



June 10, 2013

Margo Schwab, Ph.D.
Office of Management and Budget
725 17th Street, N.W.
Washington, DC 20503

Dear Dr. Schwab:

The staff of the NCHS Questionnaire Design Research Laboratory (QDRL) (OMB No. 0920-0222, exp. 06/30/2015) plans to evaluate the 2014 National Survey of Long-Term Care Providers (NSLTCP) (OMB No. 0920-0943) Residential Care Community and Adult Day Services Center questionnaires for the Division of Health Care Statistics. This current iteration will place emphasis on the surveys' screening and staffing questions. Additionally, the QDRL will conduct a small number of time tests to determine NSLTCP's time burden. Note that in a letter dated to you September 8, 2011, the QDRL conducted research of the NSLTCP to evaluate specific questionnaire items.

We propose to start recruiting for volunteer participants as soon as we receive clearance and to start testing as soon as possible after that.

Background Information about Cognitive Testing of Questionnaires

The methodological design of this proposed study is consistent with the design of typical cognitive testing research. As you know, the purpose of cognitive testing is to obtain information about the processes people use to answer survey questions as well as to identify any potential problems in the questions. The analysis will be qualitative.

Proposed project: National Survey of Long-Term Care (LTC) Providers Evaluation Study

Beginning in 2011, NCHS launched its new integrated strategy for obtaining and providing nationally representative statistical information about the supply and use of paid, regulated LTC providers in the United States—the National Study of Long-Term Care Providers (NSLTCP). NSLTCP replaced the National Nursing Home Survey (NNHS), the National Home and Hospice Care Survey (NHHCS) and the National Survey of Residential Care Facilities (NSRCF). NSLTCP is intended to enable efficient monitoring of the dynamic, diverse, and evolving field of paid, regulated LTC and to help address the nation's information needs to inform future LTC policy.

The NSLTCP was designed to (1) broaden the NCHS ongoing coverage of paid, regulated LTC providers beyond nursing homes, home health care agencies, and hospices to also include residential care facilities, adult day services centers, and other LTC providers; (2) use nationally representative administrative data on LTC providers for which it is available (i.e., Centers for Medicare & Medicaid Services (CMS) data on nursing homes, home health agencies, and hospices); and (3) collect data every other year from a cross-sectional nationally representative establishment-based sample survey of providers for which nationally representative administrative data do not

exist (i.e., residential care facilities and adult day services centers). NCHS plans to compare across LTC provider types at the same point in time using both administrative data and survey data. In preparation for the second fielding of NSLTCP in 2014, this cognitive testing will help us better understand how and why responding establishments report on their study eligibility and their staffing plans. The cognitive testing will help examine whether question wording is appropriate for both adult day services centers and residential care facilities. In addition, it will allow us to provide information on the overall validity of the questionnaire.

The questions we are evaluating are attached, with the questionnaire for adult day service centers in Attachment 1a, and the questionnaire for residential care communities in Attachment 1b. The testing procedure will conform to the cognitive interviewing techniques that have been described in our generic OMB clearance package.

As many as twenty 60-minute cognitive interviews (10 on adult day services centers and 10 on residential care facilities) may be conducted with the person who is most knowledgeable about the operations, staff, services, and resident/client characteristics of the residential care facilities or adult day services center, (i.e., directors, assistant directors, administrators, assistant administrators, etc.) and located within 44 miles of NCHS. Additionally, once DHCS has incorporated the cognitive findings and produced a final questionnaire, the QDRL will conduct 6 more cognitive interviews (3 with adult day care service centers, and 3 with residential care facilities) to determine the amount of burden the NSLTCP will put on the public. These interviews will also be with the person who is most knowledgeable about the operations, staff, services, and resident/client characteristics of the facilities. Retrospective probing will be used during these 6 interviews to insure the respondents' interpretations of the questions are matching DHCS' expectations.

Establishments (and their directors) in the sample area will be recruited from a list provided by the Centers for Excellence in Assisted Living (CEAL), an umbrella provider association that represents residential care and assisted living industries, and the National Adult Day Services Association (NADSA), a provider association that represents the adult day services industry. Staff from the Division of Health Care Statistics (DHCS) will hand carry contact information to the QDRL. Additionally, this list might be supplemented through web- or phone book searches, or through the professional networks of other respondents. An advanced letter (see Attachment 2) will be sent to all potential respondent organizations, indicating that a QDRL staff member will contact them within a week. Individuals will be told that their participation in the study is entirely voluntary. There will be no coercion. The specific telephone screener to be used for verifying eligibility of the most knowledgeable person from residential care facilities and adult day services centers are shown in Attachments 3a & 3b (the 5-minute burden for the screeners is included in the 1-hour burden).

Cognitive interviews will be conducted by QDRL staff members in a private room in the residential care facility/adult day services center or a mutually agreeable location. With the consent of the participants, the interviews will be audio recorded. Participants will be informed of recording procedures in the process of reviewing the consent forms, and the equipment will be turned on once it is clear that the procedures are understood and agreed upon.

We plan on providing the individuals participating in the cognitive interview a \$100 incentive for their participation. This amount has been increased over and above the normal cognitive interview incentive level for a number of reasons. First, the recruitment of very specific positions—directors/administrators or assistant directors/administrators of

residential care facilities and adult day services centers—is necessary for the success of this cognitive study. Given that we are looking to interview the *one* individual who is most knowledgeable about the topics on the NSLTCP, we would assume that each facility only has one eligible respondent. Second, given funding and time constraints, and in consultation with the Division of Health Care Statistics, we have decided that this cognitive study will be limited to the Washington DC/Baltimore metropolitan area. While doing so will allow all the cognitive interviews to be conducted face-to-face, this frame severely limits the number of potential respondents for this study. In order to reach our target sample size, we will need to obtain a relatively high response rate. Lastly, we will be asking the respondents to participate in the cognitive interview during their working hours, placing an extra burden on these director-level staff members. Our proposed incentive level will be invaluable to obtaining a high response rate and reducing the number of cancelations from this busy, specialized population.

At the end of the interviews, participants will be paid and provided with copies of all papers they signed.

Extreme care will be taken with all recordings and paperwork from the interviews conducted off-site. Recordings and identifying paperwork will be stored in a secured computer and travel case until returned to NCHS, at which point they will be transferred to the usual secured locked storage cabinets.

In total, for this project, the maximum respondent burden will be 26 hours of interviewing. A burden table for this project is shown below:

Projects	Number of Participants	Number of Responses/ Participant	Average hours per response	Response burden
QDRL Interviews				
2) NCHS Surveys	26	1	1	26

Attachments (3)

cc:

M. Moien

T. Richardson

DHHS RCO