

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

Set an Appointment Call Document for Recruiters

- OPEN FACESHEET TO FACILITY & DIRECTOR TAB AND REVIEW DATA.
- PLACE CALL.

SPEAKING TO RECEPTIONIST:

- Hello, my name is FIRST AND LAST NAME. May I please speak to NAME OF DIRECTOR regarding some materials that we sent to him/her by Fed Ex a few days ago?
- Is there a better time for me to reach NAME OF DIRECTOR?
- Would you be able to transfer me to his/her voicemail?
- Is there a direct number I could call? COLLECT NUMBER. Thank you for your help.
- Is there an email address I can use? COLLECT ADDRESS, VERIFY SPELLING. Thank you for your help.

SPEAKING TO DIRECTOR:

- Hello, my name is FIRST AND LAST NAME . I'm working on the National Survey of Residential Care Facilities, a study sponsored by the Centers for Disease Control and Prevention (CDC) and the National Center for Health Statistics.
- Have you had a chance to review the material that was sent to you by FedEx a few days ago? IF NECESSARY: It appears it was delivered by FedEx on DATE [FROM FEDEX.COM] and signed for by NAME [FROM FEDEX.COM]

READ MATERIALS

- Do you have any questions about the materials you received?

DIDN'T READ MATERIALS

- Shall I describe the survey to you now, or would you like me to call back after you (and your supervisor/national office/etc) have reviewed the materials

RESENDING MATERIALS (SEE MAILOUTS TAB)

- There was a package sent by Fed Ex on DATE (that was received on DATE OF RECEIPT and signed for by RECIPIENT). I can resend this if you would like.
- Let me verify that I have the correct address. READ FACILITY ADDRESS, CORRECT AS NEEDED. Is that correct? Is there a different mailing address?
- We'll send this within 2 business days. Thank you for your time. ARRANGE CALLBACK
- Would you like me to call back after you have reviewed the material or would you like me to describe the survey to you now?

DESCRIBE SURVEY

- The National Survey of Residential Care Facilities is the first national study of assisted living and residential care places and their residents.
- The purpose is to collect information about the characteristics of assisted living and residential care facilities, the services they offer, general information on staffing, resident demographics, resident health, and payment options from a nationally representative sample.
- A director is interviewed, but residents are not interviewed.
- The findings will provide critical input to national issues on residential care, which is an important component of the long-term care continuum in this country.
- See FAQs as needed.

CHAINS (SEE CHAINS TAB)

- We have a packet of information about the survey which we have sent to many of the national and regional chains. I would be happy to send this information to a person within your organization. GO TO CHAINS TAB. IF PACKAGE ALREADY MAILED: According to our records, we have sent information to a NAME at ORGANIZATION. Would you still like us to mail this information?

- To whom should we mail this information?
- Thank you. This packet will be sent within 2 business days.

VOICEMAILS – GENERAL NUMBER

- This is a message for DIRECTOR NAME. I am calling regarding some materials that we sent to him/her by FedEx a few days ago. My name is NAME OF RECRUITER and my phone number is TOLL FREE NUMBER. I will call back at a more convenient time. Thank you.
- LIMIT TO 2 MESSAGES LEFT ON GENERAL VOICEMAIL UNLESS YOU ARE PLAYING PHONE TAG.

VOICEMAIL – DIRECTOR'S DIRECT NUMBER

- I am calling regarding the materials we sent to you by FedEx a few days ago for the National Survey of Residential Care Facilities, a study sponsored by the Centers for Disease Control and Prevention and the National Center for Health Statistics. My name is NAME OF RECRUITER and my phone number is TOLL FREE NUMBER. Please return my call, or I will call back at a more convenient time. Thank you.
- LIMIT TO 2 MESSAGES ON DIRECTOR'S LINE UNLESS YOU ARE PLAYING PHONE TAG.

