



State of Illinois  
Illinois Department on Aging



# ADULT PROTECTIVE SERVICES PROGRAM

Protecting the Health,  
Safety and Welfare  
of Older Adults and  
Persons with Disabilities

*State Fiscal Year  
2025 Annual Report*



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## IDoA Mission

The mission of the Illinois Department on Aging is to serve and advocate for older Illinoisans and their caregivers by administering quality and culturally appropriate programs that promote partnerships and encourage independence, dignity, and quality of life.

### APS Mission and Vision Statement

#### MISSION:

Adult Protective Services for the state of Illinois exists to assure older adults, adults with disabilities, and caregivers independently thrive, with meaning and dignity, through comprehensive excellence in investigation and temporary assistance in the minimization of risk for abuse, neglect, exploitation, and self-neglect.

#### VISION:

To be an Adult Protective Services program of comprehensive excellence for older adults, adults with disabilities, and caregivers informed by our past, guided by evidence-based practice, leading individuals to an empowered tomorrow.

## Letter from the Director



To the Honorable Governor JB Pritzker and Members of the General Assembly:

On behalf of the Illinois Department on Aging (IDoA or Department), I am pleased to present the fiscal year 2025 annual report of the Department's Adult Protective Services (APS) program. This report encompasses the work of 35 contracted provider agencies, along with a wide variety of allied professionals who contribute to IDoA's efforts to protect and support vulnerable adults in Illinois.

In fiscal year 2025, the APS program responded to 23,300 reports of alleged abuse, neglect, exploitation, and self-neglect of older adults and persons with disabilities. For each report received, local provider agencies intervened to investigate and, when appropriate, offer support services to adults who have experienced or are at risk of experiencing maltreatment.

This report provides demographic information for the subjects of APS reports, as well as statewide trends in reporting and intervention efforts.

Notably, financial exploitation remains the most commonly reported abuse type, making up approximately one-quarter of all reports. We are currently researching and drafting proposed legislation to help stop financial exploitation at the source—before any money changes hands and can no longer be recovered.

To further protect against abuse, we also continue to invest in staff, having hired six new state-level APS employees and trained nearly 1,400 frontline professionals in FY 25. This enhanced training helps strengthen our program, improve investigations, and therefore deliver better outcomes for older adults and persons with disabilities who may be vulnerable to harm or abuse.

As the APS program continues its efforts to promote safety, independence, and quality of life, we are grateful to our partners in the Aging Network, the General Assembly, law enforcement, the caregiver community, and everyone who supports this critical work.

Sincerely,

Mary Killough  
Director, Illinois Department on Aging

## Executive Summary

The Illinois Department on Aging's (IDoA) Adult Protective Services (APS) Program has jurisdiction to respond to reports of abuse maltreatment and self-neglect of older adults and adults with disabilities aged 18-59 who live in a domestic setting.

IDoA administers the statewide APS Program under the authority of the Adult Protective Service Act (320 ILCS 20/1 et.seq.) and 89 Ill. Admin. Code 270 Administrative Rule. IDoA is responsible for establishing, designing, and managing the program including, but not limited to developing policies, training APS staff, performing quality assurance and analyzing program data. The program is coordinated through 36 contracted provider agencies which are designated by the 13 Regional Administrative Agencies (RAA) and IDoA. IDoA partners with the RAA in providing technical assistance to APS provider agencies and monitoring service provision. The APS provider agencies are responsible for receiving, responding, and investigating reports. The Office of Adult Protective Services engages with a variety of social service agencies to ensure a wholistic approach is taken to investigation and referrals for service. Each APS provider agency has a specified geographic area within the state for which they are responsible for providing services. IDoA is required under the Persons Who are Elderly 1915(c) Waiver administered through the (Community Care Program) to ensure that systems and processes are in place to address situations of ANE for waiver participants and participates in quarterly meetings with HFS to share information.

## Illinois APS Definitions of Maltreatment Types

The types of maltreatment addressed by the APS Program are described below. All types reported are investigated and any additional type discovered during an assessment is added and investigated.

**Physical Abuse**—Causing of physical pain or injury to an eligible adult.

**Sexual Abuse**—Touching, fondling, or any other sexual activity with a person when the person is unable to understand, unwilling to consent, threatened, or physically forced.

**Emotional Abuse**—Verbal assaults, threats of abuse, harassment, or intimidation to compel the eligible adult to engage in conduct from which they have the right to abstain or to refrain from conduct in which the eligible adult has the right to engage.

**Confinement**—Restraining or isolating an eligible adult for other than medical reasons.

**Passive Neglect**—Another individual's failure to provide an eligible adult with the necessities of life including, but not limited to, food, clothing, shelters, or medical care, because of failure to understand the eligible adult's needs, lack of awareness of services to help meet needs, or lack of capacity to care for the eligible adult.

**Willful Deprivation**—Willfully denying assistance to an eligible adult who requires medication, medical care, shelter, food, therapeutic device, or other physical assistance, thereby exposing that person to the risk of harm.

**Abandonment**—The desertion or willful forsaking of an eligible adult by an individual responsible for the care and custody of that eligible adult when a reasonable person would continue to provide care and custody.

**Financial Exploitation**—The misuse or withholding of an eligible adult's resources to the disadvantage of the eligible adult and/or the profit or advantage of another person.

**Self-Neglect**—A condition that is the result of an eligible adult's inability, due to physical or mental impairments, or both, or diminished capacity, to perform essential care tasks that substantially threaten their own health, including: providing essential food, clothing, shelter, and health care; and obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety.

## State of Illinois Quick Data

### FY25 Intake Data

Since its inception, intakes to the program have climbed approximately 5% per year with exceptions being Fiscal Year 2020 through Fiscal Year 2022 which appear attributable to the COVID-19 pandemic when intakes dropped approximately 1,000 and plateaued. The COVID-19 pandemic increased social isolation owing to the risk of serious illness and death, which is believed to have impacted reporting.

