
ACL TITLES

TITLE VII CASES AND COMPLAINTS UPLOAD GUIDE

Version 1.0

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2 Introduction

2.1 Overview

The Older Americans Act Performance System (OAAPS) allows users to upload Cases and Complaints data using an approved .xlsx, .csv, or .xml template. Upload samples and templates are available for download in the approved .xlsx, .csv, and .xml format on the OAAPS site. The sample file demonstrates how users can fill in the upload template by showing sample text and values. Once Cases and Complaints data has been uploaded, users will still have the option to re-upload data at a later time.

2.2 Purpose

This document explains how to use the Title VII Cases and Complaints upload sample and templates to upload Cases and Complaints data into OAAPS.

Important Note: Header row must remain EXACTLY how it is in the template.

3 Cases and Complaints Upload

Cases and Complaints data must be uploaded. The table below describes how each value must be added to the template.

Case Number	Date Case Opened	Date Case Closed	Facility/Setting Type	Complainant Type	Complaint ID	Date Complaint Opened	Date Complaint Closed
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
<p>Must be the 5-digit case number.</p> <p>For example: 66477</p>	<p>Must be in the date format of mm/dd/yyyy.</p> <p>For example: 10/7/2016</p>	<p>Must be in the date format of mm/dd/yyyy.</p> <p>For example: 10/7/2016</p>	<p>Must be only one of the following values: 1 , 2, 3, or 99</p> <p>The code values represent the following values:</p> <p>01 Nursing facility</p> <p>02 Residential care community</p> <p>99 Other</p>	<p>Must be only one of the following values: 01 , 02, 03, 04, 05, 06, 07, or 08</p> <p>The code values represent the following values:</p> <p>01 Resident</p> <p>02 Resident representative, friend, or family</p> <p>03 Ombudsman program</p> <p>04 Facility staff</p> <p>05 Representative of other agency or program</p> <p>06 Concerned person</p> <p>07 Resident of family council</p> <p>08 Unknown</p>	<p>The Complaint ID is needed in order to distinguish two or more complaints that have the same case number. For example, if there are two complaints within the case number 66477, then the first Complaint ID should be 66477-1 and the second Complaint ID should be 66477-2.</p> <p>If there were only one Complaint ID for case number 66477, then the Complaint ID should still be 66477-1.</p>	<p>Must be in the date format of mm/dd/yyyy.</p> <p>For example: 10/7/2016</p>	<p>Must be in the date format of mm/dd/yyyy.</p> <p>For example: 10/7/2016</p>

Complaint Type	Perpetrator	Referral Agency	Complaint Verification	Complaint Disposition
Column I	Column J	Column K	Column L	Column M
<p>Must be only one of the following values:</p> <p>A01, A02, A03, A04, A05, B01, B02, B03, C01, C02, C03, C04, D01, D02, D03, D04, D05, D06, D07, D08, D09, E01, E02, F01, F02, F03, F04, F05, F06, F07, F08, F09, F10, F12, G01, G02, G03, G04, H01, H02, H03, I01, I05, J01, J02, J03, K01, K02, K03, K04, K05, K06, L01, L02, L03</p> <p>The code values represent the following values:</p> <p>A01 Abuse: physical</p> <p>A02 Abuse: sexual</p> <p>A03 Abuse: psychological</p> <p>A04 Financial exploitation</p> <p>A05 Gross neglect</p> <p>B01 Access to information and records</p> <p>B02 Language and communication barrier</p> <p>B03 Willful interference</p> <p>C01 Admission</p> <p>C02 Appeal process</p> <p>C03 Discharge or eviction</p> <p>C04 Room issues</p> <p>D01 Choice in health care</p>	<p>Must be one or more of the following values:</p> <p><i>For multiple entries bar “ ” delimit values. Example: 02 03.</i></p> <p>1 , 2, 3, or 99</p> <p>The code values represent the following values:</p> <p>01 Facility staff</p> <p>02 Another resident</p> <p>03 Family, resident representative, friend</p> <p>99 Other</p>	<p>Must be one or more of the following values:</p> <p><i>For multiple entries bar “ ” delimit values. Example: 02 03.</i></p> <p>01 , 02, 03, 04, 05, or 06</p> <p>The code values represent the following values:</p> <p>01 Licensing, certification and regulatory agency</p> <p>02 Adult protective services</p> <p>03 Law enforcement or prosecutor</p> <p>04 Protection and advocacy</p> <p>05 Legal services</p> <p>06 No referral was made</p> <p>99 Other</p>	<p>Must be only one of the following values:</p> <p>01 or 02</p> <p>The code values represent the following values:</p> <p>01 Verified</p> <p>02 Not Verified</p>	<p>Must be only one of the following values:</p> <p>01 , 02, or 03</p> <p>The code values represent the following values:</p> <p>01 Partially or fully resolved to the satisfaction of the resident, resident representative or complainant</p> <p>02 Withdrawn or no action needed by the resident, resident representative or complainant</p> <p>03 Not resolved to the satisfaction of the resident, resident representative or complainant</p>

D02 Live in less restrictive setting D03 Dignity and respect D04 Privacy D05 Response to complaints D06 Retaliation D07 Visitors D08 Resident or family council D09 Other rights and preferences E01 Billing and charges E02 Personal property F01 Accidents and falls F02 Response to requests for assistance F03 Care planning F04 Medications F05 Personal hygiene F06 Access to health related services F07 Symptoms unattended F08 Incontinence care F09 Assistive devices or equipment F10 Rehabilitation services F12 Physical restraint G01 Activities G02 Transportation				
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G03 Conflict resolution G04 Social services H01 Food services H02 Dining and hydration H03 Therapeutic or special diet I01 Environment I02 Building structure I03 Supplies, storage and furnishings I04 Accessibility I05 Housekeeping, laundry and pest abatement J01 Administrative oversight J02 Fiscal management J03 Staffing K01 Regulatory system K02 Medicaid K03 Managed care K04 Medicare K05 Veterans Affairs K06 Private insurance L01 Resident representative or family conflict L02 Services from outside provider L03 Request to transition to community setting				
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