

National Adult Maltreatment Reporting System



NAMRS Case Component

Data Specifications

June 23, 2016

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 100 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.



I. Case Component Data Specifications

The Case Component includes information pertaining to each report that is screened in and investigated by the adult protective services (APS) agency. The Case Component data are extracted into the required Extensible Markup Language (XML) formatted file. The file is uploaded using the NAMRS website. The information is specific to the investigation, including the clients, maltreatments, and perpetrators associated with the specific investigation. A case is comprised of an investigation and any ancillary tasks that APS undertakes on behalf of the client. The Case Component collects data on APS cases that were closed during the reporting period. This component is designed to collect data on an annual basis. The reporting period is the Federal Fiscal Year (FFY), October 1st – September 30th.

The Case Component is comprised of six entities as shown in *Fig 1. Case Component Entity Relationship Diagram* and *Fig 2. Example of Case Component Entities Relationships*. Each entity is comprised of attributes. The six entities for the data submission are:

- Year/State—each FFY, reporting period, for which data are submitted by the APS agency
- Investigation—each investigation undertaken by APS with a case closure date during the reporting period
- Client—each person subject of an investigation and client may have multiple investigation in the reporting period
- Maltreatment Allegation—each maltreatment associated with each client, requires the attributes of maltreatment type and maltreatment disposition
- Perpetrator—each person determined to be responsible for one or more maltreatments with a disposition of substantiated
- Client-Perpetrator Relationship—the relationship between the client, who is the victim of a substantiated maltreatment, and the perpetrator, as explained by one or more of the eight possible attributes.