EMAIL – SEND IF MAXIMUM NUMBER OF VOICEMAILS HAVE BEEN LEFT

Dear NAME OF DIRECTOR/ADMINISTRATOR
NAME OF FACILITY

I am an RTI interviewer working on the National Study of Residential Care Facilities, a federally-sponsored statistical study conducted for the Centers for Disease Control and Prevention (CDC). This first ever national study of residential care providers will collect information about the characteristics of these communities and their residents. Your community was randomly selected to participate and will represent other communities like yours. It is important that we obtain data from all sampled communities in order to achieve accurate and complete statistics representative of all residential care communities.

This survey is supported by the National Center for Assisted Living, the American Association of Homes and Services for the Aging, the Assisted Living Federation of America, the American Seniors Housing Association, and the Center for Excellence in Assisted Living.

I have tried unsuccessfully to reach you by telephone. Can you please reply to this email, or call me toll free at RECRUITER TOLL FREE # so that I can answer any questions you may have and set the appointment for your interview? Many organizations and leaders in the long-term care community have expressed their support.

For more information about this study as well as and other studies of long-term care, please visit www.cdc.gov/nchs/nhcs.htm

Thank you,

RECRUITER FIRST AND LAST NAME

RECRUITER TOLL FREE NUMBER

COMPLETE THE SCREENER QUESTIONNAIRE

CANNOT SET APPOINTMENT NOW

- Is there a good time to reach you/RESPONDENT regarding setting the appointment to conduct the interview? ARRANGE CALLBACK.

SET APPOINTMENT NOW

- IF IT WORKS WITH RESPONDENT'S SCHEDULE, TRY FOR EARLY IN THE DAY, SUCH AS 9:30 AM
- Would you be able to complete the interview on _____?
- What is a convenient time for you/RESPONDENT?
- Where should we come when we arrive?
- Who should we ask for when we arrive?
- Is there parking?
- The interviewer will show ID.

- I will send you/RESPONDENT an appointment package. It has the appointment date and time, name of your interviewer, and a short worksheet to complete prior to the interview. The worksheet has factual questions about the facility. Some answers require you to reference records. We send it in advance so you/RESPONDENT will have the opportunity to do this before the interview. This will reduce the interview significantly.
- Should you have any questions, please call my supervisor FIRST NAME, LAST NAME toll free, at NUMBER.
- Would you like her email address as well? PROVIDE EMAIL IF NEEDED.
- We will give a reminder call a few days before the interview. Is there a specific number, cell phone number, or email you'd like us to use? It would be used for this reminder call only.
- Are there any questions I can answer for you?
- Thank you. Good bye

Set an Appointment Frequently Asked Questions for Recruiters

WHO SPONSORS THIS STUDY?

- This is a federally-sponsored statistical study.
- The two government agencies are National Center for Health Statistics in the Centers for Disease Control and Prevention, and the Assistant Secretary for Planning and Evaluation. I work for RTI International, a not-for-profit research institute located in North Carolina. RTI is the contractor conducting the interviews.

ENDORESEMENTS/SUPPORT

- This survey is supported by the National Center for Assisted Living, the American Association of Homes and Services for the Aging, the Assisted Living Federation of America, the American Seniors Housing Association, and the Center for Excellence in Assisted Living.

DESCRIPTION OF STUDY

- The National Survey of Residential Care Facilities is the first national study of assisted living and residential care facilities and their residents. The purpose is to collect information about the characteristics of assisted living and residential care places; the services they offer; and general information on staffing, resident demographics, resident health, and payment options from a nationally representative sample. A director and/or his/her designee is interviewed, but residents are not interviewed.

