

Supporting Statement B for Paperwork Reduction Act Submission for

Reinstatement No Change

**Frame Development for the Residential Care Component of the
National Study of Long-Term Care Providers**

OMB No. 0920-0912, expired 1/31/2013

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B. Statistical Methods

1. Respondent Universe and Sampling Methods

The respondent universe for this frame development collection consists of the state government representatives in the agencies that regulate residential care facilities in the 50 states and the District of Columbia. This is a census; no sampling methods apply.

State government representatives provided the most recent frame of state-regulated residential care facilities which was developed for use in the 2012 National Study of Long-Term Care Providers (NSLTCP) (OMB No. 0920-0943. Exp. Date: 07/31/2015).

2. Procedures for the Collection of Information

We will visit web sites of each state to learn about changes to the various regulations and licensure terms used in the state and compile information for each state on the residential care facility licensure categories that we believe meet our study definition. The NSLTCP study definition of a residential care facility is one that is licensed, registered, listed, certified, or otherwise regulated by the state to provide room and board with at least two meals a day, provide around-the-clock on-site supervision, and help with activities of daily living (e.g., bathing, eating, or dressing) or health related services, such as medication supervision; serves primarily an adult population; and has at least four licensed, certified, or regulated beds. Facilities licensed to serve the mentally ill or the intellectually disabled/developmentally disabled populations exclusively are excluded. Nursing homes and skilled nursing facilities are also excluded, unless they have a unit or wing meeting the above definition and residents can be separately enumerated. The first step in the frame data collection process is a phone call to state agencies to verify the contact information for the state government representatives (Attachment C.1).

As the first contact with the government representative in each state, we will e-mail an advance package that includes a cover letter from NCHS stating the purpose and importance of the collection, noting that they will be called shortly, and indicating the agenda for the call (Attachment C.2). The advance package will also include an NCHS confidentiality brochure (Attachment C.3).

Within a week of e-mailing the advance package, NCHS will then contact these government representatives at state agencies by telephone using a semi-structured protocol (Attachment B).

The data to be collected from these state government representatives, which constitute the agenda for the calls with them, include (1) confirming that we have identified the appropriate licensure categories of residential care facilities within each state that meet the NSLTCP definition and (2) for each relevant licensure category, requesting an electronic file (preferably in Excel format) of the licensed residential care facilities for which the agency is responsible if such files with the needed variables are not downloadable from the state's website. Formats other than Excel can be negotiated on a case-by-cases basis, if an individual state cannot provide its file in Excel or doing so

would be too burdensome on the state. Encrypted files will be sent to NCHS electronically through a secure password-protected website to ensure the confidentiality of the data. We will provide states with the specifications on what variables we need in the files. Variables needed for the sampling frame includes the name, address, phone number, and website (if available) of the residential care facility; name, phone number, and email address (if available) of facility director; licensure category; chain affiliation; and bed size. We will collect information on type of facility ownership and type of residents served (i.e. Alzheimer's/dementia, developmentally disabled), where available. We will request information to help us determine the frequency with which owners change and to determine whether the facility is part of a national or regional chain. We will also ask the state government representatives about their willingness, in the future, to provide a letter of support for NSLTCP and to help with outreach to providers to encourage survey participation during NSLTCP survey data collection. A thank you letter will be sent once we receive the electronic file from the state officials (Attachment G).

3. Methods to Maximize Response Rates and Deal with Nonresponse

Based on the 2012 NSLTCP frame development experience (OMB No. 0920-0912, expired 1/31/2013), we expect that 100% of states will participate.

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 C.2) and other materials that stress the government's legal responsibility under legislative mandates, and commitment to maintain confidentiality of data (Attachment C.3). Despite efforts to avert refusals, refusals can be expected. Technical staff will be trained so that if they encounter a potential refusal, they will listen to the concerns raised by the state government representative and attempt to address these concerns. If the state official refuses to provide a more complete listing than is available on the agency website, we will use the listings from the website and try to get supplemental information via email.

4. Tests of Procedures or Methods to be Undertaken

No tests of procedures or methods will be undertaken.

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

The following government employee is responsible for oversight of this collection:

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LIST OF ATTACHMENTS

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

Attachment B: Semi-Structured Telephone Protocol

Attachment C.1: Advance Package-Contact Information Verification

Attachment C.2: Advance Package-NCHS' Cover Letter

Attachment C.3: Advance Package-NCHS' Confidentiality Brochure

Attachment D: Electronic File Development

Attachment E: Federal Register Notice

Attachment F: Human Subjects Research Determination

Attachment G: Thank You Letter