OMB Control Number 0985-0054 Expiration Date: 02/29/2020



## CASE COMPONENT DATA

#### **PRA Public Burden Statement:**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0054). Public reporting burden for this collection of information is estimated to average per response as follows for each component of the collection: Agency Component – 7 hours; Key Indicator Component – 32 hours; Case Component – 125 hours. These estimates include the time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administration for Community Living, U.S. Department of Health and Human Services, 330 C Street, SW, Washington, DC 20201-0008, Attention: Stephanie Whittier Eliason, at 202.795.7467 and Stephanie.WhittierEliason@acl.hhs.gov

Case: The Case Component data is submitted by uploading a data file to the NAMRS website annually. Specific instructions will be provided to states on the data file formatting. The reporting period is the federal fiscal year (October–September).

**Table 1–Investigation Entity** 

Each reporting period submission may have multiple investigations.

| Element<br>No. | Element<br>Name   | Element Description   | Required | Cardinality | Type/Format        | Code Values   |
|----------------|---|---|----------|-------------|--------------------|---|
| Inv1           | Investigation ID  | The unique identifier used by the state for each investigation. The identifier is assigned to a specific investigation and is only used once. The Investigation ID is encrypted by the state for purposes of data submission. | Yes      | Single      | Encoded ID         | Not applicable  |
| Inv2           | Report date   | The month, day, and year the agency was notified of the suspected adult maltreatment.   | No       | Single      | Date<br>yyyy-mm-dd | Not applicable  |
| Inv3           | Report source   | The role or profession of the person who made the report of the suspected adult maltreatment. Multiple report source code values can be submitted for the client.   | No       | Multiple    | Enumeration (code) | 1 = substitute decision maker 2 = in-home caregiver 3 = nursing home staff 4 = residential care community staff 5 = education professional 6 = financial professional 7 = law enforcement, judicial, or legal professional 8 = medical or health professional 9 = mental and behavioral health professional 10 = social services professional 11 = other professional 12 = relative 13 = neighbor, friend, other nonrelative, other nonprofessional 14 = self 15 = no role identified |
| Inv4           | State/county<br>FIPS code of<br>investigative<br>agency | The Federal Information Processing Series for state (2 digits) and county code (3 digits) of the APS agency. (Primary agency responsible for the determination of the investigation)  | No       | Single      | FIPS (######)      | Code is the unique identification number assigned to each state and county under the Federal Information Processing Standards (FIPS) guidelines. See http://www.census.gov/geo/www/fips/fips.html   |

| Element<br>No. | Element<br>Name                      | Element Description  | Required | Cardinality | Type/Format        | Code Values    |
|----------------|--------------------------------------|--|----------|-------------|--------------------|----------------|
| Inv5           | Investigation start date             | The date the investigation is assigned to an investigation worker. If the agency uses another date to indicate the start of an investigation, that date is used. | No       | Single      | Date<br>yyyy-mm-dd | Not applicable |
| Inv6           | Investigation<br>disposition<br>date | The date that the agency completed dispositions on the allegations of maltreatment associated with the investigation.  | No       | Single      | Date<br>yyyy-mm-dd | Not applicable |
| Inv7           | Case closure date                    | The date that the agency completed all activities related to the investigation of the case.  | Yes      | Single      | Date<br>yyyy-mm-dd | Not applicable |

### **Table 2–Client Entity**

Each investigation may have multiple clients. Each client can be associated with more than one investigation but a separate client entity is required for each investigation.

