

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**

OMB No. 0920-0943

Exp Date: 5/31/2019

Revision package

March 14, 2018

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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

- The goal of this study is to collect data for the residential care community (RCC) and adult day services center (ADSC) survey components of the 4th National Study of Long-Term Care Providers (NSLTCP). The data to be collected will include the basic characteristics, services, staffing, and practices of RCCs and ADSCs, and the demographics, selected health conditions and health care utilization, physical functioning, and cognitive functioning of RCC residents and ADSC participants.
- 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 at the national level.
- NSLTCP uses three data collection modes; mail and web provider surveys as well as telephone interviews for the services user questionnaires. The intended respondents are directors of RCCs and ADSCs or their designated staff.
- Samples of 2,090 RCCs and 1,650 ADSCs in the 50 states and the District of Columbia will be contacted to participate in the survey.
- For both the ADSC and RCC 2018 survey components of the NSLTCP, RDC restricted and public-use data files with no identifiers and no linking information are planned to be made available. We also plan to produce an overview report, data briefs, national weighted survey estimates, and a trend report using 2018 data.

A. Justification

1. Circumstances Making the Collection of Information Necessary

This request is for a project (OMB No. 0920-0943 Exp. Date 5/31/2019) to collect data for the residential care community (RCC) and adult day services center (ADSC) components of the 2018 National Study of Long-Term Care Providers (NSLTCP). We conducted data collection in 2012, 2014, and 2016. This Revision requests to add services user-level components to the surveys. Other revisions include consolidating the two versions of the RCC and ADSC questionnaires into one provider questionnaire for each setting and eliminating a data retrieval telephone call. We are requesting a one year approval.

Long-term care (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 grow 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.

Between the 1970s and 2000s, 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, Discontinued 02/28/2017, and the National Home and Hospice Care Survey (NHHCS), OMB No. 0920-0298, Discontinued 07/31/2009. 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, Discontinued 12/31/2012). 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.

In 2012 NCHS launched an integrated strategy for obtaining and providing representative national and state 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 has replaced NNHS, NHHCS, and NSRCF. NSLTCP enables more efficient monitoring of the dynamic and diverse industry of paid, regulated LTC and helps address the nation’s information needs to inform future LTC policy.

Medicare beneficiaries with chronic conditions and functional limitations needing LTC assistance represent over half of Medicare’s highest health care spenders (Komisar and Feder, 2011). The NSLTCP supports CDC’s broader research agenda and NCHS’ mission to provide statistical information to guide actions and policies to improve the health of the American people by delivering national and state information on the supply, provision, use, and characteristics of the major sectors of paid, regulated LTC. The NSLTCP, a voluntary survey, is designed to (1) broaden CDC’s/NCHS’ ongoing coverage of the major sectors of paid, regulated LTC services; (2) use existing administrative data on LTC providers and service users where available (i.e. Centers for Medicare and Medicaid Services (CMS)’ data on nursing homes and residents, home health agencies and patients, and hospices and patients); (3) collect primary data on LTC providers and service users for which nationally representative administrative data do not exist (ADSCs and participants, RCCs and residents); and (4) enable comparisons across LTC sectors and timely monitoring of supply and use of these sectors over time.

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. Specifically, NCHS is authorized to collect statistics on health resources, including extended care facilities, and the utilization of health care, including utilization of extended care facilities. ADSCs and RCCs are considered such facilities. A copy of this authorization is provided as **Attachment A**.

2. Purpose and Use of the Information Collection

NSLTCP, a biennial study, includes providers and service users in five major LTC sectors—

home health care agencies and patients, assisted living and other residential care communities (RCCs) and residents, adult day services centers (ADSCs) and participants, nursing homes and residents, and hospices and patients. As CDC/NCHS did in 2012, 2014, and 2016 the data to be collected in 2018 include the basic characteristics, services, staffing, and practices of RCCs and ADSCs, and the demographics, selected health conditions and health care utilization, physical functioning, and cognitive functioning of RCC residents and ADSC participants. As in 2012, 2014, and 2016, the NSLTCP surveys will be administered by mail, web, and telephone. However, in contrast to 2012, 2014, and 2016, in 2018 the information on residents and participants will be at the individual services-user level and collected over the telephone, the sampling designs will enable national estimates but not state estimates, and a sample rather than a census will be fielded for ADSCs. Data will be collected from samples of 2,090 RCCs and 1,650 ADSCs in the 50 states and the District of Columbia to enable producing national estimates. A one year approval is sought.