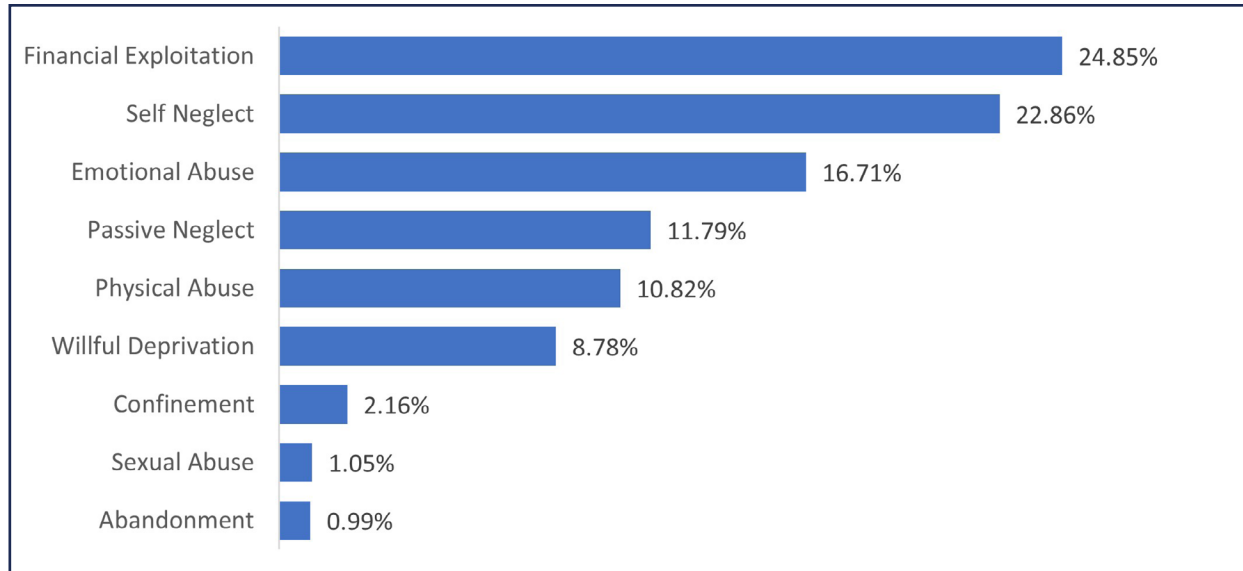
Fiscal year	Number of APS Reports of Abuse, Neglect, & Exploitation	Percent Difference
FY 2015	14,858	
FY 2016	15,924	7%
FY 2017	16,507	4%
FY 2018	17,085	4%
FY 2019**	21,348	25%
FY 2020*	20,800	-3%
FY 2021*	20,567	-1%
FY 2022*	19,938	-3%
FY 2023	20,894	5%
FY 2024	22,178	6%
FY 2025	23,300	5%

\* Denotes intake data during the public health emergency

\*\*Denotes the FY post addition of 18-59 persons with disability population to APS

Below demonstrates the summary of abuse types that were reported and investigated in FY25. Notably, Financial Exploitation continues to be the top reported abuse type which constitutes for nearly one in four cases that are reported. The prevalence of Financial Exploitation cases continue to accelerate beyond the projected 5% increase in overall intakes by fiscal year.

### FY2025 Abuse Types Investigated



## Illinois Adult Protective Program History and Background

IDoA, together with aging advocacy groups, worked to develop a community-based response to address the needs of victims of elder abuse. On April 1, 1991, the Elder Abuse and Neglect Program, as it was previously known, became available throughout the state after being phased in over a two-year period. On July 1, 2013, an amendment to the APS Act (320 ILCS 20/) allowed for the addition of response to adults aged 18-59 with a disability which had previously been addressed by the Illinois Department of Human Services. The APS program expanded again in 2019 to accept self-neglect intakes and to extend APS jurisdiction to individuals who were previously excluded from the definition of “domestic living situation”. Also in 2019, the program launched the APS Registry to protect victims receiving services from caregivers with a verified and substantiated finding.

IDoA utilizes the research, guidelines and technical support of the Administration for Community Living’s Office (ACL) of Elder Justice and Adult Protective Services in administering the program, which leads in the advancement, development, and implementation of comprehensive APS systems. This office established both the National Adult Protective Services Technical Resource Center and the National Adult Maltreatment Reporting System. Through these federal services IDoA can engage with other state APS programs to share information, learn best practices and improve program management.

## Protecting Eligible Adults

The State of Illinois defines an eligible adult by law (320 ILCS 20/2 (e)) as a person who is:

- Aged 60+ or 18-59 with a disability
- Residing in the community (non-licensed living arrangements)
- Is allegedly being abused by someone with whom there is an ongoing and/or caretaking relationship

## APS Service Components and Substantiation Decisions

IDoA is responsible for implementing a 24-hour, 7 day a week toll-free telephone system to accept reports of abuse, neglect, exploitation, and self-neglect. The current system ensures trained IDoA staff are available to respond during state business hours, and a contracted agency is available to respond during after-business hours, weekends, and holidays. Once intakes are screened and received:

- APS provider agencies coordinate an in-person response, seven days per week.
- At the initiation of the assessment APS provides the eligible adult written and verbal explanations of their rights and of the APS process should the client be deemed to possess decisional capacity by the caseworker.
- The process includes assessment of the person's risks, needs, strengths, and limitations.
- A case plan is developed in collaboration with the client to identify community services that may alleviate the risk of maltreatment or address any needs.
- APS then continues counseling, monitoring, and periodic reassessment to adjust to any change in the client's needs or situation.

### ***APS service components include:***

***Intake***—A standardized screening process is used to determine if there is reasonable cause to suspect whether maltreatment or self-neglect has occurred or is occurring. Not all calls meet APS criteria and those could be referred to other agencies with jurisdiction, directly to service providers, or to law enforcement for well-being checks. Response to Intakes is initiated within 24 hours to 7 days depending on the type of maltreatment and whether imminent danger is involved.

***Assessment*** (30 – 45 days to complete)—Involves a systematic, standardized method to respond to intakes to determine whether maltreatment has occurred, evaluate the risk of harm to the eligible adult and to provide immediate interventions if needed.

***Case Work*** (30 – 60 days to complete)—Case work proceeds on only substantiated cases and includes working with the eligible adult on the development and implementation of a case plan for the purpose of stabilizing the situation and reducing risk of further harm. The case plan includes goals agreed to by the eligible adult and interventions that can include a variety of services or assistance.

***Follow-Up*** (begins at 60 + days)—A systematic method of meeting with the eligible adult after a case is substantiated to evaluate risk and ensure interventions are successful. Follow-up includes working with the eligible adult to consider whether goals are met or in need of revision and detecting reemerging or new signs of concerns before the situation becomes life-threatening.

***Early Intervention Services (EIS)*** (Available throughout the duration of the case)—Victims of maltreatment may face unique barriers which prevent access to available resources. EIS are available for short-term emergency assistance where resources are not available elsewhere. These may include legal assistance, housing and relocation assistance, respite care, emergency aid such as food, clothing, and medical care.

Adult Protective Service providers are tasked with investigating all cases of maltreatment that meet legislative criteria and making a substantiation decision for each allegation based on the evidence collected. APS investigators are not required to meet the standard burden of proof found in law enforcement investigations; rather they must decide if there is sufficient evidence of abuse by meeting one of three standards: “preponderance of evidence”, “clear and convincing”, or “no credible proof”. As a result, allegations can be determined either “substantiated” or “unsubstantiated.”