| Element | Element Name | Element Description   | Required | Cardinality | Type/Format | Code Values    |
|---------|--------------|---|----------|-------------|-------------|----------------|
| No.     |              |   |          |             |             |                |
| Clt1    | Client ID    | The unique identifier used by the state for each client. The identifier is assigned to a specific client and is used identify the same client across investigations and reporting periods. The client ID is encrypted by state for purposes of data submission. Data on multiple clients can be submitted for the | Yes      | Single      | Encoded ID  | Not applicable |
|         |              | Data on multiple clients can  |          |             |             |                |

| Element | Element Name                           | Element Description  | Required | Cardinality | Type/Format        | Code Values  |
|---------|--|--|----------|-------------|--------------------|--|
| No.     |  |  |          |             |                    |  |
| Clt2    | Maltreatment setting                   | The location where the alleged maltreatment occurred.  | No       | Single      | Enumeration (code) | 10 = own residence or private residence of relative or caregiver 20 = residential care community (non-specific) 21 = licensed residential care community 22 = unlicensed residential care community 30 = nursing home (non-specific) 31 = licensed nursing home 32 = unlicensed nursing home 40 = adult day services center (non-specific) 41 = licensed adult day services center 42 = unlicensed adult day services center 50 = place of business or other services 60 = other |
| Clt3    | State/county<br>FIPS code of<br>client | The Federal Information Processing Series for state (2 digits) and county code (3 digits) of the client's residence at the start of the investigation. | No       | Single      | FIPS (######)      | Code is the unique identification number assigned to each state and county under the Federal Information Processing Standards (FIPS) guidelines. See http://www.census.gov/ge o/www/fips/fips.html   |

| Element | Element Name          | Element Description   | Required | Cardinality | Type/Format           | Code Values   |
|---------|-----------------------|---|----------|-------------|-----------------------|---|
| No.     |                       | -   | -        | _           |                       |   |
| Cit4    | Case closure reason   | The primary reason why the case was closed.   | No       | Single      | Enumeration (code)    | 10 = investigation completed 20 = investigation completed and protective services case completed 30 = investigation unable to be completed (non- specific) 31 = investigation unable to be completed due to death of client during investigation 32 = investigation unable to be completed due to refusal of client 40 = protective services case opened but not completed (non-specific) 41 = protective services case closed due to death of client 42 = protective services case closed due to client decision to not continue |
| Clt5    | Age                   | The age of the client in years (at investigation start date).   | No       | Single      | Enumeration (code)    | 50 = other<br>18,1974 = actual age<br>75 = 75 through 84<br>85 = 85 and older   |
| Clt6    | Gender identity       | The actual or perceived gender-related characteristics of the client.   | No       | Single      | Enumeration (code)    | 1 = male<br>2 = female<br>3 = transgender   |
| Clt7    | Sexual<br>orientation | The client's enduring pattern of or disposition to experience sexual or romantic desires for, and relationships with, people of one's same sex, the other sex, or both sexes. | No       | Single      | Enumeration<br>(code) | 1 = straight 2 = gay/lesbian 3 = bisexual 4 = questioning 5 = other   |

| Element<br>No. | Element Name        | Element Description  | Required | Cardinality | Type/Format           | Code Values  |
|----------------|---------------------|--|----------|-------------|-----------------------|--|
| Clt8           | Race                | The population(s) or group(s) that the client identifies as being a member. A client may have more than one race (multi-racial). For example, if a client is Asian and White, the client should be reported with both race values. If specific races cannot be identified for a multiracial client, the client is reported as "Other". | No       | Multiple    | Enumeration (code)    | 10 = American Indian or Alaska Native 20 = Asian (non-specific) 21 = Asian Indian 22 = Chinese 23 = Filipino 24 = Japanese 25 = Korean 26 = Vietnamese 27 = Other Asian 30 = Black or African American 40 = Native Hawaiian or Other Pacific Islander (non-specific) 41 = Native Hawaiian 42 = Guamanian or Chamorro 43 = Samoan 44 = other Pacific Islander 50 = White 60 = Other |
| Clt9           | Ethnicity           | The affiliation of the client as Hispanic or Latino/a or non- Hispanic or Latino/a. Multiple ethnicity code values can be submitted for the client.  | No       | Multiple    | Enumeration (code)    | 10 = yes, Hispanic or Latino/a, or Spanish origin (non-specific) 11 = Mexican, Mexican American, Chicano/a 12 = Puerto Rican 13 = Cuban 14 = other Hispanic, Latino/a, or Spanish origin 20 = no, not Hispanic or Latino/a, or Spanish origin  |
| Clt10          | Primary<br>language | The primary language or method that the client uses for written and verbal communication.  | No       | Single      | Enumeration<br>(code) | 1 = Arabic 2 = Chinese 3 = English 4 = French 5 = German 6 = Korean 7 = Russian 8 = Spanish or Spanish Creole 9 = Tagalog 10 = Vietnamese 11 = sign language 12 = assistive technology 13 = other  |