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, the Administration for Community Living, and the Agency for Healthcare Research and Quality; associations, such as LeadingAge (formerly the American Association of Homes and Services for the Aging), National Center for Assisted Living, American Seniors Housing Association, Argentum (formerly the Assisted Living Federation of America), and National Adult Day Services Association; universities; foundations such as The SCAN Foundation; and other private sector organizations such as the Alzheimer's Association and the AARP Public Policy Institute.

The collected data will enable users to continue to include the RCC and ADSC components in the following activities:

- (1) Estimate the U.S. national supply of paid, regulated LTC services;
- (2) Estimate key policy-relevant provider characteristics and practices;
- (3) Estimate the national use of these providers;
- (4) Estimate key policy-relevant characteristics of these users; and
- (5) Enable comparisons within and between different LTC sectors at a similar point in time as well as monitoring trends over time.

As with the 2012, 2014, and 2016 NSLTCP, the 2018 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 with national estimates on the supply, use, and characteristics of these five major sectors of paid, regulated LTC in the United States (NCHS Series 3 report). As with the 2012, 2014, and 2016 NSLTCP, the ADSC and RCC 2018 survey data will also be used to produce NCHS data brief reports with national estimates on ADSC centers and participants and RCC communities and residents, respectively, as well as survey national estimates on ADSCs and RCCs. Before any of these products are published, NCHS will make available through the NCHS Research Data Center the restricted ADSC and RCC 2018 survey data files, as we have done for the 2012, 2014, and 2016 survey data. Public-use data files for the 2018 NSLTCP will also be made available. Please go to http://www.cdc.gov/nchs/nsltcp/nsltcp_questionnaires.htm and http://www.cdc.gov/nchs/nsltcp/nsltcp_products.htm for information on the RDC restricted files

and products from the 2012, 2014, and 2016 NSLTCP. To date, reports from the 2012 and 2014 NSLTCP have been used by researchers, other federal agencies, national provider associations, consumer advocacy organizations, trade press and other media outlets.

It is important to continue this data collection effort. The unique NSLTCP data on the characteristics of RCCs and ADSCs is used by DHHS for program planning and to inform national policies. Data from NSLTCP allows for analyzing relationships that exist among provider and user characteristics. With the addition of 2018 NSLTCP data, users will also be able to examine data at the services user-level. With the addition of services-user level data collection we are able to consolidate items from the provider-level data collection into one version of the questionnaire for each setting because some items can now be asked in the services user questionnaire (i.e prevalence of advance directives). Although this is a revision, we plan to ask about the same topics (characteristics, health conditions) as we have in the past, just at two different levels now (provider and services user). In previous packages everything was asked at the provider level. No such national data exist elsewhere.

The 2018 NSLTCP provider and services user questionnaire items are in **Attachments C-1 to C-3**.

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 provider questionnaire and 30 minutes for sampling and completion of the services user questionnaire. For the provider questionnaire, burden is reduced by limiting the number of questionnaire items. Burden is also reduced by using the smallest reference period feasible to produce valid estimates when asking aggregate service user questions (e.g., During the last 30 days, for how many of the residents currently living at this residential care community did Medicaid pay for some or all of their services received at this residential care community), as longer reference periods would require additional respondent burden to calculate.

For the services user questionnaire, burden is minimized by: 1) including no more than about 40 items which, based on previous timings from NSRCF and the feasibility project that included similar questions, will enable an average 30-minute completion time to sample 2 services users and complete 2 services user questionnaires per provider; and, 2) by purposely sampling only two services users per provider, rather than sampling more services users per provider as was done in NNHS, NHHCS, and NSRCF. For the services user questionnaire, burden is also reduced because data will be collected using computer assisted telephone interviewing (CATI) 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. Only questions specific to the individual RCC or ADSC characteristics are asked, skipping unnecessary questions. The CATI system incorporates inter-item consistency checks and other 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. For those respondents who opt to complete the provider questionnaire by web rather than mail, the same burden reductions apply.

There are no technical or legal obstacles to burden reduction.

4. Efforts to Identify Duplication and Use of Similar Information

Over the past decade or so, 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 rather complement NSLTCP, and have been used to inform and guide the design of the RCC and ADSC survey components of NSLTCP.

Select Prior RCC Studies

Compendium of Residential Care and Assisted Living Regulations and Policy: 2015 Edition
ASPE provided funding to RTI International to update a 2007 compendium on assisted living that is referenced below. (Carder, O'Keeffe, and O'Keeffe, 2015).

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

(OMB No. 0920-0912, Discontinued 05/31/2016)

NCHS funded the collection of data needed to develop an up-to-date sampling frame of state-regulated RCCs in the United States for the 2012, 2014, and 2016 NSLTCP.