Fig 1. Case Component Entity Relationship Diagram

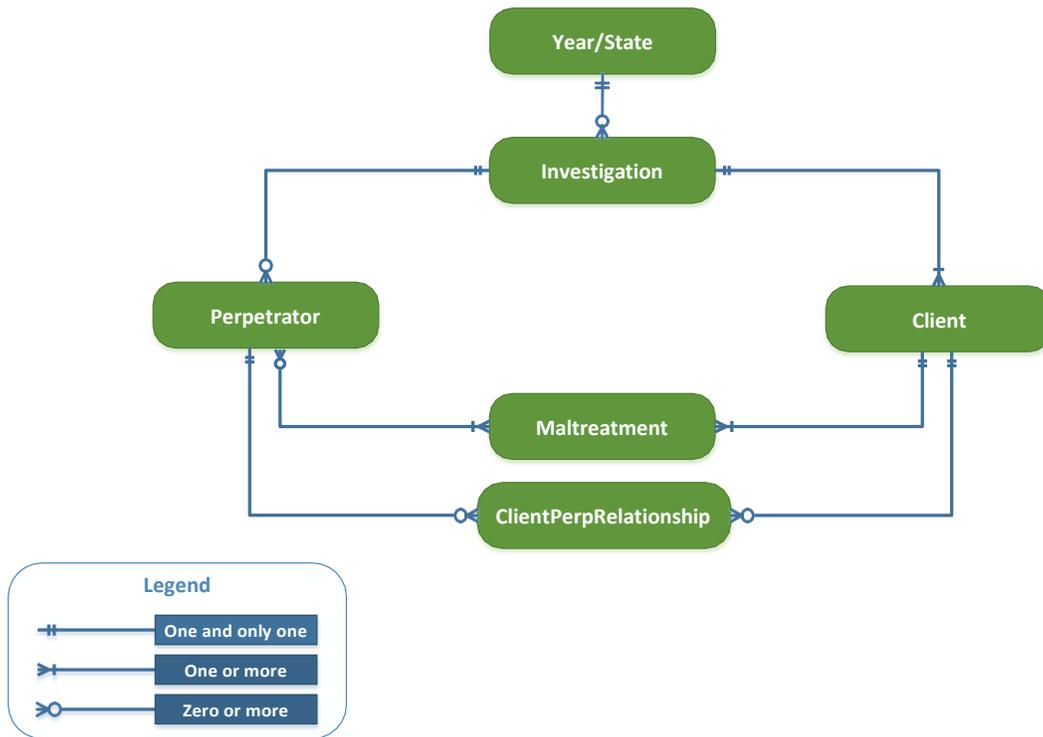
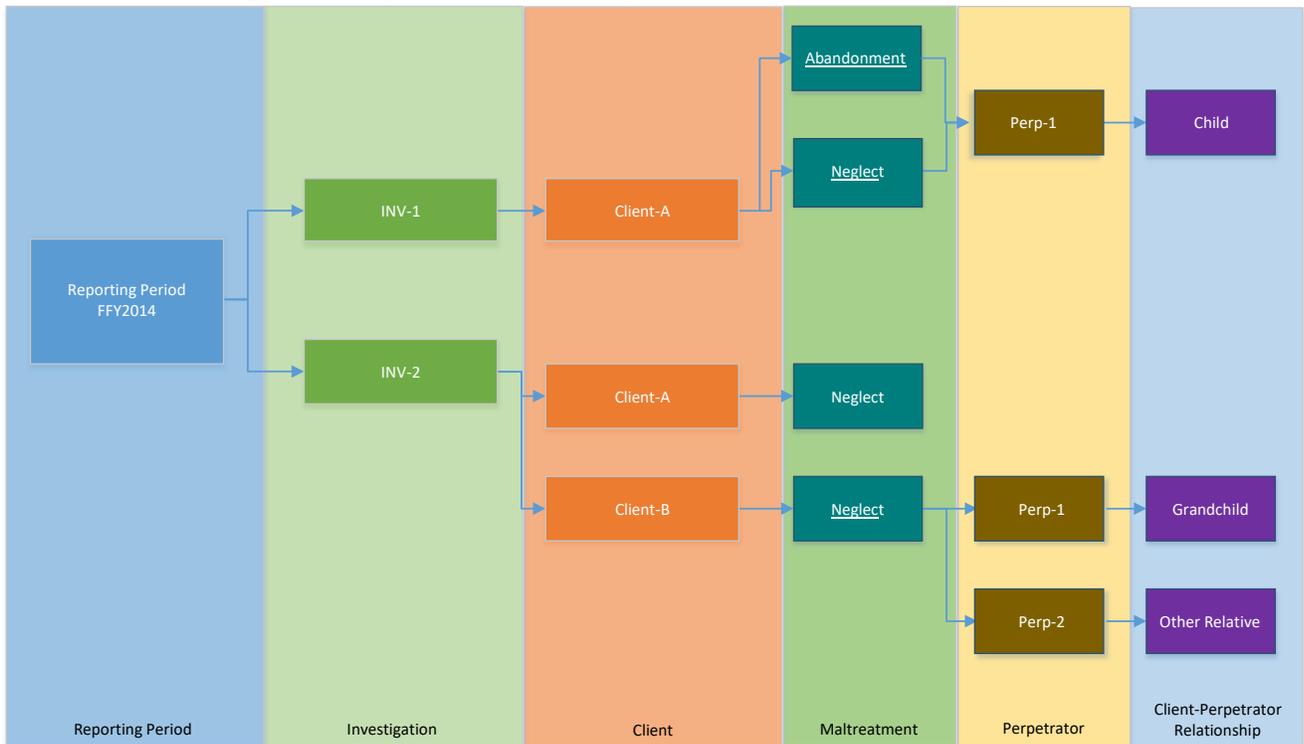


Fig 2. Example of Case Component Entities Relationships



On the following tables, the column “Cardinality” indicates if a data element can have multiple values. For example, a client may have received multiple types of benefits. An example of single cardinality is that there can be only one primary reason for case closure.

Some data elements have a tiered or nested structure of code values. For example, the data element race allows the client to be identified as Asian or as a specific Asian race. In such cases the specifications show the tiered structure by indenting the optional, more specific code values.

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

If the state collects specific Asian descent, then the code values of 21-27 can be submitted. If the client is Asian of Filipino and Japanese descent, submit codes 23 and 24. The code value 20=Asian (non-specific) should not be submitted since the specific Asian descent is known.

