



AGENCY COMPONENT DATA

March 31, 2023

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

Public reporting burden for this collection of information is estimated to average 5 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.

The Agency Component data will be entered directly onto an online form on the NAMRS website. Once entered, the state can update information annually. The reporting period is the federal fiscal year (October–September).

Table 1–General Information

Element No.	Element Name	Element Description	Required	Field Entry Format
Agency 1.1	Agency Name 1	Department or agency name	Yes	Text - 100 characters
Agency 1.2	Agency Name 2	Branch or unit name	No	Text - 100 characters
Agency 2.1	Street 1	First line street address of agency physical address	Yes	Text - 100 characters
Agency 2.2	Street 2	Second line street address of agency physical address	No	Text - 100 characters
Agency 2.3	City	City of agency physical address	Yes	Text - 100 characters
Agency 2.4	State	State of agency physical address	Yes	Select from list of states/territories
Agency 2.5	ZIP	ZIP of agency physical address	Yes	##### or #####-####
Agency 3.1	Street 1	First line street address of agency mailing address	Yes	Text - 100 characters
Agency 3.2	Street 2	Second line street address of agency physical address	No	Text - 100 characters
Agency 3.3	City	City of agency physical address	Yes	Text - 100 characters
Agency 3.4	State	State of agency physical address	Yes	Select from list of states/territories
Agency 3.5	ZIP	ZIP of agency physical address	Yes	##### or #####-####
Agency 4.1	Name	Enter at least two contacts for the NAMRS submission, such as the program administrator and the NAMRS lead. Contact name	Yes	Text - 100 characters
Agency 4.2	Title	Contact title	Yes	Text - 100 characters
Agency 4.3	E-mail	Contact e-mail	Yes	E-mail address format
Agency 4.4	Phone	Contact telephone	Yes	Text - 50 characters
Agency 4.5	Contact's role in agency	Contact's role in agency Selection List: <ul style="list-style-type: none"> • Case manager • Data coordinator/manager • Field coordinator • Intake manager/supervisor • Investigator • IT/data specialist • Manager/director/supervisor • Policy specialist • Regional supervisor • Social worker • Training coordinator/specialist 	No	Select one from list

Table 2–Agency Profile

Element No.	Element Name	Element Description	Required	Field Entry Format
Agency 5	Data Sources	<p>The sources of information used to submit data this year to NAMRS.</p> <p>Selection List:</p> <ul style="list-style-type: none"> • APS agency only • APS and other agencies 	No	Select one from list
Agency 5.1	Comment	Provide names of other agencies that provided data and a brief description of the population served. Please indicate if adults includes "emancipated minors".	No	Text – 5,000 characters
Agency 6	Population Served: Age	<p>Select which of the following population groups are served by the APS programs submitting data. Vulnerability includes criteria such as disability or impairment.</p> <p>Selection List:</p> <ul style="list-style-type: none"> • Emancipated minor • 18 - 59 with a vulnerability • 18 – 64 with vulnerability • 18+ with a vulnerability • 60+ with a vulnerability • 60+ • 65+ with a vulnerability • 65+ • Other 	No	Select one or more from list
Agency 6.1	Comment	Provide citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments. If reporting for multiple agencies, indicate which agency serves which population group.	No	Text – 5,000 characters
Agency 6.2	Population served: setting	<p>Indicate the types of settings in which APS is responsible for investigating allegations of maltreatment involving facility staff or operations in addition to allegations involving visitors or resident on resident maltreatment.</p> <p>Selection List:</p> <ul style="list-style-type: none"> • Own residence or relative or caregiver • Residential care community (non-specific) • Licensed residential care community • Non-licensed residential care community • Nursing home (non-specific) • Licensed nursing home • Non-licensed nursing home 	No	Select one or more from list

