National Ombudsman Reporting System (NORS) Table 3: State Program Information

OMB Control Number 0985-0005 Expiration Date: 10/31/2024

State Program Data Elements

States will submit a wide range of elements describing their statewide Ombudsman program grouped into a range of categories. Each of these sets of elements is presented in the subsections below.

Part A-Complaint Example

States will submit complaint example data that provide narrative description and disposition information regarding two to three closed complaints during the reporting period.

| Composite Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|---------------------------|---|------------|---|---|---|
| Complaint Example | Provides information regarding two to three complaints during the reporting period. | Multiple | Composite data element subsuming element numbers S01-S06 | Not Applicable (NA) (not a coded element) | Selection of complaint examples is at the State Ombudsman's discretion. |

Elements included for each case example:

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|----------------|------------------------|--|------------------------------------|--------------|-----------------------------------|---|
| S-01 | Facility or Setting | Type of Facility or setting for the complaint. | Single per complaint example | Alphanumeric | See Table 1, CA-04 | Select one example from a nursing facility, and one from a residential care community facility. A third example is optional. |
| S-02 | Description | Narrative of the problem. | Single per complaint example | Alphanumeric | NA (not a coded element) | Maximum length of 3,400 characters (about 500 words). |
| S-03 | Complaint code | See Table 1, CD 03 for complaint definition. | Single per complaint example | Alphanumeric | See Table 1, CD 04 and Table 2 | Select the complaint code associated with each complaint example. |

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|----------------|-----------------|--|------------------------------------|------------------------|-----------------------------|--|
| S-04 | Verification | See Table 1, CD 06 for verified definition. | Single per complaint example | Numeric | See Table 1, CD 07. | Select the verification code associated with each complaint example. |
| S-05 | Disposition | See Table 1, CD 07 for definitions of: Partially or fully resolved; Withdrawn; or No action needed. | Single per complaint example | Numeric | See Table 1, CD 08. | Select the disposition code associated with each complaint example. |
| S-06 | Description | Narrative of the resolution. | Single per complaint example | Alphanumeric string | NA (not a coded element) | Maximum length of 3,400 characters (about 500 words). |

Part B: Systems Issues Data Elements

Describe up to three priority long-term care, services or supports issues identified by the Ombudsman and the leadership and advocacy activities the Office employed to address these priority issues.

| Composite Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|---------------------------|---|----------------------|--|--------------------------------|---|
| Systems Issue | Provides information on priority long-term care systemic issues the program identified and addressed during the reporting period. | Multiple (1 to 3) | Composite data including element numbers S-07 to S-13 | NA (not a coded element) | Describe at least two and up to three priority long-term care systems issues identified by the Ombudsman. Describe the leadership and advocacy activities the Office used to address these systems issues. |

Elements included for each systems issue:

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|---------------|-------------------------------------|-----------------------|---|--|--------------------------------|
| S-07 | Systems Issue | Provides information on | Single per systems | Alphanumeric code | A- Abuse, Gross Neglect, Exploitation | |
| | | priority long-term care issues the | issue | | B-Access to Information | |
| | | program identified and addressed | | C-Admission, Transfer, Discharge, Eviction | | |
| | | during the reporting period. | | | D-Autonomy, Choice, Rights | |
| | | | | | E-Financial, Property | |
| | | | | | F-Care | |
| | | | | | G-Activities, Community Integration and Social Services | |
| | | | | | H- Dietary | |
| | | | | | I-Environment | |
| | | | | | J-Facility Policies, Procedures and Practices | |
| | | | | | K-Complaints about an Outside Agency (non-facility) | |
| | | | | | L-System: Others (non-facility) | |
| | | | | | O-Other issue not identified in A-L | |

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|---|---|--------------------------------|------------------------|--|--|
| S-07.1 | Systems issue not associated with codes A-L | Provides information on a priority long-term care issue the program identified and addressed during the reporting period not associated with categories A- L. | Single per systems issue | | NA | Provide a brief description of the issue not associated with codes A-L (500 characters.) |
| S-08 | Problem description | Description of the issue or problem. | Single per System Issue | Alphanumeric String | NA (not a coded element) | Maximum length of 3,400 characters (about 500 words). |
| S-09 | Barriers description | Description of the barriers for the issue. | Single per System Issue | Alphanumeric String | NA (not a coded element) | Maximum length of 3,400 characters (about 500 words). |
| S-10 | Status | Status of the issue. | Single per System Issue | Numeric Code | 01-Newly identified in this reporting year and not fully resolved. | Use code 02, if the Office is still working to resolve this issue. |
| | | | | | 02-Ongoing issue from last fiscal year. | |
| | | | | | 03-Fully or Partially Resolved including issues that are newly reported or an ongoing issue from last year. | |

