

Administration for Community Living/Administration on Aging- Office of Long-Term Care Ombudsman Programs

National Ombudsman Reporting System (NORS)

OMB Control Number 0985-XXXX

Table 1: NORS Parts 1 and 2 – Case/Complaint codes, values and definitions

Expiration Date: XX/XX/XXXX

Case Data Components

Each case must contain a complainant, complaint code (s), a setting, verification, resolution, and information regarding whether a complaint was referred to another agency. Case and complaint data reported is only for those cases and complaints which were closed within the fiscal year.

Element Number	Data Element	Definition	Quantifier	Type	Codes and Values	Examples and Reporting Tips
C1	Date Case Opened	Month, day, and year that the case was opened	Single	Date	N/A (not a coded element)	Each case must have a minimum of one complaint
C2	Date Case Closed	Month, day, and year that the case was closed	Single	Date	N/A (not a coded element)	Year of case closure reported must be in the associated reporting period
C3	Facility/ Setting Type	Facility/setting type for the case	Single	Alpha-numeric Code	01 = Nursing Facility 02 = Residential Care Community 99 = Other	Only one setting allowed for each case
C4	Complainant Type	Complainant -an individual (i.e., resident, resident representative, family) who requests Ombudsman program complaint investigation services regarding one	Single	Alpha-numeric Code	01 = Resident 02 = Resident Representative, Friend, Family 03 = Ombudsman 04 = Facility Staff 05 = Representative of other agency or program	Only one selection allowed Select the complainant type that best represents the complainant(s) for the case

Element Number	Data Element	Definition	Quantifier	Type	Codes and Values	Examples and Reporting Tips
		or more complaints made by, or on behalf of, residents.			06 = Unknown	
C5	Complainant Group	Whether there is more than one complainant as part of the case.	Single	Numeric Code	<ul style="list-style-type: none"> • 1 = Yes • 2 = No 	

Complaint Data Components

Element Number	Data Element	Element Definition	Quantifier	Type	Codes and Values	Examples and Reporting Tips
CD1	Date Complaint Opened	Month, day and year the complaint was opened	Single	Date	N/A (not a coded element)	<p>Each case must have a minimum of one complaint</p> <p>Date complaint opened should not go before date case opened</p>
CD2	Date Complaint Closed	Month, day and year the complaint was closed	Single	Date	N/A (not a coded element)	Date complaint closed must not be later than date case closed

Element Number	Data Element	Element Definition	Quantifier	Type	Codes and Values	Examples and Reporting Tips
CD3	Complaint Type	Complaint: an expression of dissatisfaction or concern brought to, or initiated by, the Ombudsman program which requires Ombudsman program investigation and resolution on behalf of one or more residents of a long-term care facility.	Single	Alphanumeric Code	A = Abuse, Gross Neglect, Exploitation B = Access to Information C = Admission, Transfer, Eviction D = Autonomy, Choice E = Financial, Property F = Care G = Activities and Social Services H = Dietary I = Environment J = Policies, Procedures K = Complaints about an Outside Agency L = System/Others (non-facility)	For the full list of codes and values, see Table 2.
CD4	Allegedly Responsible Person	The type of person(s) allegedly responsible for the abuse/neglect or exploitation (i.e.	Multiple	List of Numeric Codes	1 = Facility Staff, 2 = Another Resident 3 = Family, Resident Representative,	There can be multiple allegedly responsible persons per Complaint

Element Number	Data Element	Element Definition	Quantifier	Type	Codes and Values	Examples and Reporting Tips
		perpetrator).			Friend 4 = Other	Applicable to noted "Abuse, Gross Neglect, Exploitation" Complaints Types A1 to A5.
CD5	Referral Agency Type	The type of agency/agencies to which a complaint was referred to as part of the Ombudsman program's plan of action for complaint resolution.	Multiple	List of Numeric Codes	1 = Licensing / Regulatory / Certification Agency 2 = Adult Protective Services 3 = Law Enforcement / Prosecutor 4 = Protection & Advocacy 5 = Legal services 6 = Other 7 = None	There can be multiple referrals to agencies in one complaint A code of 7 (None) cannot be combined with other codes for a complaint
CD6	Complaint Verification	Verified: A confirmation that most or all facts alleged by the complainant are likely to be true. An ombudsman conducts an investigation of the complaint to determine verification	Single	Numeric Code	1 = Verified 2 = Not Verified	Each complaint must have a verification status (verified or not verified.)