		<ul style="list-style-type: none"> Medicaid Home and Community Services Waiver Provider Other 		
Agency 7	Investigator FTEs filled	Number of filled APS FTEs responsible for the hotline and/or conducting investigations. If APS staff work in other programs such as CPS, make an estimate of FTEs devoted only to APS work.	No	Numeric – 10 integers
Agency 7.1	Supervisor FTEs filled	Number of filled APS FTEs responsible for supervision. If APS staff work in other programs such as CPS, make an estimate of FTEs devoted only to APS work.	No	Numeric – 10 integers
Agency 7.2	Comment	Provide additional information as to whether the numbers in 7 and 7.1 were the annual total or total for a given day.	No	Text – 5,000 characters
Agency 8	Intake	<p>Centralized or localized intake of APS reports.</p> <p>Selection List:</p> <ul style="list-style-type: none"> Centralized at a statewide hotline or call in number Combination of both statewide and local hotlines or call in numbers Local at county or regional hotlines or call in numbers Other 	No	Select one from list
Agency 8.1	Comment	Provide additional information on your state's definition of intake.	No	Text – 5,000 characters
Agency 9	Reports Accepted for Investigation	Number of reports accepted for investigation during the reporting period.	No	Numeric – 10 integers
Agency 9.1	Reports Not Accepted, or Resolved Through I&R/I&RA	Number of reports that were either not accepted by APS for investigation, or were resolved through Information & Referral (I&R)/Information & Referral Assistance (I&RA).	No	Numeric – 10 integers
Agency 9.2	Comment	Please confirm that the sum of 9 and 9.1 is the total number of investigations received during the reporting period. Please provide additional information regarding policy for accepting reports and not accepting reports, or resolving through I&R/I&RA.	No	Text – 5,000 characters
Agency 10	Response Time	<p>The length of time (hours), by priority level, from receipt of call or notice of alleged maltreatment to face-to-face contact with the client by the APS worker. Enter the number of hours for each priority level as set by policy or practice.</p> <p>Selection List:</p> <ul style="list-style-type: none"> Priority 1 length Priority 2 length Priority 3 length Priority 4 length 	No	Numeric – 3 integers

Agency 10.1	Comment	Provide additional information on the definition of each priority level, including citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments.	No	Text – 5,000 characters
Agency 11	Investigation Completion Time	The length of time (days) from investigation start to investigation completion, based on the standard set by policy or practice.	No	Numeric – 3 integers
Agency 11.1	Comment	Provide additional information on the definition of start of investigation and completion of an investigation, including citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments.	No	Text – 5,000 characters
Agency 12	Types of Maltreatment	Indicate which types of maltreatment are investigated by APS. Selection List: <ul style="list-style-type: none"> • Abandonment • Emotional abuse • Exploitation (non-specific) • Financial exploitation • Other exploitation • Neglect • Physical abuse • Sexual abuse • Suspicious death • Self-neglect • Other 	No	Select one or more from list
Agency 12.1	Comment	Provide citation or URL in state law, regulations, or program guidance for maltreatment types investigated by APS and/or upload documents in the Agency Component attachments.	No	Text – 5,000 characters
Agency 13	Standard of Evidence	Standard used for substantiating an allegation of maltreatment. Selection List: <ul style="list-style-type: none"> • Clear and convincing • Credible, reasonable, or probable cause • Different standards based on type of perpetrator • No state standard • Preponderance • Other 	No	Select one from list
Agency 13.1	Comment	Provide citation or URL of state law, regulations, or program guidance and/or upload documents the Agency Component attachments. Include discussion of definitions of perpetrator if relevant.	No	Text – 5,000 characters
Agency14	Assessment Tools	Indicate whether APS personnel use standard assessment tools throughout the state, such as client safety, at risk factors, or behavioral conditions. Selection List:	No	Select one from list

		<ul style="list-style-type: none"> No, assessment instruments are determined by each county or left to the worker's discretion Yes, use common instrument or tool throughout the state 		
Agency 14.1	Comment	Provide the name and reference (i.e., URL) for each standardized tool that is used.	No	Text – 5,000 characters
Agency 15	Service Gaps	<p>Indicate which services are not available or accessible in the state.</p> <p>Selection List:</p> <ul style="list-style-type: none"> Care/Case Management Services Caregiver Support Services Community Day Services Education, Employment, and Training Services Emergency Assistance and Material Aid Services Financial Planning Services Housing and Relocation Services In-home Assistance Services Legal Services Medical and Dental Services Medical Rehabilitation Services Mental Health Services Nutrition Public Assistance Benefits Substance Use Services Transportation Victim Services Other Services 	No	Select one or more from list
Agency 15.1	Comment	Provide additional information on how gaps in services were identified, if possible.	No	Text – 5,000 characters
Agency 16	Perpetrators	<p>Does APS collect person-specific data on persons found to be perpetrators of substantiated maltreatment?</p> <p>Selection List:</p> <ul style="list-style-type: none"> Yes No 	No	Select one from list.
Agency 16.1	Perpetrators	<p>Does your information system collect unique IDs and demographic characteristics of perpetrators?</p> <p>Selection List:</p> <ul style="list-style-type: none"> Yes No 		Select one from list
Agency 16.2	Comment	Provide citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments.	No	Text – 5,000 characters
Agency 17	Policy Change	Have there been changes in law, policy, or practice that explains changes in the data from the previous year?	No	Select one from list