Some NAMRS Code Values include “none.” The “none” code value should be used to indicate that the information being asked for in the specific data element is known to be “none” vs. “unknown” or “not evaluated.” For example, the Behavioral Health Screenings or Diagnoses data element includes the code value 10=none. If the screening was conducted and the results indicated the client did not have any behavioral health issues, then submit 10=none. If, however, the screening was not conducted and it is not known if the client has any behavioral health issues, then the data element should be submitted as “unknown.” The code value of “none” cannot be used in conjunction with other codes values for the data element.

Definitions of specific data element values can be found in the NAMRS Definitions of Code Values.

Table 1–Investigation Entity

Each reporting period submission may have multiple investigations.

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values/ Instructions
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	See section, ID Hashing Guidelines, for ID encryption or de-identification.
Inv2	Report date	The month, day, and year the agency was notified of the suspected adult maltreatment.	No	Single	Date yyyy-mm-dd	This is the date that a report of suspected maltreatment was made. If an agency combines several reports into one investigation, the Report Date is the date of the earliest report. The determination of combining reports into one investigation is per each agency's policy and procedures.
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 investigation.	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

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values/Instructions
Inv4	State/county FIPS code of investigative agency	The Federal Information Processing Series for state (2 digits) and county code (3 digits) of the APS agency. <i>(Primary agency responsible for the determination of the investigation)</i>	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/geography/www/fips/fips.html The Investigative Agency number may be a regional office or a local office depending upon the state APS administrative structure.
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 yyyy-mm-dd	Each agency's policies and procedures define the date of an investigation. If an agency has both the date the investigation is assigned to an investigation worker and another date that is considered to be the start of the investigation, submit the date assigned to the worker.
Inv6	Investigation disposition date	The date that the agency completed dispositions on the allegations of maltreatment associated with the investigation.	No	Single	Date yyyy-mm-dd	Each agency's policies and procedures define this date. If maltreatment dispositions are associated with different dates, the Investigation Disposition Date should be the latest of these dates.
Inv7	Case closure date	The date that the agency completed all activities related to the investigation of the case.	Yes	Single	Date yyyy-mm-dd	Each agency's policies and procedures define the date of case closure. If the state data does not include the case closure date, the investigation disposition date may be used in this element.

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. The determination as to whether an investigation includes multiple clients is left to each agency’s policies and procedures.

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values/ Instructions
Cl1	Client ID	The unique identifier used by the state for each client. The identifier is assigned to a specific client and is used to identify the same client across investigations and reporting periods. Data on multiple clients can be submitted for the investigation. The client ID is encrypted by the State for purposes of data submission.	Yes	Single	Encoded ID	See section, ID Hashing Guidelines, for ID encryption or de-identification.
Cl2	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

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values/ Instructions
Cl3	State/county FIPS code of 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/geo/www/fips/fips.html
Cl4	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 50 = other

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values/Instructions
Clt5	Age	The age of the client in years (at investigation start date).	No	Single	Enumeration (code)	18,19...74 = actual age 75 = 75 through 84 85 = 85 and older The Client Age is computed by subtracting the client's Date of Birth from the Investigation Start Date. If the age ranges between 18 and 74, the actual age is used. Ages of 75 through 84 inclusive are grouped and coded as 75. Ages of 85 or older are grouped and coded as 85. The reason for the grouping of older ages is to further protect the possible identification of the older cohort population.
Clt6	Gender identity	The actual or perceived gender-related characteristics of the client.	No	Single	Enumeration (code)	1 = male 2 = female 3 = transgender
Clt7	Sexual 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 (code)	1 = straight 2 = gay/lesbian 3 = bisexual 4 = questioning 5 = other

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values/Instructions
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, 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

