Supporting Statement A for Paperwork Reduction Act Submission for

Reinstatement with Change

Data Collection for the Residential Care Community and Adult Day Services Center Components of the National Post-Acute and Long-Term Care Study

OMB No. 0920-0943
Discontinued: 03/12/2019

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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 Post-Acute and Long-Term Care Study

- 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 5th wave of the National Post-Acute and Long-Term Care Study (NPALS), formerly known as the National Study of Long-Term Care Providers or NSLTCP. The data to be collected will include the basic characteristics, services, staffing, and practices of RCCs and ADSCs, and aggregate-level distributions of the demographics, selected health conditions and health care utilization, physical functioning, and cognitive functioning of RCC residents and ADSC participants. Items on COVID-19 prevalence and experience have been added.
- National data on the characteristics of RCCs and ADSCs will be used by DHHS for program planning and to inform national policies. Data from NPALS will be available to analyze relationships that exist among provider and user characteristics at national and state levels.
- NPALS uses three modes; mail and web with telephone follow-up of non-responders to the mail and web surveys. In addition, data retrieval telephone calls will be used to address item non-response for critical items in the returned mail questionnaires. The intended respondents are directors of RCCs and ADSCs or their designated staff.
- A sample of 11,600 RCCs and a census of about 5,500 ADSCs in the 50 states and the District of Columbia will be contacted to participate in the survey.
- For both the ADSC and RCC 2020 survey components of the NPALS, RDC restricted 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, state estimates, national weighted survey estimates, and a trend report using 2020 data.

A. Justification

1. Circumstances Making the Collection of Information Necessary

This request is for a reinstatement with change for a project (OMB No. 0920-0943 Discontinued 03/12/2019) to collect data for the residential care community (RCC) and adult day services center (ADSC) components of the 2020 National Post-Acute and Long-Term Care Study (NPALS), formerly known as the National Study of Long-Term Care Providers or NSLTCP. We conducted data collection in 2012, 2014, 2016, and 2018. We are requesting a two 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. Since COVID-19 has resulted in a public health crisis, NCHS is requesting to add items on COVID-19 the prevalence and experience. The United States is currently suffering from an outbreak of a novel Coronavirus that by some estimates has infected over 2,982,000 Americans and led to over 131,000 deaths in the United States as of July 8. Some of these COVID-19 infections and deaths have happened to people receiving services from long-term care settings, including residential care communities and adult day services centers. 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. For the 2020 study, we are changing the name to the National Post-Acute and Long-Term Care Study or NPALS to reflect the addition of two post-acute care sectors to the study (inpatient rehabilitation facilities and long-term care hospitals), in addition existing post-acute care sectors in the study (home health agencies and skilled nursing facility component of the nursing home sector). NPALS 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 NPALS 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 NPALS 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; (3) collect primary data on LTC providers and service users for which nationally representative administrative data do not exist; 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

NPALS, a biennial survey, includes providers and service users in seven major LTC sectors—inpatient rehabilitation facilities and patients, long-term care hospitals and patients, home health care agencies and patients, assisted living and similar 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, 2016, and 2018, the data to be collected in 2020 include the basic characteristics, services, staffing, and practices of RCCs and ADSCs, and aggregate-level distributions of the demographics, selected health conditions and health care utilization, physical functioning, and cognitive functioning of RCC residents and ADSC participants. For 2020, we plan to add seven questions that will ask about: (1) number of COVID-19 cases among services users and among staff (2) number of hospitalizations and of deaths among COVID cases (3) availability of personal protective equipment, (4) shortages of COVID-19 testing, (5) use of telemedicine/telehealth, (6) restrictions on visitors, and (7) general infection control policies and practices. As in 2012, 2014, and 2016, the survey will be administered by mail, web, and telephone, and data will be collected from a sample of about 11,600 RCCs and a census of about 5,500 ADSCs in the 50 states and the District of Columbia to enable producing national and state estimates. A two 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 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;
(5) Within the above goals, produce state-level estimates for as many states as feasible within NCHS confidentiality and reliability standards; and
(6) Enable comparisons within and between different LTC sectors at a similar point in time as well as monitoring trends over time.