| Element | Element Name      | Element Description   | Required | Cardinality | Type/Format           | Code Values   |
|---------|-------------------|---|----------|-------------|-----------------------|---|
| No.     |                   |   |          |             |                       |   |
| Clt11   | Marital status    | The client's status based on state residency laws.  | No       | Single      | Enumeration<br>(code) | 1 = never married 2 = married 3 = domestic partner, including civil union 4 = divorced 5 = separated 6 = widowed 7 = other  |
| Clt12   | Schooling level   | The highest educational degree attained by the client.  | No       | Single      | Enumeration<br>(code) | 1 = less than high school 2 = high school diploma or equivalent 3 = associate's degree or bachelor's degree 4 = advanced degree   |
| Clt13   | Employment status | The involvement of the client in the labor force.   | No       | Single      | Enumeration (code)    | 1 = employed 2 = unemployed 3 = not in labor force 4 = other  |
| Clt14   | Income level      | The level of annual income of the client including all sources of income.   | No       | Single      | Enumeration<br>(code) | 1 = less than \$25,000<br>2 = \$25,000-\$49,999<br>3 = \$50,000-\$74,999<br>4 = \$75,000-\$99,999<br>5 = \$100,000 or more  |
| Clt15   | Benefits          | The federal and state benefits received by the client during the investigation. Multiple benefit code values can be submitted for the client. | No       | Multiple    | Enumeration<br>(code) | 1 = Medicaid 2 = Medicare 3 = publicly-subsidized housing 4 = Social Security Disability Insurance (SSDI) 5 = Social Security retirement benefits 6 = Supplemental Security Income (SSI) 7 = Temporary Assistance for Needy Families (TANF) 8 = veterans' disabled benefits 9 = other |
| Clt16   | Veteran status    | The client's status related to the US Armed Forces.   | No       | Single      | Enumeration (code)    | 1 = veteran<br>2 = non-veteran  |

| Element<br>No. | Element Name                                       | Element Description   | Required | Cardinality | Type/Format             | Code Values   |
|----------------|--|---|----------|-------------|-------------------------|---|
| Clt17          | Disabilities                                       | The client's physical, emotional, and mental health issues that result in limitation in activities and restrictions to fully participate at school, work, or in the community. Multiple disability code values can be submitted for the client. | No       | Multiple    | Enumeration (code)      | 1 = ambulatory difficulty 2 = cognitive difficulty 3 = communication difficulty 4 = hearing difficulty 5 = independent living difficulty 6 = self-care difficulty 7 = vision difficulty 8 = other 9 = none  |
| Clt18          | ADL score  | The client's score on the Katz Index of Independence in Activities of Daily Living (ADL).   | No       | Single      | Numeric<br>(6 integers) | Permissible values are 0-6  |
| Clt19          | IADL score   | The client's score on the Lawton Instrumental Activities of Daily Living (IADL).  | No       | Single      | Numeric<br>(6 integers) | Permissible values are 0-8  |
| Clt20          | Behavioral<br>health<br>screenings or<br>diagnoses | The results of assessments on the client, conducted by the APS agency. Multiple behavioral health code values can be submitted for the client.  | No       | Multiple    | Enumeration<br>(code)   | 1 = alcohol use disorder 2 = anxiety 3 = bipolar disorder 4 = dementia 5 = depression 6 = schizophrenia and other psychotic disorders 7 = substance use disorder 8 = traumatic brain injury 9 = other 10 = none   |
| Clt21          | Living setting at start                            | The primary residential environment of the client at the start of investigation.  | No       | Single      | Enumeration (code)      | 10 = own residence or residence of relative or caregiver 20 = residential care community (non-specific) 21 = licensed residential care community 22 = non-licensed residential care community 30 = nursing home (non-specific) 31 = licensed nursing home 32 = non-licensed nursing home 40 = other |