WHY STUDY IS IMPORTANT

- The findings will provide critical input to national issues on residential care, which is an important component of the long-term care continuum in this country.
- This information will be used to help owners and health care planners understand and plan for the long-term care needs of the U.S. population. Furthermore, results will be used to understand how facilities like this one meet the needs of elders and adults with disabilities.
- This is the first ever survey conducted to collect this type of information on a scientific, unbiased sample of residential care facilities nationwide.
- It is important that your community's voice is included in this survey's findings. There is a critical need to know what is happening as of 2010 in long-term care places such as yours, and the most reliable source for that information comes from conducting interviews directly with the communities themselves.
- Residential care has evolved to meet the changing needs of the American elderly. Information collected through this study will inform policy makers and other interested parties about your role and your efforts in meeting the changing needs of American elders.
- With the advent of a new era of health care reforms, policy makers are revisiting issues related to long-term care. Answer these questions to educate the policymakers about residential care in general, and the differences between residential care and other types of long-term care.
- With the current economic challenges facing our country, this is an opportunity to have your community's experiences represented in what policymakers consider in planning for the future of long-term care.
- [PARTICULARLY FOR SMALL PROVIDERS:] This study has purposely included small providers like you, because it is important that your experiences in providing for your residents be heard and understood by policymakers and others who plan for the long-term care needs of the country
- By participating in this survey, you can educate others about services you provide and challenges you face. This, in turn, will help policy makers and other interested parties make informed decisions on issues related to residential care facilities.
- While information on nursing homes and hospitals are routinely collected, currently there is little information on residential care facilities nationwide. This survey will enable the voice of the residential care and assisted living industry to be heard.

IS IT VOLUNTARY? IS IT REQUIRED?

- Your participation in this study is voluntary. However, your participation is needed to make this study a success.
- This site was chosen using a scientific process and cannot be replaced. If this site does not participate, its unique qualities will be lost and the data will overstate other facilities instead.

DON'T HAVE ENOUGH TIME

- We will work around your schedule. We understand if there are interruptions we will wait while you attend to your scheduled and unscheduled responsibilities.
- From the interviews we have completed thus far, we know how busy facilities are. We will wait for you. The interviewer will remain as needed and work around your schedule.

- The interview can be divided among different people, such as the director and patient care staff. That way, no one person is spending a long time.

HOW LONG WILL IT TAKE?

- It depends on the size of your facility. We understand that everyone is very busy. We are very flexible and work around your schedule.
- If you are a small facility, under 25 residents, just over 2 hours.
- If you are a medium facility, 26–100 residents, about 2 and a half hours.
- If you are a large facility, above 100 residents, about 3 and a half hours.
- We appreciate how busy facilities are. The interviewer will remain as needed and work around your schedule.
- The interview can be divided among different people such as the director and patient care staff. This will lessen the time for your staff.

WHY/HOW WAS THIS FACILITY SELECTED?

- Your facility was chosen using a random selection process based on your state list of facilities that hold a license as a residential care provider.

CAN YOU USE A DIFFERENT SITE INSTEAD?

- This site was chosen using a scientific process and cannot be replaced. If this site does not participate, its unique qualities will be lost and the data will overstate other facilities instead.

WHAT'S INVOLVED

- The study requires an interviewer to visit your facility/place: to collect information about your facility/place and staff and to collect medical and billing information about a sample of current residents. Residents will not be interviewed.

TYPES OF QUESTIONS IN QUESTIONNAIRES

FACILITY

- The facility questionnaire will ask about occupancy, policies, services, costs to residents, and staffing.
- The facility questionnaire takes about an hour to complete.

RESIDENT

- The resident questionnaire will ask about the resident's living arrangements, health status, and costs. Each resident sampled takes about half an hour to complete. No residents are interviewed directly—we talk only with staff.
- We will select **[FILL: 3, 4, or 6]** individual residents using an algorithm of the how many residents you are licensed for. Once the residents are selected, we will need to speak to someone who is both available and familiar with each resident. This person can be the director, a caregiver, or someone else within the facility.

