Supporting Statement B for Paperwork Reduction Act Submission for

National Survey of Residential Care Facilities

Revised OMB Application

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B. Statistical Methods

1. Respondent Universe and Sampling Methods

The primary goal for NSRCF is to provide a general purpose 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 facilities, with the survey gathering as much information about residents as is possible within the budget constraint.

NSRCF involves a two-stage probability-based sample design. The first stage of selection will be the facilities; the second stage will be the current residents of these facilities.

Facilities

The following criteria will be used to determine the universe of residential care facilities which are eligible for selection in 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 help with activities of daily living (e.g., bathing, eating, dressing) or health-related services (e.g., medication supervision); serve primarily an adult population; and have at least four beds. Nursing facilities and facilities licensed to serve exclusively persons with mental illness or individuals with mental retardation or developmental disabilities are excluded.

The eligibility definition encompasses many types of residential care facilities, including assisted living facilities that arrange for personal care services from an outside vendor, as in Connecticut and Minnesota. Excluded are nursing facilities; facilities that serve predominantly people with mental retardation/developmental disability; group homes and residential care facilities serving predominantly persons with mental illness; and other residential care settings where personal care or health related services are not arranged or provided. Unregulated facilities are also excluded.

The original scope of the survey was to include only facilities that served the predominately elderly population. However, while conducting cognitive interviews with a sample of eight facilities, we were alerted to a potential issue concerning facilities whose residents are not predominately elderly. Several small facilities contacted served adult residents who were mostly under age 65. The decision was made to expand the target population to include adult residents in the 18-65 age group. The definition of residential care facilities being used for this survey reflects this decision.

The NSRCF sampling frame will be constructed from lists of licensed residential care facilities (i.e., facilities that are licensed, registered, listed, certified, or otherwise regulated by the state)

acquired from the licensing agencies in each of the 50 states and the District of Columbia. State data on the number of licensed beds for each facility and the licensure categories will be used to determine the list of eligible facilities. The lists of residential care facilities from state licensing agencies will be checked for duplicate facilities and concatenated to form a list of all residential care facilities. The sampling frame for NSRCF will contain all of the state-licensed residential care facilities that are licensed for four or more beds. Based on a frame developed by Social and Statistical Systems, Inc. (SSS) for AHRQ, we estimate that there are 55,538 residential care facilities nationally with 1,310,697 beds.[1]

The SSS sampling frame was used for the 75-facility pretest. NCHS will receive a new, updated sampling frame derived from state licensing and other lists in December 2009. A stratified random sample of approximately 3,600 facilities will be selected for NSRCF, where strata are defined by facility bed size. Based on a a 75% eligibility rate and a 90% response rate, we expect to interview 600 small facilities, 650 medium facilities, 650 large facilities, and 350 very large facilities for a total of 2,250 facilities (see Exhibit 3).

The pretest showed that small facilities had a relatively higher ineligibility rate. To overcome this problem, smalls will be oversampled during the national data collection. In an attempt to conserve field costs, a part of the sample from the stratum of small facilities will be held in reserve and samples will be released for field work only as needed to achieve 600 interviews with in-scope facilities from that stratum.

Residents

Within each of the participating residential care facilities, a facility staff person will obtain or create a list of current residents as of midnight the day before the interview. After cleaning the list of duplicates and other residents not current as of midnight, the interviewer will enter into the CAPI system the total number of current residents on the list. The CAPI system will return the line numbers of the residents sampled for NSRCF. The number of residents sampled by size of facility is displayed in Exhibit 3.

Exhibit 3: Strata and Expected Sample Size for 2009 National Survey of Residential Care Facilities

Strata Definition	Number of Facilities[1]	Number of Residents per facility/total[1]
Very large facilities (> 100 beds)	350	6/2,100
Large facilities (26 to 100 beds)	650	4/2,600
Medium facilities (11 to 25 beds)	650	3/1,950
Small facilities (4 to 10 beds)	600	3/1,800
Total	**2,250**	**8,450**

[1] Completed interviews

In the national survey, selection of the resident sample in each facility will employ Chromy's method for sequential random sampling (Chromy, 1979; Williams and Chromy, 1980). The use

[1] This estimate is for all residential care beds, including those in facilities with apartments or of other types of private and semi-private units.

of Chromy's method for sequential random sampling will allow the flexibility of using any list that the facility has available for indexing the current residents to facilitate the resident sample selection, and a simplified version of the sampling method can be programmed into the CAPI application without sacrificing the ideal properties of the selection method.

