

Supporting Statement A

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

**Generic IC:
Developmental Studies to Improve the National Health Care Surveys
OMB No. 0920-1030
(Expires April 30, 2020)**

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A. Justification

1. Circumstances Making the Collection of Information Necessary

The National Center for Health Statistics (NCHS) has OMB approval for Developmental Studies to Improve the National Health Care Surveys Generic Clearance (OMB No. 0920-1030, Exp. Date 04/30/2020) 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 GenIC review of proposals for data collections and OMB will generally review such requests within ten business days.

The specific GenIC project for this clearance is twofold: (1) to develop an up-to-date, state-based sampling frame of residential care facilities (“conventional” residential care communities) for the 2018 survey, like has been done for the previous three waves of the National Study of Long-Term Care Providers (NSLTCP) and (2) for the first time, include and flag in the frame residential care communities licensed to exclusively serve the intellectually disabled/developmentally disabled adult populations (“IDD-exclusive” residential care communities), to inform NSLTCP waves beyond 2018.

The specific data collection activities will be to contact state agencies to:

- Confirm current state-specific licensing categories of residential care.
- Obtain state lists of communities for these licensing categories of residential care.

2. Purpose and Use of the Information Collection

The collected data on conventional residential care communities will enable NCHS to do the following for the 2018 NSLTCP residential care community survey: 1) determine which providers should be in the sampling frame; 2) inform the sampling design; 3) select a nationally representative sample of residential care communities; and 4) conduct nonresponse bias analysis. Although the collected data on IDD-exclusive residential care facilities will not be used for the 2018 survey, these data will be used to 1) identify the prevalence and distribution of these facilities and 2) inform inclusion and sampling design decisions for future waves of NSLTCP beyond 2018.

We will visit web sites of each state and the District of Columbia to learn about changes since 2015 to the various regulations and licensure terms used in the state and compile information for each state on the residential care community licensure categories that we believe meet our study definition. The NSLTCP study definition of a residential care community is one that is licensed, registered, listed, certified, or otherwise regulated by the state to provide room and board providing at least two meals a day, with 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. Communities licensed to serve the intellectually and developmentally disabled and the mentally ill population exclusively are excluded from the 2012-2018 NSLTCP survey waves. 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 B.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 B.2). The advance package will also include a letter of support from residential care professional associations (Attachment B-3) and an NCHS confidentiality brochure (Attachment B.4).

Within a week of e-mailing the advance package, NCHS will begin to contact these government representatives at state agencies by telephone using a semi-structured protocol (Attachment A). 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 communities 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 communities 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 community; name, phone number, and email address (if available) of community director; licensure category; and bed size. We will collect information on type of community ownership, chain affiliation, and type of residents served (i.e. Alzheimer's/dementia, developmentally disabled), where available. A thank you letter will be sent after we receive the electronic file from the state officials and have determined it meets all of the requirements for the sample frame (Attachment E).

We estimate verification of contact information (Attachment B.1), response to a semi-structured telephone protocol (Attachment A), and development of a residential care community listing in an electronic format (Attachment C) will take approximately 1.5 hours per state and the District of Columbia. Based on the 2016 NSLTCP frame development experience (OMB No. 0920-0912, Discontinued 05/31/2016), we expect that 100% of states will participate.

NCHS will use collected data on conventional residential care communities to determine which providers should be used in the sampling frame for the residential care community survey component of the 2018 NSLTCP; to inform the 2018 sampling design; to select a nationally representative sample of residential care communities for the 2018 survey; and to conduct nonresponse bias analyses for the 2018 survey. The IDD-exclusive residential care community frame data will be used to identify the prevalence and distribution of these types of communities, and to inform possible inclusion and sampling design decisions for future waves of NSLTCP beyond 2018.

No IIF is being collected.

3. Use of Improved Information Technology and Burden Reduction

An encrypted SAS dataset of the states' residential care communities will be sent to NCHS via mail or electronically through a secure password-protected website to ensure the confidentiality of the data.

NCHS has designed the semi-structured telephone protocol to be brief. During that telephone call NCHS will just be confirming that the appropriate licensure categories of residential care communities within each state have been identified and requesting an electronic file (preferably in Excel format) of the licensed residential care communities for which the agency is responsible. 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. NCHS will provide states with the specifications on what variables are needed in the files. To further reduce burden, where possible the data will be accessed from already existing state websites and electronic files.

4. Efforts to Identify Duplication and Use of Similar Information

The frame that will be developed will be used to draw a sample of conventional residential care communities for the NSLTCP residential care community survey that is scheduled to be fielded in 2018. No up-to-date uniform list of conventional residential care communities currently exists at the national level, and none include IDD-exclusive residential care communities. The most recent frame of conventional residential care communities was developed for NSLTCP in 2015 (OMB No. 0920-0912, Discontinued 05/31/2016) and used for the 2016 survey (OMB No. 0920-0943. Exp. Date 05/31/2019); given turnover of establishments in this sector, NCHS concludes that the 2016 frame is too old for use in a 2018 survey. To create the up-to-date frame of state-regulated conventional residential care communities, NCHS shall employ the approach and methodology used for the 2016 collection, plus add agencies that license IDD-exclusive residential care communities.

