Supporting Statement for Paperwork Reduction Act Submission

for

National Survey of Residential Care Facilities

New OMB Application

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SUPPORTING STATEMENT

National Center for Health Statistics

National Survey of Residential Care Facilities

This supporting statement includes a request for approval of a pretest and national data collection of the National Survey of Residential Care Facilities (NSRCF). The NSRCF will complement the National Center for Health Statistics' (NCHS) National Nursing Home Survey (NNHS) (OMB No. 0920-0353, expiration 05/31/2007) and National Home and Hospice Care Survey (NHHCS) (OMB No.0920-0298, expiration 07/31/09). Together these surveys comprise the Long-Term Care Component of the National Health Care Survey (NHCS).

NCHS and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) collaborated extensively on the development of the design and data collection phases of the NSRCF. Numerous conference calls and meetings were held to prepare for this joint data collection effort. ASPE worked in collaboration with NCHS on previous long-term care surveys adding the home health aide supplement to the 2007 NHHCS which was the second of a series of planned ASPE studies to examine the direct care workforce in long-term care work settings. The nursing assistant supplement conducted with the 2004 NNHS was the first of these efforts.

The well-documented aging of the population, particularly those aged 85 and older, will lead to an increase in the number of people who need long-term care services. While most people who need long-term care services receive them in their own home, personal care received outside both the home and traditional nursing facilities is an important and growing service option. This is especially the case for people who can no longer live alone but do not require the skilled level of care provided by a nursing home. This type of care—broadly referred to here as *residential care*—includes congregate settings that provide both housing and supportive services. Supportive services typically include protective oversight and help with instrumental activities of daily living (IADL) such as transportation, meal preparation, and taking medications, and more basic activities of daily living (ADL) such as eating, dressing and bathing.

The following criteria will be used to determine the universe of residential care facilities which are eligible for selection in the NSRCF:

> "Residential care facilities are places that are licensed, registered, listed, certified, or otherwise regulated by the state and that provide room and board with at least two meals a day, around-the-clock on-site supervision, and offer help with personal care such as bathing and dressing or health related services such as medication management as needed. These facilities provide housing and services to adults. Facilities licensed to serve persons with mental illness or individuals with mental retardation or developmental disabilities exclusively are excluded."

This is a new data collection effort. Three year clearance is requested to cover both phases because it is anticipated that the pretest will yield only minor modifications to instrumentation

for the national survey.

A. Justification

1. Circumstances of Information Collection

Section 306 [342k] (a) & (b) of the Public Health Service Act provides for the establishment of the National Center for Health Statistics (NCHS) and requires that the Center perform statistical and epidemiological activities for the purpose of improving the effectiveness, efficiency and quality of health services in the United States. A copy of this authorization is provided as **Attachment A**. The NCHS performs these activities by collecting information on, including but not limited to, health resources, health utilization, and healthcare costs and financing. The NCHS collects information from health care establishments within the major sectors of the health care system, including ambulatory care, inpatient care, and long-term care.

Three issues increase the need for information about residential care facilities (RFCs). First, there are concerns about services provided to residents. A recent Office of the Assistant Secretary for Planning and Evaluation (ASPE)-funded study of six states that use Medicaid to pay for services in residential care settings found stakeholders almost universally concerned about perceptions of insufficient and untrained staff and the potential impact on quality of care (O'Keeffe et al., 2003). The National Study of Assisted Living for the Frail Elderly in 1998 (Hawes, Phillips, and Rose, 2000) reported many positive aspects but also found that residents reported unmet needs for assistance with using the toilet (26%), locomotion (12%), and dressing (12%). Most residents (58%) also reported that adequate numbers of staff were not always available.

Second, although definitive data are not available, many residential care facilities serve very disabled residents. Several factors account for this, including the aging-in-place of residents and the increased use of RCFs by Medicaid beneficiaries (O'Keeffe and Wiener, 2005). States use Medicaid research and demonstration waivers, home and community-based services waivers, and state-plan personal care to pay for services in RCFs. Medicaid may not pay for only room and board in RCFs. In 2004, 41 states reported that approximately 121,000 residents had their care paid, at least in part, by Medicaid (Mollica and Johnson-Lamarche, 2004).