| Element | Element Name                              | Element Description  | Required | Cardinality | Type/Format           | Code Values   |
|---------|---|--|----------|-------------|-----------------------|---|
| No.     |   | -  |          |             |                       |   |
| Clt22   | Living setting at close                   | The primary residential environment of the client at the time of case closure.   | No       | Single      | Enumeration (code)    | 10 = own residence or residence of relative or caregiver 20 = residential care community (non-specific) 21 = licensed residential care community 22 = non-licensed residential care community 30 = nursing home (non-specific) 31 = licensed nursing home 32 = non-licensed nursing home 40 = other |
| Clt23   | Substitute<br>decision makers<br>at start | The authorizations that are in effect related to health, personal, or financial decision making for the client at the start of the investigation.  Multiple substitute decision maker code values can be submitted for the client. | No       | Multiple    | Enumeration (code)    | 10 = health care proxy in effect 20 = financial proxy in effect 30 = guardianship or conservatorship (nonspecific) 31 = guardianship or conservatorship of person 32 = guardianship or conservatorship of property 40 = representative payee 50 = none  |
| Clt24   | Substitute<br>decision makers<br>at close | The authorizations that are in effect related to health, personal, or financial decision making for the client at time of case closure. Multiple substitute decision maker code values can be submitted for the client.            | No       | Multiple    | Enumeration<br>(code) | 10 = health care proxy in effect 20 = financial proxy in effect 30 = guardianship or conservatorship (nonspecific) 31 = guardianship or conservatorship of person 32 = guardianship or conservatorship of property 40 = representative payee 50 = none  |

| Element<br>No. | Element Name      | Element Description   | Required | Cardinality | Type/Format        | Code Values  |
|----------------|-------------------|---|----------|-------------|--------------------|--|
| Clt25          | Services at start | The services known to the agency that the client was already receiving at the start of the investigation. Multiple service code values can be submitted for the client. | No       | Multiple    | Enumeration (code) | 1 = care/case management services 2 = caregiver support services 3 = community day services 4 = education, employment, and training services 5 = emergency assistance and material aid services 6 = financial planning services 7 = housing and relocation services 8 = in-home assistance services 9 = legal services 10 = medical and dental services 11 = medical rehabilitation services 12 = mental health services 13 = nutrition 14 = public assistance benefits 15 = substance use services 16 = transportation 17 = victim services 18 = other services 19 = none |

| Element<br>No. | Element Name | Element Description   | Required | Cardinality | Type/Format        | Code Values  |
|----------------|--------------|---|----------|-------------|--------------------|--|
| Clt26          | Services APS | The services that the agency provided on behalf of the client during the investigation or while the agency kept an open case. Multiple service code values can be submitted for the client. | No       | Multiple    | Enumeration (code) | 1 = care/case management services 2 = caregiver support services 3 = community day services 4 = education, employment, and training services 5 = emergency assistance and material aid services 6 = financial planning services 7 = housing and relocation services 8 = in-home assistance services 9 = legal services 10 = medical and dental services 11 = medical rehabilitation services 12 = mental health services 13 = nutrition 14 = public assistance benefits 15 = substance use services 16 = transportation 17 = victim services 18 = other services 19 = none |