Element Number	Data Element	Element Definition	Quantifier	Type	Codes and Values	Examples and Reporting Tips
CD7	Complaint disposition	Final resolution or outcome of the complaint	Single	Numeric Code	<p>1 = Partially or fully resolved to the satisfaction of the resident, resident representative or complainant</p> <p>2 = Withdrawn or no action needed by the resident, resident representative or complainant</p> <p>3 = Not resolved to the satisfaction of the resident, resident representative or complainant</p>	Each complaint can have only one disposition code

Case and Complaint Definitions

Element Number	Data Element	Definition	Examples and Reporting Tips
C3	Facility Setting 01= Skilled Nursing Facility/Nursing Facility	Any skilled nursing facility, as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i-3(a)); (B) any nursing facility, as defined in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a)).	
C3	Facility Setting 02 = Residential Care Community	A type of long-term care facility as described in the Older Americans Act; any setting that at a minimum provides room and board, around-the-clock on-site supervision, and help with personal care such as bathing and dressing or health-related services such as medication management. Facility types include but are not limited to: assisted living residence; board and care home; congregate care; enriched housing programs; homes for the aged; personal care homes; adult foster/family homes and shared housing establishments that are licensed, registered, listed, certified, or otherwise regulated by a state and any similar facility that is unlicensed.	
C3	Other Setting 99 = Other	An optional code for Ombudsman services offered in settings beyond those defined as long-term care facilities in the Older Americans Act.	
C4	Complainant Type		
C4	01 = Resident	The term “resident” means an individual who resides in a long-term care facility.	

C4	02 = Resident Representative Friend, Family	Resident Representative, Friend, & Family: Resident Representative as defined in 45 CFR 1327.1 - (1) An individual chosen by the resident to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications; (2) A person authorized by State or Federal law (including but not limited to agents under power of attorney, representative payees, and other fiduciaries) to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications; (3) Legal representative, as used in section 712 of the Act; or (4) The court-appointed guardian or conservator of a resident. Friend is a non-relative with a personal relationship with the resident as identified by the resident or complainant; family is spouse, sibling, other relative or as identified by the resident or complainant.	
C4	03 = Ombudsman program	Ombudsman program: Means the program through which the functions and duties of the Office are carried out, consisting of the Ombudsman, the Office headed by the Ombudsman, and the representatives of the Office.	
C4	04 = Facility Staff	Any employee or contractor of a long-term care facility who brings a complaint to the Ombudsman program regarding one or more residents.	
C4	05 = Representative of other agency or program	Representative of other agency or individual: Any entity or individual that refers a complaint to the Ombudsman program regarding one or more residents. Referring agencies/individuals include but are not limited to: medical personnel not associated with the facility, adult protective services, licensing and certification, law enforcement, other social services agencies, bank teller, neighbor, etc.	
C4	06 = Unknown	The source of the complaint or the type of complainant is not known to the Ombudsman program.	Do not report complainants that wish to be anonymous as "unknown," unless the source is not known to the ombudsman.

C5	Complainant Group	Additional complainants included as part of the case and complaint, i.e. a resident or family council or other groups.	At the time of complaint intake there is more than one complainant associated with the case indicate with yes; if only one complainant indicate with a no. Examples of group complainants include a resident or family council, roommates, other informal resident or family groups.
CD5	Referral Agency Type		
CD5	1 = Licensing, Regulatory, Certification Agency	Licensing/Regulatory/Certification Agency - Government units responsible for the licensing of facilities and agencies serving older adults and adults with disabilities.	
CD5	2 = Adult Protective Services	Adult Protective Services - a social services program provided by state and/or local governments serving older adults and adults with disabilities who are in need of assistance because of abuse, neglect, self-neglect, or financial exploitation.	
CD5	3 = Law Enforcement , Prosecutor	Law Enforcement / Prosecutor – People employed by a local, state, tribal, or federal justice agency. This includes police, courts, district attorney's office, probation or other community corrections agency, and correctional facilities; including the State Medicaid Fraud Control Unit, as defined in section 1903(q) of the Social Security Act (42 U.S.C. 1396b(q))	
CD5	4 = Protection & Advocacy	Protection & Advocacy Systems -a system to protect and advocate the rights of individuals with developmental disabilities; as designated by the State, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 et seq.)	
CD5	5 = Legal services	Legal services entity or individual attorney providing legal representation and/or consultation to residents including but not limited to legal services funded through Older Americans Act or Legal Services Corporation funds, Ombudsman legal counsel or any other attorney.	

CD5	6 = Other	Other- any other entity to which a referral is made.	Include brief description
CD5	7 = None	No referral was made.	