Finally, prior studies have found heterogeneity among RCFs. They vary in size, auspice, resident case mix, staffing levels and staff mix, accommodations, services, and price (Hawes et al., 2003). Considerable variation also exists among their residents' care needs, as these facilities serve not only frail elders with limitations in physical and cognitive functioning but also nonelderly adults with cognitive impairments and severe mental illness (Hawes et al., 1995). These RCFs also appear to vary in terms of resident outcomes and level of resident satisfaction—all affected by the type of RCF (Curtis et al., 2005; Hedrick et al., 2003; Phillips et al., 2003; Zimmerman et al., 2003). While this survey will be limited to facilities that predominantly serve the adult population, RCFs may include other populations as well.

All of these factors make it critical to examine RCFs comprehensively and systematically. Current national data collection efforts are limited in their ability to estimate the size and characteristics of residential care settings and the number and characteristics of residents. The Medicare Current Beneficiary Survey, the National Long-Term Care Survey, and the Health and

Retirement Survey cover the residential care population to varying degrees, but their small sample sizes of persons in RCFs limit the conduct of in-depth analyses by type of residential care setting or specific subpopulations of residents (Spillman and Black, 2005). Estimates of the size of the residential care population vary depending on how a facility is defined and how data are collected and range from 400,000 to 800,000 persons aged 65 or older (Spillman and Black, 2005). A recent study of state-licensed residential care concluded that there were 36,451 RCFs nationally with 937,601 units/beds (Mollica and Johnson-Lamarche, 2005). Thus, RCFs play a significant role in providing long term care (LTC) services. By contrast, according to data from the 2004 National Nursing Home Survey, there are an estimated 16,100 nursing homes with 1,492,200 residents.

No national data collection effort similar to the National Nursing Home Survey exists for residential care settings and their residents. The National Survey of Residential Care Facilities (NSRCF) will complement other federal surveys and fill a significant data gap about a major portion of the LTC population. Data from this national study will allow the government to make national estimates on the numbers of residential care facilities operating in the United States and the number of residents receiving care, and will provide estimates on the characteristics of both the facilities and their residents.

2. Purpose and Use of Information Collection

The primary purpose of this survey is to provide a database on residential care facilities for adults that researchers and policymakers can use to address a wide variety of questions. As a general purpose survey, it will provide broad descriptive data and does not presuppose any particular typology of facilities or residents. The main focus is on characteristics of the facilities, with the survey gathering as much information about residents as is possible within the budget constraint.

Important research and policy questions these data will help answer include the following:

- **What are the number and characteristics of residential care facilities?** Characteristics include number of units and beds; occupancy rate; ownership (profit/nonprofit, chains/stand-alone small businesses); location (urban/rural); and type of facility (e.g., the extent to which facilities provide private rooms and bathrooms and a high level of services). What are admission and discharge policies? What proportion of facilities serve Medicaid beneficiaries? Do facilities use restraints? Do facilities use negotiated risk contracts?
- **What services and staff are available?** What services do residential care facilities provide and at what level and cost? What services are included in the basic rate? What services are available for additional charges? What skilled services are available and who provides them? Does the facility use or allow outside providers, such as hospice and home health agencies? What is the staff turnover rate? Do facilities that serve residents with a high level of impairment and health needs have more and better trained staff?

- **What are the characteristics of residents?** What are residents' sociodemographic characteristics (e.g., age, sex, race, education, ethnic group, family, income, and assets)? What are the residents' health condition and cognitive and functional status? What is the average length of stay in residential care facilities and the reasons for entering and exiting? How do people pay for residential care? What is the resident's veteran status? How do resident characteristics and, outcomes vary by type of facility?

National data on the characteristics of residential care facilities will be used by the Department of Health and Human Services (DHHS) for program planning and the setting of national policies. Data from the NSRCF will be available to analyze relationships that exist between utilization, services offered, and charges for care. Data from the NSRCF will provide the Department of Veterans Affairs (VA) with unique and critical data and information on the health care, including long-term care, needs and service use of veterans (and non-veterans) in the U.S.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected using Computer Assisted Personal Interviewing (CAPI) software on laptop computers, administered by professionally-trained interviewers. The CAPI system allows interviewers to move quickly through the questionnaire and will modify questions based on responses to prior questions. Only questions specific to the individual facility or resident characteristics are asked, skipping unnecessary questions. Use of the CAPI system also eliminates the need to enter data from a hard copy questionnaire, thereby reducing data entry errors and improving data quality.

To decrease the time spent administering the questionnaire while at the facility, respondents are given the option to gather information that may require record searches prior to the interview appointment through the use of an advance data collection form sent prior to the interview.

4. Efforts to Identify Duplication and Use of Similar Information

In the past several years, a number of federally funded efforts have been initiated to address data needs. These efforts provide important building blocks for the National Survey of Residential Care Facilities and have been used to inform and guide the design of this study.