| Element<br>No. | Element Name      | Element Description  | Required | Cardinality | Type/Format        | Code Values  |
|----------------|-------------------|--|----------|-------------|--------------------|--|
| Clt27          | Services referred | The services for which the agency referred the client.  Multiple services code values can be submitted for the client. | No       | Multiple    | Enumeration (code) | 1 = care/case management services 2 = caregiver support services 3 = community day services 4 = education, employment, and training services 5 = emergency assistance and material aid services 6 = financial planning services 7 = housing and relocation services 8 = in-home assistance services 9 = legal services 10 = medical and dental services 11 = medical rehabilitation services 12 = mental health services 13 = nutrition 14 = public assistance benefits 15 = substance use services 16 = transportation 17 = victim services 18 = other services 19 = none |

| Element<br>No. | Element Name                | Element Description  | Required | Cardinality | Type/Format        | Code Values  |
|----------------|-----------------------------|--|----------|-------------|--------------------|--|
| Clt28          | Services at close           | The services known to the agency that the client was receiving at the time of case closure. Multiple services code values can be submitted for the client. | No       | Multiple    | Enumeration (code) | 1 = care/case management services 2 = caregiver support services 3 = community day services 4 = education, employment, and training services 5 = emergency assistance and material aid services 6 = financial planning services 7 = housing and relocation services 8 = in-home assistance services 9 = legal services 10 = medical and dental services 11 = medical rehabilitation services 12 = mental health services 13 = nutrition 14 = public assistance benefits 15 = substance use services 16 = transportation 17 = victim services 18 = other services 19 = none |
| Clt29          | Interagency<br>coordination | The agencies to which the client was referred. Multiple interagency coordination code values can be submitted for the client.                              | No       | Multiple    | Enumeration (code) | 1 = law enforcement or prosecutorial offices 2 = Protection and Advocacy or Client Advocacy Program (CAP) 3 = state licensing agency 4 = State Medicaid Fraud Control Unit (MFCU) 5 = Long Term Care Ombudsman Program 6 = other 7 = none  |
| Clt30          | Previous report             | The indication that the agency has information that the client was the subject of a previous report.   | No       | Single      | Enumeration (code) | 1 = yes<br>2 = no  |

#### **Table 3–Maltreatment Allegation Entity**

Each client may have multiple maltreatment allegation entities within a specific investigation but only one of a particular maltreatment type. Each maltreatment allegation entity is associated with only one client. Each maltreatment allegation entity must be composed of a maltreatment type and maltreatment disposition.

| Element | Element Name             | Element Description                              | Required | Cardinality            | Type/Format           | Code Values   |
|---------|--------------------------|--|----------|------------------------|-----------------------|---|
| No.     |                          |  |          |                        |                       |   |
| Mal1    | Maltreatment type        | The alleged maltreatments that are investigated. | Yes      | Single (per<br>entity) | Enumeration<br>(code) | 10 = abandonment 20 = emotional abuse 30 = exploitation (non- specific) 31= financial exploitation 32= other exploitation 40 = neglect 50 = physical abuse 60 = sexual abuse 70 = suspicious death 80 = self-neglect 90 = other |
| Mal2    | Maltreatment disposition | The disposition of each alleged maltreatment.    | Yes      | Single (per entity)    | Enumeration (code)    | 1 = substantiated 2 = inconclusive 3 = unsubstantiated 4 = other  |

### **Table 4–Perpetrator Entity**

Each investigation may have zero, one, or more than one perpetrator. A perpetrator must be associated with at least one substantiated maltreatment investigation that is associated with a specific client within the investigation. A perpetrator may be associated with more than one investigation but a separate perpetrator entity is required for each of the associated investigations.

