HUMAN RIGHTS AUTHORITY

HRA MEMBER ORIENTATION MANUAL

Revised September 2022

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OVERVIEW

INTRODUCTION

Welcome to Human Rights Authority (HRA), a unique disability advocacy effort operated by the Illinois Guardianship & Advocacy Commission (IGAC).

Your appointment to a regional Human Rights Authority makes you an important part of a statewide network that promotes and protects rights guaranteed in Illinois' disability rights laws, a network that tangibly contributes to the health, welfare and quality of life for persons with disabilities.

You have been selected to serve as a member of the HRA because of your background, expertise and interest. Your willingness to serve is an invaluable contribution to the lives of persons with disabilities, to the work of the Commission, and to the goals of state government. The benefits you will derive from seeing the results of your efforts will be outweighed only by the actual benefits received by those you have helped.

This Manual will orient you to the work of the Commission and to the role you will play as a Human Rights Authority Member.

THE ILLINOIS GUARDIANSHIP AND ADVOCACY COMMISSION

The Illinois Guardianship and Advocacy Commission (IGAC) is a state agency that protects and enforces the legal rights of persons served by state and federal disability laws. This population includes persons of all ages who have developmental disabilities, physical disabilities, mental illness and disabilities associated with aging.

In 1979, improvements were legislated into Illinois' mental health system that brought Illinois law to its high national ranking. The four bills credited with modernizing Illinois' disabilities rights are:

- The Mental Health and Developmental Disabilities Code
- The Mental Health and Developmental Disabilities Confidentiality Act
- Amendments to the Probate Act
- The Guardianship and Advocacy Act

The first three laws gave recipients rights; the Guardianship and Advocacy Act created the protection agency to ensure these rights.

The IGAC consists of four programs:

- The Office of State Guardian (OSG), which serves as the court-appointed "guardian of last resort" for adults with disabilities;
- The Legal Advocacy Service (LAS), which provides legal assistance and representation for persons with disabilities who seek protection for their rights; and
- The Human Rights Authority (HRA), which ensures rights protections through the investigation of alleged rights violations against persons with disabilities by agencies that serve them.
- The Special Education Division, an initiative of the HRA and LAS, that provides Illinois families with a resource for special education questions, training, and advocacy assistance.

Overseeing the work of all these divisions and directing their policies are eleven Commissioners, experienced in the fields of disability, health care, law and education. They are appointed by the Governor, confirmed by the Senate and, like Authority Members, serve as volunteers.

With the goal of being accessible to its intended public, the IGAC has nine offices throughout the state. Each region of the state offers services associated with the Commission's four programs. In addition, there is a central administrative and program office in Chicago and an administrative office in Springfield.

The Commission operates a statewide toll-free intake telephone line that fields calls related to Commission services, guardianship questions and disability rights. **The Commission's toll-free intake number is 1-866-274-8023 (Toll-free TTY is 1-866-333-3362)**. Commission information, including public information such as HRA reports, HRA meeting schedules and HRA open meeting minutes, can also be obtained from the agency website at Human Rights Authority (HRA) - Human Rights Authority (illinois.gov).

HUMAN RIGHTS AUTHORITY

THE INVESTIGATIVE DIVISION OF IGAC

THE HUMAN RIGHTS AUTHORITY

The HRA is the investigative division of the IGAC. It consists of nine regional panels of volunteers who conduct fact-finding investigations of complaints of rights violations alleged against public and private providers serving persons with disabilities. (*See Appendix A)

The Work of the HRA

Examples of alleged rights violations that the Authority has investigated include the following:

1. Violations of mental health and related laws and acts.
2. Inappropriate use of restraints.
3. Restriction of communication not substantiated by treatment or security reasons.
4. Psychotropic medication issues, including medication administered over a service recipient's objection.
5. Restriction of property when the restriction was not necessary to protect the recipient or others from harm.
6. Policies and training issues related to physical and verbal abuse. As mandated reporters, HRA staff immediately refer allegations of abuse and neglect to an appropriate investigative and enforcement agency, but the Authority may investigate issues peripheral to the abuse/neglect allegation such as agency abuse reporting mechanisms, staff training, etc.
7. Violations of special education rights, including infractions of student confidentiality, non-compliance with student Individual Education Programs (IEPs), and lack of parental notification and involvement in the IEP process.
8. Poor nourishment in Community Integrated Living Arrangements (CILAs).
9. Inadequate care in nursing homes.
10. Insufficient staff-to-resident ratio in nursing homes.

Although the HRA is not an enforcement agency, it does have the power to subpoena records and witnesses and to conduct hearings. Using these tools and other evaluation methods such as staff interviews, site visits, record reviews and policy reviews, the HRA investigates complaints. If the complaints are found to be valid, the HRA recommends corrective action to the facility. If a satisfactory resolution is not achieved, the investigating HRA may request the Commission to refer the matter to a law enforcement agent or a state agency that does have enforcement powers. The entire investigative process and the subsequent HRA goal is to negotiate with providers for improved rights protections using an effective alternative to formal and costly legal action.

Organizational Structure

The HRA is actually nine regional Authorities, nine distinct entities. Each Authority has its own membership and its own internally elected chairperson, vice-chairperson and secretary. Each Authority accepts (or rejects), investigates and negotiates its own regional caseload. The regionalization of the Authorities is based on the recognition that local problems are often best solved on a local, grass roots level – dealing with violations and problems where they exist.

Membership

Membership in the HRA is determined by the Guardianship and Advocacy Act, the Legislation that created the Illinois Guardianship and Advocacy Commission and outlines each of its divisions. Each regional

authority consists of nine members. Service provider representation on each regional panel cannot exceed three members, including members employed in the fields of mental health, developmental disabilities and vocational services. The remaining six members on each regional panel must be consumers, family members of consumers or private citizens who are not employed by a service provider. This legislated balance of representative membership helps to guarantee the fairness and objectivity of each investigative team.

In order to be appointed to a regional panel, member candidates are required to complete an application and interview with the regional panel. The panel will then recommend a candidate's appointment in accordance with Guardianship and Advocacy Act requirements. The Commission or Commission Director approves all HRA Member appointments.

THE AUTHORITY AND THE COMMISSION

The relationship between the Human Rights Authority and the rest of the Illinois Guardianship and Advocacy Commission is both philosophical and structural. Philosophically, all divisions serve the same population and are mandated to uphold the laws that protect those with disabilities. The combination of services provided by the IGAC gives consumers with disabilities easier access to the protection he/she seeks. Structurally, the divisions serve as support for each other – referring cases, sharing experiences and sharing resources.

The eleven Commissioners are the governing board for the entire IGAC. All regional Authority Members are appointed by IGAC Director or Commissioners; all policy and general procedures for the Authorities are set forth by the IGAC Director and Commissioners; and all actions of each of the regional Authorities are subject to review by the Commissioners.

The IGAC staff serve as support staff for regional Authority Members. A statewide Director of the Human Rights Authority is hired by the IGAC and serves as your direct link to the IGAC Director and Commissioners. HRA Disability Rights Managers, one serving each of the regional Authorities, are hired by the HRA Director and work out of the regional offices. Your Disability Rights Manager will assist you in your area of responsibility during the investigative process as outlined in the flow chart provided later in this Manual. The Disability Rights Manager will also assist you with site investigations. It is your Disability Rights Manager's job to facilitate your function as an HRA Member.

It was intentional that our enabling legislation chose the volunteer system on which the HRA is based. The Authority has proven that when volunteers, with your enthusiasm, commitment and expertise are given the resources, staff and strengths of a state agency, the results can be impressive.

VOLUNTEER MEMBERS

HRA VOLUNTEER JOB DESCRIPTION

Overview:
The volunteer members of each regional Human Rights Authority work with the region's Disability Rights Manager (DRM) to carry out the HRA's responsibility to protect the human rights of persons with disabilities, as outlined in the Guardianship and Advocacy Act (20 ILCS 3955/) and its accompanying rules, and this manual. In order to achieve successful HRA outcomes, volunteer members devote approximately 5-10 hours per month to HRA activities.

Term of Office
All volunteer member terms of office will be for three years or for the remainder of an unexpired term. At the end of your first three-year term you will be eligible for reappointment to a second three-year term. After serving two, three-year terms, you are required to withdraw as an active HRA Member for at least one year. At the end of your inactive year you may be eligible for reappointment to a new three-year term after completing an updated application, with the approval of the regional Authority.

Duties and Responsibilities:
1. Attend monthly Human Rights Authority meetings and participate by voting on case issues.
    a. Come prepared to meetings having reviewed materials provided by your DRM in advance of each meeting.
    b. Contact your DRM in advance if unable to attend a meeting.
2. Participate in investigations of complaint allegations as assigned.
    a. Participate in the development of case investigation reports and corrective recommendations to providers to assure rights protections of persons with disabilities.
3. Complete required state trainings on an annual basis (coordinated by your DRM).
4. Check email at least once/week for HRA correspondences.
5. Keep personal contact information (email, phone, mailing address) up-to-date with your DRM.
6. Keep your employment information up-to-date with your DRM to avoid potential conflicts of interest.
7. Maintain confidentiality of case information at all times.
8. Conduct all HRA business in strict adherence to HRA regulations and State and Federal laws, as envoys of the State of Illinois, including the Open Meetings Act.

Other Member Expectations:
1. Develop an understanding of the service delivery network, the Mental Health and Developmental Disabilities Code, and other applicable statutes, policies, and procedures.
2. Attend educational training/conferences on disability rights issues provided by the Illinois Guardianship and Advocacy Commission.
3. Engage in outreach and referral activities to promote the HRA to consumers, service providers, professional organizations as well as County, State and City agencies. Good public relations are essential to the HRA's ability to perform its job well. Effective outreach informs the public of HRA services, can bring new cases to the attention of the HRA, and can increase interest in HRA membership.

Member Qualifications

- Personal and/or professional experience with individuals with disabilities.
- A sincere interest in protecting the human rights of persons with disabilities
- An ability to objectively evaluate complaints of alleged rights violations and negotiate resolutions to substantiated violations.
- Experience with handling confidential personal information such as medical records.

OTHER MEMBER INFORMATION

HRA Officers

Each regional Authority at its Annual Meeting in June shall elect a Chair, Vice-Chair and Secretary for a one-year term. The Chair may plan the agenda and conduct/direct meetings with the assistance of the HRA Disability Rights Manager (DRM). The Vice-Chair will act as the Chair in his/her absence. The secretary may record the minutes of the meeting with assistance from the DRM.

Case Investigation

Each HRA case will be assigned to an HRA member to work on the investigation as a team with the DRM. Members may choose which cases to be assigned to. Examples of service providers investigated include mental health facilities, residential and vocational programs, nursing homes, and special education programs. The investigative team may perform provider site visits to examine facility premises, review records, and interview persons involved in the complaint allegations. The parameters of member powers and limitations during the investigative process are outlined in the Guardianship and Advocacy Act which are included in the appendix of this training Manual.

Conflicts of Interest

The HRA is obligated to ensure the highest level of objectivity in its investigations, and to this end has requirements related to conflicts of interest. Your DRM will detail the potential circumstances surrounding conflict of interest requirements as stated in program rules and policies. If an HRA Member does have a potential conflict of interest with a service provider being investigated or with a complainant, the HRA Member cannot participate in the voting on case actions, although they may sit in on confidential case discussions. If a provider member chooses to participate in a case discussion about their employer, the content of that discussion must be recorded in the record as part of the investigation.

Travel Expenses

If you have provided the HRA with verification that you are a licensed and an insured driver, your travel expenses to meetings and site investigations will be reimbursed by the Illinois Guardianship and Advocacy Commission. Travel/expense vouchers must be submitted to your DRM within 30 days of the expense incurred. A sample expense sheet is located in the Appendix.

MEDIA RELATIONS

In compliance with the Open Meetings Act, advance notice of HRA meetings and the meeting agendas are posted in a public location by your HRA Disability Rights Manager (DRM). Media resources may publicize notices of meetings and may send reporters to cover meetings. You may find the following guidelines helpful if you come into contact with the press:

- Observe the Confidentiality Act at all times by protecting the identity of the recipient and complainants involved in HRA cases. Information protected by this Act should never be disclosed to parties outside of the HRA or the case investigation.
- Observe the Guardianship and Advocacy Act. The findings of an investigation should not be revealed until your Authority has voted to make the report public.
- If you know in advance that you will be in contact with a member of the media, contact your DRM for guidance and assistance. The DRM will reach out to the HRA Director and the Commission's media liaison.
- If a member of the media comes to an HRA meeting, respond to general inquiries about the HRA role with the involvement of the DRM. Only public information about a case (e.g. information on public open meeting minutes) can be shared with the media. The DRM must then report the media contact to the HRA Director and the Commission's media liaison. In addition, any media articles resulting from contact with the press should be sent to your DRM.
- Remember that as an Authority member you represent the State of Illinois. Any statement made should be reflective of your regional Authority, not your individual opinion. Note: the Commission will have an official spokesperson for the IGAC.

HRA MEETINGS

HRA MEETINGS

Open Meetings Act

Meetings of the regional Authorities are governed by the Illinois Open Meetings Act which requires public notice to allow for public participation. Your Disability Rights Manager (DRM) provides public notice of scheduled meeting times with meeting agendas. The open session minutes of meetings are also made available for public inspection. In addition, a portion of each meeting is set aside for public comment. The Open Meetings Act also has provisions to protect confidentiality through the regulated use of a closed session during the public meeting. The identity of an eligible person or complainant is never divulged in accordance with GAC Act provisions. The identity of any service provider is not released until after such time the provider has been formally notified of the investigation.

The Open Meetings Act also requires that Minutes, both of open and closed sessions, be maintained. Minutes of closed sessions are reviewed twice a year to determine if they need to remain confidential or if they can be made public. Minutes of open session meetings are made available for public inspection. In addition, a portion of each meeting is set aside for public comment. The Act also requires that closed sessions be recorded. Approved open meeting minutes are posted on the Commission website.

Finally, meetings are conducted in accordance with Robert's Rules of Order, a motion, second, discussion and a vote are required before any item of business can be approved by the Authority. An Authority may vote to postpone investigation of a complaint if it is determined that an investigation would jeopardize other pending proceedings or that additional information is needed to warrant acceptance by the HRA. There are provisions in the HRA Administrative Rules that allow exceptions to this in certain *emergency* situations.

Emergency Measure

On occasion, an emergency situation arises in which it is necessary to begin an investigation immediately for the protection of an eligible person. Under these circumstances, the HRA may begin an investigation without the majority vote of a quorum of HRA Members at an HRA meeting or between meetings. The approval of the Chair and two additional Members is required. The action must still be presented for a ratification vote at the next regularly scheduled meeting of the HRA where a quorum is present.

Schedule

Regional authorities are mandated to meet at least once every two months. Most meet monthly with vacation months scheduled periodically. The start time is set/changed by Members within each regional Authority. An annual calendar is developed each calendar year and is to be available to the public; the annual calendar is posted on the agency internet site along with each meeting's agenda. The election of officers takes place at the annual meeting held in June.

Quorum

Regardless of the number of members currently on the board, a quorum of five members is required for any formal vote (e.g. if you have 7 board members, you still need 5 members to vote not 4 which would be the majority of 7). Regular attendance, therefore, is essential.

Conflict of Interest

Investigations that would pose a conflict of interest situation for a Regional Authority as a whole will be referred to another Authority for investigation. An Authority Member should recuse himself/herself from discussions or investigations of facilities with whom the Member has either a personal/professional relationship. When in doubt, an HRA Member should consult with his/her Disability Rights Manager if there is a question as to whether a conflict of interest exists. The HRA's rules and policies define conflict of interest. The Disability Rights Manager will serve as a resource for discussing program requirements related to conflict of interest.

Location

HRA meetings are held at locations within regional boundaries that are accessible to persons with disabilities and which allow for participation of the public and service providers.

Preparation for Meetings

Prior to the meeting, your Disability Rights Manager will send out an informational packet in advance of each meeting. It will typically contain the following materials:

- Minutes of the previous meeting
- An agenda for the upcoming meeting
- New complaints referred to the regional Authority
- Any provider responses to Reports of Findings or additional information requests that have been received
- Case correspondence drafts
- Draft Reports of investigative findings of current cases

It is important that you review this material in advance so that the meeting is productive.

SUGGESTED ORDER OF BUSINESS and AGENDA

Meeting Date and Time
Meeting Location

I. Call to Order
   A. Roll Call and determination of a quorum
   B. Introductions by Chair
   C. Reading of Confidentiality statement
   D. Call for changes in the agenda by members

II. Minutes
   A. Corrections or changes to previous meeting minutes
   B. Approval of minutes (by member vote)

III. Communications

IV. New Business
   A. Comments from the public
   B. Ratifications of emergency actions (by member vote)
   C. New Complaints (by member vote)
   D. Other new business
   E. Election of officers (at annual meeting in June)
   F. Review of closed session minutes (twice per year)

IV. Closed Session
   A. Discussion of Draft Reports, Service Provider Responses to Reports and confidential details about new cases
   B. If requested, private discussion with guests regarding specific cases
   C. Return to open session

V. Unfinished Business (Vote to enter into closed session)
   A. Progress reports on cases
   B. Discussions of draft reports
   C. Review of provider responses
   E. Review of case closures
   F. Confidential discussion with guests regarding specific cases
   G. Assignment of new cases
   H. Any other unfinished business

VI. Unfinished Business (Return to open session)
   A. Provide a summary of closed session
   B. Approval of draft reports (by member vote)
   C. Approval of case closures (by member vote)
   D. Approval of any other case action (by member vote)

VI Announcements

A. Review next meeting, time and location
B. Other announcements
C. Other business

VII. Adjournment (by member vote)

INVESTIGATIONS

HUMAN RIGHTS AUTHORITY INVESTIGATIONS
FACT SHEET
(Distributed to Service Providers as part of case acceptance notice)

The Human Rights Authority is the investigative arm of the Illinois Guardianship and Advocacy Commission. The Authority, which is made up of nine regional Authorities around the state, investigates alleged violations of the rights of persons with disabilities by providers of services. The following summary of the HRA investigative process is designed to allay concerns and to promote the establishment of an attitude of cooperation. An open environment speeds the investigative process along and usually results in an outcome viewed by all parties involved as a positive one.

A complaint of an alleged violation can come to the Authority in a number of ways: from a service recipient, a friend or relative of the recipient, a staff person at a facility, or another interested party. It might come in the form of a letter, a telephone call, or a personal presentation before the regional Authority at one of its public meetings. Sometimes investigations are initiated by the Authority itself if there is reason to believe a rights violation has occurred.

Regardless of how the alleged violation is brought to the attention of the Authority, it cannot be investigated until the Authority has voted to do so. At this stage of the investigation no public mention is made of the facility being investigated. This rule must be observed by persons making a complaint at the public meeting. It is the policy of the Authority that the facility involved has the right to learn of any pending investigation from the Authority first, rather than through the media or via the "grape vine."

If the Authority reviews the complaint and determines that it does not involve the rights of an eligible person, or that the complaint is frivolous, or that a disability service provider is not involved, it shall not initiate an investigation. The Authority may also determine that a complaint is beyond its scope and authority to investigate and would be an appropriate referral to another agency for investigation. When making such referrals, the Authority may accept the complaint and request the findings of the investigation agency.

If the Authority votes to investigate a complaint, the service provider involved will be notified by mail. The letter will outline the nature of the allegations, explain the Authority's mandate to investigate, and inform the facility that a site visit will be conducted.

When a complaint is accepted, the board also takes into consideration any possible conflicts of interest involved in the complaint and a board member or staff person that has a conflict will be recused from the investigation. The HRA is mandated to protect the confidentiality of a complainant and will not disclose the complainant's identity to the service provider. Complainants have no obligation to self-report to a provider that they filed a complaint with the HRA.

The site visit is conducted by an investigative team which will want to meet with any persons who might have knowledge of the alleged rights violation. The team may request that a room be made available where they can interview these persons privately. The investigative team may also want to review facility policies and records. The team may have signed release of information forms enabling them to view specific client records or they may ask to view masked records (records which have had all personally identifiable material removed).

After the site visit, the investigative team may request that additional information be provided, or may make additional site visits. The team may also inspect documents pertaining to the facility which are held by other agencies, such as Department of Public Health licensure surveys.