Chromy's method divides the sampling frame into m zones and randomly selects a single sampling unit within each zone. In NSRCF, m will be equal to 6, 4, or 3, depending on the number of beds in a facility (see Exhibit 3). Chromy's method is similar to systematic random sampling; however, it will minimize bias that might occur in a systematic random sample. If a facility provides a list of residents by living units (e.g., apartments, rooms) rather than by residents and if there is an underlying pattern among these units that coincides with the skip intervals of the systematic random sample selection procedure, the systematic random sampling procedure could systematically skip certain types of residents. When the facility provides a list of living units, it will be necessary to first select living units and then residents within the selected living units. Even though the probability of obtaining a biased sample from systematic random sampling may be small, the use of sequential sampling will make the occurrence of a biased sample less prevalent.

In order to track the completion of the resident questionnaires, the CAPI will create a roster of the initials of selected residents.

The director will identify a facility staff member who is knowledgeable about each selected resident. Examples of knowledgeable staff include a personal care aide or a nurse assistant who regularly cares for the resident, an LPN on duty at the time of the interviewer's visit, a floor or desk supervisor, or the director. Because the questionnaire about residents will be conducted with facility staff after the facility director has agreed for the facility to participate in the study, we are assuming a 100% response rate for the resident survey.

In analyzing sample design options for NSRCF, stratified, probability proportional to size (PPS), and stratified PPS approaches were evaluated. From among the many possible stratification variables, bed size will be used as the stratification variable since it is related to many policy variables of interest. In addition, a stratified sample (as opposed to PPS or stratified PPS strategies) will be used since it consistently requires the fewest facilities to achieve minimally acceptable statistical power (ability to detect a 7% difference with equal sized groups with 80% power). With this strategy, facility-level estimates have priority over resident-level statistics.

2. Procedures for the Collection of Information

Initial Contact with Sampled Facilities

The survey will begin with an initial telephone call to the facility to obtain or confirm the director's name and to confirm the facility mailing address, followed by the mailing of an advance package to the director of the sampled facility. Recruiters will use the Advance Package Call document (see Attachment F) to guide them through the process of making calls to the facility to obtain or verify the contact information. The Advance Package Call document includes answers to frequently asked questions (FAQs) and instructions about callbacks and

voicemail messages. The advance package will contain an advance letter introducing the study, a Frequently Asked Questions document, the ERB approval letter, a letter of support from key associations that represent residential care providers, a Confidentiality brochure, and an NSRCF brochure. All advance materials have been approved by the Ethics Review Board (see Attachment E) and the contractor's Institutional Review Board.

The advance letter will be personalized with the name of the facility director listed on the sample frame or obtained during the initial call to the facility. If the specific name of the director is not available from the frame or the pre-screening call, the letter will be addressed to "Administrator/Director." The letter will inform the administrator of the purpose and content of the survey. It will also inform facility directors that a representative from the data collection contractor will call to ask their permission to visit the facility to conduct the survey. The mailing date information will be part of the case record of the facility. In addition to explaining the confidentiality of the information provided and the voluntary nature of participation, the letter includes a reference to the legislative authority for the survey and an explanation of how the data will be used. This letter will emphasize that data collected about the facility and its residents will never be linked to their names or other identifying features.

In situations where two or more sampled facilities are identified as belonging to the same chain, a copy of this letter will be mailed to the corporate office of the chain. The letter will serve to inform corporate office staff about the survey, so that if facilities say that they need permission to participate, the corporate office will have knowledge of the study. If during the recruitment process a sampled facility director says s/he cannot participate without approval from the corporate office, project staff at the data collection contractor's office with knowledge of the residential care industry may make personal telephone calls to the corporate offices, as necessary to improve response rates. The context of the call will be (1) to confirm receipt of the materials; (2) explain the purpose of the study; (3) provide answers to any concerns raised; and (4) attempt to gain cooperation.

Frequently asked questions (FAQ) were designed to address what are expected to be the primary concerns of facility directors and staff about confidentiality and response burden. Feedback from cognitive testing, the pilot test, the pretest, and review by CEAL board members (residential care provider associations representatives) contributed to the development of the FAQs document.