		<p>Selection List:</p> <ul style="list-style-type: none"> • Yes • No 		
Agency 17.1	Comment	Describe the change in law, policy, or practice. Provide citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments.	No	Text – 5,000 characters
Agency 18	Perpetrator Registries	<p>Indicate if APS refers substantiated perpetrators to a perpetrator registry. A perpetrator registry is a system for maintaining the identity of individuals who are found to have maltreated adults in the community or facilities and meet the requirements for referral. This information is made available to individuals, agencies, or employers authorized to receive the information who use it to exclude the perpetrator from employment.</p> <p>Selection List:</p> <ul style="list-style-type: none"> • There is no perpetrator registry • There is a perpetrator registry, but APS does not refer to it • APS refers all substantiated perpetrators to a perpetrator registry • APS refers substantiated perpetrators that meet selected criteria to the perpetrator registry 	No	Select one for list.
Agency 18.1	Comment	Provide citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments. Include description of any additional criteria for referral to the registry (e.g., types of maltreatment, types of perpetrators).	No	Text – 5,000 characters
Agency 19	Multidisciplinary Teams	<p>Indicate APS program participation in Multidisciplinary Teams (MDTs). An MDT is a group of people, from three or more disciplines, who work collaboratively, bound by a common purpose, and characterized by shared decision-making, partnership, interdependency, balanced power, and process. MDTs work to ensure victims receive the services they need to recover from maltreatment and improve the system of services.</p> <p>Selection List:</p> <ul style="list-style-type: none"> • MDTs do not exist in the state • APS does not participate in existing MDTs • Law, rule, or policy requires APS participate in multidisciplinary teams 	No	Select one from the list

		<ul style="list-style-type: none"> • APS participates in multidisciplinary teams voluntarily without state requirement 		
Agency 19.1	Comment	Provide citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments. Include discussion of the criteria for participation including state requirements and the types of cases.	No	Text – 5,000 characters
Agency 20	Confidentiality	<p>Indicate if information collected in an APS investigation information is shared.</p> <p>Selection List:</p> <ul style="list-style-type: none"> • Information is never shared • There are no restrictions on sharing information • Information is shared in circumstances defined in law, regulation, or policy 	No	Select one from the list
Agency 20.1	Comment	Provide citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments. Describe the circumstances in which information can be shared.	No	Text – 5,000 characters
Agency 21.	Ethical Principles	<p>Indicate the source of APS program-specific ethical principles or core values that guide the program.</p> <p>Selection List:</p> <ul style="list-style-type: none"> • Created by program staff from internal sources and processes • Adapted from National Adult Protective Services Association Guiding Principles • Adapted from other APS program(s) • Based on principles or values from agency APS is located in or values from other state agencies • Other 	No	Select one from the list
Agency 21.1	Comment	Provide citation or URL and/or upload documents in the Agency Component attachments that describe the key principles/core values.	No	Text – 5,000 characters
Agency 22	Mandatory Reporting	<p>Indicate if state law requires mandatory reporting to APS.</p> <p>Selection List:</p> <ul style="list-style-type: none"> • Yes, universal • Yes, targeted groups • No 	No	Select one from the list
Agency 22.1	Comment	Provide citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency	No	Text – 5,000 characters

		Component attachments. If targeted groups, list who they are.		
Agency 23	Reporter Identity	<p>Indicate the protection state law or policy provides for the identity of reporters.</p> <p>Selection List:</p> <ul style="list-style-type: none"> Protected in all cases without exceptions General protection but with exceptions defined by law, rule, or policy (e.g., law enforcement or by court order) Reporter identity is not protected 	No	Select one from the list
Agency 23.1	Comment	Provide citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments. Describe the exceptions to reporter identity.	No	Text – 5,000 characters
Agency 24	<p>Refuse Investigation</p> <p>With Decision-making Ability</p>	<p>Indicate the response by APS if a client refuses to cooperate with an investigation and they appear to have ability to make decisions.</p> <p>Selection List:</p> <ul style="list-style-type: none"> APS does not continue the investigation APS continues the investigation APS weighs circumstances and makes appropriate decision about continuing the investigation 	No	Select one or more from the list
Agency 24.1	<p>Refuse Investigation</p> <p>Without Decision-making Ability</p>	<p>Indicate the response by APS if a client refuses to cooperate with an investigation and they do not appear to have ability to make decisions.</p> <p>Selection List:</p> <ul style="list-style-type: none"> APS does not continue the investigation APS continues the investigation APS weighs circumstances and makes appropriate decision about continuing the investigation 	No	Select one or more from the list
Agency 24.2	Comment	Provide citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments	No	Text – 5,000 characters
Agency 25	Refuse Services with Decision-making Ability	<p>Indicate the response by APS if a client refuses services and they appear to have ability to make decisions.</p> <p>Selection List:</p>	No	Select one from the list

