Supporting Statement A for Paperwork Reduction Act Submission for

Data Collection for the Residential Care Community and Adult Day Services Center Components of the National Study of Long-Term Care Providers

New OMB Application

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SUPPORTING STATEMENT

National Center for Health Statistics

Data Collection for the Residential Care Community and Adult Day Services Center Components of the National Study of Long-Term Care Providers

Abstract

The National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), seeks approval to collect data for the residential care community (RCC) and adult day services center (ADSC) components of a new study, the National Study of Long-Term Care Providers (NSLTCP). The data to be collected from RCCs and ADSCs include basic characteristics, services offered, staffing, and practices of providers, as well as distributions of the demographics, physical functioning, and cognitive functioning of users (RCC residents and ADSC participants) aggregated to the RCC/ADSC level. The study will be administered by mail, web, and telephone. The data will be collected from a sample of 11,701 RCCs and a census of 5,000 ADSCs in the 50 states and the District of Columbia. A one year approval is sought.

We are seeking approval to:
- Survey RCCs and ADSCs; and
- Follow-up with RCCs and ADSCs when there are errors or omissions in their returned surveys.

A. Justification

1. Circumstances Making the Collection of Information Necessary

Background

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 NCHS 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. NCHS performs these activities by collecting statistics on health care professionals, utilization of health care, and costs and financing of health care. Through its National Health Care Surveys program, 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.

Long-term care (LTC) is a variety of services that includes medical and non-medical care to people who have a chronic illness or disability. LTC helps meet health or personal needs. Most LTC is to assist people with support services such as activities of daily living, including dressing, bathing, and using the bathroom. LTC can be provided at home, in the community, in assisted living communities, or in nursing homes. The provision of paid LTC has changed significantly over the past 30 years.

LTC already is a significant component of health care and will become even more important as the population ages. The number of people in the United States 65 years and over is projected to nearly double in the next quarter century, growing to more than 71 million people by 2030. Current projections estimate that people turning age 65 will require on average three years of LTC over the rest of their lives. Public programs pay for a substantial share of LTC services. Having sufficient information to guide those programs is essential.

To date, the foundation of the LTC component of the NCHS National Health Care Surveys has been the National Nursing Home Survey (NNHS), OMB No. 0920-0353, and the National Home and Hospice care Survey (NHHCS), OMB No. 0920-0298. NNHS is a series of periodic nationally representative sample surveys of U.S. nursing homes; NNHS has been conducted seven times since 1973. Responding to the evolution of LTC in the United States, NCHS added NHHCS. NHHCS is a series of periodic nationally representative sample surveys of U.S. home health and hospice care agencies; NHHCS has been conducted seven times since 1992. Most recently, in light of the growth in interest in alternative LTC settings, NCHS conducted the National Survey of Residential Care Facilities (NSRCF), OMB No. 0920-0780. NSRCF is a nationally representative sample survey of U.S. assisted living and other residential care communities; NSRCF was conducted once in 2010 and was not planned to be continued.

NNHS, NHHCS and NSRCF were designed to provide nationally representative statistical information on providers, their staffs, their services, and the users they serve. These surveys have targeted one (NNHS, NSRCF) or two (NHHCS) provider types at a time and have been conducted periodically, with five (1999 and 2004 for NNHS) to seven (2000 and 2007 for NHHCS) years between the most recent iterations of the surveys.

NCHS is now launching 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 will replace NNHS, NHHCS, and NSRCF. NSLTCP is intended to enable efficient monitoring of the dynamic, diverse, and evolving industry of paid, regulated LTC and to help address the nation's information needs to inform future LTC policy. NSLTCP includes five types of LTC providers—home health care agencies, assisted living and other residential care communities (RCCs), adult day services centers (ADSCs), nursing homes, and hospice agencies.

The main goals of NSLTCP are to:

(1) Estimate the U.S. national supply of paid, regulated LTC providers;
(2) estimate key policy-relevant characteristics and practices of these providers;
(3) Estimate the national use of these providers (e.g., residents, patients, participants);
(4) Estimate key policy-relevant characteristics of these users;
(5) Within the above goals, produce state-level estimates for as many states as feasible within NCHS confidentiality and reliability standards; and
(6) Enable comparisons within and between different types of LTC providers at a similar point in time as well as monitoring trends over time.