As with previous waves, the 2020 NPALS survey data for ADSCs and RCCs and administrative data for inpatient rehabilitation facilities, long-term care hospitals, 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 seven major sectors of paid, regulated LTC in the United States (NCHS Series 3 report). For 2020, as was done for 2012, 2014, and 2016, a web-based product with state estimates to complement the Series 3 report will be developed. As with previous waves, the ADSC and RCC 2020 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, and web-based state estimates to complement these data briefs, as well as survey national estimates on ADSCs and RCCs. NCHS intends to use the 2020 data and earlier waves of data to create additional products that examine trends over time. Before any of these products are published, NCHS will make available through the NCHS Research Data Center the restricted ADSC and RCC 2020 survey data files, as we have done with previous survey data. 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 previous waves. To date, reports from the 2012 to 2016 waves have been used by researchers, other federal agencies, the media, and national provider associations. To date, the survey methods and protocol used for previous waves (namely 2012, 2014 and 2016) have resulted in ADSC response rates of 58%-67% and RCC response rates of 50%-55%, the lower estimates in each range reflect the 2014 experience. We propose making protocol changes (allow proxy respondents, contact confirmation call to small RCCs, two versions of questionnaires, revising of questions to reduce respondent burden) as noted in the bulleted list below in order to try to obtain higher response rates in 2020.

It is important to continue this data collection effort. The unique NPALS data on the characteristics of RCCs and ADSCs is used by DHHS for program planning and to inform national and state policies. Data from NPALS allows providers and researchers to analyze relationships that exist among provider and user characteristics. With the addition of 2020 NPALS data, users will also be able to examine trends over time with five data points. No such national and state data exist elsewhere.

We are proposing the following changes for 2020 based on the 2018 experience:

- Drop, or revise select questionnaire items on RCCs and ADSCs that were fielded in 2016 and 2018.
- Add questionnaire items on background information, resident/participant profile, staffing profile, and services.
- Add two COVID-19 prevalence questions, four COVID-19 experience questions, and a general infection control practices and policies question.
- Use proxy respondents to enable more completions.

The 2020 NPALS questionnaire items are in Attachments C-1-C-2 and changes are outlined in Attachments D-1 and D-2.

3. Use of Improved Information Technology and Burden Reduction

NPALS includes the use of improved information technology through its web-based questionnaire. Based on the 2016 wave, we estimate that about 20% (RCCs) to 30% (ADSCs) of cases fielded will respond to the web-based survey.

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 questionnaire, for all three modes. Burden is reduced by limiting the number of questionnaire items to those that can be contained within an appropriately formatted 8-page hardcopy questionnaire. Burden is lowered through the use of sampling procedures for the RCC sectors in states where a sample is sufficient to produce RCC state estimates. Burden is also reduced by using the smallest reference period feasible to produce valid estimates when asking aggregate service user questions, e.g., how many residents were discharged from the hospital in the last 90 days, as longer reference periods would require additional respondent burden to calculate.

For non-responders to the mail and web surveys, burden is also reduced because data will be collected using CATI (Computer Assisted Telephone Interviewing) 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. The web and CATI versions of the questionnaires are being programmed using the same software platform and system. For both the web and CATI versions of the questionnaires, only questions specific to the individual RCC or ADSC characteristics are asked, skipping unnecessary questions. For example, RCCs responding that they are not authorized or otherwise set up to participate in Medicaid will not be asked to indicate how many of their current residents had some or all of their services paid for by Medicaid in the last 30 days. The web and 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.

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 provided important building blocks for, complement, and have been used to inform and guide the design of the RCC and ADSC survey components of NSLTCP and NPALS. Attachment H contains a listing of select prior RCC and ADSC studies.

Survey data from the ADSC and RCC components of NPALS: (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 five other LTC sectors (nursing homes, home health agencies, hospices, inpatient rehab facilities , and long-term hospitals), help provide a more complete picture of the supply and use of the major paid, regulated LTC providers in the United States. NPALS 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, the ADSC and RCC mail/web/telephone surveys for NPALS will take on average 30 minutes to complete. Further, mail and web data collection modes allow RCC and ADSC directors to complete the 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. For respondents who complete by telephone interview, 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 are likely to know their residents/participants better than larger RCCs/ADSCs.

6. Consequences of Collecting the Information Less Frequently

The NPALS survey is intended to be conducted every two years; so far, the survey has been conducted in 2012, 2014, 2016, and 2018. 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 2020 NPALS.

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 NPALS data. NPALS 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

The 60-day notice soliciting comments on this data collection project named National Study of Long-Term Care Providers was posted on [October 25, 2019 in Vol. 84, No. 207]. No comments were received. A copy of the published Notice is provided as **Attachment B.**

Consultation outside the agency includes:

1. Since 2011, NCHS has routinely outreached to other agencies and organizations to aid in the development of NPALS. 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). NCHS has given presentations to raise awareness of and promote participation in the survey components of NPALS at provider associations 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 NPALS have been obtained from associations that represent RCCs and ADSCs (Attachment E-4). We have sought and obtained letters of support from the following organizations:
   - Argentum American Seniors Housing Association (ASHA)
   - 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 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 NPALS and 2) ways we can collaborate to inform their respective provider memberships about the importance of NPALS. Representatives of RCC and ADSC professional associations have continued to work with NCHS to raise awareness of NPALS 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 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 user-level administrative data for nursing homes, home health care agencies and hospices; starting in 2019, NCHS has done the same for inpatient rehabilitation facilities and long-term care hospitals.

