Supporting Statement B

GenIC: Frame Development for the Residential Care Component of the National Post-Acute and Long-Term Care Study

Generic IC: Developmental Studies to Improve the National Health Care Surveys OMB No. 0920-1030 Exp. Date 04/30/2020

Lauren Harris-Kojetin Chief, Long-Term Care Statistics Branch Division of Health Care Statistics National Center for Health Statistics Phone: 301.458.4369 Fax: 301.458.4693 Email: lharriskojetin@cdc.gov

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Table of Contents

B. Collections of Information Employing Statistical Methods		3
1.	Respondent Universe and Sampling Methods	3
2.	Procedures for the Collection of Information	3
3.	Methods to Maximize Response Rates and Deal with Nonresponse	4
4.	Tests of Procedures or Methods to Be Undertaken	4
5.	Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data	4

List of Attachments

Attachment A: Semi-Structured Telephone Protocol

Attachment B.1: Advance Package-Contact Information Verification Attachment B.2: Advance Package-NCHS' Cover Letter with FAQ Attachment B.3: Advance Package- Letter of Support Attachment B.4: Advance Package-NCHS' Strictly Confidential Brochure

Attachment C: Electronic File Development

Attachment D: Human Subjects Research Determination

Attachment E: Thank You Letter

B. Collections of Information Employing 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 communities 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 communities which was developed for use in the 2018 National Post-Acute and Long-Term Care Study (NPALS) (formerly known as the National Study of Long-Term Care Providers or NSLTCP) (OMB No. 0920-1030, Exp. Date 04/30/2020).

2. Procedures for the Collection of Information

We will visit web sites of each state to learn about changes since 2017 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 NPALS 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 2012-2020 NPALS 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 NPALS 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).

3. Methods to Maximize Response Rates and Deal with Nonresponse

Based on the 2018 NPALS frame development experience (OMB No. 0920-1030, Exp. Date 04/30/2020), 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 OMB No. 0920-0298, Discontinued 07/31/2009, National Nursing Home Survey OMB No. 0920-0353, Discontinued 02/28/2007) will be used. Procedures to help reduce the likelihood of refusals (refusal aversion) include the advance letter (Attachment B.2) and other materials that stress the government's legal responsibility under legislative mandates, and commitment to maintain confidentiality of data (Attachment B.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: Lauren Harris-Kojetin, Ph.D. Chief, Long-Term Care Statistics Branch National Center for Health Statistics 3311 Toledo Road Hyattsville, Maryland 20782 Phone: (301) 458-4369 Fax: (301) 458-4350 E-Mail: <u>lharriskojetin@cdc.gov</u>