CONFIDENTIALITY

- Confidentiality is ensured by federal law.
- All data you provide are confidential. Although I have to know the name of you and your facility for logistical purposes to set up the appointment, no names are included in the data, that is, not the facility name, your name, or the resident names.
- NSRCF is authorized by Congress in Section 306 of the Public Health Service Act (42 USC 242K). All information collected in this survey will be held in strict confidence according to law [Section 308(d) of the Public Health Service Act (42 United States Code 242m(d) and the Confidential Information Protection and Statistical Efficiency Act (PL 107-347)].

CHAIN

- A letter and packet of information describing this survey have been sent to the corporate office of CHAIN NAME in CITY.
- Would you still like us to mail information to CONTACT NAME AT CHAIN?
- To whom should we mail this information?

FOR MORE INFORMATION

- For an NSRCF Representative, 1-800-993-1330. **Note: Need to verify**
- Research Ethics Review Board at the National Center for Health Statistics toll-free at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol #2008-03.
- NCHS's branch number.
- Visit www.cdc.gov/nchs/nhcs.htm.

➤ **Confirmation Letter**

Dear _____:

Thank you for participating in the *National Survey of Residential Care Facilities* (NSRCF). As a reminder, an interviewer,

_____ will arrive at this facility on:
_____ at _____ AM/PM to conduct the interview.

In the interview we will ask questions about a small randomly selected sample of residents. **Please print a list of current residents of your residential care community as of midnight before the interview.**

The attached brief ***Pre-Interview Worksheet*** contains some of the questions that will be asked in the NSRCF interview. We have mailed this form in advance because providing accurate answers may require referencing reports or other sources of information. Having answers to these questions in advance **will reduce the overall time** of the interview.

If your community is part of a campus that includes other types of care, please obtain answers to these questions **only for the residential care portion** of the campus.

For the purpose of this study, **“residential care”** refers to a place which:

(1) is licensed, registered, listed, certified, or otherwise regulated by the state, (2) provides room and board, (3) provides around-the-clock on-site supervision (4) provides help with activities of daily living (e.g., bathing, eating, dressing) or medication supervision, (5) serves primarily an adult population, and (6) has at least four beds.

Here are some examples of what to include or exclude regarding residential care:

Please Include	Please Exclude
✓ Assisted Living	X Nursing Home
✓ Board and Care	X Rehabilitation Center/Hospital
✓ Personal Care Home	X Independent Living Apartments
✓ Community-based facility	X Hospital

While this is not an exhaustive list, this will give you an idea of components of your facility to include in completing this questionnaire. Please let us know if you have any questions regarding what to include or exclude.

If you have questions while completing this form or preparing the list, please call Sara Zuckerbraun at 800-334-8571 extension 25206.

Sincerely,

Angela Greene
Project Director
RTI International

Assurance of Confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347)

Pre-Interview Worksheet

Form Approved, OMB No. 0920-0780, Exp. Date __xx/xx/20xx

NOTICE: Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0780).

Assurance of Confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

2010 National Survey of Residential Care Facilities Pre-Interview Worksheet

Dear: _____

Thank you for participating in the *2010 National Survey of Residential Care Facilities (NSRCF)*. As a reminder, an interviewer, _____, will arrive at this facility on: _____ at _____ AM / PM to conduct the interview.

In the interview we will ask questions about a small randomly selected sample of residents. Please prepare a list of current residents of your residential care facility as of midnight before this interview date.

The Pre-Interview Worksheet in this packet contains some of the questions that the interviewer will ask you when she is on-site. Completing this form before she arrives **will reduce the overall time** of the in-person interview. It should only take you about 15 minutes to complete this form but gathering this information now will **help make the interview go more smoothly**.

If you have questions while completing this form, please call Sara Zuckerbraun at 1-800-334-8571 Ext 2-5206.

Sincerely,

Angela M. Greene
Project Director, RTI International

INSTRUCTIONS FOR COMPLETION

- Please complete these questions **PRIOR** to the on-site interview and respond to each question to the best of your ability. The accuracy of your answers is important to this survey.
- You may consult different people to complete this worksheet depending on their areas of knowledge and expertise.

