

Supporting Statement A

**National Study of Long-Term Care Providers Feasibility Project to Collect Person-Level
Data from Residential Care Communities and Adult Day Services Centers**

**Generic IC:
Developmental Studies to Improve the National Health Care Surveys
OMB No. 0920-1030
(Expires October 31, 2017)**

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A. Justification

1. Circumstances Making the Collection of Information Necessary

The National Center for Health Statistics (NCHS) recently received OMB approval for Developmental Studies to Improve the National Health Care Surveys Generic Clearance (OMB No. 0920-1030, EXPIRES 10/31/2017) to conduct developmental studies on survey design and data collection activities that are part of the National Health Care Surveys (NHCS).

Under this approval, OMB has agreed to expedite generic IC review of proposals for data collections and OMB will generally review such requests within ten business days.

The specific generic IC project for this clearance is to:

- Determine if NCHS can accurately sample and collect person-level data in an establishment survey with adult day services centers (ADSCs) and residential care communities (RCCs) via an interviewer-assisted telephone interview mode.

Note on terminology: Throughout this submission, residents/participants refers to residents living in residential care communities and participants enrolled in adult day services centers. These are not the research subjects or project participants. The project participants (or respondents) are the directors of the residential care communities and adult day services centers.

2. Purpose and Use of Information Collection

On any given day in 2014, there were 282,200 persons enrolled in ADSCs (participants) and 835,200 persons living in RCCs (residents). As the population ages, more people are likely to use ADSCs and reside in RCCs. The National Study of Long-Term Care Providers (NSLTCP) (OMB No. 0920-0943, discontinued 04/30/2015) was and will be the only initiative that collects and provides national and state statistical information on ADSCs and their participants and RCCs and their residents. Collecting person-level survey data in the NSLTCP will enable researchers, providers, and policy makers to answer detailed questions about the characteristics of these participants and residents (e.g., health condition, cognitive impairment, and functional status), and fill a gap in the current NSLTCP design where only aggregate service user information is obtained about ADSC participants and RCC residents. In addition, NCHS already obtains person-level administrative data from CMS on home health patients, hospice patients and nursing home residents. Collecting person-level survey data on ADSC participants and RCC residents will enable NCHS to produce additional products that compare across multiple sectors and answer detailed questions about the characteristics of service users.

However, collecting person-level data requires that a sample of participants be selected in each participating ADSC and residents be selected in each participating RCC, which raises challenges for a mail, web, or telephone survey. In the absence of an in-person interviewer being present to assist with or perform the sampling routine, the sampling procedure must be simple enough for the ADSC or RCC director to follow and not be burdensome.

As part of the National Nursing Home Survey (NNHS) (OMB No. 0920-0353, discontinued 02/28/2007), National Home and Hospice Care Survey (NHHCS) (OMB No. 0920-0298, discontinued 07/31/2009), and National Survey of Residential Care Facilities (NSRCF) (OMB No. 0920-0780, discontinued 12/31/2012) in-person surveys previously conducted by NCHS, trained in-person field interviewers worked with responding directors or their designated staff to complete multiple steps necessary to correctly sample residents and patients. For the 2010 NSRCF, NCHS asked each participating RCC director to print a list of their residents to bring with them to the in-person interview. The field interviewer counted the number of residents, entered that number in their computer, and the Blaise program (a computer-assisted interviewing (CAI) system and survey processing tool) randomly selected a certain number of residents depending on the size of the RCC. The director was then asked to retrieve records to answer questions about the background, health status, and charges for each selected resident. This random selection process was systematically controlled according to specific protocols when implemented by a field interviewer. The process is not easy to control when a director is asked to randomly select residents without the assistance of an in-person field interviewer. In addition, in a self-administered context (without an interviewer), verifying that directors followed the selection process correctly would be challenging at best and likely infeasible. NCHS is interested in exploring the feasibility of correctly completing these steps via an interviewer-administered telephone protocol, including determining what modifications would need to be made to the resident sampling and data collection protocol used for the in-person 2010 NSRCF to adapt it for a telephone protocol for both ADSCs and RCCs.

Data from this feasibility project will be used by NCHS to inform planning for the 2018 NSLTCP survey wave, including the ADSC and RCC sampling designs and data collection protocols.

3. Use of Improved Information Technology and Burden Reduction

This feasibility project will be conducted over the telephone with directors of ADSCs and RCCs. Interviewers will use paper and pencil scripts and questionnaires to complete the interviews.

4. Efforts to Identify Duplication and Use of Similar Information

There are no current studies examining how to accurately sample and collect person-level data in an establishment survey with adult day services centers (ADSCs) and residential care communities (RCCs) via an interviewer-assisted telephone interview mode.

5. Impact on Small Businesses or Other Small Entities

In as much as a few small businesses will be included among the cases selected for the feasibility project, they should not be adversely affected by the feasibility project. 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. 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 the feasibility project one time. We will submit a revision to the 2018 NSLTCP for any additional future collections based on our experience from this project.

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

Data from this feasibility project will be used by NCHS to inform planning for the 2018 NSLTCP survey wave, but the results cannot be generalized to the universe of study.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency

a. Federal Register Notice

In compliance with 5 CFR 1320.8(d), a 60-day Federal Register notice was published in the Federal Register on April 30, 2014, Volume 79, Number 83 pages 24435-36 . There were no public comments received as a result of this notice.

b. Consultation

Only internal consultation was involved in this project.