The investigative team will report its findings to the Authority. Once the Authority has determined sufficient information has been gathered, a report of findings and proposed recommendations are drafted. After the Authority has reviewed the draft report in a closed meeting, the meeting will be opened and there will be a formal motion and vote to send the report to the provider.

The provider has 30 days after receiving the report to respond. The law requires that the provider inform the Authority what action it intends to take regarding any recommendations that have been made. The law also allows the provider to make objections to the findings and to include them in its response to the report. These objections become part of the record, and, at the request of the service provider, will be included in the report should the Authority vote to make it public.

Once the Authority receives the response from the provider several things can happen. The Authority may determine that the situation has been adequately corrected and vote to close the case. It may decide that the response does not indicate that the alleged violation has ceased and attempt to work with the provider to reach agreement. If no agreement can be reached, the Authority may also decide that it is in the public interest to make the report public. If the report is made public, the provider is notified prior to its release and is again reminded of his right to make objections to the finding and to have them included in the public document. The Authority then votes to close and will so notify the service provider.

If a violation is not substantiated, the Authority notifies the provider that the alleged violation has not been supported by the facts and votes to formally close the case.

The investigation process is designed to result in a positive outcome for all parties involved. The Authority wishes to work with facilities to correct problems. A violation may exist not because of intentional wrongdoing but because of a lack of understanding or because of a situation outside the provider's control. An Authority investigation can be an educational tool for providers, alerting them to the law and guiding them to make needed corrections. It may also be an educational tool for the members of the Authority, who are part of your community, alerting them to problems that service providers have to deal with in the day-to-day operation of their agencies. The result is an increased awareness of the problems faced by persons with disabilities and those who serve them and, it is hoped, a step toward improving the quality of the lives of people with disabilities throughout the state. 8/2021

HUMAN RIGHTS AUTHORITY

INFORMATION FOR COMPLAINANTS

(Distributed to case complainants as part of case acceptance notice)

Persons who make complaints to the Human Rights Authority (HRA) about the service received from a facility or agency often wonder just what they can expect from the Authority's investigation. This information is designed to address that concern.

The Authority is charged with investigating whether the rights of recipients have been violated. The rights we address are those protected by statutes such as the Mental Health and Developmental Disabilities Code and the Nursing Home Care Act; other statutes and regulations may also be used. Because these statutes govern our work as well as the care of recipients, we can only find violations where a right is protected by statute. Much as we might dislike some incident or event involving a recipient, there is little that the HRA can do if no right was violated.

Although the complaint we received concerns what happened to you or to another individual, in investigating the complaint, we are also concerned that it may represent a problem that affects other recipients. In that sense, we will focus on general practices as they affect a number of recipients as well as you or any other individual.

We want you to understand that, often, it is future recipients who benefit from our investigations as much as or more than you or the person named in the complaint. Often not much can be done about what has already occurred, but the HRA can impact practices so that this problem does not happen to someone else. Many times our investigations have brought about that kind of change in the way facilities serve people; those results make our work worthwhile.

In summary, the Authority is statutorily empowered to review and accept complaints of rights violations for investigation. The HRA then conducts its investigation as it deems fit. Please note that the Authority does not resolve disputes between the complainant and the service provider. Instead, the HRA investigates rights violations and negotiates with service providers for improved rights protections. The Authority's responsibility to you as the complainant is to maintain your confidentiality, obtain from you a signed release of information when appropriate, periodically advise you of the status of the investigation and inform you of the case outcome and case closure.

Thank you for bringing this complaint to our attention. We will do a thorough investigation and try to conclude the case in a timely manner. (September 2019)

INVESTIGATIVE PROCESS

INVESTIGATIVE METHODS

Preparation for investigation

1. Analyze the complaint

a) Identify and describe the alleged disability rights violation and whether or not the service recipient meets the Guardianship and Advocacy Commission Act definition of "eligible person".
b) Consider the statutes or regulations relevant to the complaint.
c) Determine if the allegation is a right as defined by statutes, regulations or even the service provider's own policies.

2. Identify the service provider name and address

a) Does the provider meet the GAC Act definition of a "service provider?"
b) Ensure that information regarding the HRA and HRA process is shared with the provider if it has no prior knowledge or experience with the HRA.

3. Identify the relevant components of the case

a) Precipitating events regarding the complaint.
b) Chronology of events regarding the alleged violation.
c) Persons involved.
d) Facts relevant to the allegation. Identify potential sources of factual evidence.
e) Information requiring research (e.g. policies, chart reviews, statutes, etc.).
f) Obstacles that may prevent resolution of the problem.
g) Ensure that potential conflicts of interest involving HRA members, staff, complainants, service providers and service recipients have been reviewed.

4. Develop an investigation plan

a) Whom do you need to interview and what do you need to ask them?
b) What information do you need to fill gaps, to corroborate testimony (e.g. charts, policies, additional interviews)?
c) Is there any benefit to direct observation of a program, etc. if participants consent?
d) In certain cases, an unannounced site visit may be warranted. However, the HRA should only use this approach if a clear and needed reason is identified as providers may see this approach as adversarial.

Interviewing witnesses and involved parties

1. Explain the role of the HRA and the information that you are seeking. Focus on negotiated outcomes that protect recipient rights.
2. Consider the motives and attitude of persons being interviewed.
3. Be attuned to non-verbal cues and body language.
4. Solicit from witnesses ideas on solutions to problems
5. Close interview when needed information is acquired or when it becomes apparent that the information is not accessible or is being denied.
6. Disclose intended purpose of the information and whether or not the person will be recontacted for another interview. Secure the name of contact person for any additional questions that may arise subsequent to the site visit interviews.

7. While interviewing:
   a) Take notes – **do not rely on your memory.**
   b) Keep an open mind; avoid making assumptions or misquoting anyone.
   c) Be tolerant and courteous, especially with hostile and/or disinterested witnesses.
8. After the interview:
   a) Record your feelings and reactions
   b) Distinguish between facts, hearsay, and opinions in the information gathered.
   c) Identify information that substantiates or refutes other testimony or evidence.
   d) Consider the need to secure additional information or evidence.

Conducting Research

1. Review records (case files, policies/procedures, and other relevant documents).
2. Use research tools such as:
   a) Legal documents and relevant statutes.
   b) Persons with expert knowledge.
   c) Public documents regarding the provider (e.g. IDPH surveys).
3. Research the issue on which the complaint is based and explore the methods used by other providers that meet statutory requirements on such issues.

Conducting Site Visits

1. Deal directly with the provider's administrator. This is a matter of courtesy and the most direct route to problem solving. The provider may identify a staff person who is to respond to HRA questions. The HRA can request to interview specific individuals as well. At times, a provider may enlist the assistance of an attorney. Even if an attorney is involved, the HRA can proceed with its investigation plan, questions and requests to interview specific provider staff.
2. Dealing with hostility
   a) Make clear the purpose of the HRA and your role.
   b) Be polite and respectful.
   c) Do not be intimidated or intimidate others.
   d) Try to develop trust but not to the point where it impedes the investigation.
   e) Remember that staff hostility does not necessarily validate a complaint.
   f) Do not seek the permission of staff to pursue an investigation. The HRA is statutorily empowered to investigate complaints, including the power to subpoena witnesses, records and to conduct hearings. (59 Ill. Admin. Code 310.60)
3. Ask for clarification when unfamiliar, technical or medical terms are used.
4. Remember that service providers are in the business to help people.
5. Be aware of the balance between client expectations and treatment needs as well as the safety and security of the recipient and others in the facility.
6. Remember the investigative goal is not to assign blame but to negotiate for rights protections. Often, as facts surface through the investigative process, ideas emerge on solving the problem – be alert to such opportunities.

Analyzing The Evidence

1. General observations:
   a) Different people will offer different versions of the same event due to "perception."

b) Remember that inconsistent testimony of the same event by different people is not an indicator of deception.
c) Generally, a person describing an event can mix statements of "why" with "what" occurred – be sure to separate the two.
d) Look for indicators and/or documentation to support a person's statement.

2. Questions to ask oneself in evaluating evidence:
   a) Is it relevant? Does it prove or disprove any findings in the case?
   b) Is the information/evidence worthy of further investigation?
   c) Is the evidence factual?
   d) Did the HRA obtain the evidence from a direct source (e.g. record, actual observation)?
   e) If testimony is considered as evidence, can it be corroborated? If a policy is considered as evidence does the policy meet legal requirement or, is there evidence that the policy was followed?

Suggested Checklist For Evidence

1. Statements of complainant, recipient, staff, administration, families, guardians, witnesses, and others involved in the case
2. Recipient records with consent or masked records
3. Observations of the scene
4. Police and other enforcement agencies' reports
5. Court records
6. Library resources
7. Information from experts
8. Provider's relevant policies, procedures, forms, etc.

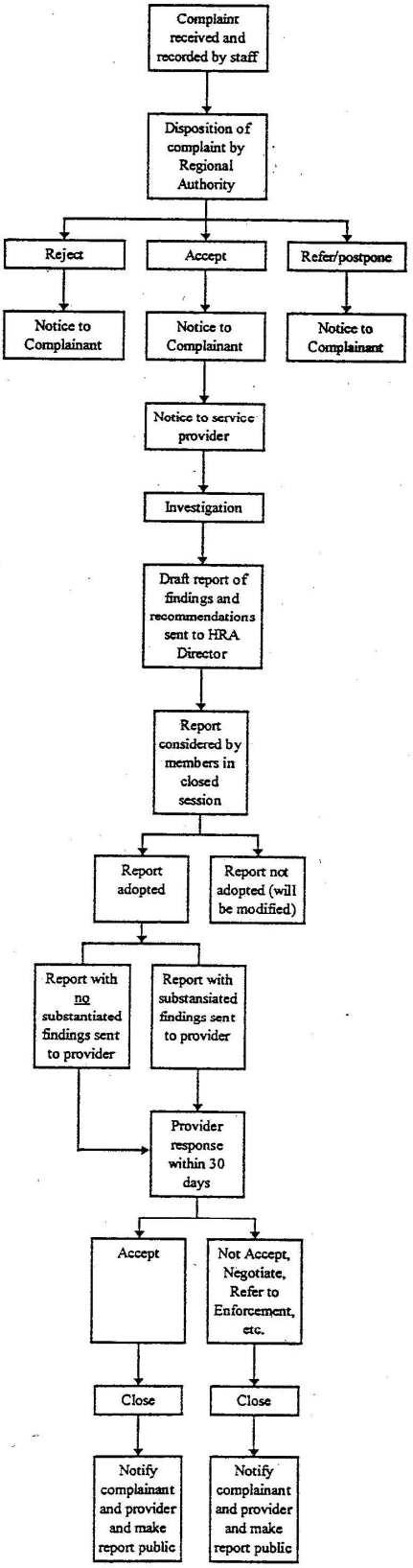
Checklist For The Validity Of Hearsay Testimony

"Hearsay" is secondhand information. It generally is not considered reliable but can be helpful when the following is known:

1. Can the secondhand information be confirmed by the original source? If yes, and if possible, obtain information from the original source.
2. Examine the conditions under which the secondhand information was received (e.g. was person under stress, ill, involved in a legal or employment dispute)?
3. Is there other direct evidence or hearsay evidence that corroborates this account?
4. How reliable is the person offering the hearsay evidence?
5. How reliable is the original speaker?
6. What is the person's job title and what knowledge would the person have of the situation?
7. Is the person providing the hearsay information willing to certify the statements in writing?
8. Are there inconsistencies in the hearsay account? How does the person react when confronted with the inconsistencies?

Note: It is best to rely on the highest standards of evidence (factual, direct, relevant, and corroborated) when drawing HRA conclusions.

FLOW CHART OF COMPLAINT PROCESS



RECORDS REVIEW

RECORD REVIEW

As evident under the Investigative Methods section, reviewing relevant records is typically an essential part of an investigation – mainly to determine if the issues in the complaint can be substantiated or traced in the records. Although facilities keep records differently, there are some basic elements to each of the three types of records (recipient's file, policies, and internal documents) commonly reviewed in investigations.

Recipient's file

1. A written authorization from the recipient or guardian is required to review the file. The Authority may examine masked records if warranted and the Disability Rights Manager should be involved in determining the need for and the process of securing masked records.

2. Records Review
   a) Diagnostics evaluations
      - Tests administered (if applicable)
      - Diagnosis
      - Assessment of recipient's condition and needs
      - Prognosis for discharge
      - Assessment results should guide an individual's treatment or treatment plan

   b) Progress notes and/or reports

      This section comprises a running log of notes made by physicians, nurses, social services staff, behavioral staff, etc. Some facilities will separate the notes of the various workers; others will combine them.

   c) Questions to ask:
      - Is there documented information related to the complaint?
      - Are medical and/or behavioral incidents/changes in status noted?
      - Are references made, when applicable, to notification of family, guardian and/or physician, and if treatment team review is required?

   d) Individual treatment/program plan ("ITP/IPP") and /or individualized education program (IEP)

      This is a written set of goals determined and reviewed at regular intervals by the treatment team and, if possible, by the recipient and/or guardian. It should clearly outline measurable goals, steps to be taken to meet the goals and any progress or setbacks that have occurred.

   e) Possible questions to ask:
      - Does the ITP/IPP address issues brought out in the progress notes?
      - To what extent is the recipient/guardian involved in the goal-setting and other treatment team decisions?
      - To what extent are the needs identified through diagnostics and evaluations being addressed?
      - Is goal progress being documented and monitored?
      - Is the plan revised if goals are not met or if goals are exceeded?
      - How frequently is the plan reviewed?

Relevant policies and procedures

1. Request written copies of all policies and procedures relevant to the investigation.
2. Possible questions to ask:
    a) Are policies consistent with practices documented in records or reported by staff?
    b) Are policies/procedures in compliance with current statutes?
    c) Are there references to the use of "least restrictive" measures and notification of family or guardian?
    d) Do the policies/procedures provide an adequate framework for the day-to-day activities of the staff?
    e) What training do staff receive on policies/procedures?
    f) How are staff trained to document their work?

Internal documents

1. Types
    a) Incident reports (some reports are internal documents that are not accessible to the HRA)
    b) Internal investigations
    c) Satisfaction surveys and other quality assurance toolse
    d) Staffing patterns
    e) Record of staff trainings

2. Some internal documents are not subject to subpoena

USE OF EMERGENCY MEDICATION, RESTRAINT AND SECLUSION

The use of emergency psychotropic medication and electroconvulsive therapy (ECT)

Mental Health and Developmental Disabilities Code, Definitions (405 ILCS 5/100 et seq.) (May 2010).

Psychotropic medication means medication whose use for antipsychotic, antidepressant, antimanic, antianxiety, behavioral modification or behavioral management purposes is listed in AMA Drug Evaluations, latest edition, or Physician's Desk Reference, latest edition, or which are administered for any of these purposes. Emergency, or forced, medications also include tests and related procedures that are essential for safe and effective administration (405 ILCS 5/1-121.1).

Although not specifically defined in the Code, ECT prescriptions and emergency uses follow the same requirements as psychotropic medications (405 ILCS 5/2-102 a-5 and 5/2-107).

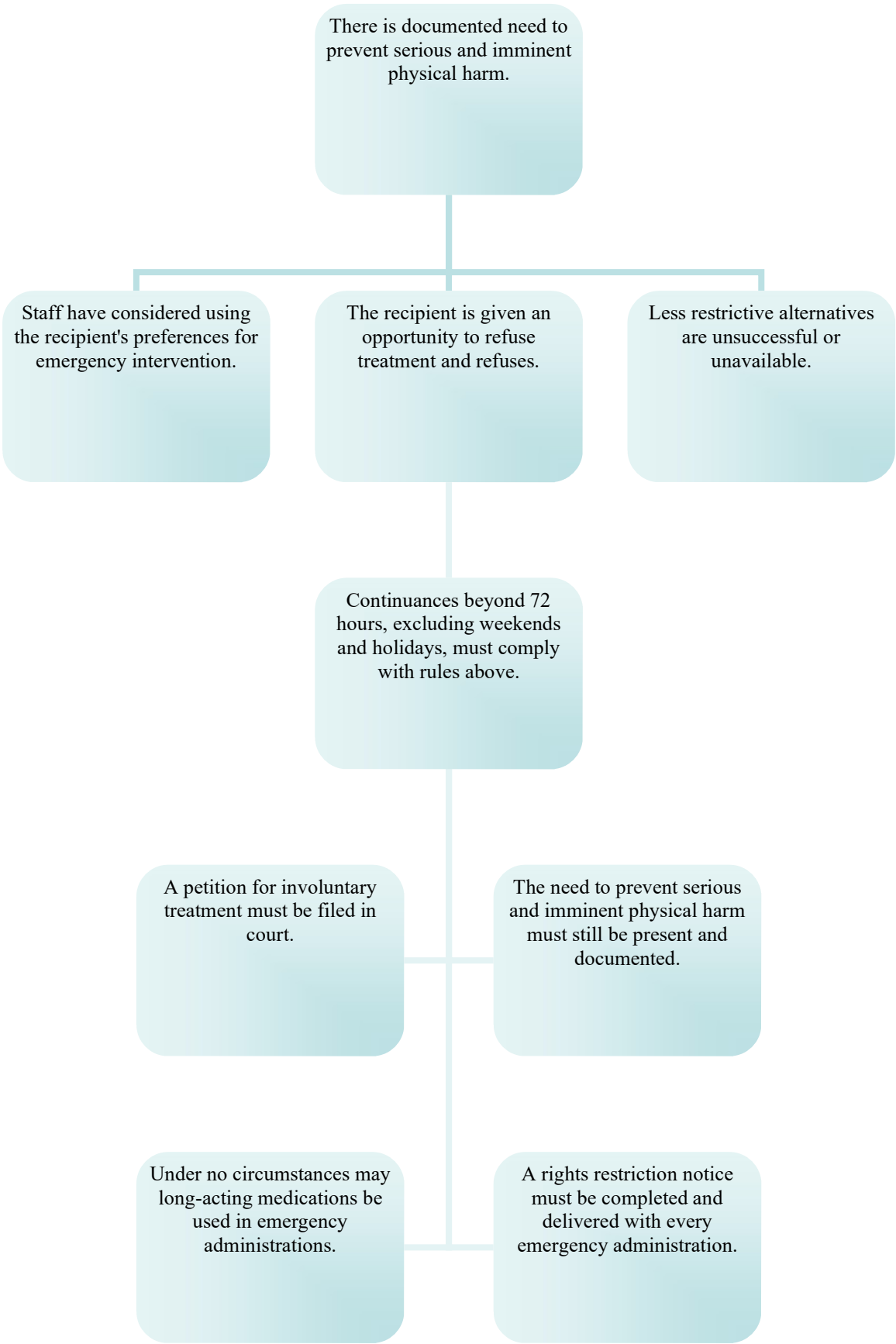
Informed consent under 405 ILCS 5/2-102 a-5:

Whenever psychotropic medication and ECT are used in treating a recipient, a physician or designee must advise the recipient, in writing, of the side effects, risks, and benefits of the treatment as well as the alternatives to the treatment to the extent such advice is consistent with the recipient's ability to understand the information. The same written information must be shared with any substitute decision maker.

A prescribing physician must determine and state in writing whether the recipient has the capacity to make a reasoned decision about the proposed treatment. If the recipient lacks capacity, the treatment may only be administered in an emergency or pursuant to a court order.

Emergency/forced medication and ECT under 405 ILCS 5/2-107:

An adult recipient and his or her guardian or substitute decision maker, if any, must be informed of the recipient's right to refuse medication and ECT. They must be given the opportunity to refuse services including, but not limited to, medication and ECT, which, if refused, cannot be given unless necessary to prevent the recipient from causing serious and imminent physical harm and no less restrictive alternative is available. These rights are exclusive from admission status, so they are guaranteed whether the recipient is admitted voluntarily or involuntarily. The next page contains a chart showing how the use of emergency/forced medication and ECT must flow.