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|--------------|--------------------------------|------------|-----------------------------|---|---|
| S-11 | Setting | Setting affected by the issue. | Multiple | List of Numeric Codes | 01- Nursing Facility 02-Residential Care Community 03-Not specific to a setting | Select codes for every facility or setting type that is associated with this systems issue. Examples of systems issues not specific to a setting may include: legislative budget; emergency preparation and response; advance care planning that is not facility specific; guardianship; etc. |

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|---|--|------------|-----------------------------|--|--|
| S-12 | Resolution Strategies | Strategies applied to resolve the | Multiple | List of Numeric Codes | 01-Provided information to public or private agency | A systems issue may have multiple Resolution Strategy |
| | | reported systems issues. | | Alphanumeric String | 02-Provided Information to legislator or legislative staff 03-Recommended changes to | codes. Use 03 for providing written or oral testimony to a legislative |
| | | | | | laws, regulations, policies or actions through written or oral testimony. | committee or providing testimony at a public hearing or during a comment period. |
| | | | | | 04-Provided leadership or participated on a task force | For 04, a task force includes |
| | | | | | 05-Provided information to the media. | a state or local committee. |
| | | | | | 06-Provided educational forums; facilitated public comment on laws, regulations, policies or actions | Use 05 for interviews with media, editorial opinions, press releases, press conferences, etc. |
| | | | | | 07-Developed and disseminated information. | Use 07 for reports or issue |
| | | | | | 08-Legal action where an Ombudsman program initiates legal action | briefs, social media, newsletters, and other educational material. |
| | | | | | 09- Engaged in LTC facility corporate wide strategy including providing information or recommendations to corporate leadership | |
| S-12.1 | Other resolution strategy description | Strategy employed but not included in codes 01-09. | | | 99-Other | Provide a brief description of the strategy (500 characters). |

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|---------------------------|---|-------------------------------|-----------------------------|--------------------------|---|
| S-13 | Resolution description | Narrative description of resolution strategies used during fiscal year. | Single per System Issue | Alpha- numeric String | NA (not a coded element) | Maximum length of 3,400 characters (about 500 words). Include any policy, regulatory, legislative or other outcomes that were achieved. |

| Part C: | Organization | Structure | Data Elements |
|---------|-----------------|-----------|----------------------|
| | e Bannea the th | | |

| Element Number | Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting tips |
|-------------------|--------------------------|--|------------|--------------|--|--|
| S-14 | Organizational structure | Organizational location of Office | Single | Numeric Code | 01-State Unit on Aging | Use the location as of last day of federal fiscal year (September 30.) |
| | | of the State Long-Term Care Ombudsman. | | | 02-Inside state government | 01-State Unit on Aging, means the agency designated under section |
| | | Unbudsman. | | | 03-Stand-alone agency inside state government 04-Within a private, non-profit agency 05-Stand-alone private, non-profit agency. | 305(a)(1) of the OAA 02-Inside state government, not in State Unit on Aging, such as Housing Department, Commerce, Treasury, etc. 03-Inside state government, in a stand- alone agency where the only program is the Office of Long-Term Care Ombudsman. 04-Outside state government within a private, non-profit agency with 501(c)(3) status 05-Outside state government in a stand-alone private, non-profit agency with 501(c)(3) status where the only program is the Long-Term Care Ombudsman Program. |
| | | | | | | |

Local Ombudsman Entity Data Elements

For states choosing to operate a decentralized model using local Ombudsman entities, specify the type of agency and the number of local Ombudsman entities located in each type.

| Composite Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-----------------------------|---|------------|--|-----------------------------|---|
| Organizational structure | Organizational location of local Ombudsman entities. | Multiple | Composite data element including element numbers S15, S16 | NA (not a coded element) | A local ombudsman entity is an entity designated under section 712(a)(5)(A) to carry out the duties described in section 712(a)(5)(B) with respect to a planning and service area or other sub-state area. |

Elements included for each Local Ombudsman Entity:

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|---|--|--|---|--|---|
| S-15 | Organizational location of local Ombudsman entities | Identifies the agency in which a local Ombudsman entity is located. | One per local Ombuds- man entity group | Numeric Code Alphanumeric String | 01-Area agency on aging (AAA) 02-Non-profit agency, with 501(c)(3) status 03-Legal services provider 04-Stand-alone non-profit agency 98-There are no local Ombudsman entities 99-Other | Use 01 for an entity located in an area agency on aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an area agency on aging under section 305(b)(5) of the OAA. Use 02 for an entity located within a private, non-profit with 501(c)(3) status, other than AAA Use 03 for an entity located in a Legal services provider Use 04 for a stand-alone private, non-profit agency with 501(c)(3) status, where the only program is |

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|---------------------------|---|---|---------|--------------------------|---|
| | | | | | | the local Ombudsman entity. |
| S-15.1 | Description of other type | Entity description not identified in 01-04. | | | | Provide a brief description (500 characters) of the type of agency or organization in which the local ombudsman entity is located. |
| S-16 | Number of Entities | Number of local Ombudsman entities for the location. | One per local Ombudsma n entity group | Numeric | NA (not a coded element) | For the location specified (S15), provide the associated number of local Ombudsman entities as of last day of federal fiscal year (September 30.) |

Part D: Staff and Volunteer Data Elements

This is a total count of all staff and volunteers. Staff count includes those who work full-time and part-time for the Ombudsman program as of the last day of the fiscal year (September 30.) Each staff person who works full-time on the program is counted as one full-time equivalent (FTE.) If, however, an employee works only part-time, the FTE for that employee would reflect the percent of time dedicated to the Ombudsman program up to two decimal places – .25, .50, .75, for example. Each program can determine what constitutes full time, i.e. 40 hours per week, 37.5 hours, etc. All counts are as of September 30.

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|---|---|------------|---------|--------------------------|---|
| S-17 | Staff in Office of State LTCO | Total number of Office of State Ombudsman employees. | Single | Numeric | NA (not a coded element) | The number of employees (both full-time and part-time) of the Office of the State Ombudsman who are representatives of the Office, trained to investigate and resolve complaints and perform other functions of the State Long- Term Care Ombudsman Program. Whole number |
| S-18 | Full-time equivalent in Office of state LTCO | Total number of FTE's of the Office of state LTCO. | Single | Numeric | NA (not a coded element) | FTEs are calculated by converting the weekly work hours of employees into a ratio. For example, a person who works full- time and 100% of the time with the Ombudsman Program counts as 1 FTE. A person who works full-time, but only 50% of the time with the Ombudsman Program counts as .5 FTE, and similarly, a person who works 10 hours a week and 100% of the time with the Ombudsman Program counts as .25 FTE. |
| | | | | | | May not be a whole number. For example: 2.5, 5.75,etc.is acceptable |
| | | | | | | Do not include overtime or holiday hours. |

| State level volunteer representatives | Total number of state level volunteers | Single | | | |
|---|---|--|--|--|---|
| | designated as representatives of the Office. | | Numeric | NA (not a coded element) | Report the number of volunteers who serve in the capacity as representatives of the Office, trained to investigate and resolve complaints and perform other functions of the State Long-Term Care Ombudsman Program as described in 45 CFR 1324.19. It must be a whole number |
| Hours donated by state level volunteer representatives | Total number of volunteer hours donated by volunteer representatives of the Office. | Single | Numeric | N/A (not a coded element) | Report hours for those volunteers who report directly to the state Office. Includes all time donated, such as, training, travel, phone calls and documentation. |
| | | | | | May not be a whole number. For example: 52.5, 60.75, etc. is acceptable. |
| Other state level volunteers | Total number of other type of volunteers who are not representatives of the Office. | Single | Numeric | N/A (not a coded element) | Examples of other volunteers may include: volunteers who serve on a program advisory or governing board; assist with fund raising; provide other in-kind services such as accounting or strategic planning, etc. |
| | presentatives ther state level | presentatives representatives of the Office. office Office. ther state level olunteers Total number of other type of volunteers who are not representatives of the | presentatives representatives of the Office. office Office. ther state level olunteers Total number of other type of volunteers who are not representatives of the | presentatives representatives of the Office. office Office. ther state level olunteers Total number of other type of volunteers who are not representatives of the | presentatives representatives of the Office. office. Office. ther state level olunteers Total number of other type of volunteers who are not representatives of the Single Numeric N/A (not a coded element) |

