

NORS Training Part II

Basic Principles in the NORS for Coding

Coding Complaints

For each complaint there must be only one complaint code. The ombudsman must choose the one code which best fits the problem.

How to break it down:

- Codes 1 through 102 (groups A-M) are for complaints against the facility;
- Codes 103-116 (groups N and O) are for complaints against the state licensing & certification and Medicaid.
- Codes 117-128 (group P) are for complaints against or involving individuals who are not managers/staff of facilities or for complaints against other agencies. This typically includes families, other government programs such as Medicare of Veterans Administration.
- Codes 129-133 (group Q) are for complaints about services in settings other than long-term care facilities or by outside providers.

A word about coding abuse and neglect –

Use categories in Group A [Abuse, Gross Neglect, Exploitation] only for serious complaints of *willful* mistreatment of residents by facility staff, management, other residents etc.

Use P.117 and P.121 for complaints of abuse, neglect, exploitation by family members, friends and others whose actions the facility could not reasonably be expected to oversee or regulate.

For **all** categories in Part A, use the broad definitions of abuse, neglect and exploitation in the Older Americans Act, which is almost identical to that in regulations for nursing homes participating in the Medicare and Medicaid programs (42 CFR 488.301).

Use the NORS code to document an allegation of abuse or any other information when it is a complaint made to the LTCOP for which ombudsman involvement, action and resolution is required. If the ombudsman and another agency are both actively involved in complaint investigation and resolution, it can be counted an ombudsman case.