		<ul style="list-style-type: none"> • APS does not provide services through any mechanism • APS does not provide purchased services • APS does not make a referral for services • APS takes appropriate steps to attempt to provide services • APS weighs circumstances and makes appropriate decision about continuing the investigation 		
Agency 25.1	Refuse Services without Decision-making Ability	<p>Indicate the response by APS if a client refuses services and they do not appear to have ability to make decisions.</p> <p>Selection List:</p> <ul style="list-style-type: none"> • APS does not provide services through any mechanism • APS does not provide purchased services • APS does not make a referral for services • APS takes appropriate steps to attempt to provide services • APS weighs circumstances and makes appropriate decision about continuing the investigation 	No	Select one from the list
Agency 25.2	Comment	Provide citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments.	No	Text – 5,000 characters
Agency 26	Involuntary Interventions	<p>Indicate if APS has the authority to seek involuntary interventions - such as emergency protective orders, emergency placements, or mental health commitment” - for at-risk APS clients,</p> <p>Selection List:</p> <ul style="list-style-type: none"> • APS does not have the authority to seek involuntary interventions in any circumstances • APS has the authority to seek involuntary interventions regardless of client’s decision-making • APS has authority to seek involuntary interventions only if the client appears to lack decision-making ability • APS does not have authority to seek involuntary interventions if the client appears to have decision-making ability 	No	Select one from the list

Agency 26.1	Comment	Provide citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments. List and define types of interventions.	No	Text – 5,000 characters
Agency 27	Services	<p>To address maltreatment, indicate who APS has authority to provide or arrange services for.</p> <p>Selection List:</p> <ul style="list-style-type: none"> • Substantiated clients (victims) • Unsubstantiated (alleged) clients • Family members of clients • Substantiated perpetrators • Unsubstantiated perpetrators 	No	Select one or more from the list
Agency 27.1	Comment	Provide citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments.	No	Text – 5,000 characters
Agency 28	Governing Principles	<p>Indicate the mechanisms that APS uses to ensure person-centered approaches to services (e.g., services in least restrictive environment, trauma-informed).</p> <p>Selection List:</p> <ul style="list-style-type: none"> • Contained in Guiding Principles or Core Values • Included in training • Required by statute or policy • Included in service plan requirements • Reviewed in performance measures • Reviewed in quality assurance process • Reviewed by external review teams 	No	Select one or more from the list
Agency 28.1	Comment	Provide citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments. List any additional principles.	No	Text – 5,000 characters
Agency 29	Purchase of Services	<p>Indicate if APS directly purchases goods and services for clients and/or victims.</p> <p>Selection List:</p> <ul style="list-style-type: none"> • Yes • No 	No	Select one from the list
Agency 29.1	Comment	Provide citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments. List and define types of interventions.	No	Text – 5,000 characters
Agency 30	Case Closure	Indicate how APS cases are reviewed before case closure to ensure their quality.	No	Select one or more from the list

		<p>Selection List:</p> <ul style="list-style-type: none"> • Caseworker review and judgment only • Supervisor review • Peer review • Review team review 		
Agency 30.1	Comment	Provide citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments.	No	Text – 5,000 characters
Agency 31	Quality Assurance	<p>Indicate the different levels of quality assurance mechanisms used to improve casework.</p> <p>Selection List:</p> <ul style="list-style-type: none"> • Documentation: Law, rule, or policy requires standardized case documentation • Supervisor review: Law, rule, or policy requires supervisor review of all or a subset of case documentation • Peer review: Program practice uses peer review of closed cases (e.g., “case review staffing”) • Independent Review QA Teams: Program practice uses review of a subset/sample of cases by independent case reviewers 	No	Select one or more from the list
Agency 31.1	Comment	Provide citation or URL of state law, regulations, or program guidance and/or upload documents in the Agency Component attachments. Describe the quality assurance activities.	No	Text – 5,000 characters
Agency 32.1	Information System	<p>Select which of the following describes the automated system your state uses to document case information:</p> <ul style="list-style-type: none"> • Statewide system developed by the state • Statewide system developed by an outside vendor. (Please use the comment field to identify the vendor, the name of the system, and when you obtained it.) • Separate systems for different geographic areas of the state • Do not have an automated system. 	No	Select one from the list
Agency 32.2	Comment	If your state has multiple APS programs, please provide response to the above question for each program. If your state used a statewide system developed by an outside vendor, please use the comment field to identify the vendor, the name of the system, and when you obtained it.	No	Text – 5,000 characters