### ***APS Decisions and Determinations:***

#### ***Substantiated***

Indicates there is either clear and convincing evidence (verified) or a preponderance of evidence (some indication) to support the injury or harm was a result of the maltreatment. **In FY25, 45.09% of the cases were decided as substantiated.**

#### ***Unsubstantiated***

Meaning there was insufficient evidence to support the maltreatment occurred. **In FY25, 31.05% of the cases were decided as unsubstantiated.**

#### ***Unable to Substantiate***

Meaning the provider agency was unable to locate the individual, had no APS jurisdiction, was unable to access the eligible adult after good faith efforts, or the eligible adult declined an investigation. **In FY25, 23.85% of the cases were unable to be substantiated.**

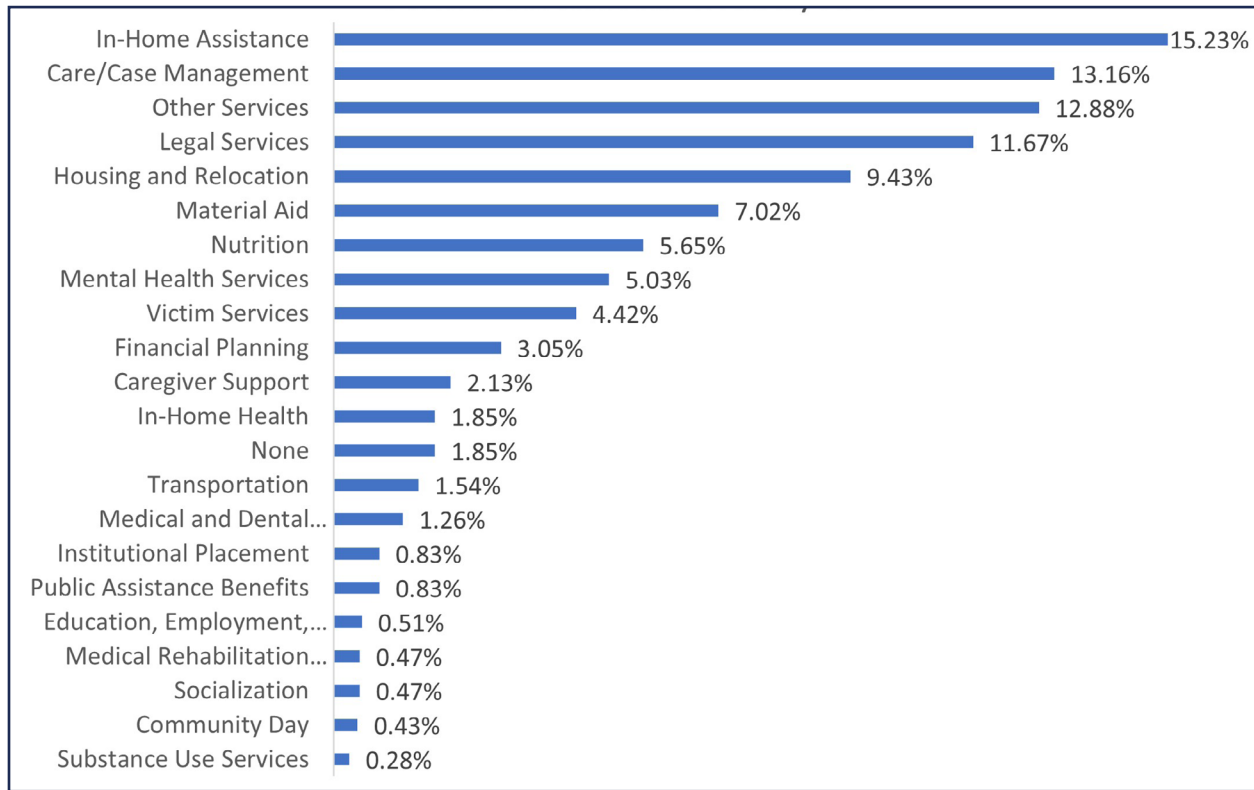
## **Services Referrals in APS**

Clients who agree to receive services through the course of an APS investigation may have referrals for agencies and services that are aimed at mitigating the risk identified on the intake and allowing the alleged victim to remain safe within the community. These agency and service referrals can range from services available to eligible adults and those aimed to reduce caregiver stress. Below are some common agencies and services for which APS referrals are made:

- Department of Rehabilitation Services
- Division of Developmental Disability Services
- Community Care Program
- 1915(c) waiver services
- Area Agency on Aging programming and services
- Assistance with Orders of Protection (OP)
- Guardianship referrals
- Change in Residence
- Information and Education on local resources
- Mental Health referrals
- Physician referrals
- Legal assistance referrals
- Home Delivered Meals
- Money Management Program services
- Veterans Administration services

The data below represents percentages of service referrals of those cases where any service referral was made.

### FY2025 Services Referred by APS



### Program Components

#### Quality Assurance

During 2023, the Office of Adult Protective Services (APS) created the Quality Assurance (QA) Team consisting of an Administrator and two QA Specialists. The mission of the APS Quality Assurance Team is to standardize and apply consistently all quality assurance tasks through systematic processes which lead to accountability for staff, policy and program improvements, identification of training needs, and improved services for clients. Quality assurance tasks are evaluated each year as the APS program evolves and in response to updates in applicable statutes, rules, or procedures.

IDoA is responsible for monitoring performance of APS Provider Agencies per the APS Act (320 ILCS 20/3.5) In addition, recently finalized federal rule applicable to APS programs (45 CFR 1324) define quality assurance as “the process by which APS programs ensure investigations meet or exceed established standards.”

QA within the APS Program consists of:

- Base level quality of case documentation and service completed by APS Report Takers, Caseworkers, and Supervisors
- Annual Case Reviews – systematic review of a sample of APS Provider Agency cases by independent reviewers.
- Annual Peer Reviews – systematic review of a sample of APS Provider Agency cases by peers.
- Annual Administrative Reviews – review of APS Provider Agency administrative functions (example: meeting staff education and training requirements, etc.)

The goal of APS QA is to ensure APS clients receive the highest quality service possible. The intention is to identify best practices among provider agency operations as well as ensure that operations are compliant with applicable procedures including providing additional training and support where needed. The QA Team partners with the RAAs and IDoA APS Coordinators to ensure quality assurance concerns are addressed in a timely manner and to remove any barriers to the delivery of high-quality APS service state-wide. Additionally, staff involved work closely with the provider agency staff to support the development of quality processes and practices through training and targeted technical assistance.

## Training

The Adult Protective Services (APS) Training Team ensures that network providers have the knowledge and tools necessary to effectively protect vulnerable adults and adults with disabilities. Through comprehensive training programs, the division provides education on APS policies, procedures, and legal requirements to support compliance with applicable laws, rules, and regulations.

The APS Training Team promotes a consistent understanding of adult protection practices across the provider network. Training focuses on recognizing and responding to abuse, neglect, financial exploitation, and self-neglect, as well as navigating the investigation process and service coordination for individuals receiving APS services.

In FY25, the Training Team delivered 24 core Certification Trainings to 345 providers and caseworkers across the statewide network. In addition to foundational training the division offered refresher sessions to address policy updates, legislation changes, and emerging best practices for over 650 participants.

The team also hosted 12 Quality Webinars and launched APS Caseworker Quarterly Connect sessions: Conversations to Help You in the Field in February 2025, providing ongoing opportunities for professional development, guidance on complex cases, and strategies to improve workflow and communication.