National Survey of Residential Care Facilities

(OMB No. 0920-0780, Discontinued 12/31/12)

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 are also used in NSLTCP. Selected benchmark questions from the 2010 NSRCF are included in NSLTCP to enable comparisons and trending.

Select Prior ADSC Studies

Regulatory Review of Adult Day Services: Final Report, 2014 Edition

ASPE provided funding to RTI International to develop a state regulatory compendium on adult day services providers. (O'Keeffe, O'Keeffe, and Shrestha, 2014).

The Metlife National Study of Adult Day Services, 2010

The Metlife Mature Market Institute collaborated with the National Adult Day Services Association (NADSA) and The Ohio State University of Social Work to conduct this study. 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. 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. (National Adult Day Services Association, 2010)

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.

Survey data from the ADSC and RCC components of NSLTCP: (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 LTC sectors (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.

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, NSLTCP will take on average 80 minutes to complete. Further, mail and web data collection modes allow RCC and ADSC directors to complete the provider 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. 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 their respondents are likely to know their residents/participants better than respondents for larger RCCs/ADSCs.

6. Consequences of Collecting the Information Less Frequently

The NSLTCP survey is intended to be conducted every two years; so far, the survey has been conducted in 2012, 2014, and 2016. Surveying ADSCs and RCCs every two years is a reasonable frequency to enable trending over time while not burdening respondents with more frequent data collection. This is a request for clearance to allow NCHS to conduct the 2018 NSLTCP.

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

The data collection will be implemented in a manner consistent with 5 CFR 1320.5; however, 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, but RCCs and ADSCs vary in the extent to which and how they record race and ethnicity information. We collect 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 take this approach because the responding RCCs and ADSCs vary 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 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 and may have recorded race as “other”.

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

A 60-day Federal Register Notice was published in the Federal Register on December 19, 2017, vol. 82, No. 242, pp. 60198-60199 (**Attachment B1**). Three comments were received (**Attachment B2**).

Consultation outside the agency includes:

1. Since 2011, NCHS has routinely reached out to other agencies, organizations, and LTC research experts 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 office of the Assistant Secretary of Planning and Evaluation within DHHS and provider membership associations such as the National Center for Assisted Living, LeadingAge, and the National Adult Day Services Association (NADSA). **Attachment D** provides a list of the external experts who recently reviewed the draft 2018 provider and services user question items. NCHS has given presentations to raise awareness of and promote participation in the survey components of NSLTCP at provider association meetings, such as those by NADSA and the Argentum (formerly the Assisted Living Federation of America).
2. Since 2011, letters of support for the survey component of NSLTCP have been obtained from associations that represent RCCs and ADSCs (**Attachment G-3** shows the 2018 versions). We have sought and obtained letters of support from the following organizations:
 - Argentum
 - American Seniors Housing Association (ASHA)
 - The Center for Excellence in Assisted Living (CEAL)

- LeadingAge
 - National Adult Day Services Association (NADSA)
 - National Association of States United for Aging and Disabilities (NASUAD)
 - National Center for Assisted Living (NCAL)
3. Since 2011, NCHS has routinely engaged in outreach activities with RCC and ADSC provider associations. NCHS has met multiple times with NADSA and the 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 continued to work with NCHS to raise awareness of NSLTCP using selected communication channels with their provider members (e.g., association newsletters, websites).
 4. Since 2011, NCHS has identified administrative data from CMS to provide information on provider and services user (aggregated at the provider level) characteristics for nursing homes, home health agencies, and hospices. Since 2012, NCHS has worked with appropriate CMS offices to obtain provider- and services 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.

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

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 apply as data on individuals are being collected. All procedures and methods for maintaining confidentiality have been reviewed and approved by NCHS' Confidentiality Officer, when necessary.

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

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's 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.

RCC community/ADSC 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 advance package materials mailed to RCCs/ADSCs (see **Attachments G-1 to G-5**). 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.

NSLTCP includes respondent contact materials that will inform the RCC/ADSC director of the purpose and content of the study (see **Attachments G-1 to G-5**), in particular the advance package cover letter (**Attachment G-1**). 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.

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

All informed consent procedures and methods for maintaining confidentiality have been reviewed and approved by the NCHS's Ethics Review Board (see **Attachment G-4**).

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.

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. We calculated the burden based on a 100% response rate. A sample of 2,090 RCCs and a sample of 1,650 ADSCs in 50 states and the District of Columbia will be targeted in the survey. Expected burden from this revised data collection for eligible cases is 80 minutes on average for respondents: 5 minutes for **the addition of a contact confirmation call; 15 minutes for the**

addition of call to screen and set an appointment for the services user data collection; 30 minutes for a consolidated provider questionnaire; and 30 minutes for the addition of a sampling and services user questionnaire. We have eliminated two versions of each provider questionnaire and a data retrieval telephone call. We estimate an eligibility rate for ADSCs as 86% and for RCCs as 76%. The total estimate of annualized burden is 4,257 hours.