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|--|--|------------|---------|--------------------------|---|
| S-22 | Staff in local Ombudsman entity | Total number of local Ombudsman entity employees designated as representatives of the Office. | Single | Numeric | NA (not a coded element) | The number of employees (both full-time and part-time) of local ombudsman entities who are representatives of the Office, trained to investigate and resolve complaints and perform other functions of the State Long-Term Care Ombudsman Program as described in 45 CFR 1324.19. If no staff select – "no staff" or enter zero. |
| S-23 | Full-time equivalent in local Ombudsman entity | Total number of FTE's at the local Ombudsman entity. | Single | Numeric | NA (not a coded element) | It must be a whole number FTEs are calculated by converting the weekly work hours of employees into a ratio. For example, a person who works full- time and 100% of the time with the Ombudsman Program counts as 1 FTE. A person who works full-time, but only 50% of the time with the Ombudsman Program counts as .5 FTE, and similarly, a person who works 10 hours a week and 100% of the time with the Ombudsman Program counts as .25 FTE. May not be a whole number. For example: 2.5, 5.75, etc.is acceptable. |

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|--|---|------------|---------|--------------------------|---|
| S-24 | Local level volunteer representatives of the Office | Total number of local level volunteers designated as representatives of the Office. | Single | Numeric | NA (not a coded element) | Report the number of volunteers who serve in the capacity as representatives of the Office, trained to investigate and resolve complaints and perform other functions of the State Long-Term Care Ombudsman Program as described in 45 CFR 1324.19. It must be a whole number |
| S-25 | Hours donated by local volunteer representatives | Total number of volunteer hours donated by designated volunteer representatives of the Office. | Single | Numeric | NA (not a coded element) | Report hours for those volunteers who report directly to the local Ombudsman entity. Includes all time donated, such as, training, travel, phone calls and documentation. May not be a whole number For example: 42.5, 65.75, etc. is acceptable. |
| S-26 | Other local volunteers | Total number of other volunteers who are not representatives of the Office. | Single | Numeric | NA (not a coded element) | Examples of other volunteers may include: volunteers who serve on a program advisory or governing board; assist with fund raising; provide other in-kind services such as accounting or strategic planning, etc. This must be a whole number. |

Part E: Conflict of Interest Data Elements

| Composite Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|------------------------------|---|------------|--|-----------------------------|---|
| Conflict of Interest | Organizational conflicts of interest include, but are not limited to, placement of the Office, or local entity, or requiring that an Ombudsman or representative of the Office perform conflicting activities, in an organization that provides services and supports as described in codes and values 01-15 and 99 (other conflict that may impact the effectiveness and credibility of the work of the program.) | Multiple | Composite data element subsuming element numbers S- 27, S-28 and S-29 | NA (not a coded element) | If the same conflicts exist among several entities and the same remedy was used to address the conflicts then describe the remedy and type of entity once. For example: State Ombudsman program X has 15 local Ombudsman entities that are housed at Area Agencies on Aging that provide Medicaid assessment and case management on behalf of the State Medicaid agency. The Ombudsman can describe the steps and remedy one time and indicate that it applies to all 15 AAA's. |

Elements included for each conflict of interest:

| Element Number | Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|------------------------------------|--|---------------------------------------|---|---|--|
| S-27 | Conflict of Interest Type | Type of conflict that exists as described in 45 CFR 1324.21(a). | Single per Conflict of Interest | Numeric Code Alphanu meric String | 01-Licenses, surveys or Certifies LTC facilities 02-Licenses, surveys or certifies LTC services 03- An association (or an affiliate) of LTC facilities 04-Has ownership, investment interest, receives grants or donations from LTC facility 05-Has governing board, ownership, investment or employment interest in LTC facility 06-Provides LTC to residents 07-Provides LTC coordination or case management for residents 08-Provides LTC services, including Medicaid/waivers 09-Sets reimbursement rates for LTC facilities 10-Sets reimbursement rates for LTC services 11-Provides adult protective services 12-Responsible for eligibility determinations for Medicaid or public benefits 13-Conducts preadmission screening 14-Makes decisions on admissions or discharges 15-Provides guardianship, fiduciary, or surrogate decision making services 98-None 99-Other | If 98 (None) is specified, no other Conflict of Interest data should be specified. Indicate which, if any conflicts of interest were identified; the organizational location of the conflict and a narrative description of the remedy. |

| Element Number | Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|--|---|---------------------------------------|----------------------------|--|--|
| S-27.1 | Other | Narrative of other type of conflict not identified in items 1-15. | | | | Provide a description of the conflict (500 characters). |
| S-28 | Conflict of Interest Location | Organization- al location of the conflict of interest. | Single per Conflict of Interest | Numeric Code | 01-State 02-Local 03- Both State and Local | |
| S-29 | Conflict of Interest Remedy | Description of remedy used to remove the conflict of interest. | Single per Conflict of Interest | Alphanu meric String | NA (not a coded element) | Maximum length of 3,400 characters (about 500 words). Provide a remedy description for each conflict of interest. |