A joint letter of support from a group of residential care provider organizations that was used for the pretest (see Attachment F) will be used during national data collection, with one exception. The logo for Board and Care, an organization which represents smaller residential care facilities, will be added to the list of logos in the letter. As in the pretest version, the letter of support will also have the logo of the following organizations:

- American Association of Homes and Services for the Aging
- American Seniors Housing Association
- Assisted Living Federation of America
- National Center for Assisted Living

Within five business days after the advance package has been mailed, a recruiter will contact the sampled facility by telephone. During the call, the recruiter will speak with the director, confirm

receipt of the advance package, answer questions about the study, screen for eligibility, set the appointment, and notify the director that a confirmation package will be sent to them.

The recruiter will use a screening questionnaire (see Attachment G) to confirm that the facility is eligible for the survey, outline all informed consent procedures and methods for maintaining confidentiality, set up an appointment for the in-person data collection and tell the director what will be involved in their participation in the survey (i.e., that facility staff will be asked to assist with resident sample selection and to complete interviews about sampled residents). All elements of consent will have been covered with the facility director by this point in the process; therefore, if the director agrees to set an appointment for the in-person interview, the facility director has effectively consented to participate in the survey.

The Screening Questionnaire is designed to verify information in the sample frame. This screening questionnaire is programmed into the CAPI system, and will also be used to determine if the sampled facility is part of a larger complex that may include out-of-scope units, such as a nursing home or hospital. Facilities that do not meet the eligibility criteria will be dropped from the survey and coded as "ineligible."

For facilities determined eligible, the recruiter will attempt to arrange an appointment for the in-person interview. As stated above, the recruiter's aim is to speak with the director to confirm whether s/he received the advance package. The recruiter will have a Set an Appointment Call document to ensure that key text summarizing the survey is read to every director in the same way (see Attachment H). To respond to other questions the facility director may have, recruiters will refer to a bulleted list of FAQs (see Attachment H**)**. Recruiters will be trained to fluidly and confidently articulate the purpose of the study as guided by the Set an Appointment Call document and FAQs.

As part of this conversation, the recruiter will also explain that she will mail an appointment confirmation package (see Attachment H) that includes a personalized confirmation letter that will note the date and time of the scheduled in-person visit and the Pre-Interview Worksheet with instructions for its completion.

The Pre-Interview Worksheet, a subset of the questions from the facility questionnaire that we highly recommend the director complete in advance (see Attachment H), addresses topics, such as resident fees, that might require a respondent to refer to other sources in the facility or require some simple calculation. Completing this information in advance of the in-person interview is expected to reduce survey administration time during the in-person visit. The intention is to provide facility staff an opportunity to prepare responses to certain items in the questionnaire that may require investigation of records or other information sources.

During the initial telephone call, the recruiter will also explain the need to interview facility staff about a sample of residents. She will explain the need for a private place to conduct interviews so that the confidentiality of the residents is not compromised.

At the close of the screening and appointment setting call, the recruiter will mail the confirmation package described above to the participating facility.

All enrollment procedures were tested as part of a pilot test with five facilities and as a part of the pretest with 72 facilities.

No remuneration of participating facilities is planned.

Conducting the Interviews

The facility and resident questionnaires, and the resident selection module, are programmed into the CAPI system and completed during the onsite interview.

Upon arrival at the facility, the interviewer will explain the data collection procedures. Ideally, the interviewer will then complete the facility questionnaire with the director or a designee. However, to further reduce burden on facilities, the interviewer will remain flexible in arranging interviews and the CAPI system will allow the completion of the questionnaires in any order. The facility questionnaire collects data about facility characteristics (e.g., size, age, types of rooms), services offered, characteristics of the resident population, facility policies and services, costs of services, staffing, and background of the director. The facility questionnaire is included in Attachment I.

After completion of the facility questionnaire, the interviewer will explain the procedure for sampling residents (see Attachment J). The director or designated staff person will obtain or create a list of current residents as of midnight the night before the interview. After removing duplicates and other names that were not current residents from the list, the interviewers will sequentially number each resident on the list. The interviewers will enter only the total number of current residents on the list into the CAPI resident selection module, and the CAPI system will return the line numbers for the number of residents sampled for the survey based on the facility bed size reported by the facility respondent during data collection (see Exhibit 3). All lists with resident names or identifiers will be retained by the facility; however, in order to track the completion of the resident questionnaires, the CAPI system will create a roster of the initials of the sampled residents.