| Element | Element Name   | Element Description   | Required | Cardinality | Type/Format | Code Values    |
|---------|----------------|---|----------|-------------|-------------|----------------|
| No.     |                |   |          |             |             |                |
| Per1    | Perpetrator ID | The unique identifier used by the state for the person who is found to be responsible for substantiated maltreatment(s). The identifier is assigned to a specific perpetrator and is used to identify the same perpetrator across investigations and reporting periods. The Perpetrator ID is encrypted by the state for purposes of data submission. | Yes      | Single      | Encoded ID  | Not applicable |

| Element<br>No. | Element Name    | Element Description  | Required | Cardinality | Type/Format           | Code Values  |
|----------------|-----------------|--|----------|-------------|-----------------------|--|
| Per2           | Age             | The age of the perpetrator in years (at investigation start date).   | No       | Single      | Enumeration (code)    | 17 = 17 and younger<br>18,1974 = actual age<br>75 = 75 through 84<br>85 = 85 and older   |
| Per3           | Gender identity | The actual or perceived gender-related characteristics of the perpetrator.   | No       | Single      | Enumeration (code)    | 1 = male<br>2 = female<br>3 = transgender  |
| Per4           | Race            | The population(s) or group(s) that the perpetrator identifies as being a member. A perpetrator may have more than one race (multi-racial). For example, if a perpetrator is Asian and White, the perpetrator should be reported with both race values. If specific races cannot be identified for a multiracial perpetrator, the perpetrator is reported as "Other". | No       | Multiple    | Enumeration (code)    | 10 = American Indian or Alaska Native 20 = Asian (non-specific) 21 = Asian Indian 22 = Chinese 23 = Filipino 24 = Japanese 25 = Korean 26 = Vietnamese 27 = Other Asian 30 = Black or African American 40 = Native Hawaiian or Other Pacific Islander (non-specific) 41 = Native Hawaiian 42 = Guamanian or Chamorro 43 = Samoan 44 = other Pacific Islander 50 = White 60 = Other |
| Per5           | Ethnicity       | The affiliation of the perpetrator as Hispanic or Latino/a or non-Hispanic or Latino/a. Multiple ethnicity code values can be submitted for the perpetrator.   | No       | Multiple    | Enumeration<br>(code) | 10 = yes, Hispanic or Latino/a, or Spanish origin (non-specific) 11 = Mexican, Mexican American, Chicano/a 12 = Puerto Rican 13 = Cuban 14 = other Hispanic, Latino/a, or Spanish origin 20 = no, not Hispanic or Latino/a, or Spanish origin  |

| Element     | Element Name                                    | Element Description  | Required | Cardinality | Type/Format        | Code Values   |
|-------------|---|--|----------|-------------|--------------------|---|
| No.<br>Per6 | Disabilities                                    | The perpetrator's physical, emotional, and mental health issues that result in limitation in activities and restrictions to                              | No       | Multiple    | Enumeration (code) | 1 = ambulatory difficulty 2 = cognitive difficulty 3 = communication difficulty   |
|             |   | fully participate at school,<br>work, or in the community.<br>Multiple disability code values<br>can be submitted for the<br>perpetrator.                |          |             |                    | 4 = hearing difficulty 5 = independent living difficulty 6 = self-care difficulty 7 = vision difficulty 8 = other 9 = none  |
| Per7        | Behavioral health<br>screenings or<br>diagnoses | The results of assessments on the perpetrator, conducted by the APS agency. Multiple behavioral health code values can be submitted for the perpetrator. | No       | Multiple    | Enumeration (code) | 1 = alcohol use disorder 2 = anxiety 3 = bipolar disorder 4 = dementia 5 = depression 6 = schizophrenia and other psychotic disorders 7 = substance use disorder 8 = traumatic brain injury 9 = other 10 = none |

# **Table 5–Client Perpetrator Relationship Entity**

Each client and perpetrator can have a designated relationship if data on one or more of the entity attributes is provided. A client and perpetrator have only one relationship entity within an investigation.