Part F: Funds Expended Data Elements

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|--|---|------------|----------------------|-----------------------------|--|
| | Funds Expended | Expenditure means charges made by a non- | | | | Only include funds which were expended on Ombudsman program activities authorized under Section 712. |
| | | Federal entity to a project or program for which | | | | Do not include amounts which were budgeted or obligated but not expended. |
| | | a Federal award was received. | | | | Do not include "in-kind" resources. These are not "funds expended." |
| S-30 | Older Americans Act (OAA) - Title VII, Chapter 2 | Dollar amount expended from Older American's Act (OAA) Title VII, Chapter 2 (Ombudsman.) | Single | Numeric (decimal) | NA (not a coded element) | In dollars (\$) and cents. |
| S-31 | OAA -Title VII, Chapter 3 | Dollar amount expended OAA Title VII, Chapter 3 (Elder Abuse Prevention.) | Single | Numeric (decimal) | NA (not a coded element) | In dollars (\$) and cents. |
| S-32 | OAA Title III state level | Dollar amount expended OAA Title III – State level. | Single | Numeric (decimal) | NA (not a coded element) | In dollars (\$) and cents. |

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|---------------------------------------|---|------------|----------------------|---|---|
| S-33 | OAA Title III local level | Dollar amount of OAA Title III, funds expended to support the Ombudsman program at the local level. | Single | Numeric (decimal) | NA (not a coded element) | In dollars (\$) and cents. Report funds expended by a local Ombudsman entity. Report funds expended for purposes of providing local Ombudsman services (not by a local Ombudsman entity.) For example the state Office provides local services directly to a tri-county region of the state, the Tri-County AAA provides OAA Title III funds to the state Office for purposes of supporting Ombudsman services at the tri-county planning and service area. |
| S-34 | Other Federal | Total dollar amount expended from all other federal sources, not OAA. | Single | Numeric (decimal) | NA (not a coded element) | In dollars (\$) and cents. |
| S-35 | Identification of Other Federal | Indicate the types of federal sources not from the OAA. | Multiple | Numeric Code | 01-Medicaid Administrative Claiming | Identify all federal sources. |
| | Sources | | | | 02-Other Medicaid | |
| | | | | | 03-Social Services Block Grant or Community Services Block Grant | |
| | | | | | 04-Community Development Block Grant | |
| | | | | | 05-Senior Medicare Patrol | |
| | | | | | 06-Victims of Crime Act Funds | |

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|--|--|---------------------------------|-----------------------------------|--|--|
| S-35.1 | Other Federal Sources, Other Description | Other source not described in 01- 06. | Single, per other sources | | 99-Other federal sources of funds | Provide a brief description (up to 500 characters) of a federal funding source expended but not identified in codes 01-06. |
| S-36 | State funds | Total funds expended from state government sources or from grants, donations, etc. at the state level. | Single | Numeric (decimal) | NA (not a coded element) | In dollars (\$) and cents. |
| S-37 | Identification of other sources - | Specification of other state funds expended. | Multiple | Numeric Code;; Alphanumeric | 01-State general funds (appropriated by the legislature) | Select all sources that apply. |
| | state level | | | String | 02-State fee or tax | |
| | | | | | 03-Civil Monetary Penalties | |
| | | | | | 04-Private funds – foundation grants, etc. | |
| S-37.1 | Other state level sources | Other source not described in 01- 04. | Single, per other sources | | 99-Other state sources of funds (Text) | Provide a brief description (up to 500 characters) of a state funding source expended but not identified in codes 01-04. |
| S-38 | Local funds expended | Total funds expended by local programs | Single | Numeric (decimal) | NA (not a coded element) | In dollars (\$) and cents. |

