera hearing, establish that disclosure is not in the best interest of the recipient. The court or agency may prevent disclosure or limit disclosure to the extent that other admissible evidence is sufficient to establish the facts in issue. The court or agency may enter such orders as may be necessary in order to protect the

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sought.

1 confidentiality, privacy, and safety of the recipient or of

2 other persons. Any order to disclose or to not disclose

3 shall be considered a final order for purposes of appeal and

4 shall be subject to interlocutory appeal.

(c) A recipient's records and communications may be disclosed to a duly authorized committee, commission or subcommittee of the General Assembly which possesses subpoena and hearing powers, upon a written request approved by a majority vote of the committee, commission or subcommittee members. The committee, commission or subcommittee may request records only for the purposes of investigating or studying possible violations of recipient rights. The request shall state the purpose for which disclosure is

The facility shall notify the recipient, or his guardian, and therapist in writing of any disclosure request under this subsection within 5 business days after such request. Such notification shall also inform the recipient, or guardian, and therapist of their right to object to the disclosure within 10 business days after receipt of the notification and shall include the name, address and telephone number of the committee, commission or subcommittee member or staff person with whom an objection shall be filed. If no objection has been filed within 15 business days after the request for disclosure, the facility shall disclose the records and communications to the committee, commission or subcommittee. If an objection has been filed within 15 business days after the request for disclosure, the facility shall disclose the records and communications only after the committee, commission or subcommittee has permitted the recipient, guardian or therapist to present his objection in person before it and has renewed its request for disclosure by a majority vote of its members.

Disclosure under this subsection shall not occur until

- 1 all personally identifiable data of the recipient and
- 2 provider are removed from the records and communications.
- 3 Disclosure under this subsection shall not occur in any
- 4 public proceeding.
- 5 (d) No party to any proceeding described under
- 6 paragraphs (1), (2), (3), (4), (7), or (8) of subsection (a)
- 7 of this Section, nor his or her attorney, shall serve a
- 8 subpoena seeking to obtain access to records or
- 9 communications under this Act unless the subpoena is
- 10 accompanied by a written order issued by a judge, authorizing
- 11 the disclosure of the records or the issuance of the
- 12 subpoena. No person shall comply with a subpoena for records
- or communications under this Act, unless the subpoena is
- 14 accompanied by a written order authorizing the issuance of
- 15 the subpoena or the disclosure of the records.
- 16 (e) When a person has been transported by a peace
- officer to a mental health facility, then upon the request of
- 18 a peace officer, if the person is allowed to leave the mental
- 19 health facility within 48 hours of arrival, excluding
- 20 Saturdays, Sundays, and holidays, the facility director shall
- 21 notify the local law enforcement authority prior to the
- 22 release of the person. The local law enforcement authority
- 23 may re-disclose the information as necessary to alert the
- 24 appropriate enforcement or prosecuting authority.
- 25 <u>(f) A recipient's records and communications shall be</u>
- 26 <u>disclosed to the Inspector General of the Department of Human</u>
- 27 <u>Services within 10 business days of a request by the</u>
- 28 <u>Inspector General in the course of an investigation</u>
- 29 <u>authorized by the Abused and Neglected Long Term Care</u>
- 30 <u>Facility Residents Reporting Act and applicable rule. The</u>
- 31 <u>request shall be in writing and signed by the Inspector</u>
- 32 <u>General or his or her designee. The request shall state the</u>
- 33 purpose for which disclosure is sought. Any person who
- 34 <u>knowingly and willfully refuses to comply with such a request</u>

- <u>is guilty of a Class A misdemeanor.</u> 1
- 2 (Source: P.A. 90-608, eff. 6-30-98; 91-726, eff. 6-2-00.)
- 3 Section 99. Effective date. This Act takes effect upon
- 4 becoming law.