The NSLTCP is being 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 communities (RCCs) and adult day services centers (ADSCs); (2) use only administrative data for the types of LTC providers for which these data are available (i.e., Centers for Medicare & Medicaid Services (CMS) data on nursing homes, home health agencies, and hospices); (3) collect primary data every other year from cross-sectional establishment-based surveys of the types of providers for which nationally representative administrative data do not exist (i.e., RCCs and ADSCs); and (4) provide estimates of LTC providers and users more frequently than in the past decade. NSLTCP survey data for ADSCs and RCCs and administrative data for nursing homes, home health agencies and hospices will be used to develop an overview report every other year on the supply and use of paid, regulated LTC in the United States.

Privacy Impact Assessment

No individual-level data will be collected.

Overview of the Data Collection System

The data will be collected from a sample of 11,701 RCCs and a census of 5,000 ADSCs in the 50 states and the District of Columbia using three modes; mail and web with telephone follow-up of non-responders to the mail and web surveys. Of all completed surveys, the working assumption is that 65% will respond by mail, 15% will respond via web, and 20% will respond by telephone. In addition, data retrieval telephone calls will be used to address item non-response for critical items and resolve response inconsistencies in the returned mail questionnaires. The intended respondents are directors of RCCs and ADSCs or their designated staff.

Items of Information to be Collected

The data to be collected from RCCs and ADSCs include basic characteristics, services offered, staffing, and practices of providers, as well as distributions of the demographics, physical functioning, and cognitive functioning of users (RCC residents and ADSC participants) aggregated to the RCC/ADSC level.

Attachments B and C include the list of questionnaire items for RCCs and ADSCs, respectively. Most question items are the same for both RCCs and ADSCs, with a few differences noted below.

Items of information to be collected about the RCC and ADSC providers are below.

- **Basic characteristics**: Private/for-profit ownership; Jointly owned with other health care providers; Chain affiliation; Part of a Continuing Care Retirement Community (CCRC); Designated dementia special care unit (RCC only); Years in operation; Participate in Medicaid; Capacity and daily census (ADSC only); Licensed beds (RCC only); Current enrollment/residents; Number of new admissions; revenue sources (ADSC only).
- **Services** provided or arranged for: Dental or oral hygiene; Case management; Hospice; Mental health; Physical Therapy/Occupational Therapy/Speech Therapy; Pharmacy; Podiatry; Skilled nursing; Social work; Transportation for medical or dental

appointments; Transportation for social/recreational activities/shopping; Daily roundtrip transportation to/from center (ADSC only).

- **Staffing** (Number of full-time and part-time staff/ Full-Time Equivalent, including paid employees and contract staff): Registered Nurse (RN); Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN); Activities director and activities staff; Personal care aides.
- **Practices**: Depression screening using standardized tool; Disease-specific programs for common chronic conditions; Person-centered care (choice in daily schedules; involvement in individual service plans; choice in meal times, locations and menus); Adoption of electronic health records functionalities and information exchange.

In contrast to previous NCHS LTC provider surveys, individual residents/participants will not be sampled. Information will not be collected about individual users (RCC residents or ADSC participants). Instead, information will be collected about the distribution of all residents in the responding RCC or the distribution of all participants in the responding ADCS on particular characteristics. For example, how many current residents in the sampled, responding RCC are male and how many are female.

Distributions of users aggregated to the provider level will be collected on the characteristics below.

- **Demographics**: Race; Ethnicity; Sex; Age; Medicaid pays for at least some LTC services.
- **Physical functioning**: Need assistance in each of the activities of daily living (transferring, dressing, bathing, eating, using bathroom, locomotion/walking); Use wheelchair or electric scooter.
- **Cognitive functioning**: Severe and mild cognitive impairment; Developmental disability; Severe mental illness; Depression.
- **Health care use**: Receives assistance with medications; Re-hospitalizations within 30 days of discharge; Emergency Department use.
- **Other characteristics**: Leaving/moving, where went and why; Living quarters (ADSC only).

Information in Identifiable Form (IIF)

No Information in Identifiable Form (IIF) is being collected.

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

The NSLTCP website at http://www.cdc.gov/nchs/nsltcp.htm describes the survey and answers questions RCCs or ADSCs may have on why they should participate. There will be no websites or website content directed at children under 13 years of age.