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|---|---|------------|--|--|--|
| S-39 | Identification of funds expended at the local level | Total funds expended from local sources from grants, donations, etc. at the local level. | Multiple | Numeric Code; Alphanumeric String | 01-Local government 02-Private grants/funds 03-Other state funds expended at local (but not statewide) level 04-Other federal funding obtained at local (but not statewide) level | Select all sources that apply. |
| S-39.1 | Other local funds expended | Other source not described in 01- 04. | | | 99-Other (Text) | If 99 other is used, write a brief description (500 characters). |
| S-40 | All Funds Expended | Grand total dollars expended from all sources. | Single | Numeric (decimal) | NA (not a coded element) | In dollars (\$) and cents. |

Part G: Facility Data Elements

Report for both nursing facilities and residential care communities, in the appropriate section, the number of facilities which were licensed, (or registered, listed, certified, or otherwise regulated) by a state during the reporting period and the resident capacity (number of beds) of those facilities.

| Element Number | Data Element | Element Definition | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|---|--|------------|----------|-----------------------------|--|
| S-41 | Number of nursing facilities | Total number of nursing facilities within the state. | Single | Numeric) | NA (not a coded element) | Count on last day of federal fiscal year. It must be a whole number. |
| S-42 | Total nursing facility resident capacity | Number of beds for which the facilities are licensed. | Single | Numeric | NA (not a coded element) | Count on last day of federal fiscal year. It must be a whole number. |
| S-43 | Number of residential care communities | Total number of residential care communities within the state. | Single | Numeric | NA (not a coded element) | Count on last day of federal fiscal year. It must be a whole number. |
| S-44 | Total residential care community resident capacity | Number of beds for which the facilities are licensed, certified or registered. | Single | Numeric | NA (not a coded element) | Count on last day of federal fiscal year. It must be a whole number. |

| Composite Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|--|---|------------|---|-----------------------------|--|
| Residential Care Community Type | Provide information regarding each type of Residential Care Community. | Multiple | Composite data element subsuming element numbers S45, S46, and S47 | NA (not a coded element) | Indicate the name of each type of Residential Care Community that is licensed, registered, listed, certified, or otherwise regulated by the state and the state's definition for each type. Include the total number of beds licensed, registered, listed or certified using this definition. Indicate the minimum and maximum number of beds permitted by the license or other regulatory designation for each type of facility. |

| Element Number | Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|--|--|--|------------------------|-----------------------------|--|
| S-45 | Residential care community name | License, registration or License, registration or certification name of the residential care community. | Single per Residential Care Community | Alphanumeric String | NA (not a coded element) | Reporting the number of unregulated or unlicensed Residential Care Communities is optional (not required.) If the state chooses to report, write "unregulated" as the Residential Care Community name (500 characters). |

| Element Number | Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|---|--|--|------------------------|-----------------------------|--|
| S-46 | Residential care community definition | State definition of a residential care community facility. | Single per Residential Care Community Type | Alphanumeric String | NA (not a coded element) | Provide a brief description of the state's definition of residential care community. Include a brief description of the unregulated Residential Care Community, if identified. Maximum length of 3,400 characters (about 500 words). |
| S-47 | Residential care community capacity range | Minimum number of beds permitted by the license or other regulatory designation. | Single per Residential Care Community Type | Alphanumeric String | NA (not a coded element) | If known, include the minimum capacity (minimum number of beds allowed by licensed type). If capacity is not known then select no minimum. If there is no maximum or no minimum select that option. |
| S-47.1 | Residential care community capacity range | Maximum number of beds permitted by the license or other regulatory designation. | Single per Residential Care Community Type | | | If known, include the maximum capacity (maximum number of beds allowed by license type). If capacity is not known then select no maximum. If there is no maximum or no minimum select that option. |

Part H: Ombudsman Program Activity Data Elements

| Element Number | Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|--|---|------------|---------|-----------------------------|--|
| S-48 | Certification training hours | Total hours of training required for an individual (paid or volunteer) to achieve certification which allows an individual to be eligible for designation as a representative of the Office of State LTC Ombudsman. | Single | Numeric | NA (not a coded element) | If a state has various levels of training based on volunteer or paid status, select the minimum number of training hours required to perform the duties as a representative of the Office. It must be a whole number. |
| S-49 | Continuing education | Annual number of hours of in-service training required for all representatives of the Office. | Single | Numeric | NA (not a coded element) | If a state has various levels of continuing education requirements based on volunteer or paid status, select the minimum number of continuing education hours required to maintain ability to perform the duties as a representative of the Office. |
| S-50 | Number of | Total number of | Single | Numeric | NA (not a coded | It must be a whole number. Report number of individuals who |
| | individuals completing certification training | individuals (paid or volunteer) completing certification training within the federal fiscal year. | | | element) | completed training even if they have not started fulfilling the duties of a representative of the Office. It must be a whole number. |