## Prevention Demonstration

320 ILCS 20/3.6 includes a requirement for the Adult Protective Services Program to develop and implement a demonstration project aimed at the proactive *prevention* of adult maltreatment. To that end, the Office of Adult Protective Services utilized federal funding from the Administration on Community Living (ACL) to develop and hire a Prevention Project Coordinator whose primary role was to complete this requirement.

Through an iterative approach involving representatives from the Department of Healthcare and Family Services, the Illinois Hospital Association, AETNA, Bloomington Housing Authority, East Central Illinois Area Agency on Aging, Lincoln Land Legal Aid, Stopping Woman Abuse Now, Inc., and Elder Care Services of DeKalb convened numerous times to discuss the best approach to successfully achieve this requirement. Additionally, the group discussed possible demonstration project locations that serve both seniors and persons with disabilities. The group recommended developing a voluntary screening tool to be administered at a demonstration project location, that would be aimed at the goal of preventing abuse, neglect and exploitation.

The Office of Adult Protective Services leadership and the prevention project coordinator developed the screening tool that will comprehensively assess if there are risk factors for abuse, neglect, or exploitation present. All risk factors that may indicate that the client is at enhanced risk will result in a report to the Department and subsequent referrals for service or an APS intake.

The demonstration project launched January 2024 at Coles County Council on Aging using Benefit Access applicants within the Planning and Service Area (PSA) 05. Aging Network staff working in the Senior Health Insurance program administer the assessment as part of their application process. The EII developed a

survey for the risk assessment administrators and modified the tool based on the feedback received. The demonstration project expanded further into PSA 05 in January 2025 to include Macon County's Starting Point. Since the deployment, 365 screenings were administered, with 256 individuals agreeing to complete the survey and 109 individuals declining participation. The EII contacted 46 of the participants who completed the tool for further assessment. Of these contacts, 3 APS reports were initiated. All other participants received a referral to appropriate services based on the risk factors identified with the tool.

As a result of the successes identified in the analysis, the pilot project has now been expanded to Macon County to capture a more diverse population. This diversity data will allow for future development of the tool to ensure that the application of Adult Protective Services programming is equitable to all within the state of Illinois.

## APS Coordinators/Technical Assistance

The APS Coordinators fill an important role to ensure that programmatic goals are met, and clients receive the best service possible. These staff act as a liaison between the Department and Regional Administrative Agencies/provider agencies, working with these entities to ensure consistent and quality application of Adult Protective Services in Illinois.

### ***FY25 APS Coordinator Activities included:***

- Active involvement in 14 Fatality Review Teams seeking to identify root cause of suspicious deaths to better inform policy development and application, including working with community partners.
- Involvement in World Elder Abuse Awareness Day (WEAAD) including advocating for the program and the population that APS serves.
- Active involvement with community events; State of Illinois and external committees to advocate for the APS program and the population that APS serves.
- Active involvement with reviewing and offering recommendations for APS policies and procedures.
- Quarterly analysis of data related to APS cases to identify strengths, weaknesses, and potential improvements for each Adult Protective Services Provider Agency (APSPA).
- Working with IDoA APS quality assurance team by annually reviewing cases for compliance.
- 140 (quarterly) monitoring visits held both remotely and on-site with APSPA's, which consist of a discussion of challenges impeding quality services and subsequent targeted problem solving.

## Administrative/Grants Coordination

The administrative staff are crucial to the performance, operability, and efficiency of the APS program both internally within the Department and externally with the aging network. These staff handle several critical functions, the most important being communication between the Department on Aging and our Aging Network Partners which include the 13 Regional Area Agencies, the 36 contracted provider agencies.

In FY25, federal grants from the Administration on Community Living were a vital source of funding within the APS program, allowing the Department to further fund both new and existing programs and continue to best serve this population within Illinois. 26 grants were awarded to the 13 Regional Area Agencies, and 35 grants were awarded to the provider agencies within Illinois. Examples of the programs that these grants funded in FY25 include:

### **Elder Justice Act Program Funding**

The provision of these federal funds allowed for the development and implementation of the Adult Protective Services Pathways Internship Program. The COVID-19 pandemic exacerbated the existing staffing crisis within the direct care workforce placing an additional strain on the caseworker staff serving APS clients. The Adult Protective Services Pathways Internship Program was developed to support provider agencies and Regional Administrative Agencies by offering an opportunity for college interns to receive funding for working in the APS field. Additionally, this program is intended to allow for interns to complete certification and on-the-job training with the expectation that they will have a conditional job offer as an APS caseworker or RAA APS staff upon graduation. Interns are unable to hold a caseload but may participate in supervised home visits and all other activities allowable for a case aid or RAA staff member.

The anticipated impact of this program is to expose college students who are in applicable fields to APS career opportunities and support the workforce within the aging network to better serve APS clients.

### **American Rescue Plan Act Funding (ARPA)**

Federal ARPA funds have allowed the Department to sub-grant to both RAA and Provider Agencies to complete capacity building activities.

Regional Administrative Agencies were provided grant funding to assist in the development and maintenance of TRIADs, which are community resource sharing groups including aging service providers, older adults, and law enforcement agency staff. These groups further strengthen the crucial relationship between these community partners and clients to ensure that coordination of services is seamless and easily navigable. These funds also supported the expansion of community outreach activities specifically targeted at under-represented populations within the 13 planning and service areas. Activities have included the development of culturally informed marketing materials as well as the partnerships with cultural organizations to better create a supportive network of services.

Provider agencies were offered grant funds to fund previously unfunded procedural mandates that occur throughout the investigation process. Agencies were able to bill for supervision activities that are required per APS procedure. The prioritization of a quality supervisory relationship between caseworker and supervisor promotes the development of quality staff as well as provides a higher quality outcome for the client. Additionally, provider agencies can claim grant funds to completing training activities, both departments sponsored and other. These funds were dedicated to enriching the frontline workforce by ensuring keeping these staff abreast on recent aging and APS developments through training. Both grant funding streams are based on research that suggests that staff longevity is positively correlated with feeling supported and well-trained in your role.

## Adult Protective Services Registry

The Adult Protective Services (APS) Registry process is an important tool for preventing further abuse of vulnerable adults. When a case has been verified and substantiated against a caregiver, the APS provider agency will send notification to IDoA for a review of the findings and subsequent determination regarding whether the abuser poses a risk to other adults. The APS Registry process also allows IDoA to better monitor caregivers, ensuring that any future allegations are addressed quickly and effectively. By providing these safeguards, the APS Registry process helps ensure the safety of all vulnerable adults in Illinois. If IDoA concurs with the finding and assesses that the caregiver poses a risk to the public, a notice will be sent to the caregiver that they have been recommended for APS Registry placement. The caregiver then has 30 days to file an appeal to contest APS Registry placement. If no appeal is filed, the caregiver's identity will be placed on the registry. If an appeal is filed, IDoA will refer the case to the Administrative Law Bureau of the Illinois Department of Central Management Services. The Administrative Law Judge will draft a recommended decision and the Director of IDoA will issue the final administrative decision accepting, rejecting, or modifying the recommendation. During Fiscal Year 2025, 398 APS cases were reviewed by IDoA for placement of substantiated abusers onto the APS Registry. Of those, 47 substantiated abusers were added.