2. Purpose and Use of the Information Collection

The collected data will enable NCHS to include the RCC and ADSC components in the

following activities:

(1) Estimate the U.S. national supply of paid, regulated LTC providers;
(2) Estimate key policy-relevant characteristics and practices of these providers;
(3) Estimate the national use of these providers;
(4) Estimate key policy-relevant characteristics of these users;
(5) Within the above goals, produce state-level estimates for as many states as feasible within NCHS confidentiality and reliability standards; and
(6) Enable comparisons within and between different types of LTC providers at a similar point in time as well as monitoring trends over time.

The dissemination effort for NSLTCP is described at the end of Section A16. NCHS will produce an overview report on the supply and use of paid, regulated LTC in the United States, and plans to construct public-use data files for the ADSC and RCC survey components of NSLTCP. We will also update the NSLTCP website so that the public will have quick and easy access to published statistics from the survey.

Privacy Impact Assessment Information

No IIF is being collected.

National data on the characteristics of RCCs and ADSCs will be used by DHHS for program planning and to inform national policies. Data from NSLTCP will be available to analyze relationships that exist among provider and user characteristics. NSLTCP survey data will be subjected to a risk disclosure review and any data that might lead to the identity disclosure of a community/center will be masked to ensure privacy. Names and addresses of RCCs/ADSCs and names of directors of RCCs/ADSCs will not be released to the public.

Expected users of data from this collection effort include, but are not limited to CDC; other Department of Health and Human Services (DHHS) agencies, such as the Office of the Assistant Secretary for Planning and Evaluation and the Agency for Healthcare Research and Quality; provider associations, such as LeadingAge (formerly the American Association of Homes and Services for the Aging), National Center for Assisted Living, American Seniors Housing Association, Assisted Living Federation of America, and National Adult Day Services Association; universities; foundations; and other private sector organizations, such as AARP.

3. Use of Improved Information Technology and Burden Reduction

Data collection will include mail, web and telephone modes to reduce burden on the respondent. We estimate that it will take 30 minutes on average to answer the questionnaire. For RCC communities, burden is lowered through the use of sampling procedures.

For non-responders to the mail and web surveys, burden is also reduced because data will be collected using CATI (Computer Assisted Telephone Interviewing) software, administered by professionally-trained interviewers. The CATI system allows interviewers to move quickly through the questionnaire and will modify questions based on responses to prior questions. The web and CATI versions of the questionnaires are being programmed using the same software

platform and system. For both the web and CATI versions of the questionnaires, only questions specific to the individual RCC or ADSC characteristics are asked, skipping unnecessary questions. For example, RCCs responding that they are not owned by any other type of health care organization will not be asked to indicate by which types of health care organization(s) they are owned. The web and CATI system incorporates edit checks during data collection and eliminates the need to enter data from a hard copy questionnaire, thereby reducing data entry errors and improving data quality.

There are no technical or legal obstacles to burden reduction.

4. Efforts to Identify Duplication and Use of Similar Information

In the past decade, a number of federally and privately funded efforts have been initiated to address data needs about RCCs and ADSCs. These efforts do not duplicate the current study, but provided important building blocks for, and have been used to inform and guide the design of, the RCC and ADSC survey components of NSLTCP.

Select Prior RCC Studies

Frame Development for the Residential Care Component of the National Study of Long-Term Care Providers
(OMB No. 0920-0912, Expires: 01/31/2013)
NCHS is funding the collecting of data needed to develop an up-to-date sampling frame of state-regulated RCCs in the United States. The sampling frame will be used to draw a nationally representative sample for the RCC survey component of NSLTCP.

National Survey of Residential Care Facilities
(OMB No. 0920-0780, Expired: 12/31/11)
NCHS and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) sponsored this national survey of residential care in 2010. NSRCF was an in-person establishment-based nationally representative sample survey of U.S. assisted living and other residential care communities. The methodology used to develop the 2009 NSRCF frame and the eligibility definition of a RCC used for the 2010 NSRCF will also be used in NSLTCP. Selected benchmark questions from the 2010 NSRCF will be included in NSLTCP to enable comparisons and trending.