| Element<br>No. | Element Name          | Element Description  | Required | Cardinality | Type/Format        | Code Values       |
|----------------|-----------------------|--|----------|-------------|--------------------|-------------------|
| CPR1           | Cohabitation at       | The indication if the  | No       | Single      | Enumeration        | 1 = yes           |
|                | start                 | perpetrator and client are cohabitating at the start of the investigation.                 |          | 3           | (code)             | 2 = no            |
| CPR2           | Cohabitation at close | The indication if the perpetrator and client are cohabitating at the time of case closure. | No       | Single      | Enumeration (code) | 1 = yes<br>2 = no |

| Element<br>No. | Element Name                           | Element Description  | Required | Cardinality | Type/Format        | Code Values  |
|----------------|--|--|----------|-------------|--------------------|--|
| CPR3           | Kinship<br>relationship                | The indication if the perpetrator is related to the client by affinity (blood, adoption, marriage, etc.).        | No       | Single      | Enumeration (code) | 10 = yes (non-specific) 11 = spouse 12 = domestic partner, including civil union 13 = parent 14 = child 15 = sibling 16 = grandparent 17 = grandchild 18 = other relative 20 = none  |
| CPR4           | Perpetrator<br>association at<br>start | The indication if the perpetrator has a caregiving relationship to the client at the start of the investigation. | No       | Single      | Enumeration (code) | 10 = nursing home staff 20 = residential care community staff 30 = relative caregiver (non-specific) 31 = paid relative caregiver 32 = unpaid relative caregiver 40 = nonrelative caregiver (non-specific) 41 = paid nonrelative caregiver 42 = unpaid nonrelative caregiver 50 = other relationship 60 = none |
| CPR5           | Perpetrator<br>association at<br>close | The indication whether the perpetrator has a caregiving relationship to the client at time of case closure.      | No       | Single      | Enumeration (code) | 10 = nursing home staff 20 = residential care community staff 30 = relative caregiver (non-specific) 31 = paid relative caregiver 32 = unpaid relative caregiver 40 = nonrelative caregiver (non-specific) 41 = paid nonrelative caregiver 42 = unpaid nonrelative caregiver 50 = other relationship 60 = none |

| Element     | Element Name  | Element Description   | Required | Cardinality | Type/Format        | Code Values  |
|-------------|---|---|----------|-------------|--------------------|--|
| No.<br>CPR6 | Perpetrator<br>substitute<br>decision maker<br>at start | Authorizations that the perpetrator has in relation to the client, and that are in effect, related to health, personal or financial decision making at the start of the investigation. Multiple substitute decision maker code values can be submitted for the client perpetrator relationship. | No       | Multiple    | Enumeration (code) | 10 = health care proxy in effect 20 = financial proxy in effect 30 = guardianship or conservatorship (nonspecific) 31 = guardianship or conservatorship of person 32 = guardianship or conservatorship of property 40 = representative payee 50 = none |
| CPR7        | Perpetrator<br>substitute<br>decision maker<br>at close | Authorizations that the perpetrator has in relation to the client, and that are in effect, related to health, personal or financial decision making at the time of case closure. Multiple substitute decision maker code values can be submitted for the client perpetrator relationship.       | No       | Multiple    | Enumeration (code) | 10 = health care proxy in effect 20 = financial proxy in effect 30 = guardianship or conservatorship (nonspecific) 31 = guardianship or conservatorship of person 32 = guardianship or conservatorship of property 40 = representative payee 50 = none |
| CPR8        | Perpetrator legal remedy recommendation                 | The legal remedies that were recommended or sought by the APS agency regarding the status of the perpetrator.  Multiple legal remedy recommendation code values can be submitted for the client perpetrator relationship.   | No       | Multiple    | Enumeration (code) | 1 = removal of guardianship rights 2 = restraining order on perpetrator regarding the client 3 = eviction of perpetrator 4 = restitution by perpetrator 5 = other legal remedy 6 = none  |