## Senior HelpLine and After-Hours Intake

The Senior HelpLine provides information and links older adults and their caregivers to services. In addition, during business hours, the Senior HelpLine staff answer the dedicated Adult Protective Services (APS) Hotline. The staff complete reports of suspected abuse, neglect, financial exploitation, and self-neglect of adults over the age of 60, as well as persons with disabilities between the ages of 18 to 59 living in the community. The Senior HelpLine relays information to the appropriate APS agencies for investigation and follow-up. In Fiscal Year (FY)25, the Senior HelpLine completed 6,542 APS intakes.

In total, in FY25 the Senior HelpLine responded to 25,275 calls related to elder rights and protective services. This was approximately 17 percent of the total 135,995 calls received. Of the elder rights and protective services calls received, 14,534 were regarding APS information and assistance. There were also 3,037 calls about the Long-Term Care and Home Care Ombudsman Programs. Some calls were about issues outside IDoA jurisdiction and referred to other agencies, including the Office of the Illinois Attorney General, Illinois Department of Children and Family Services (DCFS), and the Illinois Department of Public Health (IDPH).

## Fiscal Year 2025 Highlights and Accomplishments

### Training Team and Curriculum Expansion

During FY25, the APS training team added two new staff positions, increasing the number of training specialists to four. This expansion enhances support for the APS network and allows for more frequent certification and in-service training for frontline staff.

With increased capacity, the team can now offer caseworker certification training more regularly, enabling newly hired staff to transition from orientation to client service more quickly. This helps address ongoing staffing shortages in social services and improves service delivery to APS clients across Illinois.

The team also launched “APS Quarterly Connect,” a statewide roundtable bringing together caseworkers and supervisors from all 13 planning and service areas. Each session focuses on a single APS-related topic—ranging from case documentation to building client rapport—and supports the continued development of frontline staff skills.

To further support staff retention, the team introduced Strength-Based Development training for supervisors. Research shows that strong supervision and leadership support improve staff retention. In turn, experienced caseworkers contribute to better client outcomes through increased expertise and institutional knowledge. This training provides supervisors with tools to work with their subordinate staff’s individual skills to develop a more comprehensive and well-rounded workforce.

### Quality Assurance and Compliance Monitoring

In its second year, the APS Quality Assurance team used data and feedback from its first year to modernize the Annual Case Review (ACR), Administrative Case Review (AAR), and Peer Review tools. These updates improved the team’s ability to capture key quality indicators and develop corrective action plans that strengthen client services.

During this reporting period, the team reviewed all 33 contracted provider agencies using a standardized tool, analyzing 1,599 cases to ensure a representative sample. Reviews assessed not only procedural compliance but also the extent of exceptional efforts made on behalf of clients. While compliance remains the baseline, agencies demonstrating above-and-beyond practices are recognized, and their approaches are shared to strengthen performance across the network.

The team also works closely with assigned coordinators to monitor the completion of corrective action plans. This includes conducting targeted case reviews and consulting with agencies to address ongoing gaps and reinforce recent improvements.

## Conclusion

Moving forward, the Adult Protective Services (APS) Program will continue to advance and modernize its operations to better serve vulnerable adults across the State of Illinois. Key priorities for the coming fiscal years are informed by new federal regulations and strategic planning efforts designed to strengthen program effectiveness and service delivery.

A primary driver of this work is the federal APS rule (45 CFR Part 1324), promulgated by the Administration for Community Living on May 7, 2024, with a compliance date of May 8, 2028. These regulations introduce new requirements, including the development of an online abuse reporting portal and the provision of case outcome notifications to mandated reporters. To meet these requirements, the APS Program will partner with a technology solution provider to design and implement automated systems that support these functions.

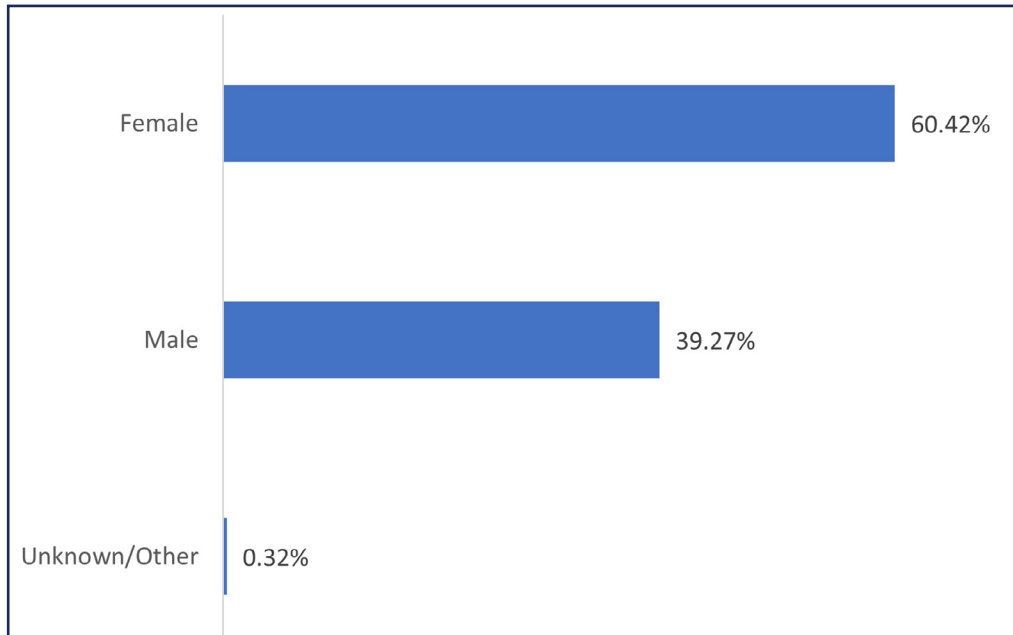
Additionally, the Ensuring Access to Medicaid Services Final Rule (CMS-2442-F), issued by the Centers for Medicare & Medicaid Services on July 9, 2024, requires APS programs to report data on critical incidents involving Medicaid clients to the state Medicaid agency, the Illinois Department of Healthcare and Family Services. Compliance with this requirement will necessitate enhanced data integration across internal systems to ensure accurate aggregation and reporting of incident data.

From a strategic standpoint, the APS Program has developed a multi-year strategic plan informed by a comprehensive program evaluation conducted by the National Adult Protective Services Association (NAPSA). This evaluation assessed statute, administrative rule, and procedures for consistency and efficiency, and incorporated feedback from APS provider agencies, Regional Administrative Agencies, IDoA staff, and partner organizations through interviews and focus groups.