| Element Number | Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|--------------------------------------|---|------------|---------|--------------------------|--|
| S-51 | Training sessions: nursing | Number of sessions provided by representatives of the | Single | Numeric | NA (not a coded element) | Training may be in person, or web- based and typically includes an agenda and learning outcome(s). |
| | facility staff | Office to nursing facility staff. | | | | If the Ombudsman program is presenting to a large group that includes multiple types of facility staff, decide which staff type to select based on majority in attendance. If training is web- based, on-line or on-demand the Ombudsman program must have a way to count the number of individuals who completed a training session in order to report in NORS. |
| | | | | | | It must be a whole number |
| S-52 | Training sessions: residential | Number of sessions provided by representatives of the | Single | Numeric | NA (not a coded element) | Training may be in person, or web- based and typically includes an agenda and learning outcome(s). |
| | care community staff | Office to residential care community staff. | | | | If the Ombudsman program is presenting to a large group that includes multiple types of facility staff, decide which staff type to select based on majority in attendance. If training is web- based, on-line or on-demand the Ombudsman program must have a way to count the number of individuals who completed a training session in order to report in NORS. It must be a whole number. |
| | | | | | | |

| Element Number | Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|--|---|------------|---------|-----------------------------|--|
| | Information and Assistance | Providing information about issues impacting residents (e.g., resident rights, care issues, services) and/or providing assistance to access services without opening a case and working to resolve a complaint. | | | | Information and assistance may be provided through various means, including but not limited to telephone, by written correspondence such as e-mail, or in person. |
| S-53 | Information and assistance: nursing facility staff | Number of instances provided by representatives of the Office. | Single | Numeric | NA (not a coded element) | It must be a whole number. |
| S-54 | Information and assistance: residential care community staff | Number of instances provided by representatives of the Office. | Single | Numeric | NA (not a coded element) | It must be a whole number. |
| S-55 | Information and assistance to Individuals | Total number of information and assistance instances to individuals provided by representatives of the Office. | Single | Numeric | NA (not a coded element) | It must be a whole number. |

| Element Number | Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|---|--|------------|---------|-----------------------------|--|
| S-56 | Facilities visited: nursing facility | Total number of nursing facilities that received at least one visit by a representative of the Office during the reporting year, regardless of the purpose of the visit. | Single | Numeric | NA (not a coded element) | This is a count of the number of facilities that received a visit. For example 350 of the 350 nursing facilities in State A had at least one visit, regardless of purpose. It must be a whole number. |
| S-57 | Number of visits: nursing facility | Total number of nursing facility visits no matter the purpose of visit (complaint or non- complaint related) by representatives of the Office. | Single | Numeric | NA (not a coded element) | This is a count of the total number of visits; for example, there were 1500 visits made to the 350 nursing facilities in State A (both complaint and non-complaint.) It must be a whole number. |
| S-58 | Routine access: nursing facility | Total number of nursing facilities visited, not in response to a complaint, in all four quarters by representatives of the Office. | Single | Numeric | NA(not a coded element) | This count demonstrates routine access. For example, of the 350 nursing facilities in State A, 150 had a visit each quarter, not in response to a complaint. It must be a whole number. |

| Element Number | Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|--|---|------------|---------|-----------------------------|--|
| S-59 | Facilities visited: residential care community | Total number of residential care communities that received at least one visit by a representative of the Office during the reporting year, regardless of the purpose of the visit. | Single | Numeric | NA (not a coded element) | This is a count of the number of facilities that received at least one visit. For example 700 of the 2000 residential care communities in State B had at least one visit during the reporting year, regardless of purpose. It must be a whole number. |
| S-60 | Number of visits: residential care community | Total number of residential care community facility visits no matter the purpose of visit (complaint or non- complaint related) by representatives of the Office. | Single | Numeric | NA (not a coded element) | This is a count of the total number of visits; for example, there were 1400 visits made to the 700 residential care communities in State B (both complaint and non-complaint.) It must be a whole number. |
| S-61 | Routine access: residential care community | Total number of residential care community facilities visited, not in response to a complaint, in all four quarters by representatives of the Office. | Single | Numeric | NA (not a coded element) | This count demonstrates routine access. For example, of the 2000 residential care communities in State B, 200 had a visit each quarter, not in response to a complaint. It must be a whole number. |