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values/ Instructions
Cl10	Primary language	The primary language or method that the client uses for written and verbal communication.	No	Single	Enumeration (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 If a person is fluent in more than one language or method of communication, choose the primary language the person uses with agency staff.
Cl11	Marital status	The client's status based on state residency laws.	No	Single	Enumeration (code)	1 = never married 2 = married 3 = domestic partner, including civil union 4 = divorced 5 = separated 6 = widowed 7 = other
Cl12	Schooling level	The highest educational degree attained by the client.	No	Single	Enumeration (code)	1 = less than high school 2 = high school diploma or equivalent 3 = associate's degree or bachelor's degree 4 = advanced degree
Cl13	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 If client is retired but also employed, use code 1. If client is participating in sheltered workshops or work centers for sub-minimum wages, use code value 4.
Cl14	Income level	The level of annual income of the client including all sources of income.	No	Single	Enumeration (code)	1 = less than \$25,000 2 = \$25,000-\$49,999 3 = \$50,000-\$74,999 4 = \$75,000-\$99,999 5 = \$100,000 or more

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values/ Instructions
Cl15	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 (code)	<p>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</p> <p>These are benefits that the client is already receiving during the time period of the investigation. Benefits applied for on behalf of the client but not yet received are not included.</p>
Cl16	Veteran status	The client's status related to the US Armed Forces.	No	Single	Enumeration (code)	<p>1 = veteran 2 = non-veteran</p> <p>U.S. Armed Forces are made up of the five armed service branches: Air Force, Army, Coast Guard, Marine Corps, and Navy.</p>

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values/ Instructions
Cl17	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 Specific diseases and medical diagnoses are not listed as code values. However, an example would be if a client has had a CVA (stroke) and have ambulatory difficulty and communication difficulty, choose code values 1 and 3.
Cl18	ADL score	The client's score on the Katz Index of Independence in Activities of Daily Living (ADL).	No	Single	Numeric (6 integers)	Permissible values are 0-6
Cl19	IADL score	The client's score on the Lawton Instrumental Activities of Daily Living (IADL).	No	Single	Numeric (6 integers)	Permissible values are 0-8

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values/ Instructions
Clt20	Behavioral health screenings or 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 (code)	<p>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</p> <p>APS staff may perform assessments or screenings which indicate that a client may need referral to a health care professional. These assessments/screenings may be indicated by choosing the appropriate code values. In addition, APS staff may have access to medical records indicating a client's diagnoses and if so choose appropriate code values.</p>
Clt21	Living setting at start	The primary residential environment of the client at the start of investigation.	No	Single	Enumeration (code)	<p>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</p>

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values/ Instructions
Clit22	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
Clit23	Substitute decision makers 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 (non-specific) 31 = guardianship or conservatorship of person 32 = guardianship or conservatorship of property 40 = representative payee 50 = none
Clit24	Substitute decision makers 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 (code)	10 = health care proxy in effect 20 = financial proxy in effect 30 = guardianship or conservatorship (non-specific) 31 = guardianship or conservatorship of person 32 = guardianship or conservatorship of property 40 = representative payee 50 = none

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values/ Instructions
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 No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values/Instructions
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)	<p>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</p> <p>Services provided by the agency may be provided by APS staff or budgeted funds for contractors to deliver client services.</p>

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values/Instructions
Clit27	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 No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values/ Instructions
Clf28	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
Clf29	Interagency 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
Clf30	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 2 = no

Table 3–Maltreatment Allegation Entity

Each client may have multiple maltreatment allegation entities within an investigation. Each maltreatment allegation entity must be composed of a maltreatment type and maltreatment disposition. NAMRS only allows each maltreatment type once per client per investigation and only one disposition per maltreatment type. For example, within an investigation, a client can have only one maltreatment allegation entity with neglect as the maltreatment type. A client can have multiple maltreatment allegation entities within the investigation, but the maltreatment type must be different for each one. A client can have more maltreatment allegation entities with the same maltreatment type in other investigations.

Some state systems allow multiple maltreatment types that are the same or similar for a client within an investigation. For example, a state may track more specific types of neglect such as, inadequate care and unsanitary conditions. Only one maltreatment allegation entity with neglect as the maltreatment type should be submitted for the client within the investigation. Follow the order of dispositions to decide which to submit if the dispositions are different: 1-Substantiated, 2- Inconclusive, 3-Unsubstantiated, and 4=Other. For example, Substantiated would trump Inconclusive as the disposition.