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.

An assurance of confidentiality is provided to all respondents according to 308(d) of the Public Health Service Act (42U.S.C. 242m) In addition, legislation covering confidentiality is provided according to Confidential Information Protection and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L. No. 115-435, 132 Stat. 5529 § 302)). The assurance states:

> *"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 (42U.S.C. 242m) and the Confidential Information Protection and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L. No. 115-435, 132 Stat. 5529 § 302)). 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."*

The data collection components of NPALS 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 E-1, E-4 and E-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.

NPALS includes respondent contact materials that will inform the RCC/ADSC director of the purpose and content of the study (see **Attachments E-1** to **E-8, F**), in particular the advance package cover letter (**Attachment E-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

IRB Approval

According to the NCHS Human Subjects Contact, this data collection does not meet the definition of human subjects research as stated in 45 CFR 46.102(f) (**Attachment G**).

Sensitive Questions

Items on the NPALS 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.

Since NPALS does not involve collecting protected health information (e.g., personal identifiers such as name, social security number, birth date, or Medicare/Medicaid numbers), the survey is not subject to the Privacy Rule, mandated by the Health Insurance Portability and Accountability Act (HIPAA).

12. Estimates of Annualized Burden Hours and Costs

A. Burden Hours

Table 1 includes the average annual burden for data collection over the two year clearance. We calculated the burden based on a 100% response rate. Approximately, 11,600 RCCs and 5,500 ADSCs in 50 states and the District of Columbia will be targeted in the survey. Expected burden from data collection for eligible cases is 30 minutes per respondent, except 5% of RCCs and ADSCs that will need 5 minutes of data retrieval. The total estimate of annualized burden is 4,311hours.

Table 1: Estimated Annualized Burden Table

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hours)	Total Burden (in hours)
RCC Director/ Designated Staff Member	RCC Questionnaire	5,800	1	30/60	2,900
ADSC Director/ Designated Staff Member	ADSC Questionnaire	2,750	1	30/60	1,375
RCC and ADSC Directors/Designated Staff Members	Data Retrieval	428	1	5/60	36
Total					**4,311**

B. Cost to Respondents

The only cost to respondents is their time. The estimated annualized cost for the national survey is $235,725 (Table 2).

Table 2: Estimated Annualized Costs for Data Collection

Type of respondent	**Total Burden Hours**	**Hourly Wage Rate**	**Total Respondent Cost**
RCC Director/ Designated Staff Member	2,900	$54.68	$158,572
ADSC Director/ Designated Staff Member	1,375	$54.68	$75,185
RCC and ADSC Directors/Designated Staff Members	36	$54.68	$1,968
Total			**$235,725**
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 $1,410,970 shown in Exhibit 1.

Exhibit 1: Estimated Annualized Costs to the Government

Item/Activity	Details	$ Amount
NCHS Staff	Cost for staff and supplies	$299,970
Contractor	Field staff costs, including data collection costs and other direct costs	$1,111,000
Estimated Total Cost		$1,410, 970

15. Explanation for Program Changes or Adjustments

This submission serves as a reinstatement with change. The previously approved version included a sample of 2,090 RCCs and a sample of 1,650 ADSCs and 4,257 hours with a one year approval. This version seeks a two year approval and includes a sample of 11,600 RCCs and a census of 5,500 ADSCs and 4,311 annual burden hours, an increase of 134 hours. This overall net increase is primarily due to the inclusion of a larger sample of RCCs and census of ADSCs. Although this is a change, we plan to ask about the same topics (characteristics, health conditions) as we have in the past.

16. Plans for Tabulation and Publications and Project Time Schedule

OMB clearance is requested for a period of two years. Major milestones and the corresponding due dates are shown in Exhibit 2.

Exhibit 2: Major Milestones and Planned Dates

Major NPALS Milestones	**Due Dates**
Prepare RCC sample and ADSC frame for 2020 NPALS fielding	Within 1 month of OMB approval
2020 NPALS Fielding Begins	1 month after OMB approval
2020 NPALS Fielding Ends	11-13 months after OMB approval
2020 ADSC and RCC Restricted Survey Data Files Complete	20 months after OMB approval
2020 ADSC and RCC 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 2020 survey components of the NPALS, RDC restricted data files with no identifiers and no linking information are planned to be made available. Since we are planning to release state level estimates and state is a sampling stratum, as done with the 2012, 2014, and 2016 waves, the NCHS Disclosure Review Board advised against public-use data files. Any restricted NPALS 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 and (2) reports referenced in the last row of Exhibit 2 will be in late 2021-early 2022. 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 waves .

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.

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