5. Impact on Small Businesses or Other Small Entities

No small businesses are affected.

6. Consequences of Collecting the Information Less Frequently

There is a high level of turnover of establishments in this sector; thus a biennial collection is needed to provide the best frame.

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

This request fully complies with the regulation 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the 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. Efforts we have made to consult outside the agency included consulting with the contractor that developed the frame for the 2016 NSLTCP and reviewing information and reports from the contractor on the 2016 NSLTCP frame development and the NSLTCP Gaps Project that identified IDD-exclusive residential care communities among sectors to consider adding to NSLTCP.

9. Explanation of Any Payments or Gifts to Respondents

There will be no payments, gifts, or incentives.

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

This submission has been reviewed by the NCHS Privacy Act Liaison. It has been determined that the Privacy Act does not apply. No IIF is being collected.

Confidentiality protection will be applied to the frame information (i.e., residential care community and director 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 frame information (i.e. information about specific residential care communities and the names of the directors) that state government representatives provide will be used exclusively for statistical purposes and will be treated in a confidential manner due to the fact that NCHS sampling frames are covered by Section 308(d) of the Public Health Service Act. The process of informing respondents of the procedures used to keep information confidential begins with materials e-mailed in advance to state government representatives (Attachments B.2 and B.4). The NCHS cover letter and NCHS’ Confidentiality Brochure will include specific references to protections of the frame information. These materials will include all elements of informed consent. These materials will also emphasize and detail procedures intended to keep information confidential by the data collectors and will include the following confidentiality pledge:

“We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note). This law requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses. If information sent through government networks triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats by computer network experts working for, or on behalf, of the government.”

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.

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

All informed consent procedures and methods for maintaining confidentiality will be reviewed and approved by NCHS’ Confidentiality Officer, when necessary. As with the 2016 frame development, these data collection efforts are deemed not human subjects research (Attachment

D).

Data collected will not include sensitive questions.

12. Estimates of Annualized Burden Hours and Costs

A. Burden Hours

Table 1 includes the average annual burden for frame development. State government representatives in the fifty states and the District of Columbia will be contacted in 2017. Based on past experience, it is estimated that approximately 70% of the states may require the involvement of 2 different agencies. Consequently, 87 is the number of respondents used to calculate the burden time. Burden is estimated at 5 minutes for contact information verification, 30 minutes for a semi-structured telephone protocol, and about one hour to develop the residential care community listing in an electronic format. The total estimate of annualized burden is 138 hours.

Table 1: Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses/ Respondent	Average Burden/ Response (in hours)	Response Burden in Hours
State Government Representatives	Contact info verification	87	1	5/60	7
State Government Representatives	Telephone protocol	87	1	30/60	44
State Government Representatives	Electronic file development	87	1	1	87
Total					138

B. Cost to Respondents

The only cost to respondents is their time. The estimated annualized cost for data collection for the frame development is \$4,620 (See Table 2).

Table 2: Estimated Annualized Costs for Frame Development

Type of respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
State Government Representatives	138	\$33.48	\$4,620
Total			\$4,620
Information on community and social services state government occupations hourly wage rate gathered from the Bureau of Labor Statistics' website, and can be accessed at the following link: http://www.bls.gov/oes/current/oes119151.htm			

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 cost to the government is \$242,831 and details are shown in Exhibit 1.

Exhibit 1: Estimated Annualized Costs to the Government

Item/Activity	Details	\$ Amount
NCHS oversight of contractor and project	Cost for staff and supplies	\$52,000
Frame Development (Contractor)	Field staff costs, including data collection costs and other direct costs	\$190,831
Estimated Total Cost		\$242,831

15. Explanation for Program Changes or Adjustments

This is a one-time data collection. There are no program changes or adjustments.

16. Plans for Tabulation and Publications and Project Time Schedule

Data collection for the frame development planned to occur in 2017 will begin once we have OMB approval. NCHS will search state websites first, and then contact state government representatives through letters and telephone calls for additional information. Receipt of an electronic listing of residential care communities in each state will end data collection. Major milestones and the corresponding due dates are shown in Exhibit 2. The frame constructed of conventional residential care communities will be used for the 2018 NSLTCP residential care survey, while the frame of IDD-exclusive residential care communities will be used to inform decisions about possible inclusion and design for future NSLTCP waves beyond 2018. However, the frame development data (i.e., information on individual communities) are confidential and no public use file containing frame data is anticipated.

Exhibit 2: Major NSLTCP Frame Development Activities and Timeframe

Major NSLTCP Frame Development Activities	Timeframe
Search state websites	1-6 months after OMB approval
Contact state government representatives	1-6 months after OMB approval
Confirm mailing address	1-6 months after OMB approval
Email advance package	1-6 months after OMB approval
Semi-structured telephone/email correspondence	1-7 months after OMB approval
Building of electronic listing	1-8 months after OMB approval
Electronic listing complete and delivered to NCHS	5-9 months after OMB approval
Drawing of NSLTCP sample	10-12 months after OMB approval
Release of summary estimates	24 months after OMB approval

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

Not applicable.

18. Exceptions to Certification for Paperwork Reduction Act Submission

There are no exceptions to the certification.