Once the resident sample has been selected, the interviewer will ask the director for the names of the staff caregivers who know the sampled residents best and will ask to be introduced. Examples of knowledgeable staff caregivers include a nursing assistant who regularly cares for the resident, an LPN on duty at the time of the interviewer's visit, a floor or desk supervisor, or the director. Interviewers will be encouraged to complete all resident questionnaires in a private place, such as an office or a conference room. Staff caregivers will be interviewed during the least disruptive times, allowing for breaks between interviews as needed.

The resident questionnaire collects information on resident demographics, current living arrangements within the facility, involvement in activities, use of services, charges for care, health status, and cognitive and physical functioning. Because health and administrative records will vary greatly across facilities, the resident questionnaire asks only a small number of items that might require referring to a resident's records. The resident questionnaire is included in Attachment K.

All supervisors, recruiters, and interviewers working on NSRCF will be required to take part in and complete a comprehensive training program designed for NSRCF. We will train field supervisors and other study staff on NSRCF data collection procedures in a Train the Trainers (TTT) session. The goal of TTT is to ensure that trainers have a firm understanding of the training materials and the expectations set forth by the training program before the interviewer training. TTT session will be conducted with formal lecture, role-play, written exercises and practice interviews. NCHS staff and staff from other collaborating interested federal agencies will observe this training session. The training format and materials used during the training sessions will be the same as those used for the pretest, with appropriate modifications made based on the pretest experience.

Recruiters will be required to read a recruiter manual, attend an in-person training, and complete a home study. The Recruiter Manual will discuss all recruiting procedures which will be taught and expanded upon in in-person training. Recruiters will receive the Recruiter Manual approximately one week prior to training. They must read it and complete the associated home study exercise prior to attending in-person training.

Training requirements for interviewers will include reading the appropriate field manuals and completing home study exercises before the training session and attending a five-day training session. The training program and materials will be designed to provide the field staff with the information necessary to successfully carry out all data collection activities and responsibilities.

Interviewer training will use techniques such as written exercises and practice or mock interviews that are designed to reflect actual interview situations. All trainees will be required to pass a written examination at the end of the training session before they will be certified to work on this study. Those who do not perform well during the training or who fail the certification process will be given additional remedial training. If they do not pass the certification test after the special training, they will not be permitted to work on the study.

To the extent possible and reasonable, interviewers who worked on the pilot test and pretest will be retained for the national study. Given the size of the national study and the fact that the sample will not be clustered, many more interviewers will need to be hired and trained.

Interviewers will then be trained in a 5-day training session led by the contractor data collection management team with assistance from field supervisors and other project staff who were trained during the TTT session. Interviewers will be trained using the same techniques described for the pretest. Training will include computer training, facility data collection procedures, and security and confidentiality issues. Interviewers who are not CAPI proficient will attend a technical training prior to the main training session.

To ensure accurate entries on the questionnaire, interviewers will rely on instruction received during interviewer training, an interviewer manual, CAPI programmed instructions to answer respondent questions, and a detailed list of definitions of items. Besides the core statements read to each respondent on the purpose of the survey, procedures to protect confidentiality, and the voluntary nature of the survey, the interviewer will also be able to explain the interview process to respondents.

Quality control of the survey responses is handled within the CAPI system itself. CAPI will check for completeness and consistency of responses, and will ensure the proper skip patterns are followed. Field observations will be conducted by field supervisor staff. Observations will focus on inexperienced interviewers and interviewers who showed shakiness in training. Observations will be made by the contractor in the first six weeks of the 24-week interviewing period. During each observation, the interviewer will be rated on items such as reading questionnaire text verbatim, using correct probing techniques, and answering respondent's questions. NCHS staff may also observe both facility and resident interviews. For every observation which requires follow-up, RTI will send a form to the field supervisor listing the interviewer, the date of the interview, the point which needs to be explained or retrained, and an assessment . Retraining of interviewers will occur as needed. Retraining typically involves exercises and a quiz after the retraining. Explaining mistakes and retraining is a one-on-one discussion between the interviewer and his/her field supervisor, though RTI will monitor that this discussion takes place. Following retraining, the Field Supervisor will call the interviewer after their next interview and will discuss in detail how the portions of the interview on which the FI was retrained went. The field supervisor will assess how well the interviewer applied the lessons from the retraining. If retraining was not successful, additional retraining and dismissal from the project are possible. The decision to dismiss or retrain will depend in large part on the severity of the problems identified and the field supervisor's assessment of the interviewers' capabilities to grasp the material.