The strategic plan is organized into themes, sub-themes, projects, and tasks. Core themes include Administrative and Grant Funding, Federal Regulation Implementation, Program Management and Administration, Direct Client Impact, Community Outreach, Training, Quality Assurance, Prevention and Proactive Services, and Legislation. This framework will guide the APS Program over the next three fiscal years, ensuring alignment with frontline operational needs and, most importantly, improving outcomes for the individuals served.

## Alleged Victim Demographic Data

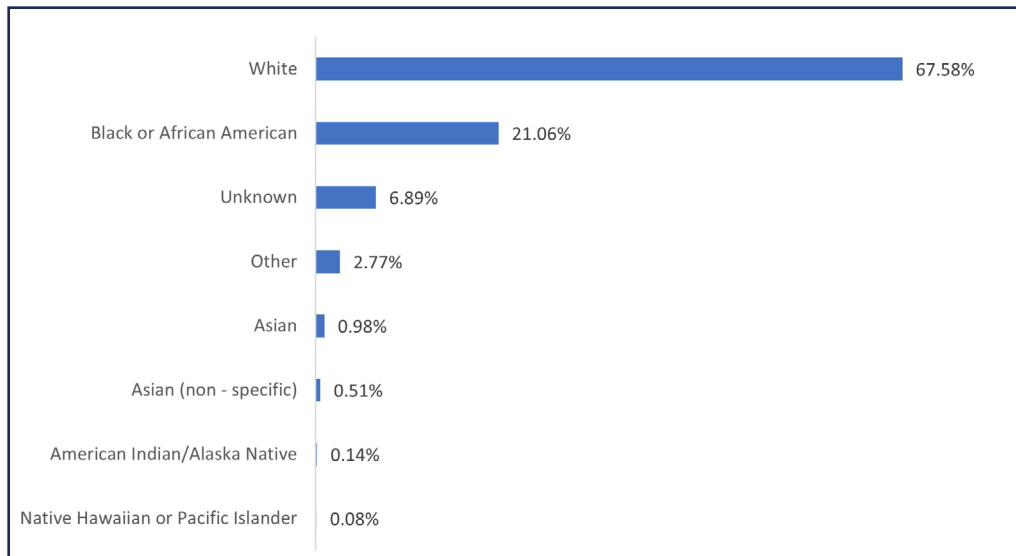
### FY2025 Victim Gender



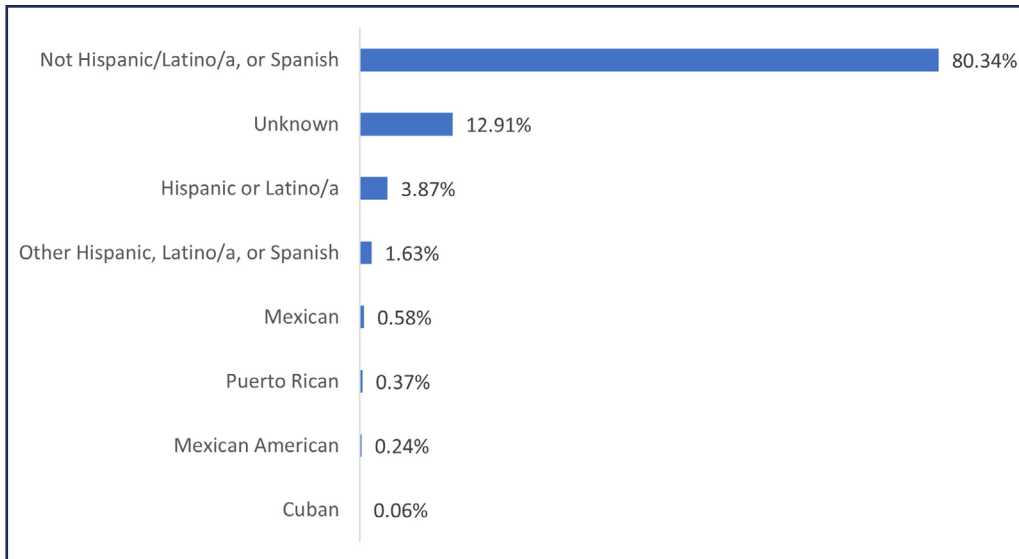
Note: Unknown/Other includes the following Gender Types:

- Nonbinary
- Other
- Transgender
- Transgender Female
- Transgender Male
- Unknown