This survey is about the characteristics of residential care facilities and the individuals who live in them.

"Residential care facilities are places that are...

- licensed, registered, listed, certified or otherwise regulated by the state and
- provide room and board with at least
 - two meals a day
 - around-the-clock on-site supervision
 - help with personal care such as bathing and dressing or health related services such as medication management.
- These facilities serve a predominantly adult population.
- Facilities licensed to exclusively serve the severely mentally ill or the developmentally disabled populations are excluded.

If your facility is part of a campus that includes other types of care besides residential care, please obtain answers to these questions **only for the residential care portion** of the campus.

- Please **include**: assisted living, board and care, personal care home, community-based facility.
- Please **exclude**: nursing home, rehabilitation center/hospital, independent living/apartments.

(While this is not an exhaustive list it will give you an idea of components of your facility to include in the questionnaire.)

A1. At this facility, what is the number of residential care beds? Include both occupied and unoccupied beds.

BEDS

A2. At this facility, what is the number of... residential care rooms or apartments, where residents live? Do not include rooms within apartments.

NUMBER ROOMS OR APARTMENTS

A3. What is the current number of residents living at this residential care facility?

RESIDENTS

FACILITY ROOMS

B1. How many rooms in this facility are . . .

- | | Number of Rooms |
|----------------------------------------|------------------------|
| a. Designed for one person? | <input type="text"/> |
| b. Designed for two persons? | <input type="text"/> |
| c. Designed for three or more persons? | <input type="text"/> |

FACILITY APARTMENTS

B2. How many apartments in this facility are...

- | | Number of
Apartments |
|------------------------------|---------------------------------|
| a. Studio Apartments? | <input type="text"/> |
| b. One Bedroom Apartments? | <input type="text"/> |
| c. Two Bedroom Apartments? | <input type="text"/> |
| d. Three Bedroom Apartments? | <input type="text"/> |

SOURCE OF PAYMENT

C1. During the last 30 days, how many of the residents had some or all of their long-term care services at this facility paid by Medicaid?

WAITING LISTS

D1. Does this facility currently have anyone who is on a waiting list to be admitted to this facility as soon as a place becomes available?

- YES
 NO → **SKIP TO SECTION ON RESIDENT TURNOVER**

D2. What is the current of people waiting to be admitted to this facility as soon as a place becomes available?

D3. What is the average length of time that prospective residents are to be admitted to this facility?

Please respond in months and/or days.

MONTHS

DAYS

RESIDENT TURNOVER

E1. How many residents moved into this facility over the past 12 months? Please count each couple as 2 residents. Also, do not include someone returning from a hospital stay if this facility held the bed for the resident. **Residents should only be counted once.**

ADMISSIONS IN PAST 12 MONTHS

E2. Over the last 12 months, how many residents moved out of this facility? Do not include deaths.

MOVED OUT IN PAST 12 MONTHS



IF "0", SKIP TO SECTION ON STAFFING

E3. Over the last 12 months, of those who moved elsewhere, how many left because the cost of care, including housing, meals, and services required to meet their needs, exceeded their ability to pay?

NUMBER OF RESIDENTS

E4. Where did the residents go after they moved out? Please provide the total number in each category.

- Hospital
- Nursing home
- Other residential care facility
- Private residence
- Some other place

E5. In the last 12 months, how many residents died?

RESIDENTS DIED

STAFFING

The next questions are about facility staff.

In your calculations of staff hours, please include all staff that provide direct care to residents, including full-time and part-time employees, and contract, temporary, and agency workers. Also, please count hours for each staff person only once based on their primary job title.

F1. During the last 7 days or last work week, how many total hours were worked by the following...