At the end of the facility questionnaire (see Attachment I), the respondent will be informed that they may be called from the contractor's office to verify their participation in the survey. This procedure is designed primarily to serve as a deterrent to interviewer falsification. The data collection contractor will make sure the data verification sample consists of about 10% of each interviewer's completed cases, while ensuring that early cases completed by each interviewer are among the cases selected as part of the 10% sample. The Verification Form is shown in Attachment N.

At the conclusion of each in-person site visit, the interviewer will thank the director for his/her time and for contributing to the success of this important national study. The interviewer will give the director a Thank You Letter (see Attachment L).

The period of data collection will be determined based on time needed for expected completions and the availability of resources. In order to avoid a situation where many facilities are yet to be interviewed on the stipulated end date, the field supervisor will closely supervise recruiters and interviewers and monitor their workloads, and reassign as they may deem necessary. Secondly, there will be a very strong effort during the first wave of contacts, followed by persistent follow-up. The survey protocol will specify a certain number of contacts (calls) needed before a case will be considered as a noncontact or refusal. Each sampled case will receive the same field effort needed for contact and response. Apart from the direct efforts of the contractors, NCHS will receive weekly production reports that will show the contact/response trends at the national and regional levels and help to identify problem spots at a very early stage in the data collection process.

It will be important to thank facilities that have been fielded, but we did not interview, and also let them know that they will no longer be contacted for participation. RTI will send a letter (via regular mail) to these facilities (see Attachment L).

After the data have been processed, post-data collection edit checks have been completed, disclosure risk assessment has been done, and weights have been developed, a public use data file will be created. All data are weighted to national estimates using the inverses of selection probabilities, and adjusting for non-response within facility category. NCHS computes sampling errors using the SUDAAN software package.

3. Methods to Maximize Response Rates and Deal with Nonresponse

To maximize response rates, methods similar to those used in previous establishment surveys (e.g., National Home and Hospice Care Survey, National Nursing Home Survey) will be used.

Procedures to help reduce the likelihood of refusals (refusal aversion) include the advance letter (Attachment F) and other materials that stress the government's legal responsibility under the Privacy Act and other legislative mandates, and commitment to maintain confidentiality of facility and resident data and, by extension, the legal and ethical duties of the data collection contractor. A Frequently Asked Questions (FAQ) document will also be used by field staff to address questions and concerns that directors may have regarding participation. The joint letter of support by major residential care facility trade associations should also be helpful. Despite efforts to avert refusals, refusals and appointment cancellations can be expected during the recruitment and appointment setting phases. Field staff (recruiters and interviewers) will be trained so that if they encounter a potential refusal, they will listen to the concerns raised by the director and attempt to address these concerns. When appropriate, field staff will provide a few weeks' cooling off period before they call the facility again. Field staff will provide detailed notes of these exchanges, and discuss the best course of action with their supervisors.

Specialized refusal conversion letters were prepared based on concerns identified in the pilot and pretest and approved by NCHS's ERB, and will be used in the national study (see Attachment M).

Apart from refusal conversion at the facility level, field staff will also be trained to conduct refusal conversion at the corporate level if needed. Because some chains may own several facilities nationwide or regionally, refusals at the chain level could result in the loss of several facilities at once. In cases where a facility director says that corporate approval is needed to participate in NSRCF, a member of the contractor's NSRCF core team of substantive experts, all of whom have years of experience in LTC generally and residential care in particular, will contact the facility's chain corporate office to address concerns and try to convert the refusal and gain approval.

4. Tests of Procedures or Methods to be Undertaken

The initial test of the questionnaires was performed in May 2007 using cognitive interviews in eight facilities. Respondents were encouraged to give critical comments and opinions about terms used, vague questions, and other aspects of the process. Recommendations were

incorporated into the current version of the questionnaires.

Prior to the pilot and pretest, two internal iterative testing rounds of the CAPI system were done. An alpha test was conducted to confirm all the components of the questionnaires were programmed correctly. The beta test incorporated lessons learned from the alpha test and tested the complete system. The same procedures will be done for the national study, once recommended changes from the pretest are programmed.

A pilot test tested the questionnaire and the recruiting methods planned for the survey. The pilot test was undertaken with five facilities of various sizes. The pilot was used to develop and refine survey materials, test the survey procedures, test the facility screening questionnaire, and test the CAPI questionnaires.