There is documented need to prevent serious and imminent physical harm.
Staff have considered using the recipient's preferences for emergency intervention.
The recipient is given an opportunity to refuse treatment and refuses.
Less restrictive alternatives are unsuccessful or unavailable.
Continuances beyond 72 hours, excluding weekends and holidays, must comply with rules above.
A petition for involuntary treatment must be filed in court.
The need to prevent serious and imminent physical harm must still be present and documented.
Under no circumstances may long-acting medications be used in emergency administrations.
A rights restriction notice must be completed and delivered with every emergency administration.

Important questions to ask when reviewing charts and interviewing facility staff:

1. Was the recipient given an opportunity to refuse?
2. Do the reasons for emergency medication or ECT and the corresponding documentation support the need to prevent *serious and imminent physical harm*?
3. Does the record refer to behaviors such as "agitated", "threatening", "uncooperative", "combative", "loud", etc.? Without further description, these phrases do not necessarily mean potential serious and imminent physical harm and do not support the need to restrict a recipient' right to refuse treatment.
4. Is there documented indication that less restrictive alternatives were determined unsuccessful or unavailable? Did the facility attempt to deescalate the situation and what attempts were made?
5. Is there documented indication that a recipient's stated preference for emergency intervention was considered? (405 ILCS 5/2-200 and 5/2-102 a).
6. Was a rights restriction notice completed and issued to the patient for *every* emergency administration? Is there documentation of this in the record? (405 ILCS 5/2-201).
7. Was the recipient given an opportunity to refuse, to have less restrictive alternatives and his or her preference considered before *every* administration?
8. How long did emergency administrations continue?
9. Did the administrations exceed 24 hours? If so, did a physician or supervisory nurse document continued need in the recipient's record?
10. Were documented continuing determinations made every 24 hours?
11. Did the medications exceed 72 hours, excluding weekends and holidays? If so, was a petition for involuntary treatment filed in court *and* did the treatment continue to be necessary to prevent serious and imminent physical harm according to the documentation?
12. Does the documentation suggest that emergency administrations continued in order to address imminent harm or behaviors that occurred in the past? The past does not qualify.
13. For state-operated hospitals, did the facility medical director approve continuations beyond 72 hours?
14. Was the recipient provided with written information about the medication/ECT administered for an emergency (405 ILCS 5/2-102 a-5)?
15. Were long-acting medications used in an emergency? These are prohibited. (405 ILCS 5/2-107(g))

THE USE OF SECLUSION AND RESTRAINT

Mental Health and Developmental Disabilities Code, Definitions (405 ILCS 5/100 et seq.) (May, 2010).

Seclusion:

The restriction of a recipient to a given area or room as part of a behavior modification program which has been authorized pursuant to his individual services plan shall not constitute as seclusion, provided that:

a) The sequestration by placement of a recipient alone in a room from which he has no means of leaving.
b) The restriction of a recipient to a given area or room as part of a behavior modification program which has been authorized pursuant to his individual services plan shall not constitute as seclusion.

Seclusion limitations:

a) Duration of seclusion cannot exceed any one period in excess of 2 hours.
b) Nor any periods which total more than 4 hours in any 24 hour period.
c) The duration, nature and purpose of each seclusion must be promptly documented in the recipient's clinical record (405 ILCS 5/1-126).

Restraint:

Direct restriction through mechanical means or personal physical force of limbs, head or body of a recipient. The partial or total immobilization of a recipient for the purpose of performing a medical, surgical or dental procedure; or as part of a medically prescribed procedure for the treatment of an existing physical disorder; or the amelioration of a physical handicap shall not constitute restraint, provided that:

Restraint limitations:

a) A written authorization from physician/dentist is required if the procedure and immobilization are applied continuously or regularly for a period exceeding 24 hours, and for every 24-hour period thereafter during which the immobilization may continue.
b) Any such immobilization which extends for more than 30 days must be reviewed by a physician/dentist other than the one who initially authorized the immobilization.
c) Momentary periods of physical restraint by direct person-to-person contact, without the use of material or mechanical devices and accomplished with limited force and done to prevent an act that would result in potential physical harm to the recipient or others is not restraint, but shall be documented in the recipient’s record.
d) The duration, nature and purposes of the procedures or immobilization are properly documented in the recipient's record (405 ILCS 5/1-125).

Questions to ask in assessing the use of seclusion and/or restraint:

1. Did the precipitating incident constitute potential physical harm to self or physical abuse to others?
2. Was restraint/seclusion used for convenience, custodial management or punishment?
3. Who ordered seclusion or restraint? Based on Mental Health Code (405 ILCS 5/2-108 and 109) restraints/seclusion can only be ordered by:
    a) Physician
    b) Clinical Psychologist
    c) Clinical Social Worker
    d) Registered Nurse with supervisory responsibilities
4. Was a written order issued? Did it state that the seclusion and/or restraint exceeding two hours did not pose an undue risk to the recipient's health in light of the recipient's physical or medical condition? How long was the order in effect? When was the recipient last secluded/restrained?
5. Did the staff apply less intrusive or restrictive measures to prevent the problem from escalating?
6. Was there ongoing contact with the recipient to provide assistance or to assess appropriateness of release? If restrained, did a staff person remain with the recipient at all times and were 15-minute checks documented in the recipient's record? If secluded, was the recipient observed at all times?
7. Was the recipient released immediately when the emergency no longer existed?
8. Treatment plan:
    a) Were attempts made to identify the causes of the problem that necessitated the use of seclusion/restraint?
    b) Were changes made in the treatment plan to reflect changes in behavior or psychosocial functioning?
    c) Does the treatment plan contain positive adaptive goals (including discharge), positive treatment components, and a method of recognizing and reinforcing positive handling of problems by the recipient?
9. Did the seclusion/restraint occur when the facility had less staff on duty due to nights, holidays, weekends or absenteeism raising questions of staff convenience?
10. Did the hospital staff properly follow the hospital's own policy and procedures?
11. Were there problems as a result of the physical condition of the seclusion room or the restraints?
12. Was a notice of rights restriction regarding the seclusion/restraint delivered to the recipient and any designated support person and placed in the recipient's clinical record (405 ILCS 5/2-201)?
13. Was the recipient advised of his/her right to have any person of his/her choosing to be notified including the IGAC when the seclusion/restraint was used (405 ILCS 5/2-108 and 109)?
14. Were the recipient's preferences for emergency intervention noted upon admission and documented in the treatment plan (405 ILCS 5/2-102 and 5/2-200)?

Questions to ask in critiquing a facility's seclusion and restraint policy:

1. Is it compliant with the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-108 and 109)?
    a) Does a written statement accompany any order over two hours that the seclusion/restraint poses no undue risk to the recipient's health, following a personal examination restricted to:
        - Physician
        - Registered Nurse with supervisory responsibilities
    b) Do facility directors review each seclusion/restraint event on a daily basis?
2. Are the criteria for use of seclusion/restraint too broad or too vague, allowing for use in non-emergency situations, for example, "disruption of therapeutic environment"?
3. Does the policy require the timely use of less restrictive interventions to address precursor behaviors?
4. Does the policy require thorough documentation at all times in objective, non-judgmental language?
5. Does the policy state clearly who is responsible for the decision to seclude/restrain and for the decision to release the recipient?
6. Does the policy require treatment team reassessment of the use of seclusion/restraint, preferably within 24 hours?
7. Does the policy require a formal review of the recipient's treatment plan after the use of seclusion/restraint (Not a Mental Health Code requirement)?
8. Does the policy require continuous assessment and immediate release when an emergency situation no longer exists?
9. Does the policy state clearly the requirements for release and who is responsible for setting parameters for release?
10. Does the policy require training of staff in the use of seclusion/restraint, and is it adequate to prevent harm to the recipient?
11. What quality assurance mechanisms does the policy contain to ensure outside monitoring for abuses of any nature?

Tools for use in advocacy on seclusion/restraint issues

1. Constitutional rights
    a) Right to freedom from restraint and to safe conditions
    b) Right to training and treatment
2. State law: Mental Health and Developmental Disabilities Code, Sections 5/2-102, 5/2-108, 5/2-109, 5/2-200 and 5/2-201.
3. State regulations and guidelines may impose more specific standards and additional requirements, e.g., hospital licensing standards, health department standards, and aversive-and-deprivation therapy standards.
4. Centers for Medicare/Medicaid (CMS), Hospitals Conditions of Participation (42 CFR 482)
5. Accreditation standards – Joint Commission, American Hospital Association and other professional groups
6. Certification standards.
7. The provider's failure to follow their own policies is one of the most convincing arguments for the provider to recognize the substantiated violation of the Mental Health Code and accept HRA recommendations to retrain staff to prevent violations.

REPORT WRITING

REPORT WRITING

Preparation

1. Your assigned Disability Rights Manager (DRM) collects the information gathered by the HRA investigative team.
2. Information is reviewed by the DRM to determine if the allegation is substantiated based on facts in the records of the provider, interviews and observations.
3. A Draft Report of Findings is prepared by your DRM with input by the HRA investigative team and then released to the HRA Members for review before the scheduled Authority meeting. HRA Members consider revisions; a majority vote is needed to accept the Draft with any revisions.

Format

1. It is essential that a consistent point of view be maintained throughout the report.
2. A convincing method of development must be followed either sequentially or chronologically to reach a logical conclusion.
3. Consideration of evidence
    a) Be specific about the collected information and the lack of some information. If information was requested and not provided, document this in the report.
    b) Be clear about the main points to be addressed:
        1) Did the issue involve a right that is grounded in laws, regulations or provider policies?
        2) Is the evidence factual?
        3) Is the evidence reliable (direct or corroborated) e.g. documented, observed by the HRA team, reported by more than one source?
        4) What do the various forms of evidence (interviews, files, policies, observations) say about the facts in the case?
4. Prepare an outline – break up the report into manageable parts: Introduction, Findings, Comments, Conclusion, and Recommendations.

Writing the Draft

1. Refer to your outline and research.
2. Be clear and concise.
3. Be sure to validate your findings with statistics, evidence in provider records, interviews, observations, and Mental Health Code or other relevant laws/regulations.

Revision

1. Review and critique the Draft Report from various points of view.
2. Do not try to do all the revisions at one sitting.
3. If needed, obtain feedback from HRA administration and other Authority Members.
4. The report should:
    a) Be complete and contain all the pertinent information regarding the allegation.
    b) Be concise with just essential facts, words, and phrases.
    c) Clearly express findings, suggestions and recommendations.
    d) Be accurate with no misspellings or grammatical errors.

WRITING THE FINAL REPORT: SUGGESTED OUTLINE

Components of the Report:

Introduction
Method of Investigation
Findings
Conclusions
Recommendations
Suggestions

Note: HRA rules state that findings and recommendations may be made available to the public, including publication on the Commission's Web site.

Introduction

1. Name and location (city) of the provider.
2. Provider description, including client capacity, geographic area served, number of staff, program details, etc.
3. Particular unit of the facility involved, if applicable.
4. The number of recipients involved.
5. The allegations of the complaint, either listed by number or an explanation but stated in same manner as given in initial letter to provider when case was opened.
6. The statutes, codes, rules, regulations, and even provider policies, etc. allegedly violated and thus, the statutory basis for the rights issues. Always cite Statutes first. Use standards, rules, policies, etc. to flush out interpretation of Statutes, if applicable.

Method of Investigation

List all methods used. Examples include the following:

1. Interview with complainant.
2. Number of site visits.
3. Staff and family/guardian met with or interviewed by the Authority.
4. Residents and witnesses interviewed by the Authority.
5. Any written material obtained or reviewed by the Authority (resident's records with resident/guardian consent, masked records, facility policies, Public Health Reports, etc.).
6. Any significant limitations or qualifications in the investigation, for example, inability to obtain release, change in management, violation corrected prior to site visit, etc.

Findings

1. Address each complaint separately, if possible.
2. Cite the method used and state the specific findings.
3. Identify the evidence used to substantiate or negate the allegation described by the complainant.
4. The information stated should be complete, balanced and supportable by records of the provider, interviews and observations during site investigations. Double check information as needed for accuracy. The information added to the report should be accurate to what is found in the record and should be backed up and searchable within the patient's record.

Conclusions

1. Cite the complaint.
2. State the Authority's conclusion and the basis of the conclusion. State clearly whether the rights or the complaints were or were not violated. Relate findings to statutes, regulations and/or policies. Use, "based on its findings, the HRA concludes…." Note, when applicable, the areas in which the provider has already made significant changes.

Recommendations

1. List by number each recommendation.
2. Recommendations should address rights violations. They should be measurable.
3. Cite code or regulation mandated to avoid "rights" violation.
4. Request evidence of changes, such as training logs, new and updated policy, etc.

Suggestions

The HRA may see the need for some type of provider improvement unrelated to the initial complaints or outside the requirements of statutes and regulations and can offer suggestions to address the identified need. Providers are only required to provide responses to recommendations and not to suggestions. Examples of suggestions might include, creating an internal audit mechanism to monitor a particular recipient service, distribute satisfaction surveys to gain recipient or family input on service provision, seek consultation with another provider on a particular method of service provision, etc.

APPENDICES

APPENDICES

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APPENDIX A – EXAMPLES OF SERVICE PROVIDERS

Department of Human Services (DHS)
The Illinois Department of Human Services is the largest service provider in the state for the population served by the Human Rights Authority. It serves more people, has more employees and has more influence than any other single provider. It also funds an enormous system of direct care, community outreach, and grant in aid funding and other related services.

Long-Term Care Facilities (Nursing Homes)
The state's Nursing Home Care Act permits the Illinois Department of Public Health (IDPH) to establish licensing categories for levels of care other than skilled nursing and intermediate care. These categories are sheltered care facilities and intermediate care facilities for the developmentally disabled. Examples of the types of facilities licensed by IDPH include:

- A **Skilled Care Facility (SNF)** cares for the more seriously ill and for persons with high medical needs. This facility has a higher proportion of licensed staff per resident than other nursing homes and are primary medical care facilities
- An **Intermediate Care Facility (ICF)** provides nursing care and supervision to residents in need of some medical supervision but who are not ill or disabled enough to require skilled care. A great deal of the facility's efforts are directed toward providing suitable activities and custodial care. Residents may be geriatric but in some areas of the State, persons with mental illness or developmental disabilities reside in ICFs as well.
- A **Sheltered Care Facility (SCF)** provides personal assistance, supervision, oversight and a suitable activity program. Provisions are made for periodic medical supervision and other medical services as needed. Such facilities are for individuals who do not need nursing care but do need the services listed above in meeting their needs.
- An **Intermediate Care Facility for the Developmentally Disabled (ICFDD)** is a facility that provides basic nursing supervision the same as in an ICF but also provides regular programming designed specifically for individuals with developmental disabilities.

Hospitals and Ambulatory Care Facilities (definitions from IDPH)
Follow the State's Hospital Licensing Act which was developed to provide safe public health standards through : providing care, licensure of qualified hospital personnel and acceptable treatment of individuals. Examples of the types of facilities include:

- **Critical Access Hospital**—a hospital that is certified under Medicare that has no more than 25 inpatient beds; maintaining an annual average length of stay of no more than 96 hours for acute inpatient care; offering 24-hour, 7-day-a-week emergency care; and being located in a rural area, at least 35 miles drive away from any other hospital or CAH (fewer in some circumstances)

- **Long Term Acute Care Hospital**—hospital that is certified as an acute-care hospital, but it focuses on patients who, on average, stay more than 25 days. LTCHs typically give services like comprehensive rehabilitation, respiratory therapy, head trauma treatment, and pain management.

- **Pediatric Hospital**—hospital that offers its services exclusively to children and adolescents.

- **Psychiatric Hospital—**Is primarily engaged in providing, by or under the supervision of a Doctor of Medicine or Osteopathy, psychiatric services for the diagnosis and treatment of mentally ill persons.

- **Rehabilitation Hospital**—hospital devoted to the rehabilitation of patients with various neurological, musculoskeletal, orthopedic and other medical conditions following stabilization of their acute medical issues.

- **Physical Rehabilitation Facility** – a licensed specialty hospital or clearly defined special unit or program of an acute care hospital providing physical rehabilitation services either through the facility's own staff members or when appropriate, through the mechanism of formal affiliations and consultations.

Community Mental Health Programs
This type of provider can be a local or county mental health center, an aftercare program or any other local agency that provides mental health services. Its clients may range from persons with chronic mental illness to persons from the community in need of limited counseling.

Correctional Facilities (County Jails, Juvenile Centers, Transition Centers, Work Camps)
These types of facilities can be local, regional and state based that provide medical and mental health services for those residing there.

Workshops and Vocational Programs
These are agencies which offer persons with disabilities an opportunity to work and earn income in a sheltered, more structured environment. There are different types of workshops based on the ability level of the clients that they serve. They might be associated with a community mental health or developmental disability program or they may be operated independently. Individuals may also work in a supported employment arrangement with a job coach or at a community job.

Illinois Department of Public Health (IDPH)
While IDPH is not a service provider, it is an agency with which you may have frequent contact because it is the licensing body for all long-term care facilities. IDPH sets the standards which nursing homes must follow and inspects them annually before renewing their licenses. IDPH also investigates complaints of abuse and neglect of nursing home residents. You may find yourself investigating the same complaint as IDPH or your HRA may refer matters to IDPH for enforcement.

Small Group Residential Settings
These are often referred to by acronyms and include ICF/DD 16 (Intermediate Care Facilities for Persons with Developmental Disabilities) bed facilities, CRAs (Community Residential Alternatives), and CILAs (Community Integrated Living Arrangements).

Special Education
Each local school district shall ensure that a free appropriate public education (FAPE) is available to each child with a disability who is between the ages of 3 and 21, resides in the State and is enrolled in the district, and requires special education and related services to address the adverse effect of the disability on his or her education. The special education and related services must be provided according to the child's individualized education program (IEP) at no cost to the parent and in accordance with the Illinois Administrative Code.

Colleges and Universities may also provide support for students with disabilities and have a department dedicated to assistance and accommodations to facilitate a student's education.

Alternative Educational Settings
An alternative learning program provides a flexible standards-based learning environment, innovative and varied instructional strategies, a student-centered curriculum social programs, and supplemental social, health and support services to improve the educational achievement of students at risk of academic failure.

APPENDIX B – REPORTING ABUSE AND NEGLECT

Commission Staff are mandated Abuse and Neglect Reports. HRA Staff will report to the Illinois Department and Human Services' Office of Inspector General (OIG) or other abuse enforcement agency any suspected abuse/neglect related to an HRA intake, case or investigation.

Details are important in reporting abuse/neglect/exploitation. Ideally, one should be able to tell an abuse investigator:

- The adult's name or description;
- The nature of the suspected abuse or neglect and when and where it occurred, including the name and address of the mental health or developmental program in which the adult participates;
- The names or descriptions of suspected perpetrators; and
- Any other information you think may help, including the names of witnesses and how to contact them.

To report abuse/neglect of an adult with disabilities living in a community integrated living arrangement (CILA) contact the Office of the Inspector General (OIG) at 1-800-368-1463 per their website:

"The Office of Inspector General each year performs thousands of activities including:

- fraud prevention research
- financial audits
- quality of care reviews
- Medicaid eligibility reviews
- investigations of employees and contractors
- welfare fraud investigations
- safety monitoring
- special projects aimed at identifying and solving specific problems.

The activities lead, in some cases, to sanctions against Medicaid providers, recovery of overpayments from Medicaid providers, criminal action against Medicaid providers and public aid clients, restriction of recipients who abuse Medicaid privileges, development of new fraud initiatives and improved security for employees and visitors to government buildings.

Although the OIG will never be able to target every single Medicaid service and welfare transaction, it has been committed to ensuring that each transaction does have the potential of closer scrutiny. More vigilance by the OIG breeds more awareness on the public's part to do the right thing in any transaction involving public monies. That public awareness strengthens the OIG's prevention efforts, which are the first line of defense against fraud and abuse.

Through its multi-faceted activities and initiatives, the OIG has significantly raised the bar so more providers and more recipients may have contact with the OIG. The contacts include:

- reviews of financial records
- inspections of providers and recipients' medical records
- on-site provider visits & visits to recipients' homes
- telephone calls, letters and face-to-face interviews.

In a single year using a variety of program integrity approaches from record analyses to direct contacts, the OIG examined the activities of more than 8,000 individual Medicaid providers and more than 10,000 individual recipients.

The enhanced monitoring and increased detection mean that vigilance is a reality and scrutiny is always a possibility for every provider and recipient.