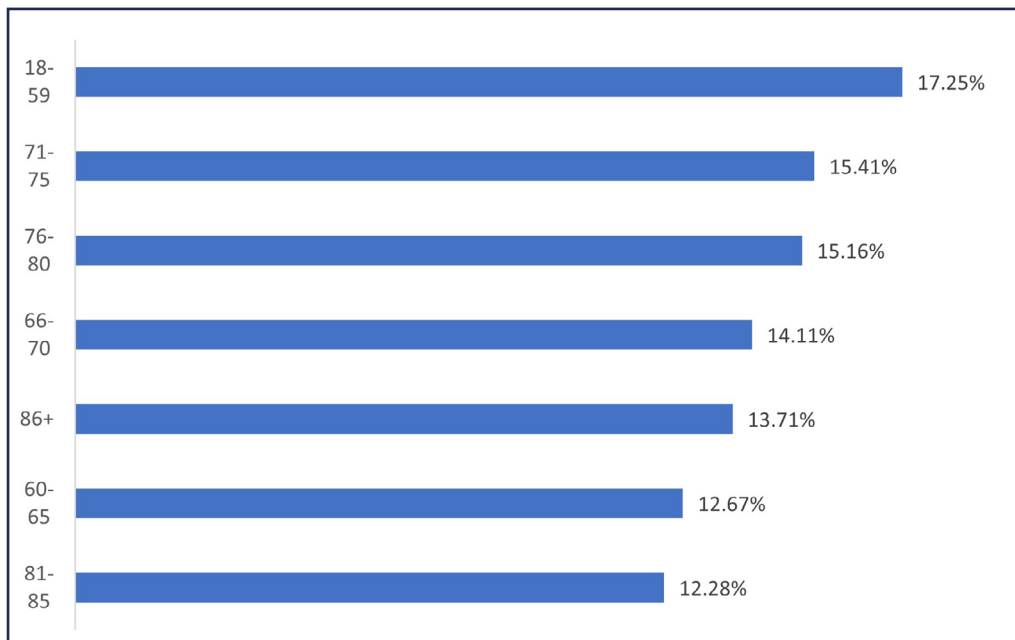
### FY2025 Victim Race



### FY2025 Victim Ethnicity

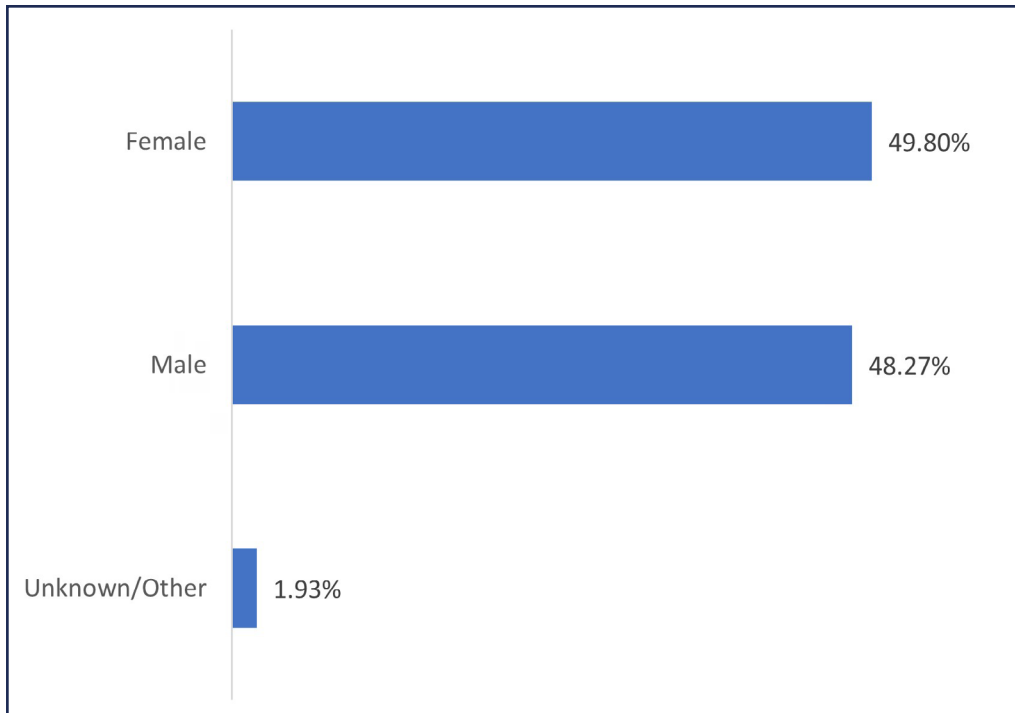


### FY2025 Victim Age Groups



## Substantiated Abuser Demographic Data

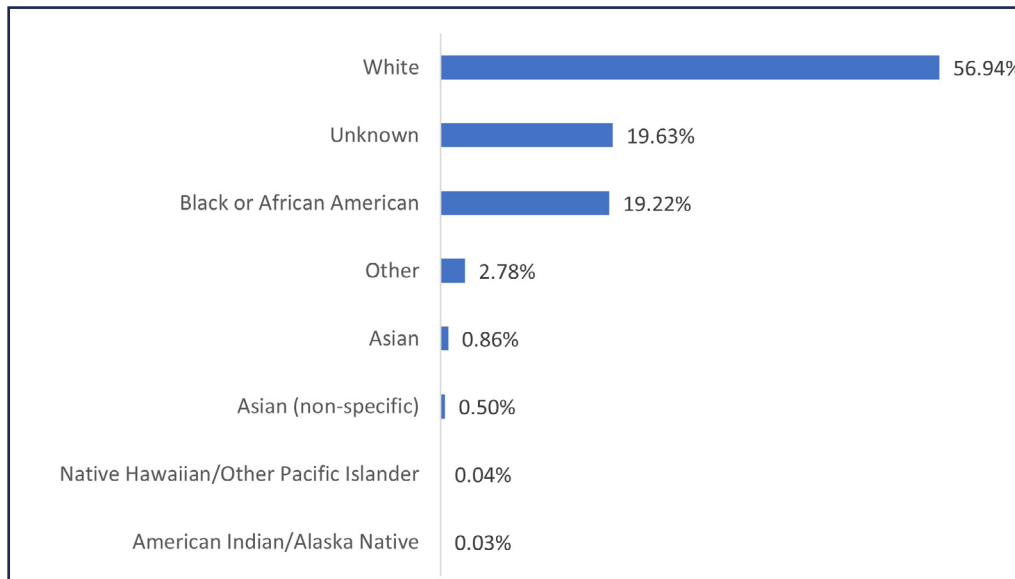
### FY2025 Abuser Gender



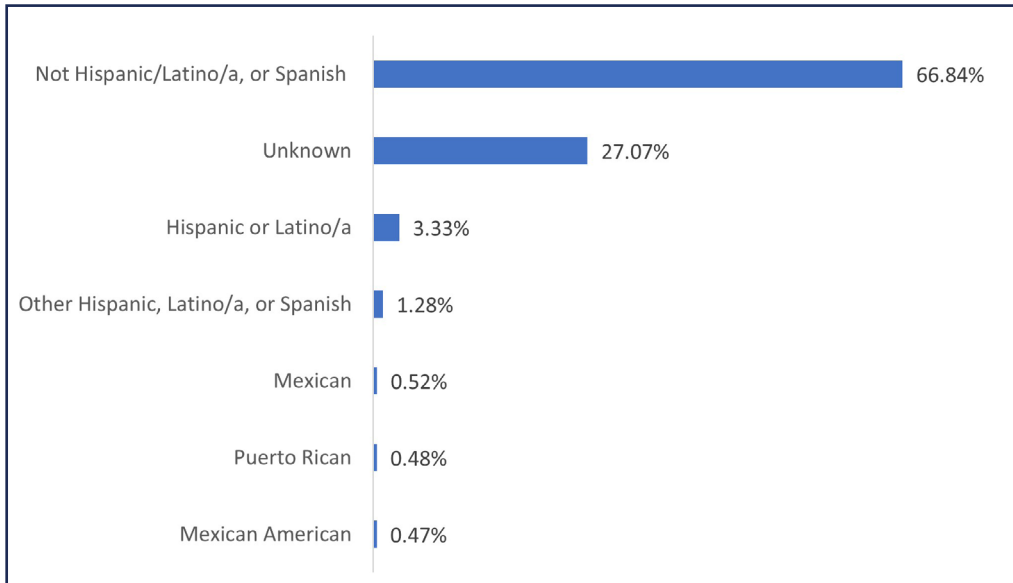
Note: Unknown/Other includes the following Gender Types:

- Nonbinary
- Other
- Transgender Female
- Transgender Male
- Unknown

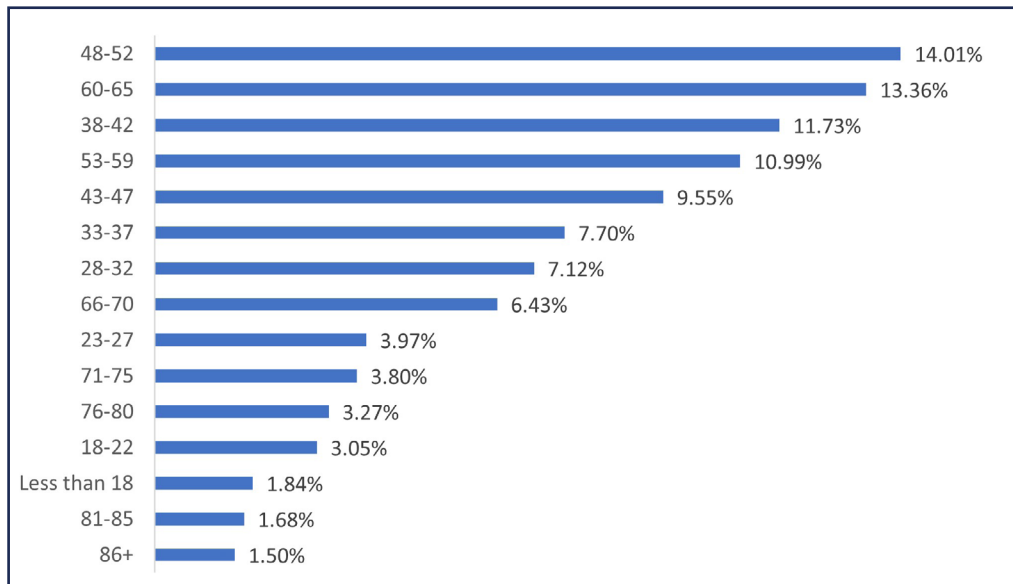
### FY2025 Abuser Race



### **FY2025 Abuser Ethnicity**



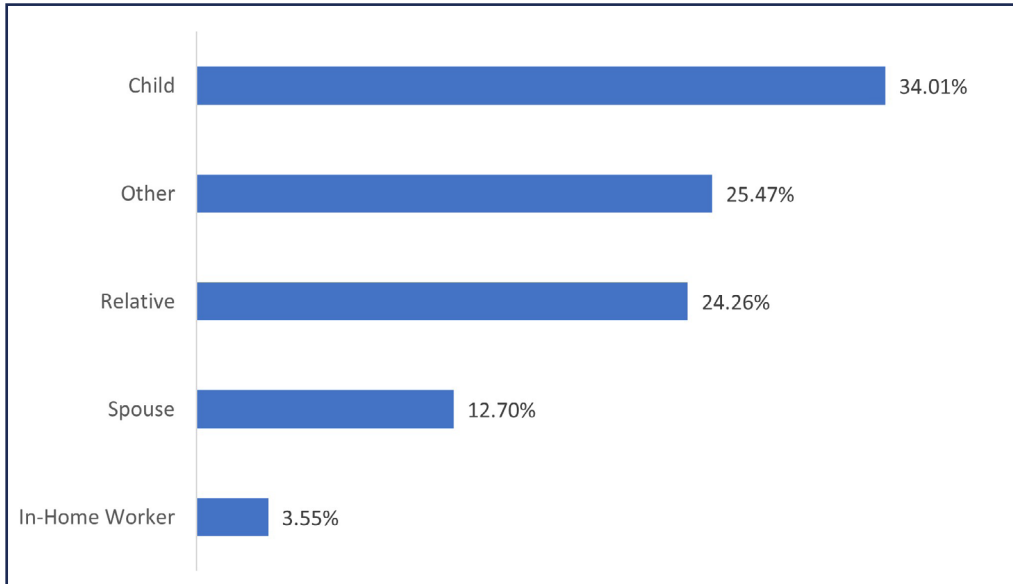
### **FY2025 Abuser Age Groups**



## Substantiated Abuser Relationship to the Victim

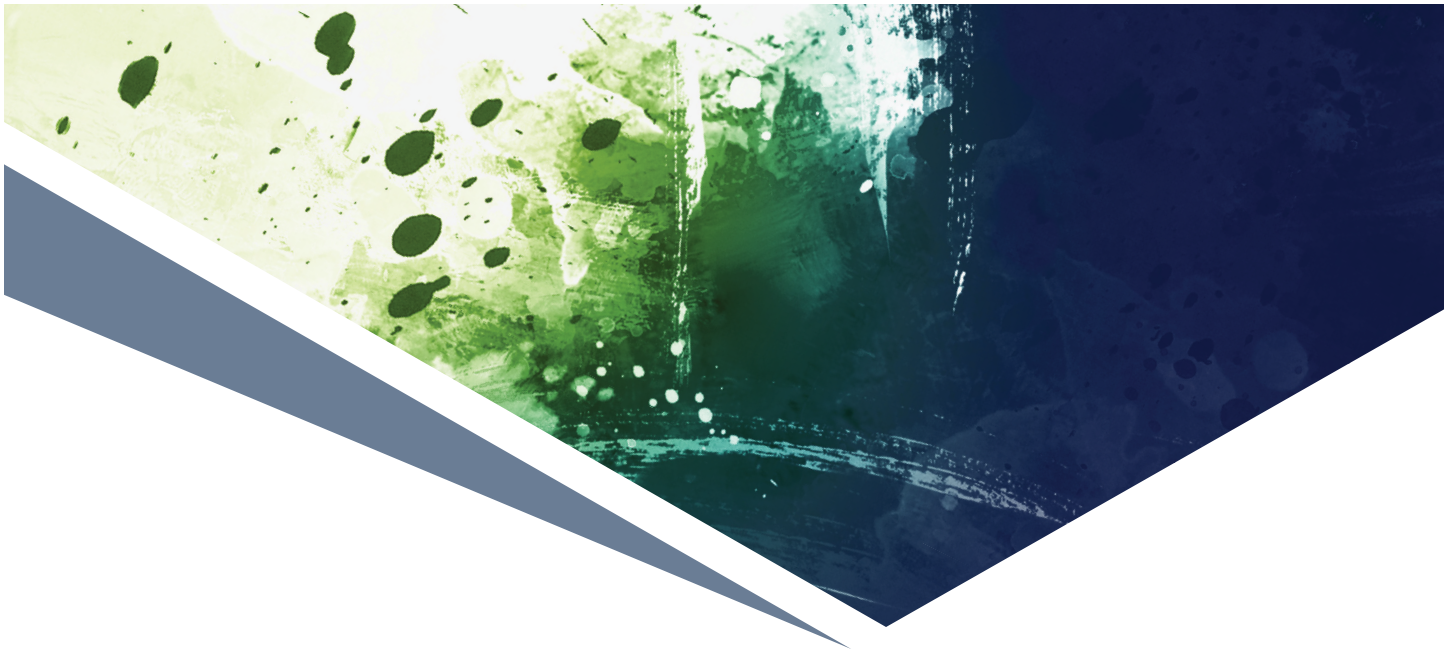
The below metric refers only to abusers who were substantiated for abuse, neglect, or exploitation. Those who were not substantiated or unable to be substantiated are not captured.

### FY2025 Abuser Relation to Victim



Examples of “Other” include, but are not limited to:

- Friend/Acquaintance
- Bus Driver
- Attorney
- Banker
- In-Law Family
- Significant Other of Child or Other with Information



**State of Illinois, Department on Aging**

One Natural Resources Way, #100  
Springfield, Illinois 62702-1271  
[ilaging.illinois.gov](http://ilaging.illinois.gov)

**Senior HelpLine** (8:30am – 5:00pm, Monday – Friday):  
**1-800-252-8966; 711 (TRS)**

**Adult Protective Services Hotline (24-Hour):**  
**1-866-800-1409**

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For information call the Senior HelpLine: 1-800-252-8966.