- a. Registered Nurses
- b. Licensed Practical Nurses or Licensed Vocational Nurses
- c. Personal care aides, including certified nursing assistants, and medication technicians
- d. Activities director or activities staff
- e. Administrators, directors, assistant administrators or assistant directors - direct care time only **

** Direct care time by administrators or directors refers to time spent meeting the needs of individual residents, such as helping them walk to dinner, helping them dress, or providing them with medications. It does not include the time spent on the overall management of the facility.

These next questions ask how many full-time and part-time persons are currently employed here. Please count full-time and part-time employees. Do not include contract workers. Please count each employee only once based upon their primary responsibilities.

F2. As of today, how many of the following full-time and part-time persons are currently employed at this facility?

STAFF CURRENTLY EMPLOYED

- a. Administrators, directors, assistant administrators or assistant directors
- b. Registered Nurses
- c. Licensed Practical Nurses or Licensed Vocational Nurses
- d. Personal care aides, including certified nursing assistants, and medication technicians

F3. During the past 12 months, how many of the following **full time and part time** employees have resigned or been terminated from residential care?

STAFF RESIGNED OR TERMINATED

- a. Administrators, directors, assistant administrators or assistant directors
- b. Registered Nurses
- c. Licensed Practical Nurses or Licensed Vocational Nurses
- d. Personal care aides, including certified nursing assistants, and medication technicians

RESIDENT DEMOGRAPHICS

Please answer the following questions as of midnight last night.

G1. How many residents are of Hispanic, Latino, or Spanish origin or descent?

G2. What is the total number of male residents living at this facility?

G3. What is the total number of female residents living at this facility?

G4. How many residents are in the following age categories?

RESIDENTS

- a. 17 and under
- b. 18 - 54
- c. 55 - 64
- d. 65 - 74
- e. 75 - 84
- f. Age 85 and over

G5. How many residents are?

- | | RESIDENTS |
|----------------------------------------------|----------------------|
| a. White/Caucasian | <input type="text"/> |
| b. Black or African American | <input type="text"/> |
| c. Asian | <input type="text"/> |
| d. Native Hawaiian or other Pacific Islander | <input type="text"/> |
| e. American Indian or Alaska Native | <input type="text"/> |

DEMENTIA / ALZHEIMER'S UNIT

H1. Does this residential care facility have a distinct unit, wing, or floor that is designated as a Dementia/Alzheimer's Special Care Unit?

- YES
 NO → **SKIP TO FACILITY CHARGES**

The next set of questions is about the Dementia or Alzheimer's unit, floor, or wing. When answering these questions, please answer only for that unit

H2. In the Dementia / Alzheimer's Special Care Unit, what is the number of licensed beds?

NUMBER OF LICENSED BEDS

H3. What is the current number of residents living in the Dementia/Alzheimer's unit?

NUMBER OF RESIDENTS

FACILITY CHARGES

The next questions are about the average monthly base rate for rent and the services.

I1. What is the average monthly base rate for a single individual living in a:

a. studio apartment for a regular, non-Alzheimers unit?

b. studio apartment for an Alzheimers unit.

c. 1-bedroom apartment for a regular, non-Alzheimers unit?

d. 1-bedroom apartment for an Alzheimers unit.

e. 2-bedroom apartment for a regular, non-Alzheimers unit?

f. 2-bedroom apartment for an Alzheimers unit.

g. 3-bedroom apartment for a regular, non-Alzheimers unit?

h. 3-bedroom apartment for an Alzheimers unit.

I2. What is the average monthly base rate for a single individual living in a:

a. room designed for one person, for a regular, non-Alzheimers unit?

b. room designed for one person, for an Alzheimers unit?

c. room designed for two persons, for a regular, non-Alzheimers unit?

d. room designed for two persons, for an Alzheimers unit?

e. room designed for three or more persons, for a regular, non-Alzheimers unit?

f. room designed for three or more persons, for an Alzheimers unit?

END

Thank you for completing this questionnaire. Please retain this document, as we will refer to it during the personal interview.