National Study of Assisted Living for the Frail Elderly
(OMB Number: 0990-0217, Expired: 12/31/98)
ASPE 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
NCHS, the Agency for Healthcare Research and Quality (AHRQ), and ASPE funded a project to develop an inventory of residential places that provide personal assistance. This project developed a methodology for constructing a list of LTC residential places that was used to

develop a sampling frame for 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, 2004) describing state residential care and assisted living policy to develop a provider-based typology of LTC 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, 2007
ASPE provided funding to RTI International to update a 2004 compendium on assisted living. The compendium described regulatory provisions and Medicaid policy for residential care settings in all 50 states and the District of Columbia. The report summarized state licensing and regulatory approaches, and described 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, Sims-Kastelein, and O'Keeffe, 2007).

State Residential Care and Assisted Living Policy, 2004
ASPE provided funding to RTI International to update a 2002 compendium on assisted living. The compendium described regulatory provisions and Medicaid policy for residential care settings in all 50 states and the District of Columbia. The report summarized state licensing and regulatory approaches, and described 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 contributed to a range of estimates of the LTC 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, sampling frame, and questionnaires for NSRCF.

Agency for Healthcare Research and Quality's (AHRQ's) Efforts Related to Assisted Living/Residential Care, 2005
AHRQ has funded three relevant projects. For the first project, AHRQ contracted with Westat, Inc. to review LTC 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. For the third project, AHRQ contracted with Westat and the National Academy for State Health Policy to review how states monitored assisted living and disseminated information to consumers. The study also identified barriers to providing information and identified tools that states could use to help consumers choose communities that met their needs.

Select Prior ADSC Studies

The Metlife National Study of Adult Day Services, 2010

A collaborative partnership of the Metlife Mature Market Institute in conjunction with the National Adult Day Services Association (NADSA) and The Ohio State University of Social Work. Survey data were collected and analyzed from a nationally representative sample of ADSCs, focusing on the characteristics of ADSCs and a profile of ADSC participants. This survey was conducted in 2010 with plans to conduct it again in 2015. NCHS used the questionnaire items for this study to inform its development of NSLTCP survey items, to enable selected comparisons and trending for ADSCs with this study.

Adult Day Services: A Key Community Service for Older Adults, 2006

The purpose of this ASPE-funded study was threefold: (1) to inform policymakers about the current and potential role of adult day services (ADS) in the health care and long-term care systems as determined by state regulation; (2) to identify operational and regulatory issues facing ADS providers under different ADS models and in different regulatory and financing environments; and (3) to provide information that can guide future research and policy analysis on ADS for elderly persons generally and on medically-oriented ADS specifically (O'Keeffe and Siebenaler). The study methods used included: (1) an in-depth review of state approaches to regulating ADS (Siebenaler et al., 2005); (2) consultation with a Technical Advisory Group, subject experts, state regulatory and Medicaid staff, and state provider associations; and (3) site visits to ADS providers in five states: Georgia, Illinois, Maryland, North Carolina, and Washington.

National Study of Adult Day Service, 2004

Robert Wood Johnson Foundation in collaboration with Wake Forest University's School of Medicine funded this study. The study revolved around three major activities: conducting a census of adult day service providers to determine how many adult day centers exist and where they are located; surveying these providers to determine populations served and services offered; and identifying gaps in the current service delivery system.

Survey data from the ADSC and RCC components of NSLTCP will: (1) give DHHS a database that complements other surveys; (2) fill a significant data gap on two major sectors of the LTC industry; and, (3) along with administrative data that NCHS is obtaining for three other types of LTC providers (nursing homes, home health agencies, hospices), help provide a more complete picture of the supply and use of the major paid, regulated LTC providers in the United States. NSLTCP will enable analyses on a range of issues of interest to federal and state policymakers, researchers, consumers, and providers. It is also anticipated that this project may help reduce

burden by working with other research in the future. For example, with the Metlife project, described above, NCHS used some of the questionnaire items. There have been discussions that, when the Metlife survey is conducted in 2015 the survey will be designed to be complimentary to NSLTCP to minimize duplication.

5. Impact on Small Businesses or Other Small Entities

A number of RCC communities and ADSC centers could be considered small businesses. In order to minimize burden, the number of items contained in the data collection questionnaires has purposely been held to the minimum required to describe the provider and resident/participant characteristics of RCCs and ADSCs. Specifically, the most recent NHHCS (2007) averaged about 8 hours and the 2012 NSRCF averaged about 3 hours, both of which were in-person surveys. By contrast, the ADS and RCC mail/web/telephone surveys for NSLTCP will take on average 30 minutes to complete. Further, mail and web data collection modes allow RCC and ADSC directors to complete the questionnaires when it is most convenient for their schedules. This is particularly valuable for directors of small communities/centers, where the director is more likely than in larger communities/centers to be spending time providing direct care to residents/participants. For respondents who complete by telephone interview, CATI staff will be flexible and adjust to the time constraints of the directors and staff members in all RCCs and ADSCs, including small communities/centers. Administrative burden will be reduced in smaller communities/centers because they have fewer residents/participants and are likely to know their residents/participants better than larger RCCs/ADSCs.