A pretest of the questionnaire and all data collection methods were tested with 72 facilities from six states. Of the facilities approached and in-scope, 64% agreed to participate and completed the facility questionnaire, and 98.8% of them completed the resident questionnaire. The resident response rate of 98.8% is derived from the formula Cr/Nr, where Cr= the number of completed resident questionnaires (237 residents) and Nr= the number of residents sampled (240 residents). We expect a higher response rate for the national because we will be in the field longer to work cases, and we will pursue refusal conversion efforts. Also, the pretest sample was purposive, where facilities were chosen to uncover possible problems.

Recruiting methods, screening procedures, CAPI software applications, and questionnaire content were tested and assessed for quality, timeliness, and minimization of respondent burden. The sample management and data transmission systems were fully employed for the pretest and challenged for functionality and utility. Data collected during the pretest were reviewed for item non-response issues and data quality. Item non-response issues were minimal. Item non-response rates for the facility questionnaire ranged between 1% and 5.6%. Two items (i.e., average monthly rate for single occupancy in non-Alzheimer unit, average monthly rate for double occupancy in non-Alzheimer unit) that had four out of 72 respondents (5.6%) reporting "don't know" were largely due to the incorrect CAPI skip logic, which is being corrected for the national survey. For the resident questionnaire, the highest item non-response was for the question about the level of educational attainment of a sampled resident (12.5%). Although this is the item that has the highest non-response rate in the resident questionnaire, we decided to keep this measurement because it is our only direct socio-economic indicator. All other resident questionnaire items had a non-response rate less than 12.5%.

Data quality issues were minimal. The variation in responses for each item was adequate. For instance, when responses to functional limitation items in the resident questionnaire were compared to findings from other surveys, the responses seemed to adequately reflect the degree of limitations observed among residents in an assisted living/residential care population.

Questionnaire changes from the pretest to the national survey consist of the following types of revisions:

- Wording changes to address problems respondents had understanding the intent of the

question or answering the question correctly, or difficulties encountered for other reasons;

- Increased use of show cards with “select all that apply” response options to reduce the overall number of individual questions asked. For example, a show card is used in a series of questions about living arrangements, and follow-up questions are asked only about the ones selected from the show card;
- Re-ordering to improve question flow or questions being asked unnecessarily, given previous responses provided;
- Adding frequently reported “other response” options to stem question response choices and dropping many of the “Other- specify” questions;
- Revising response categories to more closely align with expected analytic groupings and to address respondent queries about response options. For example, in the resident questionnaire, for question R_C10h, "Does [resident’s initials] currently receive any assistance going outside the grounds of this facility?" a new response option "Does not go outside facility grounds" was added for respondents who could not answer either "yes" or "no" because they never left the grounds of the facility.; and
- Adding survey definitions, interviewer instructions, and streamlining explanatory text read to respondents.

The final facility screener is included in Attachment G, the final facility questionnaire is in Attachment I, the final resident questionnaire is in Attachment K, and the final resident selection questionnaire is in Attachment J. No additional questions are anticipated.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The following government employees are responsible for oversight on the design and data collection procedures for NSRCF:

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RTI International was awarded two contracts, one for the design of NSRCF and one for NSRCF data collection. ASPE leads the design contract and NCHS leads the data collection contract. The following RTI persons were responsible parties:

Design contract

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LIST OF ATTACHMENTS

Attachment A: NCHS Legislation – Section 306 of the Public Health Services Act (42 USC 242k)

Attachment B: Federal Register Notice

Attachment C: List of Technical Expert Panel Members

Attachment D: Questionnaire Reviewers

Attachment E: Ethics Review Board Approval

Attachment F: Advance Package Call Document, Advance Letter, Advance Frequently Asked Questions, Associations' Letter of Support, NSRCF Brochure, and Confidentiality Brochure

Attachment G: Facility Screener Questionnaire

Attachment H: Set an Appointment Call Document, Set an Appointment Frequently Asked Questions, Confirmation Letter, and Pre-Interview Worksheet

Attachment I: Facility Data Collection Questionnaire

Attachment J: Resident Selection Questionnaire

Attachment K: Resident Data Collection Questionnaire

Attachment L: Thank You Letter, Closure Letter to Non-Interview

Attachment M: Refusal Conversion Letters

Attachment N: Verification Form