9. Explanation of Any Payment or Gift to Respondents

Respondents will receive \$50 for their participation. Since the recruitment of directors, assistant directors, administrators, assistant administrators of residential care facilities and adult day services centers are necessary for this study to take place and since these individuals are extremely busy, the incentive of \$50 will be used to increase participation, reduce the number of cancelations, and maximize time and travel in a particular location.

10. Protection of the Privacy and Confidentiality of Information Provided to Respondents

It has been determined that the Privacy Act does apply to this request because information will be collected in identifiable form. The applicable System of Records Notice (SORN) number is 09-20-0167 Health Care Statistics

Confidentiality will be provided to respondents 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 304, 306, or 307 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 in the case of information obtained in the course of health statistical or epidemiological activities under section 304 or 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.”

Standards for Federal government surveys highlight the importance of the interviewers' responsibilities under the Privacy Act of 1974 (5 U.S.C. 552a), the Privacy Act Regulations (34 CFR Part 5b), Section 308(d) of the Public Health Service Act (42 U.S.C. 242m), the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Section 513 of PL 107-347), HIPAA and other regulations.

Data will be treated in a confidential manner. The process of informing respondents of the procedures used to keep information confidential begins with material mailed in advance and carries through to interviewer training and all communications with potential respondents. All elements of informed consent, including the purpose of the data collection, the voluntary nature of the survey, with whom the information will be shared, and the effect upon the respondent for

not participating are provided in the introductory statements read/provided to respondents prior to the interview, survey, or other mode of data collection .

NCHS and subcontractor staff routinely employ technical, physical, and administrative measures to secure information and safeguard privacy and confidentiality. These include:

- when confidential materials are moved between locations, records are maintained to insure that there is no loss in transit,
- hard copies of confidential information are stored in secure areas when not in use,
- access to the data processing and storage areas is controlled, with only authorized personnel allowed in secure locations,
- individual data files are protected by passwords and other techniques, which prohibit access by non-approved project staff ,
- building security forces are on duty 24 hours, seven days per week at all sites,
- access to nonpublic data is restricted to those who must have such access.

Interviewers, supervisors, and staff receive thorough training on legal and ethical obligations. All employees and contract staff sign an Affidavit of Nondisclosure as a condition of employment. This data collection is under the Privacy Act of 1974 (5 U.S.C. 552a), the Privacy Act Regulations (34 CFR Part 5b), Section 308(d) of the Public Health Service Act (42 U.S.C. 242m), the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Section 513 of PL 107-347), HIPAA, and other regulations.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

The NCHS ERB has approved the feasibility project (see Attachment A) through 01/07/17.

There are no sensitive items included in this survey.

12. Estimates of Annualized Burden Hours and Costs

Approximately 45 RCC and 45 ADSC directors will be invited to participate in this feasibility project. The feasibility project includes two telephone calls per eligible, participating respondent (See Attachments B and C). The first call to screen for eligibility will take on average 5 minutes. The second call to conduct the sampling, person-level data collection, and debriefing will take on average a total of 55 minutes. The feasibility project is estimated to take no more than one hour per respondent for a total burden of 91 hours (see Table 1).

The average cost to directors is estimated to be \$ 4,535.44 (see Table 2). The hourly wage estimates for completing the interviews mentioned above in the burden hours table are based on

information from the Bureau of Labor Statistics web site (<http://www.bls.gov>). Specifically, we used the "May 2014 National Occupational Employment and Wage Estimates" for (1) Medical and Health Services Managers.

Table 1. Estimate of Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses	Average Burden/Response (in hours)	Response Burden (in hours)
RCC/ADSC Directors	Eligibility Screening	90	1	5/60	8
RCC/ADSC Directors	Sampling of Residents/Participants, Resident/Participant Interview, Debriefing/Probing	90	1	55/60	83

Table 2. Estimate of Annualized Burden Costs

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate ¹	Total Respondent Costs
RCC/ADSC Directors	Eligibility Screening	8	\$49.84	\$398.72
RCC/ADSC Directors	Sampling of Residents/Participants, Resident/Participant Interview, Debriefing/Probing	83	\$49.84	\$4,136.72
Total				\$4,535.44
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				

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

There are no additional costs to the respondents. There are no costs other than their time to participate in the voluntary survey.

14. Annualized Cost to the Federal Government

It is expected that collecting and analyzing the data from this project will cost NCHS about \$30,000 in contractor costs (including data collection costs and other direct costs) and \$15,000 in NCHS staff costs, for a total of about \$45,000.

15. Explanation for Program Changes or Adjustments

This is a generic IC. There are no program changes or adjustments.

16. Plans for Tabulation and Publication and Project Time Schedule

Data collected will be used to inform future waves of NSLTCP. The information is for internal use only. No publications are currently planned. NCHS plans to present selected results on the methods and outcomes related to the data collection process (not the actual responses) at future professional conferences (e.g., American Association for Public Opinion Research). The feasibility project will begin within 2 weeks of clearance.

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

The display of the OMB expiration date is not inappropriate.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.