National Study of Assisted Living for the Frail Elderly
(OMB Number: 0990-0217, Expired: 12/31/98)
The Office of the Assistant Secretary for Planning and Evaluation (OASPE) sponsored the first national survey of residential care in 1998 (Hawes et al. 2000). This survey focused exclusively on one component of residential care—assisted living. Hawes et al. found that there was significant variability in the assisted living industry.

Inventory of Long-Term Care Residential Places, 2003

The National Center for Health Statistics (NCHS), the Agency for Healthcare Research and Quality (AHRQ), and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in HHS funded a project to develop an inventory of residential places that provide personal assistance. This project developed a methodology for constructing a list of long-term care residential places that will be used to develop a sampling frame for the NSRCF.

Typology of Long-Term Care Residential Places, 2004
In 2003, NCHS used state licensing criteria and state regulations obtained in the Inventory of Long-Term Care Residential Places, a review of relevant literature, expert opinions, and work by Mollica (2002) describing state residential care and assisted living policy to develop a provider-based typology of long-term care places. The typology was further refined during the course of a two-day expert meeting convened by NCHS in January 2004.

State Residential Care and Assisted Living Policy: 2004
ASPE provided funding to RTI International to update a 2002 compendium of assisted living. The compendium describes regulatory provisions and Medicaid policy for residential care settings in all 50 states and the District of Columbia. The report summarizes state licensing and regulatory approaches, and describes various aspects of residential care including negotiated risk agreements, occupancy requirements and privacy provision, disclosure requirements and residency agreements, admission and retention criteria, levels of licensure, services, quality assurance and monitoring, medication administration, training requirements, provisions for residents with Alzheimer's Disease and Dementia, staffing and training, and public financing (Mollica and Johnson-Lamarche, 2005).

The Size of the Long-Term Care Population in Residential Care: A Review of Estimates and Methodology, 2005
ASPE contracted with the Urban Institute to understand how different definitions and variations in methodology used in national surveys and the Decennial Census contribute to a range of estimates of the long-term care population in residential care (Spillman and Black, 2005). The definitional and methodological issues discussed in the report provided valuable information in developing the survey design, and the development of a sampling frame and questionnaires for the national survey of residential care facility.

AHRQ Efforts Related to Assisted Living/Residential Care, 2005
AHRQ has funded three relevant projects. The first project, conducted by Westat, Inc., reviews long-term care tools and instruments that have been developed to: (1) determine the availability and types of services provided in assisted living/residential care, (2) assess the quality of care and services delivered, and (3) develop quality of life measures that could be used or adapted for assisted living. The second project, conducted through AHRQ's CAHPS® Consortium (a series of cooperative agreements with the American Institutes for Research, Harvard Medical School, and RAND) used a series of focus groups of assisted living stakeholders to determine the needs and priorities for developing improved consumer information and tools. The third project, conducted by Westat and the National Academy for State Health Policy, reviews how states monitor assisted living and disseminate information to consumers. The study also identifies barriers to providing information and identifies tools that states could use to help consumers choose facilities that meet their needs.

Current national data collection efforts are limited in their ability to estimate the size and characteristics of residential care facilities and the number and characteristics of residents in them. The Medicare Current Beneficiary Survey, the National Long-Term Care Survey, and the Health and Retirement Survey cover the residential care population to varying degrees, but their

small sample sizes of persons in RCFs limit the ability to conduct in-depth analyses by type of residential care facility or specific subpopulations of residents (Spillman & Black, 2005).

The U.S. Census Bureau conducts two surveys which focus on housing, the American Housing Survey (AHS) and the American Community Survey (ACS). The American Housing Survey has been conducted on a biannual basis since 1997 and focuses on housing units. A housing unit is a house, apartment, flat, manufactured home, or group of rooms. The AHS does not include residential care facilities. The ACS collects information such as age, race, income, commute time to work, home value, and other data from U.S. households. In 2006 they expanded their definition of U.S. households and now include some residential care facilities. However, the ACS is a population-based survey that cannot produce national estimates of the number of residential care facilities in the U.S.

Further, no national data collection effort similar to the National Nursing Home Survey currently exists for residential care facilities and their residents. The NSRCF will focus directly on this population and the providers of their care and will enable research and analysis on a range of issues of interest to federal and state policymakers, researchers, and providers. Data from the NSRCF will give the DHHS a database that complements other federal surveys and fills a significant data gap about a major portion of the LTC population.