For more information on specific initiatives, please refer to OIG Annual Reports."

To file a complaint regarding abuse/neglect for a person living in a skilled care facility, that would go through the Illinois Department of Public Health (IDPH). IDPH also covers complaints related to: hospitals, home health agencies, hospices, end-stage renal dialysis units, ambulatory surgical treatment centers, rural health clinics, critical access hospitals, free standing Emergency Center, clinical laboratories (CLIA), outpatient physical therapy, alternative healthcare delivery, portable X-ray services, community mental health centers, accredited mental health centers (only Medicare Certified), comprehensive outpatient rehabilitation facilities, health maintenance organizations (HMOs), nursing homes, skilled nursing homes, licensed facilities for individuals with intellectual disability, and assisted living facilities.

Ways to File a Complaint

Complaints can be filed by phone, mail, e-mail, or fax.

Phone

Central Complaint Registry Hotline - **800-252-4343**
Monday-Friday 8:30 a.m. to 4:30 p.m.
TTY for the Hearing Impaired Only- 800-547-0466

Mail

Healthcare Facilities Complaint Form
Mail form to:
Illinois Department of Public Health
Office of Health Care Regulation
Central Complaint Registry
525 W. Jefferson St., Ground Floor
Springfield, IL 62761-0001

Fax

Healthcare Facilities Complaint Form
Fax form to: 217-524-8885

E-mail

Healthcare Facilities Complaint Form
E-Mail form to **DPH.CCR@illinois.gov**

On July 1, 2013 the Elder Abuse and Neglect Program was expanded to cover adults with disabilities age 18-59 living in the community. This program is now called Adult Protective Services (APS). A mandated reporter should contact Adult Protective Services when "Reporting suspected abuse, neglect, or financial exploitation of adults age 60 or older and people with disabilities age 18-59 living in your community.**"**

Website: Report abuse, neglect, or financial exploitation - Protection & Advocacy (illinois.gov)

The website explains the following information: "To report suspected abuse, neglect, or financial exploitation of an adult age 60 or older or a person with disabilities age 18-59 **call the statewide, 24-hour Adult Protective Services Hotline: 1-866-800-1409, 1-888-206-1327 (TTY).**

For residents who live in nursing facilities, **call the Illinois Department of Public Health's Nursing Home Complaint Hotline: 1-800-252-4343.**

For residents who live in Supportive Living Facilities (SLFs), **call the Illinois Department of Healthcare and Family Services' SLF Complaint Hotline: 1-800-226-0768.**

The reporter should be prepared to answer the following questions to the best of their ability...

- The alleged victim's name, address, telephone number, sex, age, and general condition;
- The alleged abuser's name, sex, age, relationship to victim and condition;
- The circumstances which lead the reporter to believe that the adult age 60 or older or person with disabilities age 18-59 is being abused, neglected, or financially exploited, with as much specificity as possible;
- Whether the alleged victim is in immediate danger, the best time to contact the person, if he or she knows of the report, and if there is any danger to the case worker going out to investigate;
- Whether the reporter believes the client could make a report themselves;
- The name, telephone number, and profession of the reporter;
- The names of others with information about the situation;
- If the reporter is willing to be contacted again; and,
- Any other relevant information."

Occasionally, the HRA might happen upon instances in which a licensed professional has acted unethically or their behavior has resulted in harm to a service recipient. If the HRA discovers such a concern when reviewing a case involving licensed attorneys, licensed physicians, city or county police officers or medical providers a complaint would need to go through the Illinois Department of Financial and Professional Regulation (IDFPR) the form and contact information can be found here: State of Illinois | Department of Financial & Professional Regulation

To file a complaint based on behavior of a state police officer that will go through the Illinois State Police's Division of Internal Investigation: Division of Internal Investigation (illinois.gov)

To make a complaint with regards to abuse/neglect concerning an individual with disabilities residing in a county jail, that would need to go through the Jail and Detentions Standards Unit by calling County jails and municipal lockups may reach the Jail and Detention Standards Unit at 217.558.2200, extension 4212. You can also learn more about this unit through their website found here: Jail and Detention Standards Unit - About (illinois.gov) It is also of note, that if this issue surfaces the Deputy Director and Supervisor of the Disability Rights Manager should be involved in the communications.

If the HRA encounters a complain that involves discrimination of an individual with a disability but the provider is not a disability service provider then these complaints should go through the Illinois Human Rights Commission. That website can be found here: Welcome to the Commission (illinois.gov)

APPENDIX C – ABUSE/NEGLECT REPORTING CHART

Persons with Mental Illness or Developmental Disability Hotline: 1-800-368-1463

To report abuse/neglect of persons with a mental illness or a developmental disability at a DHS-operated facility, call the OIG 24-hour Hotline: **1-800-368-1463 Voice/TTY**.

All other calls will be referred to the IDHS Customer Help Line:
1-800-843-6154 / 1-866-324-5553 TTY

Other Allegations of Abuse or Neglect

For other allegations of abuse/neglect of individuals, please use the contact information below.

Category	Contact Information
DHS Local Office Staff	Office of the Executive Inspector General Online Complaint
Domestic Violence Help Line	Call toll free, Confidential, 24 Hour, Multilingual 1-877-863-6338 (Voice) 1-877-863-6339 (TTY)
Education of a Child with Learning Disability	State Board of Education Problem Resolution Line 1-800-262-6663 (Voice) 1-217-782-1900 (TTY)
Elder Abuse (not in a Nursing Home)	Elder Abuse 24-Hour Hotline 1-866-800-1409 (Voice) 1-888-206-1327 (TTY)
Abuse/Neglect of a Person with a Mental Illness or Developmental Disability in a Domestic Setting	Adult Protective Services at 1-866-800-1409
Health Professionals	Department of Financial and Professional Regulation Online Complaint
Hospitals or Nursing Homes	Illinois Department of Public Health: Nursing Homes in Illinois 1-800-252-4343
Human Rights Violation	Guardianship and Advocacy Commission 1-866-274-8023 (Voice) (708) 338-7500 (outside Illinois)
Minors (children under 18)	Department of Children and Family Services 1-800-252-2873 (Voice) 1-800-358-5117 (TTY) 1-217-524-2606 (outside Illinois)
National Human Trafficking Resource Center (NHTRC)	1-888-373-7888

APPENDIX D - USEFUL INTERNET WEB SITES

ADVOCACY RESOURCES

Illinois Guardianship and Advocacy Commission: GAC (illinois.gov)

Equip for Equality: **http://www.equipforequality.org/**

Joint Commission on Accreditation of Healthcare Organizations ("Jayco"):
http://www.JointCommission.org

Department of Human Services: **http://www.dhs.state.il.us/**

Americans with Disabilities Act: **http://www.ada.gov**

National Alliance for the Mentally Ill: **http://www.nami.org/**

Mental Health and Developmental Disabilities Code: **http://www.ilga.gov/legislation/ilcs/ilcs.asp**
Scroll down to 405

Mental Health and Developmental Disabilities Confidentiality Act:
http://www.ilga.gov/legislation/ilcs/ilcs.asp Scroll down to 740, then to 110.

Centers for Medicare and Medicaid: **http://www.cms.gov/**

Special Education: **Laws, Regulations, and Guidance (isbe.net)**

Rule 50 (Office of Inspector General):
http://www.ilga.gov/commission/jcar/admincode/059/05900050sections.html

Lifespan - Statewide advocacy resource: **http://www.illinoislifespan.org/**

Disability resources on the internet: **http://www.disabilityresources.org/**
Disability and Guardianship Resources on Guardianship and Advocacy Commission Website:
Guardianship Resources (illinois.gov)

Bazelon Center on Mental Health Law: **http://www.bazelon.org/**

Special education law: **http://www.wrightslaw.com/**

MEDICAL SITES

National Library of Medicine's MEDLINE plus http:// **www.nlm.nih.gov/medlineplus/**

Yahoo! Health – Medication or Drug

http://health.yahoo.net/

Merck Publications http://www.merck.com/

Illinois Assistive Technology Program: http://www.iltech.org/

Centers for Disease Control and Prevention: http://www.cdc.gov/

Medical site: http://www.webmed.com/

Diagnostic tests: http://www.health.harvard.edu/fhg/diagnostics.shtml

Medicare: http://www.medicare.gov

Health Info: http://www.healthcentral.com/

Drug Sites:

http://www.rxlist.com/script/main/hp.asp
http://emedicine.medscape.com/
http://www.rxmed.com/

NURSING HOME INFORMATION

Illinois Department of Public Health: http://www.idph.state.il.us

OTHER INFORMATIVE SITES:

Illinois Department of Professional Regulation http://www.idfpr.com

National Guardianship Association http://www.guardianship.org/

Glore Psychiatric Museum. Roadside America
http://www.roadsideamerica.com/story/2142

APPENDIX E – ABBREVIATIONS AND ACRONYMS

MEDICAL ABBREVIATIONS

~	approximately
@	at
$\overline{a}$	before
AA	Alcoholics Anonymous
AB	authorized absence
abd	abdominal
a.c.	before meals
accu T	accu check
ACT	assertive community treatment
AD	absolute discharge
ADA	American Diabetic Association
ADHD	Attention Deficit Hyperactivity Disorder
ADL	activities of daily living
ad lib	as desired
adm	admitted or admission
AER	administrative event report
AFC	Alton Forensic Center
A/G	albumin-globulin ratio
AIDS	Acquired Immune Deficiency Syndrome
AIMS	Abnormal Involuntary Movement Scale
AKA.	also known as
AMA	against medical advice
amb	ambulate or ambulatory
AMHC	Alton Mental Health Center
amt	amount
AOD	administrator on duty
A/P	anterior-posterior
ARC	AIDS Related Complex
AROM	active range of motion
AR/SE	adverse drug reaction/side effects
ASA	acetylsalicylic acid (aspirin)
ASAP	as soon as possible
ASHD	arteriosclerotic heart disease
AT	Activity Therapy
BAL	blood alcohol level
BHA	behavioral health alternatives
bid or BID	twice a day
BM	bowel movement
BMI	body mass index
BMP	behavior management plan
B.M.R.	basal metabolic rate
BP or B/P	blood pressure
BPH	benign prostatic hypertrophy
BPRS	Brief Psychiatric Rating Scale
BUN	blood urea nitrogen
$\overline{c}$ or w/	with
C++	calcium

CA	cancer/carcinoma
CAD	coronary artery disease
C&A	children and adolescents
CAGE-D	a questionnaire for alcoholism Evaluation
CBH	Comprehensive Behavioral Health Center
CD	chemical dependency
C & S	culture and sensitivity test
c/o	complains of
cal	calorie
caps	capsule
cath	catheterize, catheter, catheterization
CBC	complete blood count
CC	chief complaint
CCC	Community Counseling Center of Northern Madison County (now referred to as Wellsprings Resources)
CDC	Center for Disease Control
□	change
CHF	congestive heart failure
CHS	Chestnut Health Systems
CILA	Community Integrated Living Arrangements
cm	centimeter
CMP	Comprehensive Metabolic Panel
CMMS	Centers for Medicare & Medicaid Services
CMU	Comprehensive Medical Unit
CNS	central nervous system
COBRA	Comprehensive Omnibus Reconciliation Act
CO_2	carbon dioxide
conc	concentrate
CONT	continue, continued
COPD	chronic obstructive pulmonary Disease
CP	Class Privileges
CSF	cerebrospinal fluid
CT	computerized tomography
CQI	continuous quality improvement
CTP	comprehensive treatment plan
CVA	cerebrovascular accident
CXR	chest x-ray
9	decrease or lower
D & C	dilation and curettage
D & E	detention and examination
DC or D/C'd	discontinued
DBT	Dialectic Behavior Therapy
DCFS	Department of Children & Family Services
DD	developmentally disabled
DHS	Department of Human Services
DIFF (w/DIFF)	Differential (with Difference)
DMH	Division of Mental Health
DNR	do not resuscitate
DOA	dead on arrival
DOB	date of birth

DPH	Department of Public Health
Dr.	doctor
DSM	Diagnostic and Statistical Manual of Mental Disorders
DT	delirium tremens
DTR	deep tendon reflexes
DUI	Driving Under the Influence
DWI	Driving While Intoxicated
Dx	diagnosis
E & M	evaluation & management
ECMS	Executive Committee of the Medical Staff
Ed.	educator
EEG	electroencephalogram
EKG or ECG	electrocardiogram
EM/MI	Emergency/Mentally Ill Admission
ENT	ears, nose, throat
EOM	extraocular movement
EOSN or EOS	end of shift note
EPS	extra pyramidal symptoms
Eq	equivalent - equal
ER	Emergency Room
ERAT	Elopement Risk Assessment Tool
ESR	erythrocyte sedimentation rate
et or &	and
ETOH	alcohol
Eval	Evaluation
exam	examination
F	female
FBS	fasting blood sugar
FIF	Factors Interfering with Fitness
FREQ	frequency
ft.	foot
FTA	fluorescent treponema antibody
f/u or f.u.	follow up
FWB	full weight bearing
FX	fracture
G&A	Illinois Guardianship and Advocacy Commission
GAC	Illinois Guardianship and Advocacy Commission
GAF	Global Assessment of Functioning
GBMI/GMI	guilty but mentally ill
GED	General Education Development
GERD	Gastroesophageal Reflux Disease
GH	general hospital
GI	gastro-intestinal
gm	gram
>	greater than
<	less than
gr	grain
GRMC	Gateway Regional Medical Center
gtt	drop
gtts	drops
gyne	gynecology

H	hold
HA	headache
HB_sAb or HB-S-AB	Hepatitis B Antibody
Hb_sAg or HB-S-AG	Hepatitis B Surface Antigen
Hgb	hemoglobin
Hct	hematocrit
HIM	Health Information Management
HIPAA	Health Insurance Portability & Accountability Act of 1996
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HTN	hypertension
hr	hour
HRC	Human Rights Committee
hs	at bedtime; hour of sleep
ht	height
HTLV-III	Human T-lymphotropic Virus - type III
Hx or H/O	history or history of
H_2O	water
H_2O_2	hydrogen peroxide
HV	home visit
hosp.	hospital
	I
↑	increase or elevated
I & O	intake and output
IBW	ideal body weight
IC	infection control
ICAP	Inventory for Client and Agency Planning
ICF	Intermediate Care Facility
ICFDD	Intermediate Care Facility for the Developmentally Disabled
ICFMI	Intermediate Care Facility for the Mentally Ill
ICFID	Intermediate Care Facility for the Intellectually Disabled
ICP	intracranial pressure
ICR	individual clinical review
ICU	intensive care unit
ID	Intellectually Disabled
IDDM	insulin dependent diabetes mellitus
IDT	interdisciplinary team
IEP	individual education plan
ILS	independent living skills
IM	intramuscular
in. (")	inch
Info	information
INR	International/Normalized Ratio
INVOL	involuntary admission
IOP	Improving Organizational Performance
IQ	intelligence quotient
IPP	individual problem plan
ISBE	Illinois State Board of

	Education
iss	one & one half
IV	intravenously
IVP	intravenous pyelogram
IWT	Inactive with treatment
K	potassium
Kg	kilogram
KI	potassium iodide
$KMnO_4$	potassium permanganate
l	liter
⊥	left
LA	left arm
lab	laboratory
lb(s)	pound(s)
LBP	lower back pain
LE	lower extremity
Lg	large
liq	liquid
LL	left leg
LLQ	left lower quadrant
LMP	last menstrual period
LOC	level of consciousness
LR	left rear (buttock)
LRE	Least Restrictive Environment
LSD	lysergic acid diethylamide
LTG	long term goal
LUA	left upper arm
LUOQ	left upper outer quadrant
LUQ	left upper quadrant
lytes	Basic Metabolic Panel/electrolytes
M	male
g	murmur
MAOI	Monoamine Oxidase Inhibitors
MAR	Medication Administration Record
MAST	Michigan Alcohol Screening Test
mcg	microgram
MCH	mean corpuscular hemoglobin
MCHC	mean corpuscular hemoglobin concentration
MCMI	Million Clinical Multiaxial Inventory
MDD	maximum daily dose
MDRO	Multi-drug resistant organism
MEC/ADM	Medication Administration on first dose-label
med	medication
mEq	milliequivalent
M-F	Monday through Friday
MFI	model fitness interview
mg	milligram(s)
MHA-TP	microhemagglutination test
MHC	mental health center
MI	Mental Illness

MI/DD	Mental Illness & Developmentally Disabled (Dual Diagnosis)
M.I.I.P.	Multimodal Integrated Intervention Plan
MI/ID	Mental Illness & Intellectually Disabled (Dual Diagnosis)
MISA	Mentally Ill/Substance Abuse (Dual Diagnosis)
ml	milliliter
mm	millimeter
MMPI	Minnesota Multiphasic Personality Inventory
MO/Mos	month/months
MOD	medical officer of the day
mod	moderate
MOM	milk of magnesium
MRSA	methicillin resistant staphylococcus aureus
MSE	mental status examination
N/A	not applicable
NA	Narcotics Anonymous
NaAmytal	sodium amytal
NaC1	sodium chloride
NAMI	National Alliance on Mental Illness
NGRI	Not Guilty by Reason of Insanity
N/G tube	nasogastric tube
Neg or -	negative
NIDDM	non-insulin dependent diabetes mellitus
NKA	no known allergies
NKDA	no known drug allergies
N/L	Nathan Levitt
NMS	Neuroleptic Malignant Syndrome
noc	night
NPO	nothing by mouth
NPN	non-protein nitrogen
NOS	not otherwise specified
NS	normal saline solution
NRSG/NSG	nursing
NSR	normal sinus rhythm
NWB	non-weight bear
#	number
1:1 or 1 to 1	one to one
O2	oxygen
OB	obstetrics
OBS	organic brain syndrome
OBRA	Omnibus Budget Reconciliation Act (Federal)
OD	overdose (only use in progress notes; not on prescription.)
OG	off grounds
OIG	Office of the Inspector General
oint	ointment
OMH	Office of Mental Health
OSG	Office of State Guardian

OT	occupational therapy
oz	ounce
P & T	pharmacy and therapeutics
PAAL	personal attack alarm device
Pap smear	papanicolaou smear
PAS	Pre-admission Assessment and Screening
PASARR	Pre-admission Screening & Annual Resident Review
pc	after meals
PCP	phencyclidine (angel dust)
PD	personality disorder
PDR	Physicians' Desk Reference
PE	physical examination
PEARL	pupils equal and react to light
per	by
PERRLA	pupils equal, round, react to light and accommodation
PH	physical hold
PHI	Protected Health Information
PID	pelvic inflammatory disease
PIRS	Psychological Initial Risk Screening
PKU	phenylketonuria
PMS	premenstrual syndrome
po	by mouth
pos or +	positive
PPD	Purified Protein Derivative
PROM	passive range of motion
PRN	when required or necessary
PSA	Prostate Specific Antigen
PSP	Personal Safety Plan
PSR	Psychosocial Rehabilitation
Psych Sx	psychiatric symptomatology
Ψ	Psychiatry/Psychology
Pt	patient
PT	Prothrombin Time
PTSD	Post-Traumatic Stress Disorder
PTT	Partial Thromboplastin Time
PUD	peptic ulcer disease
PWB	partial weight bearing
PZI	protamine zinc insulin
%	percent
q	every
qh	every hour
q.2 h.	every 2 hours
qid or QID	four times a day
qt.	quart
QTB	Quantiferon Gold TB Test
7	right
R	respiration
RA	right arm
RBC	red blood cell count
Ref	refused
Rehab	Rehabilitation Services Department
RF	refused