6. Consequences of Collecting the Information Less Frequently

This is a request for clearance to allow NCHS to conduct this collection for the first time. We will submit a revision for any additional future collections based on our experience from this first collection.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There is one special circumstance that applies to collection of NSLTCP data. NSLTCP collects OMB race and ethnicity codes in as much detail as possible. RCCs and ADSCs vary in the extent to which and how they record race and ethnicity information. We will be collecting race and ethnicity in the OMB format to the extent that it is possible. The approach uses a set of mutually exclusive and exhaustive categories. The categories are similar to those collected by the National Center for Education Statistics (NCES), and reflect the sets of guidelines on classification of federal data on race and ethnicity and aggregate race and ethnicity reporting provided on the OMB website: http://www.whitehouse.gov/omb/inforeg_statpolicy#dr. We would like to take this approach because the responding RCCs and ADSCs vary in size, in record keeping practices and in the forms they use for reporting resident/participant demographics (i.e., non-standard reporting). The only category that we would like to add but is not in the NCES approach is "some other category reported in this community's/center's system." This has been added to accommodate those providers' forms that do not have all of the standard race categories (e.g., may have only white, black, other).

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 Study of Long-Term Care Providers was posted on December 16, 2011 (Vol. 76, No. 242, pages 78261-78262). A copy of the Federal Register notice can be found in Attachment D. No comments were received.

B. Efforts we have made to consult outside the agency include:

1. During 2011-2012, NCHS has outreached to other agencies and organizations to aid in the development of NSLTCP. For example, NCHS has sought input to wording of selected question items by representatives from organizations such as the AARP Public Policy Institute and provider membership associations such as the National Center for Assisted Living, Center for Excellence in Assisted Living, and the National Adult Day Services Association (NADSA). NCHS has given presentations to raise awareness of and promote participation in the survey components of NSLTCP at provider associations meetings, such as those by NADSA and the Assisted Living Federation of America
2. On June 22, 2011, NCHS convened a workgroup meeting of nearly 60 people (Attachment E). Participants included representatives from a variety of federal government agencies, LTC provider associations, academia and research institutes, and policy and consumer organizations, with expertise and interest in LTC issues and/or who had previously used NCHS LTC data or had been funding partners on previous NCHS LTC surveys. The primary purpose of the meeting was to inform participants about NSLTCP and to receive their input on policy- and practice-relevant content to include in NSLTCP.
3. NCHS' Questionnaire Design Research Laboratory (QDRL) conducted cognitive interviews with ADSC and RCC Directors in the DC metro area between November 2011 and January 2012 (OMB No. 0920-0222, exp. 03/31/2013). In total, QDRL staff conducted 13 interviews. Five respondents were given the RCC version of the questionnaire and eight were given the ADSC version of the questionnaire. Based on the cognitive interviewing, NCHS revised items on the questionnaires and applied findings to the study protocol.
4. In 2011, letters of support for the survey component of NSLTCP were obtained from associations that represent RCCs and ADSCs. We have sought and obtained letters of support from the following organizations:
    - Assisted Living Federation of America (ALFA)
    - American Seniors Housing Association (ASHA)
    - Center for Excellence in Assisted Living (CEAL)
    - LeadingAge (formerly the American Association of Homes and Services for the Aging)
    - National Adult Day Services Association (NADSA)
    - National Center for Assisted Living (NCAL).

5. In 2011 and 2012, NCHS engaged in outreach activities with RCC and ADSC provider associations. NCHS has met multiple times with NADSA and CEAL board members to promote participation. The main goals of these meetings have been to solicit information from them on 1) best practices for recruiting communities and centers to participate in NSLTCP and 2) ways we can collaborate to inform their respective provider memberships about the importance of NSLTCP. Representatives of RCC and ADSC professional associations have agreed to work with NCHS to raise awareness of NSLTCP using selected communication channels with their provider members (e.g., association newsletters, websites).
6. Throughout 2011, NCHS identified administrative data from CMS to provide information on provider and user (aggregated at the provider level) characteristics for nursing homes, home health agencies, and hospices. In 2012, NCHS is working with appropriate CMS offices to obtain provider- and user-level administrative data for nursing homes, home health care agencies and hospices.