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values/ Instructions
Mal1	Maltreatment type	The alleged maltreatment that is investigated.	Yes	Single (per entity)	Enumeration (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 the 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 No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values
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	See section, ID Hashing Guidelines, for ID encryption or de-identification.
Per2	Age	The age of the perpetrator in years (at investigation start date).	No	Single	Enumeration (code)	17 = 17 and younger 18,19...74 = actual age 75 = 75 through 84 85 = 85 and older The Perpetrator Age is computed by subtracting the perpetrator date of birth from the Investigation Start Date. If the age ranges between 18 and 74, the actual age is used. Age of 75 through 84 inclusive are grouped and coded as 75. Ages of 85 or older are grouped and coded as 85.
Per3	Gender identity	The actual or perceived gender-related characteristics of the perpetrator.	No	Single	Enumeration (code)	1 = male 2 = female 3 = transgender

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values
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, 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 (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 No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values
Per6	Disabilities	The perpetrator'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 perpetrator.	No	Multiple	Enumeration (code)	<p>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</p> <p>Specific diseases and medical diagnoses are not listed as code values. However, an example is if a perpetrator has had a TBI (brain injury) and has hearing difficulty choose code 4.</p>

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values
Per7	Behavioral health screenings or 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)	<p>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</p> <p>APS staff may perform assessments or screenings which indicate that a perpetrator may need referral to a health care professional. These assessments/screenings may be indicated by choosing the appropriate code values. In addition, APS staff may have access to medical records indicating a perpetrator's diagnoses and if so choose appropriate code values.</p>

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 No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values
CPR1	Cohabitation at start	The indication if the perpetrator and client are cohabitating at the start of the investigation.	No	Single	Enumeration (code)	1 = yes 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 2 = no
CPR3	Kinship 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 association at 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 If the perpetrator has multiple associations to the client, choose primary association.

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values
CPR5	Perpetrator association at 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 If the perpetrator has multiple associations to the client, choose primary association.
CPR6	Perpetrator substitute decision maker 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 (non-specific) 31 = guardianship or conservatorship of person 32 = guardianship or conservatorship of property 40 = representative payee 50 = none

Element No.	Element Name	Element Description	Required	Cardinality	Type/Format	Code Values
CPR7	Perpetrator substitute decision maker 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 (non-specific) 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

II. ID Hashing Guidelines

NAMRS requires states to de-identify all the state system IDs that will be reported in the case component (Investigation ID, Client ID, Perpetrator ID). Selecting the methodology for de-identifying the IDs is up to state discretion. However, the IDs reported to NAMRS should be alphanumeric.

One effective way to do this is by using a hashing methodology.

ID Hashing Guidelines:

- Each ID must be unique
- The method selected must give the same result every time the procedure is executed. In other words, a client ID must always yield the same hashed ID after processing.
- The hashed ID should only contain alphanumeric characters. No special characters are allowed.
- The state agency must maintain any algorithms, pass phrases, and keys used to hash the IDs.

A hashing algorithm is a one-way map function that maps any particular string to a fixed-length series of bytes. To do this, first decide on a password or passphrase. This is simply a string that will remain the same forever. The password can be the same for all the id fields, or they can be different. The password for a particular field should always remain the same forever. When using a password or passphrase as input to a hashing algorithm, it is commonly called a “salt”.

Then for each id field, do the following:

1. Prepend the salt to the id. (This is the “salted input”)
2. Hash the salted input using the MD5 hashing algorithm. Regardless of the length of the input, MD5 will always produce 32 bytes of output.
3. Finally, convert the 32-byte result to a 32 character (hexadecimal) string that can easily be inserted into the xml file.

Example:

For MS SQL Server, use the following SQL to obtain the hashed ID:

```
DECLARE @clearTextId VARCHAR(100) = '123-45-6789'  
DECLARE @salt VARCHAR(100) = 'This is my complicated passphrase'  
  
SELECT @clearTextId AS ClearText  
      ,@salt AS Salt  
      ,CONVERT(VARCHAR(32), HASHBYTES('MD5', @salt + @clearTextId),2) AS HashedText
```