RIN	Recipient Identification Number (For Public Aid)
RL	right leg
RLQ	right lower quadrant
R/O	rule out
ROM	range of motion
ROI	release of information
ROP	review of progress
ROR	restriction of rights
RP	recreation privileges
RR	right rear (buttock)
RPR	rapid plasma reagin (test for syphilis
RSR	regular sinus rhythm
rt	right
RUOQ	right upper outer quadrant
RUQ	right upper quadrant
Rx	prescription
RUA	right upper arm
$\bar{S}$ or w/o	without
SA	substance abuse
SBP	supervised building privileges
SGOT	serum glutamic-oxaloacetic transaminase
SGP	supervised grounds privileges
SGPT	serum glutamic pyruvic transaminase
Sig.	let it be labeled
S.I.B.	self-injurious behavior
SIRS	structured interview of reported Systems
SLA	supported living arrangement
sm	small
SMARTS	St. Mary's Addictive Rehabilitation Treatment Services
SNF	skilled nursing facility
SOAP	Subjective, Objective, Assessment; Plan
SOB	shortness of breath
SOCI	Staff Observations & Client Interventions
SOF	state operated facility
SOGP	supervised off grounds privileges
SOH	state operated hospital
sol	solution
S/P	status post
spec	specimen
sp gr	specific gravity
SPO2	arterial oxygen saturation
ss	one half
S&S or S/S	signs and symptoms
SSDI	Social Security Disability Income
SSE.	soap suds enema
SSEP	Somatosensory Evoked Potential (nerve conduction test)
SSI	Supplemental Security Income
SSRI	selective serotonin reuptake inhibitors or serotonin specific reuptake inhibitors
Staph	staphylococcus

STAT	immediately
STD	sexually transmitted disease
Strep	streptococcus
Subq or SQ	subcutaneous
SL	sublingual
Sx	symptom or symptomatology
SZ	seizure
T (temp)	temperature
tab	tablet
TAO	Triple Antibiotic Ointment
TASC	Treatment Alternatives to Street Crime
TAT	toxin-antitoxin
TB	tuberculosis
TBI	traumatic brain injury
tbsp.	tablespoon
TCA	tricyclic antidepressants
TD	tardive dyskinesia
TIC	Trauma Informed Care
tid or TID	three times a day
TJC	The Joint Commission
TMJ	temporomandibular joint
TO	telephone order
TPR	temperature, pulse, Respiration
TRH	Touchette Regional Hospital
troch.	a lozenge
TRPP	Treatment Recovery Philosophy & Policy
TSH	Thyroid Stimulating Hormone
tsp	teaspoon
TT	tetanus toxoid
TURP	transurethral resection procedure
Tx	treatment
UA	unauthorized absence
U/A	urinalysis
UBP	unsupervised building privileges
UE	upper extremity
UGP	unsupervised grounds privileges
ung	ointment
UOGP	unsupervised off grounds privileges
UP	unit privileges
URI	upper respiratory infection
USG	urine specific gravity
UST or UT	Unfit to Stand Trial, to Plead or be Sentenced
USTET or USTG2	Extended status for UST
UTI	urinary tract infection
VA	Veterans Administration
VD	venereal disease
vit	vitamin
VOL or VOLUN	Voluntary Admission
VOL/G	Voluntary Admission with

	Guardian
VS	vital signs
VSS	vital signs stable
W	wasted (medication)
WAIS-3	Wechsler Adult Intelligence Scale - 3
WAIS-R	Wechsler Adult Intelligence Scale - Revised
W.B.C.	white blood cell count
WC	wheelchair
WISC-3	Wechsler Intelligence Scale for Children - Third Edition
WISC-4	Wechsler Intelligence Scale for Children - Fourth Edition
WISC-R	Wechsler Intelligence Scale for Children - Revised
WNL	within normal limits
WRAP	Wellness Recovery Action Plan
WRAT	Wide Range Achievement Test
wt	weight
X	times (example X2)
x̂	except

ORGANIZATION/GROUPS/POSITION CLASSIFICATION/OTHER LISTING:

AABD	Aid to Aged, Blind and Disabled
ACLU	American Civil Liberties Union
ACMHAI	Association of Community Mental Health Authorities of Illinois
ACSW	Academy of Certified Social Workers
ADON	Associate Director of Nursing
AEC	Administrative Executive Council
AFDC	Aid to Families with Dependent Children
AFSCME	American Federation of State, County and Municipal Employees
AMHC	Alton Mental Health Center
AMA	American Medical Association
AMI	Alliance for the Mentally Ill
APN	Advanced Practice Nurse
Art T	Art Therapist
AT	Activity Therapist
ATR	Art Therapist Board Registered
BA	Bachelor of Arts
BAN	Bachelor of Arts - Nursing
BS	Bachelor of Science
BSN	Bachelor of Science - Nursing
CADC	Certified Alcohol & Drug Counselor
CARF	Council on the Accreditation of Rehabilitation Services
CILA	Community Integrated Living Arrangement
CMS	Centers for Medicare and Medicaid Services
CNE	Clinical Nurse Educator
CNM	Clinical Nurse Manager
CNS	Clinical Nurse Specialist
CMS	Center for Medicare and Medicaid Services
CPA	Certified Public Accountant
C.Psych	Clinical Psychologist
CRC	Certified Rehabilitation Counselor
CRSS	Certified Recovery Support Specialist
CS	Clinical Specialist
CTRS	Certified Therapeutic Recreation Specialist
DD	Developmental Disability
DDM/DMD	Doctor of Dental Medicine
DDS	Doctor of Dental Surgery
DMH	Division of Mental Health
DNP	Doctor of Nursing Practice
DON	Director of Nursing
Ed	Educator
EfE	Equip for Equality
EPSDT	Early Periodic Screening, Diagnosis and Treatment Program
FNP	Family Practice Nurse Practitioner
FP	Foster Parent
GAC	Illinois Guardianship and Advocacy Commission

GH	Group Home
HIA	Health Information Associate
HIT	Health Information Technician
HPC	Habilitation Program Coordinator
HRA	Human Rights Authority
HS	Human Services
HSS	Hearing & Speech Specialist
ICDD	Illinois Council on Developmental Disabilities
ICF	Intermediate Care Facility
ID	Intellectual Disability
IEP	Individualized Education Plan
IGAC	Illinois Guardianship and Advocacy Commission
IHA	Illinois Health and Hospital Association
ILO	International Labor Organization
INA	Illinois Nurses Association
IPA	Illinois Psychological Association
ISP	Individual Service Plan
JCAHO	Joint Commission on the Accreditation of Healthcare Organizations
LAS	Legal Advocacy Services
LCP	Licensed Clinical Psychologist
LCPC	Licensed Clinical Professional Counselor
LCSW	Licensed Clinical Social Worker
LD	Learning Disability
LPC	Licensed Professional Counselor
LSLP/CCC	Licensed Speech-Language Pathologist Certificate of Clinical Competence
LSW	Licensed Social Worker
LPN	Licensed Practical Nurse
MA	Master of Art
MBA	Master of Business Administration
MD	Doctor of Medicine
MDA	Muscular Dystrophy Association
MSA	Multiple Sclerosis Association
MHSp	Mental Health Specialist
MHT	Mental Health Technician
MHTTr.	Mental Health Technician Trainee
MI	Mental Illness
MISA-2	Mentally Ill/Substance Abuse -2
MPA	Master of Public Administration
MPH	Master of Public Health
MR	Mental Retardation
MSN	Master of Science in Nursing
MSW	Master of Social Work
MT	Music Therapist
MTBC	Music Therapist Board Certified
NE	Nursing Executive
NGRI	Not Guilty by Reason of Insanity
NP	Nurse Practitioner
NS	Nursing Supervisor
OIG	Office of Inspector General

OEIG	Office of the Executive Inspector General
OTR	Registered Occupational Therapist
PERT	Psychiatric Emergency Response Team
PharmD.	Doctor of Pharmacy
PhD	Doctor of Philosophy
PKU	Phenylketonuria
PPVT	Peabody Picture Vocabulary Test
PSA	Public Services Administrator
Psych	Psychologist
Psy D	Doctor of Psychology
QM	Quality Manager
QMHP	Qualified Mental Health Professional
QID	Qualified Intellectually Disabled
RFP	Request for Proposals
RC	Rehabilitation Counselor
RCS	Rehabilitation Counselor Senior
RD	Registered Dietician
RHIA	Registered Health Information Administrator
RHIT	Registered Health Information Technician
RPh	Registered Pharmacist
RN	Registered Nurse
RNC	Registered Nurse, Certified
RT	Rehabilitation Therapy
SC	Shift Coordinator
SNF	Skilled Nursing Facility
STA	Security Therapy Aid
Spec.Ed.	Special Educator
SPSA	Senior Public Service Administrator
SSI	Supplemental Security Income
SSW	Support Services Worker
SW	Social Worker
TAT	Thematic apperception test
TANF	Temporary Assistance to Needy Families
UST	Unfit to Stand Trial
UR	Utilization Review
URC	Utilization Review Committee
VI	Vocational Instructor
VR	Vocational Rehab
WAIS	The Wechsler Adult Intelligence Scale

Commonly Used Special Education Abbreviations & Acronyms

ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit with Hyperactivity Disorder
AES	Alternative Education Setting
AVRS	Automated Voice Response System
BD	Behavior Disordered, must have at least a normal IQ (80 or above)
CAP	Cost Allocation Plan
CMS	Centers for Medicare and Medicaid Services
COTA	Certified Occupational Therapist Assistant
CPT	Current Procedural Terminology
CPTA	Certified Physical Therapist Assistant
DCFS	Department of Children and Family Services
DD	Developmentally Delayed
DHS	Department of Human Services
DHS---ORS	Department of Human Services/Office of Rehabilitative Services
DOE	Department of Education
ECC	Electronic Claims Capture
ECI	Early Childhood Intervention
EfE	Equip for Equality
EFT	Electronic Funds Transfer
EHA	Education for All Handicapped Children Act, PL 94-142
EI	Early Intervention
EMH	Educable Mentally Handicapped
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ESEA	Elementary and Secondary Education Act
ESY	Extended School Year
FAPE	Free and Appropriate Public Education
FERPA	Family Educational Rights Privacy Act
HFS	Healthcare and Family Services
HCFA	Health Care Financing Administration
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
IATP	Illinois Assistive Technology Project
ICD-9-CM	International Classification of Diseases, 9th Edition, Clinical Modification
IDEA	Individuals with Disabilities Education Act, PL 101-476
IDFPR	Illinois Department of Financial and Professional Regulation
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
ISBE	Illinois State Board of Education
LD	Learning Disabled/Disability
LEA	Local Education Agency
LRE	Least Restrictive Environment
MDC	Multidisciplinary Conference
MI/mi	Mental Impairment (mild), refers to an IQ between 60 and 70
MI/mo	Mental Impairment (moderate), refers to an IQ between 50 and 60
MMIS	Medicaid Management Information System
MMR	Mild Mental Retardation
NDA	Non-Disabled
NIPS	Non-Institutional Provider Services

OIG - HFS	Office of the Inspector General, Department of Healthcare and Family Services
OCR	Office of Civil Rights
OT	Occupational Therapy or Therapist
OTR	Registered Occupational Therapist
PT	Physical Therapy or Therapist
REV	Recipient Eligibility Verification system
RT	Respiratory Therapist
SBHS	School-Based Health Services
S-CHIP	State Children's Health Insurance Program
SEA	State Educational Agency
SEC	Special Education Cooperatives
SERS	Special Education and Related Services
Severe and Profound	IQ below 50
SLP	Speech/Language Pathologist
SpEd	Special Education
SPA	State Plan Amendment
SPMP	Skilled Professional Medical Personnel
ST	Speech Therapy or Therapist
TANF	Temporary Assistance to Needy Families
Title XIX	Federal legislation that created the Medicaid program
Title XXI	Federal legislation that created the State Children's Health Insurance Program (S-CHIP)
TMH	Trainable Mentally Handicapped
TPL	Third Party Liability
VOCA	Voice Activated Communication Aid

State and Federal Agency Abbreviations and Links

DHS- IL Department of Human Services • DHS is the largest agency in Illinois and has several programs designed to assist in improving the life opportunities of persons with disabilities. The agency's structure includes many diverse programs for persons with developmental and psychiatric disabilities, employment training and independent living programs for person with disabilities, and other prevention programs. Website: http://www.dhs.state.il.us/

DHS acronyms: There are many agencies, programs, and services available through DHS to assist students with disabilities and school personnel with transition services. This website of their acronyms can be helpful: Website: IDHS: Acronyms (state.il.us)

DRS- Division of Rehabilitation Services: Under the umbrella of DHS, DRS is the state's lead agency for rehabilitation and disability services. It is also commonly known as VR (Vocational Rehabilitation) or ORS (Office of Rehabilitation Services). DRS is committed to building partnerships with people with disabilities and their families to assist them in achieving their educational, economic, and social goals. Website: IDHS: Rehabilitation Services (state.il.us)

DRS Programs and Services:

VR- The Vocational Rehabilitation Program supports people with disabilities find and keep jobs. People with disabilities of working age (16 - 64 years old) are eligible for VR services, and they need to have a significant physical or mental impairment that makes it difficult to go to work. Website: IDHS: Vocational Rehabilitation (state.il.us)

BBS- The Bureau of Blind Service offers programs for adults with visual impairments to enable them to work and participate fully in family and community life. Website: IDHS: Bureau of Blind Services - IDHS 4678 (state.il.us)

BEPB- The Business Enterprise Program for the Blind is for individuals who are legally blind and offers management opportunities in the food service industry. BBS staff teams coordinate services from 25 local offices located in communities throughout the state. Website: IDHS: Business Enterprise Program for the Blind - DHS 4621 (state.il.us)

CAP- Client Assistance Program: An advocacy program under DRS is the Client Assistance Program. Its primary focus is to assist people with disabilities to advocate for their interests, identify resources, and protecting their rights in the rehabilitation process, employment, and home services. Website: IDHS: Client Assistance Program (CAP) (state.il.us)

HSP- Home Services Program provide services to individuals with severe disabilities so they can remain in their homes and be as independent as possible. For example, the Personal Assistant (**PA**) program provides help with household tasks and personal care Website: http://www.dhs.state.il.us/page.aspx?item=67182

DMH Division of Mental Health

• Another agency within DHS is DMH. Services offered through DMH are provided through contacts with mental health agencies, health centers, and hospitals throughout Illinois. Services are for persons who are diagnosed with a mental illness or emotional disturbance. Website: http://www.dhs.state.il.us/page.aspx?item=29763

• DMH Programs and Services

PSRs- Psychosocial Rehabilitation and Supports (PSRs) are provided by Community Mental Health Centers (CMHCs) and offer a range of social, educational, vocational, behavioral, and cognitive interventions. Website: http://www.dhs.state.il.us/page.aspx?item=30481

Acronyms for Illinois Disability Support Services:

CILA- Community Integrated Living Arrangement. A special program through DMH is the Community Integrated Living Arrangement program. This program is designed to support

independence in daily living, economic self-sufficiency, and integration into the community. Website: IDHS: Residential Living Arrangements (state.il.us)

SASS- Screening, Assessment and Support Services Program is available 24 hours a day, every day, to deliver screening, crisis intervention and assessment services to youth at imminent risk of psychiatric hospitalization in a state hospital, in order to ensure that they receive the least restrictive, most appropriate level of care. Website: IDHS: Screening, Assessments and Support Services, SASS (state.il.us)

ACT- Assertive Community Treatment is specialized and intensive mental health assessment, planning, treatment and linkage for adults whose psychiatric illness is especially severe and has resulted in multiple hospitalizations, emergency room episodes, homelessness, and/or incarceration. Website: http://www.dhs.state.il.us/page.aspx?item=30481

DD Division of Developmental Disabilities

DD- Another agency within DHS is the Division of Developmental Disabilities. This agency provides leadership for and effective management of the design and delivery of quality outcome-based, person-centered services and supports for individuals who have developmental disabilities. Website: IDHS: Developmental Disabilities (state.il.us)

• DD Programs and Services:

PUNS- Prioritization of Urgency of Need for Services. Registering for Prioritization of Urgency of Need for Services is a very important step in identifying assistance and resources for individuals with developmental disabilities. PUNS is a statewide database of Illinois residents of all ages with a developmental disability who need disability coordinated services. Independent Services Coordination (**ISC**) agency. This agency will perform a Pre-Admission Screening (**PAS**) to document that the individual is eligible for the service and that the service is in the least restrictive setting appropriate to his or her needs. Website: IDHS: Illinois PUNS - Division of Developmental Disabilities (state.il.us)

ISC- Independent Services Coordination agency. This agency will perform a Pre-Admission Screening (**PAS**) to document that the individual is eligible for the service and that the service is in the least restrictive setting appropriate to his or her needs. Website: https://www2.illinois.gov/sites/dd/Pages/SignUp.aspx

PAS- Pre-Admission Screening is to document that the individual is eligible for the service and that the service is in the least restrictive setting appropriate to his or her needs.

To begin the PUNS process, please contact an Independent Services Coordination (**ISC**) agency. This agency will perform a Pre-Admission Screening (**PAS**) to document that the individual is eligible for the service and that the service is in the least restrictive setting appropriate to his or her needs. Website: IDHS: Illinois PUNS - Division of Developmental Disabilities (state.il.us)

DSCC- Division of Specialized Care for Children

• The DSCC is at the University of Illinois Chicago campus and provides care coordination for families and children with special health care needs. In addition, DSCC helps children with disabilities - and those who have conditions which may lead to disabilities - grow and develop to the full extent of their abilities. Websites: UIC Specialized Care for Children - We partner with Illinois families and communities to help children and youth with special healthcare needs connect to services and resources.

• WIC Women, Infants, and Children

• Under the DHS Office of Family Health, the WIC program promotes the nutritional status of women, infants, and children. Website: http://www.dhs.state.il.us/page.aspx?item=30513

• **The Centers for Independent Living** (CILs) consists of 22 centers around Illinois. They serve all persons, regardless of disability to help them achieve maximum independence in work, school, housing in daily life. In addition, CILs provide informational and referral services, advocacy, and personal assistance. Website: Home | Illinois Network of Centers for Independent Living (incil.org)

Acronyms for Federal Disability Support Services SSA Social Security Administration

• **SSA** is a federal agency that pays retirement, disability and survivor benefits to workers and their families and administers the Supplemental Security Income program. For more information about its programs, including those listed below, visit its Website: http://ssa.gov/

SSA Programs and Services:

SSI- The Supplemental Social Security Income Program is a federal needs-based program that provides a basic income for people with disabilities who meet specific low-income guidelines. This program is designed to support individuals with disabilities who have not previously been employed.

SSDI- Social Security Disability Insurance Program. Another healthcare program is the Social Security Disability Insurance Program for persons, and the dependents of persons, 65 years of age and younger. Cash benefits are provided to persons who had to leave the workforce because of a disability, which resulted in losing health insurance coverage.

Medicare is a federally funded health insurance program for persons with and without disabilities over the age of 65 and persons who have left the workforce due to a disability prior to the age of 65. This program is closely aligned with SSDI. Medicare coverage includes services such as hospice care, hospitalization, and home-based medical services.

Medicaid: In contrast, Medicaid is a joint (federal and state) healthcare program for persons who can't afford private insurance or medical care. Persons with disabilities can receive financial assistance with long term health care services.

Other

AA: Alcoholic Anonymous is a fellowship of people who come together to solve their drinking problem. Have a problem with alcohol? There is a solution. | Alcoholics Anonymous (aa.org)

CHAMPVA: The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a comprehensive health care program in which the VA shares the cost of covered health care services and supplies with eligible beneficiaries. The program is administered by the Veterans Health Administration Office of Community Care (VHA OCC) in Denver, Colorado. CHAMPVA - Community Care

CMHC: Community Mental Health Centers are groups of affiliated agencies that provide services to a designated catchment area.