5. Impact on Small Businesses or Other Small Entities

Questions contained in the data collection instruments have been held to a minimum required to describe the characteristics of residential care facilities and the residents who live in them. In addition, the number of residents about whom information will be collected is based on the size of the facility. For small and medium sized facilities data will be collected for only three residents, compared to five for large facilities, and nine for very large facilities.

Smaller facilities have fewer staff and often provide fewer services; therefore much of the detail on the services provided will be skipped in smaller facilities. Administrative burden will also be reduced in smaller facilities because they have fewer residents and will know the residents well, eliminating the need to review records to obtain answers to many questionnaire items.

6. Consequences of Collecting the Information Less Frequently

This survey has not been conducted in the past. Approval is sought for a one-time data collection. The data collected will provide the most current data possible for health policy analysts, researchers and for the numerous other users of the data.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320

There are no special circumstances.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A. The 60-day notice soliciting comments on this new data collection project named: National Survey of Residential Care Facilities was published on September 28, 2007. A copy of the *Federal Register* notice and one comment received to which no response was necessary can be found in **Attachment B.1 and B.2**.

B. (a) On March 21, 2006, ASPE convened a Technical Expert Panel (TEP) consisting of a panel of experts in the field of residential care, survey design, and statistical methods to discuss and provide comments on the Survey Design Options Memo and a Survey Domains Memo developed by RTI International. During this one-day meeting, the group of experts discussed the content of these materials and provided input on questions such as:

- How the universe of residential care facilities should be defined;
- What the sample design, sample size, and statistical power should be for both facilities and resident surveys;
- What survey domains should be included, and the best source of information for the data elements; and,
- What design option should be used for the survey?

A list of TEP members is included as **Attachment C**.

(b) In August 2006, RTI International consulted with two experts in residential care on the process for constructing a sample frame of residential care places.

(c) In September 2006, a subset of the TEP provided written comments on the draft survey instruments, paying particular attention to the content and the wording of questions in the facility and resident questionnaires. Revisions were made to the instruments based on their comments and circulated to the ASPE, AHRQ and NCHS project staff for review and comment. There were no major problems with the survey instruments that could not be addressed. A list of those who reviewed and provided input into the content of the survey instruments is included in **Attachment D**. The OMB package was reviewed by members of the Interagency Form on Aging outside of DHHS. Members of the Form's Planning Committee were allowed a two-week review ending October 30, 2007. Representatives of several agencies requested the two major questionnaires (facility and resident). Minor changes to the supporting statement were made and suggested changes to the questionnaires are being incorporated.

(d) NCHS, ASPE, VA, and AHRQ have collaborated extensively on the design and implementation of the national survey of residential care facilities. Regular conference calls and meetings were held to discuss and prepare for this data collection effort.

(e) Letters of endorsement will be obtained from organizations that represent the residential care and assisted living industries. We plan to seek endorsements from the following organizations:

- American Association of Homes and Services for the Aging
- American Seniors Housing Association

- Assisted Living Federation of America
- Consumer Consortium on Assisted Living
- National Center for Assisted Living, and
- Center for Excellence in Assisted Living (an umbrella organization including the previous five as well as others).

9. Explanation of Any Payments or Gifts to Respondents

Study payments, gifts, or incentives will not be made to administrators for agreeing to participate and completing the facility questionnaire in either the pretest or the national study. Likewise, no payments will be offered to staff caregivers who agree to complete a questionnaire for sampled residents.

10. Assurance of Confidentiality Provided to Respondents

This submission has been reviewed for Privacy Act applicability and it has been determined that the Privacy Act applies under 09-20-0167 Health Care Statistics.

Confidentiality protection will be provided to respondents as assured by Section 308(d) of the Public Health Service Act (42 USC 242m) as follows:

"No information, if an establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under section... 306 may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented (as determined under regulations of the Secretary) to its use for such other purpose and (1) in the case of information obtained in the course of health statistical or epidemiological activities under section... 306 such information may not be published or released in other form if the particular establishment or person supplying the information or described in it is identifiable unless such establishment or person has consented (as determined under regulations of the Secretary) to its publication or release in other form."

In addition, legislation covering confidentiality is provided according to section 513 of the Confidential Information Protection and Statistical Efficiency Act (PL-107-347) which states:

“Whoever, being an officer, employee, or agent of an agency acquiring information for exclusively statistical purposes, having taken and subscribed the oath of office, or having sworn to observe the limitations imposed by section 512, comes into possession of such information by reason of his or her being an officer, employee, or agent and, knowing that the disclosure of the specific information is prohibited under the provisions of this title, willfully discloses the information in any manner to a person or agency not entitled to receive it, shall be guilty of a class E felony and imprisoned for not more than 5 years, or fined not more than $250,000, or both.”