9. Explanation of Any Payments or Gifts to Respondents

There will be no payments or financial gifts to respondents.

NCHS will conduct three experiments as part of the 2012 NSLTCP surveys to determine if particular interventions produce higher unit response rates or lower nonresponse bias. Section B3 describes these experiments in detail. In one of these experiments, the treatment group will be offered a provider-specific report that compares the results for their RCC/ADSC on a small set of questionnaire items to the results for other RCCs/ADSCs in the aggregate. The letters to this experimental group would explain the content of the report, and when such a report would be available to them. In order to efficiently and effectively track the requests for the report, we will add a question to the web and CATI instruments asking whether they would like to receive the report. This question will be posed only to this experimental group. Because we cannot add a question to the hardcopy instrument for just one experimental group, we will insert a loose sheet in the questionnaire packet with the same question added to the web and CATI instruments. Respondents will be instructed to return it with the hardcopy survey.

10. Assurance of Confidentiality Provided to Respondents

The information collected will be used exclusively for statistical purposes and will be kept confidential.

Confidentiality protection will be applied to the information that respondents provide 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."

The data collection components of NSLTCP will be conducted by NCHS' contractor using a solid and well-established Enhanced Security Network (ESN), which is certified and accredited at the Federal Information Processing Standard Publication 199 (FIPS 199) moderate level for confidentiality, integrity, and availability. Standard access security features inside the ESN include user identification and password lockout of accounts upon repeated entry of an invalid password, New Technology File System (NTFS) file- and directory-level security, periodic backups, anti-virus software, and administrator-defined user groups. Only project staff that have signed the necessary confidentiality agreements and received the appropriate training will be permitted access to the project files and directories.

NCHS' contractor will set up a public-facing interface to the ESN to allow self-administered web surveys to be accessible without sacrificing confidentiality. The protocol will be to send a randomly generated username and password along with the URL for the survey. Establishments that elect to take the web-based survey will use these credentials to connect to a web site outside of the ESN to take the survey. All response data will be stored in the ESN, and establishments will have access only to their own survey, and only using the credentials supplied to them. Surveys may be broken off and resumed later, but once the establishments have finalized and completed their survey, the credentials will be deactivated.

Privacy Impact Assessment Information

A. This submission has been reviewed for Privacy Act applicability by the NCHS Privacy Act Officer and it has been determined that the Privacy Act does not apply as data on individuals are not being collected.

B. Community/Center data will be treated in a confidential manner so that individual communities/centers cannot be identified. The process of informing respondents of the procedures used to keep information confidential begins with materials mailed in advance to RCCs/ADSCs. Materials include specific references to protections of the confidentiality of the information. These materials also emphasize and detail procedures intended to keep information confidential by the data collectors.

C. All procedures and methods for maintaining confidentiality have been reviewed and approved by NCHS' Confidentiality Officer, when necessary. According to the NCHS Human Subjects Contact, this data collection does not meet the definition of human subjects research as stated in 45 CFR 46.102(f) (Attachment F).

D. NSLTCP includes an advance letter that will inform the RCC/ADSC director of the purpose and content of the study. Attachment G includes the advance letter. In addition to explaining the confidentiality of the information provided and voluntary participation, the letter includes a reference to the legislative authority for the study, and an explanation of how the data will be used. This letter also emphasizes that data collected about the RCCs/ADSCs and their residents/participants will never be linked to their names or other identifying features. If necessary, a package will be mailed to corporate offices of RCCs/ADSCs that are part of a chain of communities/centers. Attachment H contains the materials to be included in the chain package. The chain package materials will serve to inform corporate office staff about the study so that if communities/centers say that they need permission to participate, the corporate office will have knowledge of the study.

11. Justification for Sensitive Questions

Items on the NSLTCP questionnaire are not sensitive in nature. Data collected will not include protected health information or personal identifiers. Study protocols and questionnaires do not contain questions about sensitive issues, such as sexual preferences or attitudes, or about potentially illegal behaviors, such as use of illicit drugs. Nor do we ask about religious preferences or beliefs.