| Element Number | Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|--|--|------------|---------|-----------------------------|---|
| S-62 | Facility survey participation: nursing facility | Total number of instances of survey activity by representatives of the Office. | Single | Numeric | NA (not a coded element) | Include participation in both standard surveys and complaint surveys. Survey participation includes but is not limited to pre-survey information to surveyors, sharing complaint summary reports, participation in exit conferences and informal dispute resolution. |
| | | | | | | It must be a whole number. |
| S-63 | Facility survey participation: residential care community | Total number of instances of survey activity by representatives of the Office. | Single | Numeric | NA (not a coded element) | Include participation in both standard surveys and complaint surveys, (or similar state surveys or inspections conducted in Residential Care Communities.) Survey participation includes but is not limited to pre- survey information to surveyors, sharing complaint summary reports, participation in exit conferences and informal dispute resolution. |
| | | | | | | It must be a whole number. |
| S-64 | Resident council participation: nursing facility | Total number of instances of attendance, at resident councils, including meeting with council leadership, and training of resident councils at nursing facilities by representatives of the Office. | Single | Numeric | NA (not a coded element) | Use S-55 to count technical support, consultations and providing resource information, for information and assistance that was not offered during a council meeting. It must be a whole number whole number. |

| Element Number | Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|---|--|------------|---------|-----------------------------|--|
| S-65 | Resident council participation: residential care community | Total number of instances of attendance, at resident councils, including meeting with council leadership, and training of resident councils at residential care community facilities by representatives of the Office. | Single | Numeric | NA(not a coded element) | Use S-55 to count technical support, consultations and providing resource information, for information and assistance that was not offered during a council meeting. It must be a whole number. |
| S-66 | Family council participation: nursing facilities | Total number of instances of attendance, at family councils, including meeting with council leadership, and training of family councils at nursing facilities by representatives of the Office. | Single | Numeric | NA (not a coded element) | Use S-55 to count technical support, consultations and providing resource information, for information and assistance that was not offered during a council meeting. It must be a whole number. |

| Element Number | Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|---|---|------------|---------|------------------------------|--|
| S-67 | Family council participation: residential care community | Total number of instances of attendance, at family councils, including meeting with council leadership, and training of family councils at residential care community facilities by representatives of the Office. | Single | Numeric | NA (not a coded element) | Use S-55 to count technical support, consultations and providing resource information, for information and assistance that was not offered during a council meeting. |
| S-68 | Community Education | Total number of instances of community education outreach sessions by Ombudsman program. | Single | Numeric | N/A (not a coded element) | Use for attendance at health fairs, community events, general presentations, etc. If education is web-based or on-line/on-demand the Ombudsman program must have a way to count the number of individuals who completed the session in order to report in NORS. Newsletters, blogs and other forms of media do not count as community education. It must be a whole number. |

| | ata ement | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|------------------------|-------------------|--|------------|-----------------------------|---|---|
| S-69 Sta loc cou | ate and cal level | Identifies the list of agencies/programs that have state or local level coordination activities led by the Ombudsman program. | Multiple | List of Numeric Codes | 01-Area agency on aging programs02-Aging and disability resource centers03-Adult protective services programs04-Protection and advocacy systems05-Facility and long- term care provider licensure and certification programs06-The State Medicaid fraud control unit07-Victim assistance programs08-State and local law enforcement agencies09-Courts of competent jurisdiction10-The State legal assistance developer and legal assistance programs | Report any leadership activities and/or state/local-level coordination, where the State Ombudsman provides state-level coordination, and support for appropriate local Ombudsman entity coordination, between the Ombudsman program and other entities with responsibilities relevant to the health, safety, well-being or rights of residents of long-term care facilities Select one or more agency or program. Optional narrative up to 5000 words. |

| Element Number | Data Element | Element Description | Quantifier | Туре | Codes and Values | Examples and Reporting Tips |
|-------------------|---|---|------------|------|------------------|---|
| S-69.1 | Other state and local activities. | Description of state and local level coordination organization not listed in 01-11. | | | 99- Other (text) | Provide a brief description of the organization (500 characters.) |