DAEL: The Division of Adult Education and Literacy is responsible for enabling adults to acquire the basic skills necessary to function in today's society so that they can benefit from the completion of secondary school, enhanced family life, attaining citizenship and participating in job training and retraining programs. Website: Welcome to the Office of Adult Education & Literacy

DCFS: Department of Children and Family Services. The mission of Illinois DCFS is to protect children who are reported to be abused or neglected and to increase their families' capacity to safely care for them; provide for the well-being of children in our care; provide appropriate, permanent families as quickly as possible for those children who cannot safely return home; support early intervention and child abuse prevention activities and work in partnerships with communities to fulfill this mission DCFS (illinois.gov)

DHR: Department of Human Rights administers the Illinois Human Rights Act ("Act"). The "Act" prohibits discrimination in Illinois with respect to employment, financial credit, public accommodations, housing and sexual harassment, as well as sexual harassment in education. Human Rights (illinois.gov)

DOC: Illinois Department of Corrections IDOC (illinois.gov)

DOT: Illinois Department of Transportation In Illinois, IDOT has statutory responsibility for the planning, construction, operation and maintenance of Illinois' extensive transportation network, which encompasses highways and bridges, airports, public transit, rail freight and rail passenger systems. This vast transportation system supports the fifth largest state in the nation and more than 100 million visitors annually. Home (illinois.gov)

IDPH: Illinois Department of Public Health Home (illinois.gov)

VA: United States Department of Veterans Affairs VA.gov Home | Veterans Affairs

ERIC: The Education Resources Information Center (ERIC) is a national information system providing educators, researchers, and the general public with access to education literature and resources. Educational Resources Information Center

EfE: Equip for Equality advances the rights of people with disabilities through legal services, public policy, monitoring and training. Homepage - Equip for Equality

FDA: United States Food and Drug Administration U.S. Food and Drug Administration (fda.gov)

HUD: United States Department of Housing and Urban Development HUD.gov / U.S. Department of Housing and Urban Development (HUD) |

ICDD: The Illinois Council on Developmental Disabilities works to promote the independence, productivity, integration, and inclusion of those with disabilities into the community, ensuring that those individuals with developmental disabilities have the same opportunities as others in the community. About ICDD - About Us (illinois.gov)

IHS: The Indian Health Service, an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. Indian Health Service | Indian Health Service (IHS)

IGAC: The Illinois Guardianship and Advocacy Commission protects the rights and promotes the welfare of persons with disabilities. GAC (illinois.gov)

IJR: The mission of the **I**nstitute for **J**uvenile **R**esearch develops and promotes effective policy and practices to prevent mental health difficulties and relieve the mental health burden of children and families living in high poverty urban communities through research, teaching, and direct service. The programs and models developed and supported by IJR focus on early identification, prevention, and intervention of behavioral, social or emotional difficulties among children and youth. Through strategic linkages with key public policy and community stakeholders, IJR is a major center in the Chicago region for the development, training, and implementation of high-quality mental health services spanning the prevention to intervention continuum. Institute for Juvenile Research - UIC Department of Psychiatry

ISBE: Illinois State Board of Education Illinois State Board of Education (isbe.net)

JCAR- Joint Committee on Administrative Rules JCAR Home Page (ilga.gov)

NIAAA: The mission of The National Institute on Alcohol Abuse and Alcoholism generates and disseminates fundamental knowledge about the effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder, across the lifespan. National Institute on Alcohol Abuse and Alcoholism (NIAAA) | National Institute on Alcohol Abuse and Alcoholism (NIAAA) (nih.gov)

NICHD: The National Institute of Child Health and Human Development was founded in 1962 to investigate human development throughout the entire life process, with a focus on understanding disabilities and important events that occur during pregnancy. Research conducted and funded by NICHD has helped save lives, improve wellbeing, and reduce societal costs associated with illness and disability. Homepage | NICHD - Eunice Kennedy Shriver National Institute of Child Health and Human Development (nih.gov)

NIDA: The National institute on Drug Abuse is a federal scientific research institute under the National Institutes of Health, U.S. Department of Health and Human Services. NIDA is the largest supporter of the world's research on drug use and addiction. NIDA-funded scientific research addresses the most fundamental and essential questions about drug use, including tracking emerging drug use trends, understanding how drugs work in the brain and body, developing and testing new drug treatment and prevention approaches, and disseminating findings to the general public, researchers, policymakers, and others. NIDA.NIH.GOV | National Institute on Drug Abuse (NIDA)

NIH: The National Institutes of Health, a part of the U.S. Department of Health and Human Services, is the nation's medical research agency — making important discoveries that improve health and save lives. National Institutes of Health (NIH) | Turning Discovery Into Health

NIMH: The National Institute of Mental Health is the lead federal agency for research on mental disorders. NIMH is one of the 27 Institutes and Centers that make up the National Institutes of Health (NIH), the largest biomedical research agency in the world. NIH is part of the U.S. Department of Health and Human Services (HHS). NIMH » Home (nih.gov)

NINDS: National Institute of Neurological Disorders and Stroke The mission of NINDS is to reduce the burden of neurological disease—a burden borne by every age group, every segment of society, and people all over the world. National Institute of Neurological Disorders and Stroke (NINDS) | National Institutes of Health (NIH)

OECD: Office of Early Childhood Development Welcome - Office of Early Childhood Development (illinois.gov)

OCR: The Office of Civil Rights, the U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) enforces federal civil rights laws, conscience and religious freedom laws, the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, and Breach Notification Rules, and the Patient Safety Act and Rule, which together protect your fundamental rights of nondiscrimination, conscience, religious freedom, and health information privacy. OCR Home | HHS.gov

OSEP: The Office of Special Education Programs The Office of Special Education Programs (OSEP) is dedicated to improving results for infants, toddlers, children and youth with disabilities ages birth through 21 by providing leadership and financial support to assist states and local districts. Office of Special Education Programs (OSEP) - Home Page

DO NOT USE THESE MEDICAL ABBREVIATIONS:

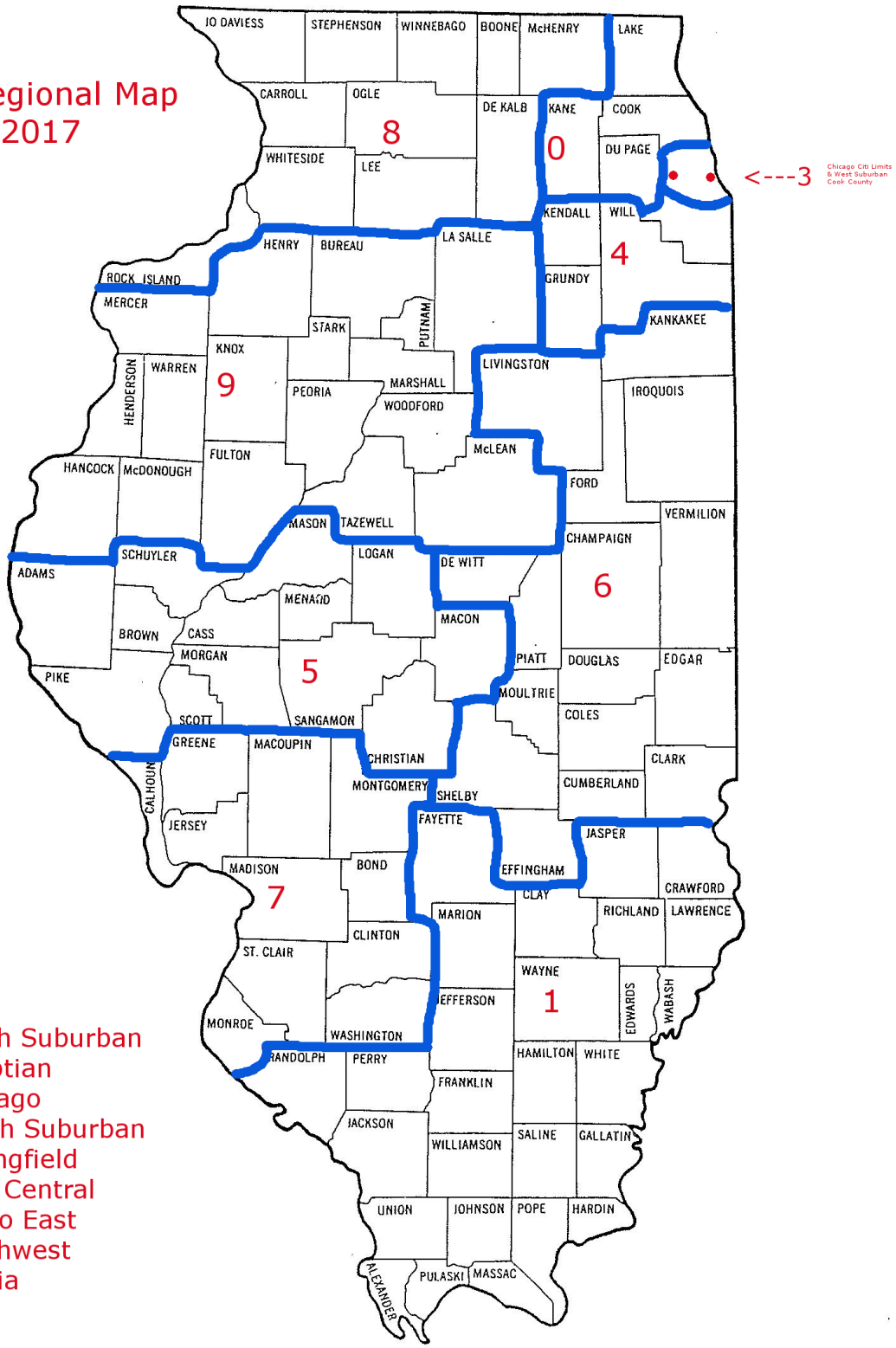
DO NOT USE [1]				
Set	**Item**	**Abbreviation**	**Potential Problem**	**Preferred Term**
1.	1.	U, u (for unit)	Mistaken as zero, four or cc.	Write “unit”
2.	2.	IU (for international unit)	Mistaken as IV (intravenous) or 10 (ten)	Write “international unit”
3.	3. 4.	Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d., qod (Latin abbreviation for once daily and every other day)	Mistaken for each other. The period after the Q can be mistaken for an “I” and the “O” can be mistaken for “I”.	Write “daily” and “every other day”
4.	5. 6.	Trailing zero (X.0 mg)* Lack of leading zero (.Xmg)	Decimal point is missed.	Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg)
5.	7. 8. 9.	MS MSO4 MgSO4	Confused for one another. Can mean morphine sulfate or magnesium sulfate.	Write “morphine sulfate” or “magnesium sulfate”
6.	10.	T.I.W. (three times a week)	Mistaken for three times a day or twice weekly resulting in an overdose.	Write “3 times weekly” or “three times weekly”
7.	11.	HCTZ	hydrochlorothiazide confused for hydrocortisone (seen as HCT250 mg)	Use the complete spelling for drug name
8.	12.	MTX	methotrexate confused for mitoxantrone	Use the complete spelling for drug name
9.	13.	A.U.	Can be mistaken for O.U.	Write out: “each ear.”
10.	14.	A.D.	Can be mistaken for O.D.	Write out: “right ear.”
11.	15.	A.S.	Can be mistaken for O.S., H.S.	Write out: “left ear.”
12.	16.	ug or μg	Can be mistaken for mg (milligrams) resulting in one thousand-fold dosing overdose.	Write “mcg”

* **Exception** - A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

APPENDIX D

HRA Regional Map

HRA Regional Map 2017



0 - North Suburban
1 - Egyptian
3 - Chicago
4 - South Suburban
5 - Springfield
6 - East Central
7 - Metro East
8 - Northwest
9 - Peoria

APPENDIX G – MEMBER TRAVEL REIMBURSEMENT FORM

GUARDIANSHIP AND ADVOCACY COMMISSION
HUMAN RIGHTS AUTHORITY

TRAVEL REIMBURSEMENT FORM

NAME_____

ADDRESS_____

_____

SOCIAL SECURITY #_____

DATE OF MEETING _____

LOCATION OF MEETING_____

PURPOSE OF MEETING_____

DEPART FROM _____TIME_____

ARRIVED AT_____ MILES_____TIME_____

DEPART FROM _____TIME_____

ARRIVED AT _____ MILES_____TIME_____

PARKING_____

LODGING_____

_____ _____
SIGNATURE DATE

APPENDIX H – HRA SECTIONS OF GUARDIANSHIP AND ADVOCACY ACT and ILLINOIS ADMINISTRATIVE CODE

(20 ILCS 3955/1) (from Ch. 91 1/2, par. 701)
Sec. 1. This Act shall be known and may be cited as the Guardianship and Advocacy Act.
(Source: P.A. 80-1487.)

(20 ILCS 3955/2) (from Ch. 91 1/2, par. 702)
Sec. 2. As used in this Act, unless the context requires otherwise:

(a) "Authority" means a Human Rights Authority.

(b) "Commission" means the Guardianship and Advocacy Commission.

(c) "Director" means the Director of the Guardianship and Advocacy Commission.

(d) "Guardian" means a court appointed guardian or conservator.

(e) "Services" includes but is not limited to examination, diagnosis, evaluation, treatment, care, training, psychotherapy, pharmaceuticals, after-care, habilitation, and rehabilitation provided for an eligible person.

(f) "Person" means an individual, corporation, partnership, association, unincorporated organization, or a government or any subdivision, agency, or instrumentality thereof.

(g) "Eligible persons" means individuals who have received, are receiving, have requested, or may be in need of mental health services, or are "persons with a developmental disability" as defined in the federal Developmental Disabilities Services and Facilities Construction Act (Public Law 94-103, Title II), as now or hereafter amended, or "persons with disabilities" as defined in the Rehabilitation of Persons with Disabilities Act.

(h) "Rights" includes but is not limited to all rights, benefits, and privileges guaranteed by law, the Constitution of the State of Illinois, and the Constitution of the United States.

(i) "Legal Advocacy Service attorney" means an attorney employed by or under contract with the Legal Advocacy Service.

(j) "Service provider" means any public or private facility, center, hospital, clinic, program, or any other person devoted in whole or in part to providing services to eligible persons.

(k) "State Guardian" means the Office of State Guardian.

(l) "Ward" means a ward as defined by the Probate Act of 1975, as now or hereafter amended, who is at least 18 years of age.
(Source: P.A. 99-143, eff. 7-27-15.)

(20 ILCS 3955/3) (from Ch. 91 1/2, par. 703)
Sec. 3. The Guardianship and Advocacy Commission is hereby created as an executive agency of state government. The Legal Advocacy Service, Human Rights Authority and the Office of State Guardian shall be established as divisions of the Commission.
(Source: P.A. 80-1487.)

(20 ILCS 3955/4) (from Ch. 91 1/2, par. 704)
Sec. 4. (a) The Commission shall consist of 11 members, one of whom shall be a senior citizen age 60 or over, who shall be appointed by the Governor, taking into account the requirements of State and federal statutes, with the advice and consent of the Senate.

All appointments shall be filed with the Secretary of State by the appointing authority.

(b) The terms of the original members shall be 3 one year terms, 3 two year terms, and 3 three year terms, all terms to continue until a successor is appointed and qualified. The length of the terms of the original members shall be drawn by lot of the first meeting held by the Commission. The members first appointed under this amendatory Act of 1984 shall serve for a term of 3 years. Thereafter all terms shall be for 3 years, with each member serving no more than 2 consecutive terms. Vacancies in the membership are to be filled in the same manner as original appointments. Appointments to fill vacancies occurring before the expiration of a term are for the remainder of the unexpired term. A member of the Commission shall serve for a term ending on June 30 and until his successor is appointed and qualified.

(c) The Commission shall annually elect a Chairman and any other officers it deems necessary. The Commission shall meet at least once every 3 months with the times and places of meetings determined by the Chairman. Additional meetings may be called by the Chairman upon written notice 7 days before the meeting or by written petition of 5 members to the Chairman. Six members of the Commission constitute a quorum.

(d) Members of the Commission are not entitled to compensation but shall receive reimbursement for actual expenses incurred in the performance of their duties.
(Source: P.A. 83-1538.)

(20 ILCS 3955/5) (from Ch. 91 1/2, par. 705)
Sec. 5. (a) The Commission shall establish throughout the State such regions as it considers appropriate to effectuate the purposes of the Authority under this Act, taking into account the requirements of State and federal statutes; population; civic, health and social service boundaries; and other pertinent

factors.

(b) The Commission shall act through its divisions as provided in this Act.

(c) The Commission shall establish general policy guidelines for the operation of the Legal Advocacy Service, Human Rights Authority and State Guardian in furtherance of this Act. Any action taken by a regional authority is subject to the review and approval of the Commission. The Commission, acting on a request from the Director, may disapprove any action of a regional authority, in which case the regional authority shall cease such action.

(d) The Commission shall hire a Director and staff to carry out the powers and duties of the Commission and its divisions pursuant to this Act and the rules and regulations promulgated by the Commission. All staff other than the Director shall be subject to the Personnel Code.

(e) The Commission shall review and evaluate the operations of the divisions.

(f) The Commission shall operate subject to the provisions of the Illinois Procurement Code.

(g) The Commission shall prepare its budget.

(h) The Commission shall prepare an annual report on its operations and submit the report to the Governor and the General Assembly.

The requirement for reporting to the General Assembly shall be satisfied by filing copies of the report as required by Section 3.1 of the General Assembly Organization Act, and filing such additional copies with the State Government Report Distribution Center for the General Assembly as is required under paragraph (t) of Section 7 of the State Library Act.

(i) The Commission shall establish rules and regulations for the conduct of the work of its divisions, including rules and regulations for the Legal Advocacy Service and the State Guardian in evaluating an eligible person's or ward's financial resources for the purpose of determining whether the eligible person or ward has the ability to pay for legal or guardianship services received. The determination of the eligible person's financial ability to pay for legal services shall be based upon the number of dependents in the eligible person's family unit and the income, liquid assets and necessary expenses, as prescribed by rule of the Commission of: (1) the eligible person; (2) the eligible person's spouse; and (3) the parents of minor eligible persons. The determination of a ward's ability to pay for guardianship services shall be based upon the ward's estate. An eligible person or ward found to have sufficient financial resources shall be required to pay the Commission in accordance with standards established by the Commission. No fees may be charged for legal services given unless the eligible person is given notice at the start of such services that such fees might be charged. No fees may be charged for guardianship services given unless the ward is given notice of the request for fees filed with the probate court and the court approves the

amount of fees to be assessed. All fees collected shall be deposited with the State Treasurer and placed in the Guardianship and Advocacy Fund. The Commission shall establish rules and regulations regarding the procedures of appeal for clients prior to termination or suspension of legal services. Such rules and regulations shall include, but not be limited to, client notification procedures prior to the actual termination, the scope of issues subject to appeal, and procedures specifying when a final administrative decision is made.

(j) The Commission shall take such actions as it deems necessary and appropriate to receive private, federal and other public funds to help support the divisions and to safeguard the rights of eligible persons. Private funds and property may be accepted, held, maintained, administered and disposed of by the Commission, as trustee, for such purposes for the benefit of the People of the State of Illinois pursuant to the terms of the instrument granting the funds or property to the Commission.

(k) The Commission may expend funds under the State's plan to protect and advocate the rights of persons with a developmental disability established under the federal Developmental Disabilities Services and Facilities Construction Act (Public Law 94-103, Title II). If the Governor designates the Commission to be the organization or agency to provide the services called for in the State plan, the Commission shall make these protection and advocacy services available to persons with a developmental disability by referral or by contracting for these services to the extent practicable. If the Commission is unable to so make available such protection and advocacy services, it shall provide them through persons in its own employ.

(l) The Commission shall, to the extent funds are available, monitor issues concerning the rights of eligible persons and the care and treatment provided to those persons, including but not limited to the incidence of abuse or neglect of eligible persons. For purposes of that monitoring the Commission shall have access to reports of suspected abuse or neglect and information regarding the disposition of such reports, subject to the provisions of the Mental Health and Developmental Disabilities Confidentiality Act.
(Source: P.A. 100-1148, eff. 12-10-18.)

(20 ILCS 3955/6) (from Ch. 91 1/2, par. 706)

Sec. 6. (a) The Commission may recommend to any State agency or service provider regulations or procedures for the purpose of safeguarding the rights of eligible persons. The State agency or service provider shall notify the Commission, within 60 days of the receipt of the recommendations, of the action taken thereon and the reason therefor. The Commission shall not make recommendations which interfere with the proper practice of medical or other professions.

(b) The Commission may recommend to the General Assembly legislation for the purpose of safeguarding the rights of eligible persons.

(c) The Commission may take any other action as may be reasonable to carry out the purposes of this Act.

(Source: P.A. 80-1487.)

(20 ILCS 3955/7) (from Ch. 91 1/2, par. 707)

Sec. 7. The Director shall carry out the policies and programs of the Commission and coordinate the activities of its divisions and may delegate to the Human Rights Authority Director any duties described in Sections 14, 15, and 16 of this Act.

(Source: P.A. 96-271, eff. 1-1-10.)