Since NSLTCP does not involve collecting protected health information (e.g., personal identifiers such as name, social security number, birth date, or 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

Table 1 includes the average annual burden for data collection over the one year clearance. Approximately, 11,701 RCCs and 5,000 ADSCs in 50 states and the District of Columbia will be surveyed. Expected burden from data collection is 30 minutes on average for respondents. The RCC burden for data collection is 5,851 hours; for ADSCs it is 2,500 hours. Included in the

calculation of RCC average burden for data collection is the 19% of RCCs we estimate will be screened ineligible (2,223 RCCs), and thus have a burden of 5 minutes. We estimate that 10% of RCC and ADSC directors (1,670 respondents) will be called for data retrieval when there are errors or omissions in their returned surveys for a total of 418 hours of burden. The total estimate of annualized burden is 8,769 hours.

Table 1: Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses	Average Burden/ Response (in minutes)	Response Burden (in hours)
RCC Director	RCC Questionnaire	11,701	1	30/60	5,851
ADSC Director	ADSC Questionnaire	5,000	1	30/60	2,500
RCC and ADSC Directors	Data Retrieval	1,670	1	15/60	418
Total					**8,769**

B. Cost to Respondents

The only cost to respondents is their time. The estimated annualized cost for the national survey is $394,868 (Table 2).

Table 2: Estimated Annualized Costs for Data Collection

Type of respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
RCC Director	6,144	$45.03[1]	$276,664
ADSC Director	2,625	$45.03[1]	$118,204
Total			**$394,868**
Information on RCC and ADSC directors' hourly wage rates gathered from the Bureau of Labor Statistics' website, and can be accessed at the following link: http://www.bls.gov/oes/current/oes119111.htm#ind			

13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There are no additional costs.

14. Annualized Cost to the Federal Government

The estimated total annualized cost to the Government is $1,903,248, as shown in Exhibit 1.

Exhibit 1: Estimated Annualized Costs to the Government

Item/Activity	Details	$ Amount
NCHS Staff	Cost for staff and supplies	$404,628
Contractor	Field staff costs, including data collection costs and other direct costs	$1,498,620
Estimated Total Cost		$1,903,248

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 one year. Major milestones and the corresponding due dates are shown in Exhibit 2.

Exhibit 2: Major Milestones and Planned Dates

Major NSLTCP Milestones	**Due Dates**
Draw RCC sample for NSLTCP	08/2012
NSLTCP Fielding Begins	1-6 months after OMB approval
Train CATI Interviewers	3-4 months after OMB approval
NSLTCP Fielding Ends	6-12 months after OMB approval
Public-Use Data File Complete	10-12 months after data collection
Overview Report Complete	10-12 months after data collection

For both the ADSC and RCC survey components of the NSLTCP, public-use data files with no identifiers and no linking information plan to be made available. Since we are surveying the ADSC universe, planning to release state level estimates, and producing an overview report, we cannot commit to or will not know the content of the public-use data files until we review responses for confidentiality and disclosure risk. Any restricted NSLTCP data will be made available through NCHS' Research Data Center (RDC). The current target goal schedule for releasing the (1) overview report of findings based on the survey and administrative data and (2) survey-based public-use files is late 2013.

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

No exemption requested.

18. Exceptions to Certification for Paperwork Reduction Act Submission

There is one special circumstance that applies to collection of NSLTCP data. NSLTCP collects OMB race and ethnicity codes in as much detail as possible. RCCs and ADSCs vary in the extent to which and how they record race and ethnicity information. We will be collecting race and ethnicity in the OMB format to the extent that it is possible. The approach uses a set of mutually exclusive and exhaustive categories. The categories are similar to those collected by the National Center for Education Statistics (NCES), and reflect the sets of guidelines on classification of federal data on race and ethnicity and aggregate race and ethnicity reporting provided on the OMB website: http://www.whitehouse.gov/omb/inforeg_statpolicy#dr. We would like to take this approach because the responding RCCs and ADSCs vary in size, in record keeping practices and in the forms they use for reporting resident/participant demographics (i.e., non-standard reporting). The only category that we would like to add but is not in the NCES approach is "some other category reported in this community's/center's system." This has been added to accommodate those providers' forms that do not have all of the standard race categories (e.g., may have only white, black, other).

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