Data will be treated in a confidential manner. The process of informing respondents of the procedures used to keep information confidential begins with materials mailed in advance to facility administrators and will carry through to interviewer training and all communications with the facility staff. Materials will include specific references to protections for the facility as well

as for residents. These materials will include all elements of informed consent including the purpose of the data collection, the voluntary nature of the survey, with whom the information will be shared, and the effect upon the respondent for not participating. These materials will also emphasize and detail procedures intended to keep facility and resident information confidential by the data collectors.

To further aide interviewers in guarding the confidentiality and security of data, all data collected in this project will be collected on laptops that are secured with encryption software. RTI International, the data collection contractor, requires PointSec® software (www.pointsec.com) to be installed on every computer used for data collection. This software encrypts data contained on the computer and has two levels of password protection. In the event of computer theft or other loss of the computer, the PointSec® software prevents unauthorized access to any data on the computer, thereby adding an extra layer of security and confidentiality to the data.

All informed consent procedures and methods for maintaining confidentiality were reviewed and the protocol approved by NCHS' Ethics Review Board (ERB) (**Attachment L)**. The ERB has notified us that informed consent from the residents would not be required if the private information collected about the residents from facility staff is not associated with the residents' names or other identifying information. No names or identifying information are being collected about the residents.

11. Justification for Sensitive Questions

The majority of items on the questionnaires for residential care facilities and their residents are not sensitive in nature.

Our study protocols and instruments do not contain questions about sensitive issues such as sexual preferences or attitudes, or about potentially illegal behaviors, such as use of illicit drugs. Moreover, we do not ask about religious preferences or beliefs. We do ask facility staff for information about residents that may be considered private, such as continence, and resident's behavior, which includes socially inappropriate or physically abusive behaviors. However, since one of the expected uses of the data collected in this survey is to understand the nature of the disabilities and care needs of individuals in residential care facilities, it is important to collect this information.

Questions that may appear sensitive such as charges and cost for service are included in the questionnaire. However, these are well-established questions similar to those used extensively in previously OMB approved surveys with no evidence of harm. As described earlier, all respondents are assured of the confidentiality of the data at the outset of the interview and informed that they do not have to answer any questions with which they are uncomfortable.

Ethics Review Board (ERB) approval of the protocol has been obtained to assure human rights are protected. Since the NSRCF does not involve collecting protected health information (e.g., personal identifiers such as name, social security number, birth date, and Medicare/Medicaid numbers), the survey is not subject to the Privacy Rule, mandated by the Health Insurance Portability and Accountability Act (HIPAA).

12. Estimates of Annualized Burden Hours and Costs

A. Burden Hours

In the pretest it is expected that 75 facilities will respond from a sample of 110 selected to participate in the survey. A total of 75 facility administrators will be interviewed, and a sample of 380 residents will be surveyed in the pretest following a design similar to the full survey. Information about residents will be obtained from about 75 facility staff serving as respondents to complete a questionnaire on each sampled resident. Residents themselves will not be interviewed. The average annual burden for the pretest over the three year clearance is shown in Table 1 with 25 facilities and approximately 125 residents (see line 4, 25 staff times 5 residents equals 125 residents). The estimate of annualized burden for the pretest is 90 hours.

For the national survey it is expected that 2,250 facilities will respond from a sample 3,300 facilities expected to participate in the survey. A total of 2,250 facility administrators will be interviewed, and a sample of about 10,150 residents will be surveyed in the national survey. Information about residents will be obtained from facility staff serving as respondents to complete a questionnaire on each sampled resident. Resident will not be interviewed. Table 1 also includes the average annual burden for the national survey over the three year clearance which will include approximately 750 facilities and 3,750 residents (line 8 ,750 facility staff times 5 residents equals 3,750 residents). The estimate of annualized burden for the national survey is 2,688 hours.

The annualized grand total burden is 2,778 hour for the pretest and the national survey. All forms used in this survey are described in B.2.