(20 ILCS 3955/8) (from Ch. 91 1/2, par. 708)

Sec. 8. The Director shall:

(1) Organize and administer programs to provide legal counsel and representation for eligible persons so as to ensure that their legal rights are protected;

(2) Examine and delineate the needs of eligible persons for legal counsel and representation and the resources necessary to meet those needs, subject to the approval of the Commission; and

(3) Institute or cause to be instituted such legal proceedings as may be necessary to enforce and give effect to any of the duties or powers of the Commission or its divisions.

(Source: P.A. 80-1487.)

(20 ILCS 3955/10) (from Ch. 91 1/2, par. 710)

Sec. 10. The Legal Advocacy Service shall:

(1) Make available legal counsel to eligible persons in judicial proceedings arising out of the "Mental Health and Developmental Disabilities Code", enacted by the Eightieth General Assembly, as now or hereafter amended, including but not limited to admission, civil commitment, legal competency and discharge;

(2) Make available or provide legal counsel and representation to eligible persons to enforce rights or duties arising out of any mental health or related laws, local, State or federal.

(Source: P.A. 80-1487.)

(20 ILCS 3955/11) (from Ch. 91 1/2, par. 711)

Sec. 11. The Legal Advocacy Service shall make available counsel for eligible persons by referral or by contracting for legal services to the extent practicable. The Legal Advocacy Service shall make a good faith effort to assist eligible persons to engage private counsel, and to contact private counsel for eligible persons whose disabilities limit their capacity to independently contact private counsel. If the Legal Advocacy Service is unable to so make available counsel, it shall provide attorneys in its own employ. Taking into consideration the availability of private counsel in the eligible person's local area, the Commission shall establish, by rule, the standards and procedures by which it will attempt to assist eligible persons to engage private counsel.
(Source: P.A. 84-1358.)

(20 ILCS 3955/12) (from Ch. 91 1/2, par. 712)
Sec. 12. A Legal Advocacy Service attorney shall:

(1) have ready access to view and copy all mental health records pertaining to his client, as provided in the "Mental Health and Developmental Disabilities Confidentiality Act", enacted by the Eightieth General Assembly, as now or hereafter amended, and such other records to which he is permitted access; and

(2) have the opportunity to consult with his client whenever necessary for the performance of his duties. Service providers shall provide adequate space and privacy for the purpose of attorney-client consultation. No attorney shall have the right to visit eligible persons or look at their records for the purpose of soliciting cases for representation.
(Source: P.A. 80-1487.)

(20 ILCS 3955/13) (from Ch. 91 1/2, par. 713)
Sec. 13. Nothing in this Act shall be construed to prohibit an eligible person from being represented by privately retained counsel or from waiving his right to an attorney in proceedings under the "Mental Health and Developmental Disabilities Code", approved by the Eightieth General Assembly, as now or hereafter amended, or as otherwise provided by law. If a Legal Advocacy Service attorney has been appointed by a court and the eligible person secures his own counsel, the court shall discharge the Legal Advocacy Service attorney.
(Source: P.A. 80-1487.)

(20 ILCS 3955/14) (from Ch. 91 1/2, par. 714)
Sec. 14. Each regional authority shall consist of the 9 members appointed

by the Director, in accordance with this Section. Each regional authority shall include insofar as possible one professionally knowledgeable and broadly experienced employee or officer of a provider of each of the following services: mental health, developmental disabilities, and vocational rehabilitation. No other employee or officer of a service provider shall be appointed to a regional authority. In making appointments, the Director shall strive to ensure representation of minority groups and of eligible persons, and shall give due consideration to recommendations of persons and groups assisting eligible persons. The Director may remove for incompetence, neglect of duty, or malfeasance in office any member of a regional authority. All actions taken by the Director to appoint or remove members shall be reported to the Commission at the next scheduled Commission meeting.

Each regional authority shall annually elect a chairman and any other officers it deems necessary. Members of the regional authorities shall serve for a term of 3 years, except that the terms of the first appointees shall be as follows: 3 members serving for a 1 year term; 3 members serving for a 2 year term; and 3 members serving for a 3 year term. Assignment of terms of such first appointees shall be by lot. No member shall serve for more than 2 consecutive 3 year terms. Five members shall constitute a quorum.

Vacancies in the regional authorities shall be filled in the same manner as original appointments.

Members of the regional authorities shall serve without compensation but shall be reimbursed for actual expenses incurred in the performance of their duties.

Each regional authority shall meet not less than once every 2 months. Meetings may also be held upon call of the Regional Chairman or upon written request of any 5 members of the regional authority.
(Source: P.A. 96-271, eff. 1-1-10.)

(20 ILCS 3955/15) (from Ch. 91 1/2, par. 715)

Sec. 15. A regional authority which receives a complaint alleging that the rights of an eligible person have been violated in the region in which the authority sits, shall conduct an investigation unless it determines that the complaint is frivolous or beyond the scope of its authority or competence, or unless the Director finds that a conflict of interest exists and directs another regional authority to conduct the investigation. The authority shall inform the complainant whether it will conduct an investigation, and if not, the reason therefor. The authority may advise a complainant as to other remedies which may be available. Reassignments of investigations for conflicts of interest and refusals to investigate shall be reviewed and approved by the Director and the Director may seek direction from the Commission.
(Source: P.A. 96-271, eff. 1-1-10.)

(20 ILCS 3955/16) (from Ch. 91 1/2, par. 716)
Sec. 16. A regional authority may conduct investigations upon its own initiative if it has reason to believe that the rights of an eligible person have been violated in the region in which the authority sits, unless the Director finds that a conflict of interest exists and directs another regional authority to conduct the investigation.
(Source: P.A. 96-271, eff. 1-1-10.)

(20 ILCS 3955/17) (from Ch. 91 1/2, par. 717)
Sec. 17. In the course of an investigation, a regional authority may enter and inspect the premises of a service provider or State agency and question privately any person therein within reasonable limits and in a reasonable manner. Whenever possible, prior notice shall be given the parties regarding the nature, location, and persons involved in a particular investigation.
(Source: P.A. 80-1416.)

(20 ILCS 3955/18) (from Ch. 91 1/2, par. 718)
Sec. 18. In the course of an investigation, a regional authority may inspect and copy any materials relevant to the investigation in the possession of a service provider or state agency. However, a regional authority may not inspect or copy materials containing personally identifiable data which can not be removed without imposing an unreasonable burden on the service provider or State agency, except as provided herein. The regional authority shall give written notice to the person entitled to give consent for the identifiable eligible person under Section 5 of the "Mental Health and Developmental Disabilities Confidentiality Act", enacted by the Eightieth General Assembly, as now or hereafter amended, or under any other relevant law, that it is conducting an investigation and indicating the nature and purpose of the investigation and the need to inspect and copy materials containing data that identifies the eligible person. If the person notified objects in writing to such inspection and copying, the regional authority may not inspect or copy such materials. The service provider or State agency may not object on behalf of an eligible person.
(Source: P.A. 80-1487.)

(20 ILCS 3955/19) (from Ch. 91 1/2, par. 719)
Sec. 19. No regional authority may disclose to any person any materials which identify an eligible person unless the eligible person or legally

authorized person consents to such disclosure, except if and to the extent that disclosure may be necessary for the appointment of a guardian for such eligible person.
(Source: P.A. 80-1487.)

(20 ILCS 3955/20) (from Ch. 91 1/2, par. 720)
Sec. 20. A regional authority may conduct hearings and compel by subpoena the attendance and testimony of such witnesses and the production of such materials as are necessary or desirable for its investigation.
(Source: P.A. 80-1487.)

(20 ILCS 3955/21) (from Ch. 91 1/2, par. 721)
Sec. 21. A regional authority may, subject to the provisions of the Open Meetings Act, conduct closed meetings and hearings when necessary to ensure confidentiality or to protect the rights of any eligible person or provider of services or other person. However, it shall make public a summary of business conducted during any such meeting or hearing. Such summary shall not contain personally identifiable data.
(Source: P.A. 96-271, eff. 1-1-10.)

(20 ILCS 3955/22) (from Ch. 91 1/2, par. 722)
Sec. 22. During the course of an investigation, the regional authority shall periodically inform the complainant, or provider and any eligible person involved of the status of the investigation.
(Source: P.A. 80-1487.)

(20 ILCS 3955/23) (from Ch. 91 1/2, par. 723)
Sec. 23. If a regional authority finds that:
A. a matter should be further considered;
B. an act investigated should be modified or cancelled;
C. a statute or regulation should be altered;
D. reasons should be given for an act; or
E. any other action should be taken;
it shall report its recommendations to the State agency, service provider or other person investigated. Such person investigated shall notify the regional authority, within 30 days of the receipt of such recommendations, of the action taken thereon and the reason therefor.
(Source: P.A. 80-1416.)

(20 ILCS 3955/24) (from Ch. 91 1/2, par. 724)
Sec. 24. If a regional authority determines that further action is required, it may refer a matter to the Commission or another division thereof, any federal, State or local agency or other persons, as it may deem appropriate and as approved by the Director.
(Source: P.A. 96-271, eff. 1-1-10.)

(20 ILCS 3955/25) (from Ch. 91 1/2, par. 725)
Sec. 25. Within 10 days of the completion of its investigation, the regional authority shall inform the complainant and the eligible person involved of the outcome of its investigation and of any action taken thereon.
(Source: P.A. 80-1487.)

(20 ILCS 3955/26) (from Ch. 91 1/2, par. 726)
Sec. 26. Subject to the provisions of Section 19, a regional authority may make public its findings and recommendations. It shall include in any such public statement any reply made by the State agency, service provider, or other person investigated. The provider or person shall have opportunity to review and object to any proposed public findings and recommendations. If the provider requests, the objections shall be included with public findings and recommendations issued by the regional authority in this matter.
(Source: P.A. 80-1416.)

(20 ILCS 3955/27) (from Ch. 91 1/2, par. 727)
Sec. 27. A regional authority may, by acting through the Director, propose to the Commission legislation for the purpose of safeguarding the rights of eligible persons.
(Source: P.A. 96-271, eff. 1-1-10.)

(20 ILCS 3955/28) (from Ch. 91 1/2, par. 728)
Sec. 28. A regional authority may take such other action as may be reasonable and appropriate to carry out the purposes of this Act.
(Source: P.A. 80-1416.)

(20 ILCS 3955/29) (from Ch. 91 1/2, par. 729)
Sec. 29. The procedures provided by Sections 15 through 28 are in addition to

any other remedies which may be available to any party; and the failure to pursue or exhaust the procedures available herein or engage in the procedures available hereby shall not preclude the invocation of any remedy.
(Source: P.A. 80-1487.)

(20 ILCS 3955/30) (from Ch. 91 1/2, par. 730)
Sec. 30. When appointed by the court pursuant to the "Probate Act of 1975", approved August 7, 1975, as now or hereafter amended, the State Guardian shall serve as guardian, either plenary or limited; temporary guardian; testamentary guardian; or successor guardian; of the person or the estate, or both, of a ward. If nomination is testamentary the State Guardian shall be notified in writing at the time of the death of the testator. The Office of State Guardian may file a petition for its own appointment, or for the appointment of any other person, if the State Guardian determines that the filing of the petition may avoid the need for State guardianship. In addition, the State Guardian may assist the court, as the court may request, in proceedings for the appointment of a guardian and in the supervision of persons and agencies which have been appointed as guardians.
(Source: P.A. 89-396, eff. 8-20-95.)

(20 ILCS 3955/31) (from Ch. 91 1/2, par. 731)
Sec. 31. Appointment; availability of State Guardian; available private guardian. The State Guardian shall not be appointed if another suitable person is available and willing to accept the guardianship appointment. In all cases where a court appoints the State Guardian, the court shall indicate in the order appointing the guardian as a finding of fact that no other suitable and willing person could be found to accept the guardianship appointment. On and after the effective date of this amendatory Act of the 97th General Assembly, the court shall also indicate in the order, as a finding of fact, the reasons that the State Guardian appointment, rather than the appointment of another interested party, is required. This requirement shall be waived where the Office of State Guardian petitions for its own appointment as guardian.
(Source: P.A. 97-1093, eff. 1-1-13.)

(20 ILCS 3955/32) (from Ch. 91 1/2, par. 732)
Sec. 32. The State Guardian shall have the same powers and duties as a private guardian as provided in Article XIa of the Probate Act of 1975, approved August 7, 1975. The State Guardian shall not provide direct residential services to its wards. The State Guardian shall visit and consult with its wards at least four times a year for as long as the guardianship

continues.
(Source: P.A. 80-1416.)

(20 ILCS 3955/33) (from Ch. 91 1/2, par. 733)
Sec. 33. The State Guardian may offer guidance and advice, without court appointment as guardian, to persons who request such assistance or to those on whose behalf such assistance is requested for the purpose of encouraging maximum self-reliance and independence of such persons and avoiding the need for appointment of a guardian.
(Source: P.A. 80-1416.)

(20 ILCS 3955/33.5)
Sec. 33.5. Guardianship training program. The State Guardian shall provide a training program that outlines the duties and responsibilities of guardians appointed under Article XIa of the Probate Act of 1975. The training program shall be offered to courts at no cost, and shall outline the responsibilities of a guardian and the rights of a person with a disability in a guardianship proceeding under Article XIa of the Probate Act of 1975. In developing the training program content, the State Guardian shall consult with the courts, State and national guardianship organizations, public guardians, advocacy organizations, and persons and family members with direct experience with adult guardianship. In the preparation and dissemination of training materials, the State Guardian shall give due consideration to making the training materials accessible to persons with disabilities.
(Source: P.A. 100-483, eff. 9-8-18.)

(20 ILCS 3955/34) (from Ch. 91 1/2, par. 734)
Sec. 34. A person, who in good faith, files a complaint or provides information to the Commission or any division thereof, including private citizens and employees of service providers, shall not be subject to any penalties, sanctions, or restrictions as a consequence of filing the complaint or providing the information.
(Source: P.A. 80-1416.)

(20 ILCS 3955/35) (from Ch. 91 1/2, par. 735)
Sec. 35. The annual appropriation for the Commission shall not exceed 1% of the total annual appropriation from the General Revenue Fund to the Department of Human Services for its ordinary and contingent expenses relating to mental health and developmental disabilities.

(Source: P.A. 89-507, eff. 7-1-97.)

(20 ILCS 3955/36) (from Ch. 91 1/2, par. 736)
Sec. 36. Rules and regulations adopted by the Commission pursuant to authority granted under this Act shall be subject to the provisions of the Illinois Administrative Procedure Act.
(Source: P.A. 84-1358.)

HRA Regulations (59 Illinois Administrative Code 310)

Section 310.10 Authority and Purpose

a) Authority
The Human Rights Authority exists as a division of the Guardianship and Advocacy Commission created by the Guardianship and Advocacy Act [20 ILCS 3955], and shall consist of as many regional authorities as the Commission may see fit to appoint pursuant to Section 5(a) of the Act.

b) Purpose
Each regional authority shall investigate all nonfrivolous complaints within its authority and competence alleging that the rights of an eligible person have been violated and *may conduct investigations upon its own initiative if it has reason to believe the rights of a person have been violated* (Section 16 of the Act). For purposes of this Part criteria for investigation will include but not be limited to violations of the Mental Health and Developmental Disabilities Code [405 ILCS 5], the Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110] and the Nursing Home Care Act [210 ILCS 45].

(Source: Amended at 24 Ill. Reg. 13029, effective August 21, 2000)

Section 310.20 General Provisions

a) Definitions of Terms - As used in this Part, unless the context requires otherwise:

"Act" means the Guardianship and Advocacy Act [20 ILCS 3955].

"Chairperson" means the Chairperson of a Regional Human Rights Authority.

"Commission" means the Guardianship and Advocacy Commission.

"Complainant" means any person or entity who files a complaint with an authority or member of an authority.

"Complaint" means any allegation that the rights of an eligible person have been or may have been violated which is initiated by or communicated to a regional authority or member of an authority.

"Director" means the Director of the Guardianship and Advocacy Commission.

"Eligible Person" means an individual who has received, is receiving, has requested, or may be in need of mental health services, or is "developmentally disabled" as defined in the federal "Developmental Disabilities Services and Facilities Construction Act" (42 USC 6001(7)), as now or hereafter amended, or any "person with one or more disabilities" as defined in the Disabled Persons Rehabilitation Act [20 ILCS 2405].

"Frivolous" means a factual allegation which, if true, has no legal consequence nor implies any violation of a right established by law.

"Guardian" means a court appointed guardian or conservator.

"HRA Committee" means the Commissioners appointed by the Chairperson of the Guardianship and Advocacy Commission to oversee the Human Rights Authority program and to propose HRA policy to the Commission.

"Identifiable Data" means any record, document, paper, material, description or other information that discloses the identity of an eligible person or his family.

"Person" means an individual, corporation, partnership, association, unincorporated organization, or a government or any subdivision, agency, or instrumentality of that government;

"Program Director" means the person designated by the Director to coordinate the activities of all regional authorities.

"Regional Authority" means a regional Human Rights Authority.

"Regional Coordinator" means the person designated by the Program Director to assist a specific regional authority in its activities.

"Rights" includes but is not limited to all rights, benefits, and privileges guaranteed by law, the constitution of the State of Illinois, and the constitution of the United States.

"Service Provider" means any public or private facility, center, hospital, clinic, program or any other person devoted in whole or in part to providing services to eligible persons.

"Services" includes examination, diagnosis, evaluation, treatment, care, training, psychotherapy, pharmaceuticals, after-care, habilitation, rehabilitation, and related activities provided for an eligible person.

b) Computation of Time
In computing any period of time prescribed in this Part, the date of the event from which such period begins to run shall not be included. If the last day of the period so computed shall fall on a Saturday, Sunday or State holiday, the time period shall continue to run until the next day that is not a Saturday, Sunday or State holiday.

c) Severability
In the event any provision of this Part is determined by a court or other body of competent jurisdiction to be invalid, that determination shall not affect the remaining provisions that continue in full force and effect.

d) Rules Exclusive
All procedures or activities employed by a regional authority in exercising its statutorily defined powers and duties shall be governed by this Part. No regional authority shall adopt policy unless approved by the Commission. The Commission shall disapprove, pursuant to Section 5(c) of the Act, any action taken by a regional authority contrary to the provisions of this Part.

e) Petition by a Regional Authority for Rule Change
A regional authority may request that the Commission promulgate, amend or repeal a rule in this Part by submitting a written petition to the Program Director setting forth the particular rulemaking action desired and the reasons in support of that action. The Program Director shall forward, within 10 days, the petition, together with any observation or comments, to the Director and the HRA Committee that shall, upon consideration, forward its recommendation on the petition to the Commission. Should the HRA Committee decide to propose to amend or adopt a rule, it shall forward its recommendation to the Chairperson of each regional authority at the same time it is sent to the Commission.

(Source: Amended at 24 Ill. Reg. 13029, effective August 21, 2000)

Section 310.30 Membership and Organization

a) Membership
Each regional authority shall consist of 9 members appointed by the Commission (Section 14 of the Act).

b) Duration of Term
Members of the regional authorities shall serve for a term of 3 years. No member shall serve for more than 2 consecutive 3 year terms. (Section 14 of the Act) After a one-year absence, if a vacancy occurs on a regional authority the Commission may appoint a former member who satisfactorily served prior terms of appointment.

c) Removal of Member

1) *The Commission* on its own initiative *may remove for incompetence, neglect of duty, or malfeasance in office any member of a regional authority.* (Section 14 of the Act)

2) A regional authority shall recommend to the Commission the removal of one of its members if:

A) the regional authority has given written notice to the member of its intention to recommend removal and the reason for the removal; and

B) the member is given an opportunity at the next regularly scheduled meeting of the authority to explain, either orally or in writing, why a recommendation of removal shall not be made; and

C) a majority vote of the regional authority members in attendance and constituting a quorum of the regional authority at a regularly scheduled or special meeting, for good cause shown, votes to recommend the member's removal; and

D) a written request for removal is made to the Commission with a statement of the reasons for the removal, together with any explanation offered by the member to the members of the regional authority; a copy of the request shall also be forwarded to the member.