Table 1: Estimated Annualized Burden Table

| Type of Respondent | Form Name | Number of Respondents | Number of Responses | Average Burden/ Response (in minutes) | Response Burden (in hours) |
|--|--|-----------------------|---------------------|---|-------------------------------|
| RCC/ADSC Director/ Designated Staff Member | Contact Confirmation Call | 3,740 | 1 | 5/60 | 312 |
| RCC/ADSC Director/ Designated Staff Member | Screener and Appointment Setting Call | 3,740 | 1 | 15/60 | 935 |
| RCC Director/ Designated Staff Member | RCC Provider Questionnaire | 1,589 | 1 | 30/60 | 795 |
| ADSC Director/ Designated Staff Member | ADSC Provider Questionnaire | 1,419 | 1 | 30/60 | 710 |
| RCC/ADSC Director/ Designated Staff Member | RCC and ADSC Sampling and Services User Questionnaires | 3,008 | 1 | 30/60 | 1505 |
| Total | | | | | 4,257 |

B. Cost to Respondents

The only cost to respondents is their time. The estimated annualized cost for the national survey is \$223,833 (Table 2).

Table 2: Estimated Annualized Costs for Data Collection

| Type of respondent | Total Burden Hours | Hourly Wage Rate | Total Respondent Cost |
|--|--------------------|------------------|-----------------------|
| RCC/ADSC Director/ Designated Staff Member | 312 | \$52.58 | \$16,405 |
| RCC/ADSC Director/ Designated Staff Member | 935 | \$52.58 | \$49,162 |
| RCC Director/ Designated Staff Member | 795 | \$52.58 | \$41,801 |
| RCC Director/ Designated Staff Member | 710 | \$52.58 | \$37,332 |
| RCC/ADSC Director/ Designated Staff Member | 1505 | \$52.58 | \$79,133 |
| Total | | | \$223,833 |

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 and Record Keepers

There are no additional costs.

14. Annualized Cost to the Federal Government

The estimated total annualized cost to the Government is \$2,355,222 shown in Exhibit 1.

Exhibit 1: Estimated Annualized Costs to the Government

| Item/Activity | Details | \$ Amount |
|----------------------|---|-------------|
| NCHS Staff | Staff salaries, benefits, other miscellaneous costs | \$392,537 |
| Contractor | Field staff costs, including data collection costs and other direct costs | \$1,962,685 |
| Estimated Total Cost | | \$2,355,222 |

15. Explanation for Program Changes or Adjustments

This submission represents a small burden reduction of 53 hours from the 4,310 hours that are currently approved. This overall net reduction is primarily due to the elimination of a former data retrieval call that was previously included to allow for errors or omissions in returned surveys that required a call to reach back out to the Directors or their designated staff member.

The 2018 NSLTCP includes the introduction of a services user questionnaire which was not part of the previous submission. Although this is a revision, we plan to ask about the same topics (characteristics, health conditions) as we have in the past, just at two different levels now (provider and services user). In previous packages everything was asked at the provider level. Greater detail on the changes are provided in Attachment E and Supporting Statement B.

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 and ADSC samples for 2018 NSLTCP | Within 1 month of OMB approval |
| 2018 NSLTCP Fielding Begins | 1 month after OMB approval |
| 2018 NSLTCP Fielding Ends | 8 months after OMB approval |
| 2018 ADSC and RCC Restricted Survey Data Files Complete | 20 months after OMB approval |
| 2018 ADSC and RCC Public-Use Survey Data Files and National Weighted Survey Estimates Published on the internet | 24 months after OMB approval |
| Overview Report and Data Briefs Published on the internet | 26 months after OMB approval |

For both the ADSC and RCC 2018 survey components of the NSLTCP, RDC restricted data files and public-use data files with no identifiers and no linking information are planned to be made available. Any restricted NSLTCP data will be made available through NCHS’ Research Data Center (RDC). The current target goal schedule for releasing the (1) survey-based RDC restricted files; (2) public-use files, and (3) reports referenced in the last row of Exhibit 2 is in early 2020. Please go to http://www.cdc.gov/nchs/nsltcp/nsltcp_questionnaires.htm and http://www.cdc.gov/nchs/nsltcp/nsltcp_products.htm to access RDC restricted files and products from the 2012, 2014, and 2016 NSLTCP.

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 Submission

There are no exceptions to the certification.

References

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