Table 1. Estimated Annualized Burden Hours

Pretest				
Type of Respondent	**Number of Respondents**	**Number of responses/ respondent**	**Average Burden/ response (in hours)**	**Annual Response Burden (Hours)**
Facility Administrator (Facility Screener)	25	1	10/60	4
Facility Administrator (Advance Data Collection Form)	25	1	15/60	6
Facility Administrator (Facility Questionnaire)	25	1	40/60	17
Facility Staff (Resident Questionnaire)	25	5	30/60	63
Total – Pretest				**90**
National Survey				
Facility Administrator (Facility Screener)	750	1	10/60	125
Facility Administrator (Advance Data Collection Form)	750	1	15/60	188
Facility Administrator (Facility Questionnaire)	750	1	40/60	500
Facility Staff (Resident Questionnaire)	750	5	30/60	1,875
Total –National Survey				**2,688**
Total Pretest and National Survey				**2,778**

B. Cost to Respondents

The only cost to facilities is the time of administrators and facility staff used to participate in the survey. The annualized cost for the Pretest is $1,600 (Table 2). The estimated annualized cost for the national survey is $47,949 (Table 3).

Table 2. Estimated Annualized Cost for the Pretest

Type of respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
Facility Administrator	27	$34.37[1]	$928
Facility Staff	63	$10.67[2]	$672
Total			**$1,600**

Information on salaries of facility administrators was obtained from the following website http://www.bls.gov/oes/current/oes119111.htm#ind. The closest description to residential care facility administrators is the nursing facility management category. According to the website, Nursing Care Facilities is part of NAICS 623000 - Nursing and Residential Care Facilities.

[2] Information on salaries of direct care workers was obtained from the following web site http://www.directcareclearinghouse.org/s_state_det.jsp?action=view&res_id=52&x=13&y=13. The hourly rate for a Certified Nurse Assistant was used to calculate the total cost to the respondent.

Table 3. Estimated Annualized Costs for the National Survey

Type of respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
Facility Administrator	813	$34.37[1]	$27,943
Facility Staff	1,875	$10.67[2]	$20,006
Total			**$47,949**

Information on salaries of facility administrators was obtained from the following website http://www.bls.gov/oes/current/oes119111.htm#ind. The closest description to residential care facility administrators is the nursing facility management category. According to the website, Nursing Care Facilities is part of NAICS 623000 - Nursing and Residential Care Facilities.

[2] Information on salaries of direct care workers was obtained from the following web site http://www.directcareclearinghouse.org/s_state_det.jsp?action=view&res_id=52&x=13&y=13. The hourly rate for a Certified Nurse Assistant was used to calculate the total cost to the respondent.

13. Estimates of Other Total Annual Cost Burden to Respondents or Record keepers

Not applicable to this survey. There are no additional costs to the respondents.

14. Annualized Government Cost

The estimated total cost to the Government is shown in Exhibit 1.

Exhibit 1. Estimated Annualized Costs to the Government

Item/Activity	Details	$ Amount
NCHS oversight of contractor and project, editing, weighting, and analyzing data	Cost for staff, travel, and supplies	$435,382
Data Collection (Contractor)	Professional Labor (6,860 hours), Field and Clerical Labor (24,361 hours), Consultants (64 hours), Field Interviewer costs, including training, travel, and data collection costs, and ODCs	$1,618,011
Estimated Total Cost		$2,053,393

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publications and Project Time Schedule

OMB clearance is requested for a period of 3 years. Major milestones and the corresponding due dates are shown in Exhibit 2. A pilot test of 9 facilities will begin in March 2008. We expect results of the pilot test will result in only minor modifications to the data collection instruments and protocols. Data collection for the pretest is planned for June and July of 2008. The national survey is planned for February through August 2009.

A public use data file with no identifiers and no linking information will be made available from the national survey. NCHS will also release standard publications based on the data collected in the national survey.

Exhibit 2. Major Milestones and Planned Dates

Pilot Test	
Recruiting Facilities	02/2008
Recruiting Interviewers	02/2008
Train Supervisors and Interviewers	03/2008
Conduct Pilot Test	03/2008
Pilot Test Report and Data Files	04/2008
Pretest	
Sample for Pretest	03/2008
Train Supervisors and Interviewers	06/2008
Conduct Pretest	06/2008
Conclude Pretest	08/2008
Pretest Data Files	09/2008
Pretest Report	10/2008

National Survey	
Sample for National Survey	11/08
Train Supervisors and Interviewers	01/09
National Survey Begin	02/09
National Survey End	08/09
Final Data Collection Report	11/09

17. Reason(s) Display of OMB Expiration Date is Inappropriate.

No exemption requested.

18. Exceptions to Certification for Paperwork Reduction Act Submission

No exceptions requested.