3) A member who misses 3 consecutive meetings shall be notified by the regional authority that failure to attend the next meeting, unless for reasons beyond the member's control, shall result in a request for the member's removal.

d) Vacancies

Vacancies in regional authorities shall be filled within 60 days after declaration of the vacancy *in the same manner as original appointments* (Section 14 of the Act). A person appointed to fill a vacancy shall serve for the remainder of the unexpired term. If the remainder of the unexpired term is less than 23 months, the person shall be eligible for 2 additional 3 year terms.

e) Compensation

Members of the regional authorities shall serve without compensation but shall be reimbursed for actual expenses incurred in the performance of their duties (Section 14 of the Act) in accordance with 80 Ill. Adm. Code 2800.

f) Officers

At its annual June meeting each regional authority shall elect a chairperson, vice-chairperson, secretary and any other officers it deems necessary. Should circumstances arise to prevent holding the annual meeting in June, the annual meeting shall become the next immediate meeting held by the regional authority.

g) Committees

A regional authority may establish such committees as it deems necessary to achieve its stated purpose.

(Source: Amended at 25 Ill. Reg. 5628, effective May 1, 2001)

Section 310.40 Meetings

a) Annual Meeting
The annual meeting of each regional authority shall convene in June for the purpose of electing officers and for any other business that may be brought before it.

b) Regular Meetings
Each regional authority shall meet not less than once every two months.

c) Special Meetings
Meetings may also be held upon call of the Regional Chairperson or upon written request of any five members of the Regional Authority.

d) Quorum
Five members shall constitute a quorum. (Section 14 of the Act)

e) Voting on Actions
Except as provided in Section 310.50(c) and 310.70(c)(3) and (e), no action shall be taken at any meeting of a regional authority except upon a majority vote of the members in attendance and constituting a quorum.

f) Notice
Each regional authority shall give public notice of its schedule of regular meetings at the beginning of each calendar year, including the dates, times, and places of meetings, if known. Public notice of any special meeting or reconvened regular meeting shall be given at least 48 hours before the meeting. However, this requirement of public notice of reconvened meetings does not apply to a meeting reconvened within 24 hours or when announcement of the time and place of the reconvened meeting was made at the original meeting and there is no change in agenda. Public notice shall be given by posting a copy of the notice at the Commission's offices located in Springfield and Chicago, Illinois, and at the regional authority's regional office and at the building where the meeting is to be held. In addition, an authority shall provide notice of its meetings to any newspaper or radio or television station that requests notice.

g) Minutes
Minutes of each meeting shall be recorded by the secretary of the authority or designee and a copy retained by the secretary. The minutes, except as provided by Section 310.80(d), shall be available, within 7 days after their approval, for public inspection at the Commission's offices located in Springfield and Chicago, Illinois and the regional authority's regional office.

h) Location of the Meeting Place

Each regional authority shall conduct meetings at locations within its regional boundaries so as to facilitate participation by the regional authority members and residents of the region.

i) Accessibility of Meeting Place
Each regional authority shall conduct its meetings at facilities that are accessible to the mentally and physically impaired.

j) Public Comment
A portion of each meeting shall be set aside for comments or questions by nonmembers.

k) Open Meetings Act
The meetings of all regional authorities shall be conducted in compliance with the provisions of the Open Meetings Act [5 ILCS 120] and the Illinois Guardianship and Advocacy Act [20 ILCS 3955].

(Source: Amended at 44 Ill. Reg. 1976, effective December 31, 2019)

Section 310.50 Complaints

a) Recording Complaints
Every complaint received by a regional authority shall be recorded in the Human Rights Authority's database.

b) Disposition of Complaints

1) Acceptance
Except as provided in subsection (c), a decision to investigate a complaint shall be made upon the majority vote of the members in attendance and constituting a quorum at a regularly scheduled or special meeting.

2) Non-Acceptance
If a regional authority determines that a complaint does not involve the rights of an eligible person or that a complaint is frivolous, the regional authority shall not open the investigation.

3) Postponement

A) If the regional authority determines that its investigation of a complaint would jeopardize pending employment, disciplinary or criminal proceedings, the regional authority's investigation shall be postponed until the proceeding is concluded.

B) If the regional authority determines that a conflict of interest exists for that regional authority under Section 310.90(f), the regional authority's investigation shall be postponed until the Commission authorizes another regional authority to conduct the investigation pursuant to Section 310.60(b).

c) Emergency Complaints
If it appears necessary for the welfare or protection of the rights of an eligible person, a regional authority may conduct an investigation with the approval of the chairperson and two other members of the regional authority. A proposed investigation shall be presented for ratification by a majority vote of the members present and constituting a quorum at the next regularly scheduled or special meeting.

d) Notice to Complainant
A regional authority shall provide a written notice to the complainant that states:

1) a brief summary of the complaint and number assigned to it;

2) whether the regional authority will conduct an investigation; or

3) whether the regional authority will not conduct an investigation, and the reasons for that decision.

e) Complainants Confidentiality
The regional authority shall keep each complainant's name confidential from outside sources. If a member of the public or an outside agency requests the name of the complainant, the regional authority shall forward that request to the complainant who shall make the decision regarding disclosure.

(Source: Amended at 42 Ill. Reg. 2050, effective January 11, 2018)

Section 310.60 Investigations

a) Policy
All investigations instituted by a regional authority shall be conducted in a timely, thorough, impartial manner in order to assess the action or omission complained of and, if appropriate, to make recommendations based upon that assessment.

b) Jurisdiction
Upon recommendation of the Commission's HRA Committee and at a meeting of which Commissioners have received proper notification and with a quorum present, the Commission may vote to authorize a regional authority to initiate one or more investigations into alleged rights violations occurring outside its regional boundaries. In the absence of such express authorization, a regional authority

may conduct an investigation into the violations of an eligible person's rights only if the violation is alleged to have occurred within its regional boundaries.

c) Approved Investigatory Methods
A regional authority may invoke any or all of the following investigative tools:

1) Site Visits, if the service provider is given advance notice of the visit except when there is reason to believe evidence may be concealed or destroyed;

2) Interviews with relevant parties;

3) Analysis of pertinent information;

4) Public Hearings:

5) Referral

A) Referral to an appropriate federal, state or local governmental unit to undertake or to assist in the investigation. Any relevant information obtained through such referral shall be included in the regional authority's final report.

B) The chairperson or regional authority member(s) assigned to a case may assign the regional coordinator to assist the member(s) in the investigation.

d) Hearings
A regional authority may conduct hearings when it is necessary to compel testimony or the production of documents relevant to an investigation by persons, service providers or agencies who otherwise decline or when more time or resources would be expended to collect facts relevant to an investigation through the other investigatory methods specified in subsection (c) supra. The purpose of a public hearing is to obtain information; the regional authority shall not take any formal action at a public hearing. Advance notice of hearings will be made to the Program Director 24 hours after the regional authority makes the decision to hold a hearing.

1) Calling a Hearing
A hearing may be called upon only a majority vote of a the members in attendance and constituting a quorum at a regularly scheduled or special meeting.

2) Notice of Hearing
Notice shall be given of the date, time, location and subject of the hearing in the same manner provided in Section 310.40(f) of this Part.

3) Witnesses
A regional authority may request any person with relevant information to testify at a hearing.

A) Requesting Witnesses to Appear
Witnesses shall be invited either by telephone, letter or personal invitation to attend. If informal methods are unsuccessful or a majority of a quorum determines that insufficient time exists to employ informal methods, then a witness may be subpoenaed pursuant to Section 310.60(f) of this Part.

B) Documents
A witness may be requested to bring with him any relevant documents provided that confidentiality requirements are met.

4) Conduct of Hearings

A) Hearings
All hearings conducted by a regional authority shall be open to the public except those parts of hearings at which the disclosure of information is contrary to Section 310.80 of this Part.

B) The hearing shall be conducted by such member or members as the regional authority may designate;

C) The hearing shall be conducted as an objective, informal, fact finding process;

D) Any questioning of witnesses shall be conducted by regional authority members;

E) Each witness shall have the right to be accompanied by a family member, friend or other representative, including counsel if desired, who shall be permitted to advise and counsel the witness at any time;

F) Each witness shall be permitted to make any oral statement he wishes at the conclusion of his testimony within reasonable time limitations;

G) Each witness shall be permitted to submit any type of written statement or document for the regional authority's consideration;

H) Prior to a hearing, any person may submit his own name or the name of other persons having information relevant to the

investigation to the regional authority for consideration as possible witnesses; however, the decision as to who will be called as witnesses shall be in the sole discretion of the regional authority member or members thereof designated to conduct the hearing;

I) An accurate record, which may be taken by tape recording or other appropriate means, may be kept of the proceedings of any hearing. In any event, a summary or minutes of the proceedings shall be prepared and kept by the regional authority. Upon written request to the chairperson of the regional authority, a witness shall be furnished at a reasonable charge with a transcript of his testimony, if such transcript was made. The record need not be transcribed or printed, except as provided herein, unless the regional authority shall so determine; The witness may listen to the tape at the regional authority's offices, or purchase a duplicate tape at cost.

J) Any decisions to be made as to the mode of proceeding not covered by these Rules shall be the responsibility of the members designated by the regional authority to preside over such hearing;

K) All hearings shall be held in facilities accessible to the mentally and physically impaired.

e) Obtaining records

1) A regional authority will first attempt to obtain records containing data that identifies eligible persons with the written authorization of the eligible person, his guardian or other legal representative.

2) If written authorizations are not secured or an insufficient number of records are obtainable with written authorizations, then a regional authority shall request the production of masked records as provided under Section 18 of the Act and Section 8 of the Mental Health Developmental Disability Confidentiality Act.

3) Only if masked records do not permit the collection of facts relevant to an investigation will a regional authority request to inspect and copy records containing data that identifies an eligible person without written authorization as allowed under Section 18 of the Act and Section 8 of the Mental Health and Developmental Disabilities Confidentiality Act.

f) Subpoenas

A regional authority may compel by subpoena a witness' attendance when informal attempts to obtain such attendance are unsuccessful or impractical as set forth in Section 310.60(d)(3)(A) of this Part. All subpoenas shall be prepared by the Commission's General Counsel or his designee to ensure proper legal form.

1) Subpoena Duces Tecum
Any subpoena requiring the attendance and testimony of a witness may also require that documents within the possession or control of that person be produced at the hearing.

2) Time of Service
Subpoenas shall be served upon a person personally or by certified mail. Unless the regional authority makes a finding that a witness may leave the jurisdiction or be unavailable in the future requiring the immediate testimony of a witness, then a subpoena personally served shall be served no less than seven days prior to the date for appearance and if served by mail, postmarked no later than ten days prior to the date for appearance.

3) Enforcement
Whenever any person knowingly fails or refuses to comply with a subpoena issued in accordance with these rules, a regional authority may request the Director to take such action or institute judicial proceedings to enforce the subpoena as necessary to secure compliance with the terms of the subpoena.

g) Notification of Status of Investigation

1) Acceptance
If the regional authority decides to investigate a complaint, it shall notify the service provider of its intention to investigate the complaint unless it believes that the advance notice will unduly hinder the investigation or make it ineffectual. When a regional authority notifies the service provider of its intention to investigate, it shall send the service provider a written notice which states a belief summary of the complaint and the number assigned to it.

2) The service provider shall be given at least ten days prior written notice of each public meeting at which the service provider's complaint is on the agenda. Such notification shall also state that the service provider will be given an opportunity to comment.

3) Confidentiality

Whenever a complaint is reviewed at a regular or special HRA meeting, the name of the service provider shall not be made public until
A) the complaint has been officially accepted and

B) the facility has been notified of the investigation.

4) Status

During the course of an investigation, upon the request of the complainant, the provider or any eligible person, the regional authority or regional coordinator shall inform them of actions taken in the course of the investigation. Such status may be discussed at any regular or special meeting of the regional authority subject to Sections 310.70(c) and (d) of this Part. Any matter so discussed shall be considered discussion only and shall not be binding or regarded as a finding or recommendation of the regional authority.

5) Program Director
During the course of an investigation, the regional authority or regional coordinator shall inform the Program Director monthly of the status of an investigation.

(Source: Amended at 10 Ill. Reg. 7778, effective April 30, 1986)

Section 310.70 Recommendations and Findings

a) Report of Findings
Upon completion of an investigation pursuant to Section 23 of the Act, a regional authority shall prepare a proposed report of findings, including recommendations where appropriate, to be presented for discussion at the next regular meeting or such special meeting that is called to discuss the proposed report.

b) Review by Program Director
At least ten days prior to the date set by a regional authority for consideration of a proposed report of findings, a copy of the proposed report and any recommendations shall be forwarded to the Program Director for review. A regional authority shall not adopt a proposed report that has been forwarded to the Program Director less than 10 days prior to the meeting unless the Program Director determines that findings of fact and recommendations are clearly specified and supported by the record.

c) Consideration and Adoption of Report by Regional Authority

1) Except as provided in subsection (c)(3) below, the proposed report of findings and any recommendations shall be considered and adopted by a regional authority only at a regularly scheduled or special meeting upon majority vote of the members in attendance and constituting a quorum. Any and all proposed findings and recommendations that the regional authority intends to include in the report shall be considered and discussed only in a closed session to insure that the provider, State Agency, or other person investigated shall have an opportunity to review and object to any such proposed public findings and recommendations prior to publication as provided in Section 26 of the Act.

2) The regional authority shall record in its minutes Section 21 of the Act as the statutory basis for the closed session.

3) In the event that there is not quorum present and where the chairperson and a majority of those present deem it necessary to immediately send the report of findings to the service provider, a telephone poll of those not present may be taken for purposes of obtaining a majority vote. The decision shall be presented for ratification at the next meeting at which a quorum is present.

4) Within ten days of its adoption, the report and any recommendations shall be sent to the providers investigated with notification of the statutory obligation to submit a response to the authority within thirty days from the date of receipt. This same notification shall inform the provider that the report may be made public after this 30 day response period pursuant to Section 19 and 26 of the Act and of his right under Section 26 of the Act to object to the findings and recommendations of the regional authority. At the same time, a copy of the report and any recommendations shall be sent to the Program Director for forwarding to the Commission. The complainant and any eligible person shall, within ten days after the completion of the investigation, be notified of the outcome of the investigation and any action taken thereon.

5) Upon request, the regional Authority should assist a provider in interpreting the report of findings and any recommendations.

d) Public Release of Reports

1) In the interest of fairness to the provider a regional authority shall contact orally or in writing to elicit a response from the provider, before publicly disclosing findings and recommendations.

2) Pursuant to Sections 19 and 26 of the Act and after the 30 days response period has elapsed, the regional authority may make public its report of findings, and any recommendations, upon a majority vote of the members in attendance and constituting a quorum at a regularly scheduled or special meeting.

3) If a response or objection has been received, it shall be attached to the report of findings and any recommendations and may be made public pursuant to Section 26 of the Act only if the provider requests.

4) If no response has been received within the statutory thirty day period, the report of findings and any recommendations may be made public pursuant to Section 26.

5) The provider and complainant shall be notified in writing within 10 days after the case is officially closed.

6) The provider shall be notified if and when the regional authority makes public its report.

e) Closure
A case shall be closed upon a majority vote of the members in attendance and constituting a quorum at a regularly scheduled or special meeting. In the event that there is no quorum present and where the chairperson and a majority of those present deem it necessary to immediately close the case, a telephone poll of those not present may be taken for purposes of obtaining a majority vote. The decision shall be presented for ratification at the next meeting at which a quorum is present.

(Source: Amended at 26 Ill. Reg. 8828, effective June 11, 2002)

Section 310.80 Confidentiality

a) Policy
Each regional authority shall conduct its meetings and investigations and keep its records in compliance with the requirements of confidentiality as enumerated in subsections (b) through (f) infra in order to uphold the dignity and privacy of eligible persons and their families.

b) Prohibition Against Disclosure of Identifiable Date
No *regional authority may disclose to any person any materials which identify an eligible person unless the eligible person or legally authorized* representative *consents to such disclosure, except if, and to the extent that disclosure may be necessary for the appointment of a guardian for such eligible person.* Any such consent shall be informed and in writing.

c) Prohibition Against Disclosure at Meetings or Hearings

1) No member shall intentionally refer by name, description or other information that would identify an eligible person or his family during any public meeting or hearing conducted by a regional authority unless the eligible person or legally authorized representative on his behalf consents to such disclosure pursuant to Section 310.80(b) of this Part.

2) Every nonmember scheduled to testify at a hearing or wishing to speak at a meeting concerning the alleged violations of an eligible person's rights shall be advised of the provisions of this Section and shall be instructed to

use a specific, non-descript identifier (e.g., number) when referring to an eligible person or his family.

d) Close Meetings and Hearings
A *regional authority may conduct closed meetings and hearings,* or close a portion of a meeting or hearing, if *necessary to ensure confidentiality or protect the rights of any eligible person or provider of services or other person.* The minutes or records of such closed meetings shall not be made public. *However,* the regional authority *shall make public a summary,* which shall not contain personally identifiable data, *of* the *business conducted during any* closed *meeting or hearing.*

e) The regional authority shall record in its minutes Section 21 of the Act as the statutory basis for the closed session.

f) Deletion of Identifiable Data From Public Reports or Records
Reference shall not be made to any name, description or other information that would serve to identify an eligible person or his family in any public report issued by the regional authority, or in any minutes or other summaries of meetings or hearings, or any other public record or documents maintained by a regional authority, unless the use of such identifiable data is consented to by the eligible person or legally authorized representative in his behalf as provided in Section 310.80(b) of this Part.

(Source: Amended at 10 Ill. Reg. 7778, effective April 30, 1986)

Section 310.90 Limitations

a) When it appears to the Commission or its designee that proposed action by a regional authority is frivolous, beyond the resources or remedial powers or subject matter jurisdiction of the regional authority, or that such action may violate the rights of a client, provider, or other person, or that it may jeopardize an investigation, the Commission or its designee shall disapprove any such action; upon receipt of such disapproval the regional authority shall immediately cease such action pursuant to Section 5(c) of the Act.

b) If a majority of a regional authority wishes to pursue such disapproved action, a written appeal may be submitted to the Chairperson of the Commission with a copy to the Director and to the HRA Committee. No action under appeal shall be taken by the regional authority until a written response is received from the Commission allowing the pursuit of the action.

c) Incurring Obligation

No regional authority shall retain or agree to retain the services of any person, or expend or agree to expend any funds or incur or agree to incur a financial obligation without the prior written approval of the Director or a designee.

d) Legal Action
Pursuant to Section 8(3) of the Act, the authority to institute legal proceedings rests solely with the Director.

e) Testimony
All requests for HRA testimony and all prepared HRA testimony, shall be submitted to and reviewed by the Commission prior to its presentation to any private or public legislative or regulatory body.

f) Conflict of Interest
A potential conflict of interest arises when a regional authority receives or initiates a complaint involving the dependent or relative of a regional authority member or authority staff, a service provider with whom a regional authority member or authority staff has a financial or business association, or a complainant who is being represented by a regional authority member or authority staff before any service provider or governmental body. To avoid any appearance of impropriety and to resolve any potential conflict, the regional authority member or authority staff shall not participate in any aspect of the handling of the complaint by the regional authority.

(Source: Amended at 26 Ill. Reg. 8828, effective June 11, 2002)

New HRA Member Checklist

	Completed application on file.
	Signed Release form allowing GAC access to fingerprinting/background results. Biometric Form given to HRA Member for fingerprinting to be completed in 14 days (an extension of up to 30 total days can be granted)
	Signed Volunteer Services Agreement secured and sent to HRA Director. The agreements are sent with appointment letters.
	Certificate of License and Auto Liability Coverage Form sent to GAC Fiscal Springfield office (if the HRA Member will be claiming mileage reimbursement). The form is sent with appointment letters.
	Direct Deposit Form and W-9 Form for Mileage reimbursement to GAC Fiscal
	Register for One Net Training
	Completion of Identification Protection Act Training and signed statement sent to HRA Director.
	Completion of Open Meetings Act Training via the Attorney General's Office website and certificate of completion sent to HRA Director (within 90 days of appointment). This training only required once during term. The link to the Open Meetings Act Training is: http://foia.ilattorneygeneral.net/
	Completion of ethics, harassment, security awareness, diversity/equity/inclusion and HIPAA trainings within 30 days of appointment.
	Provision of HRA Member Orientation, including manual review.

Revised January 23