# SUPPORTING STATEMENT FOR REQUEST FOR CLEARANCE: SECTION A

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## ROCIS ATTACHMENTS

# Supporting Statement

## A. JUSTIFICATION

The Administration for Community Living/Administration on Aging (ACL/AoA), within the U.S. Department of Health and Human Services (DHHS), requests approval from the Office of Management and Budget (OMB) for data collection to support the execution of the *Outcome Evaluation and Special Studies Related to the Long-Term Care Ombudsman Program (LTCOP)*. The requirements stipulated under Title I, Section 127 of the Supporting Older Americans Act of 2020 directs ACL/AoA "evaluation of new and existing programs and interventions authorized by this Act". The LTCOP is authorized under Title II, Section 206. Operating in 50 states, the District of Columbia, Puerto Rico, and Guam, the LTCOP is designed to protect and promote the health, safety, welfare, and rights of long-term care residents through complaint resolution, systems advocacy, and education and outreach to consumers and stakeholders. ACL/AoA seeks to understand whether core program functions have been carried out effectively and to assess the effect of program services for individuals and systems. Achieving these goals requires obtaining data from long-term care residents/family members, facility staff, stakeholders/coordinating entities, and facility administrators.

### A.1. Circumstances That Make the Collection of Information Necessary

The primary goals of ACL's/AoA's *Outcome Evaluation and Special Studies Related to the Long-Term Care Ombudsman Program (LTCOP)* are to (1) understand the extent to which LTCOP services have been carried out effectively at the state and local levels and (2) document outcomes of LTCOP activities at the individual (residents) and systems (long-term care practices, programs, and policies) levels. To achieve these goals, data collection will be required from long-term care residents/family members, facility staff, facility administrators, coordinating entities, and LTCOP staff. By obtaining data through a mix of focus groups, surveys, and interviews, these key respondent groups will provide the necessary information to better understand and document the program's processes and outcomes. This information is not currently being collected in any other form, thus necessitating the current data collection request to achieve the goals of the evaluation.

### A.2. Purpose and Use of Information Collection

As presented in Section A.1., the purpose of the outcome evaluation is to understand and document the LTCOP's effectiveness at the state and local levels and outcomes at the individual and systems levels. Throughout the evaluation, an additional aim is to obtain stakeholder buy-in, feedback on, and participation in the study. ACL/AoA anticipates that this study will: provide practical and policy-relevant insight into LTCOP services and processes; highlight promising program practices; and ultimately, provide critical information to enable ACL/AoA to better protect greater numbers of vulnerable elders.

Data collection for the outcome evaluation will involve site visits to four State Long-Term Care Ombudsman Programs (SLTCOPs). During these visits, focus groups will be conducted with residents, family members, and facility staff. In addition, interviews will be conducted with stakeholders/representatives of entities with which the Ombudsman program coordinates. For each participating state, a survey will be administered in nursing home and board and care home facility administrators.

The goal of focus groups with residents, family members, and facility staff is to assess their understanding of the Ombudsman program's role, their interactions with Ombudsmen, program strengths and challenges, and areas for further support. Interviews with representative of entities with which Ombudsmen coordinate focus on understanding their relationship with the program, the extent of coordination, benefits and challenges of coordination, programs strengths, and areas for improvement.

In each participating state, a survey will be administered to a random sample of facility administrators. Topics covered will include Ombudsman activities with facility staff and residents, impact on facility practices, and facility characteristics.

The contractor will use the data collected to answer the outcome evaluation's key research questions provided below in Exhibit 1.

**Exhibit 1: Key Evaluation Questions**

1. Are the critical functions, including federally mandated responsibilities, of the LTCOP at the state, and local levels, carried out effectively and efficiently?
2. How effective is the LTCOP in ensuring Ombudsman services for the full range of residents of long-term care facilities, including individuals with the greatest economic and social need?
3. How cost-effective are LTCOP strategies (for example, the cost effectiveness of services offered through consultations, referrals, complaint handling, and education/outreach activities)?
4. What impact do LTCOPs have on long-term care practices, programs, and policies?
5. What impact do LTCOPs have on residents' health, safety, welfare, well-being, and rights?

**A.3. Use of Improved Information Technology and Burden Reduction**

A self-administered, web-based survey will be used to gather data from facility administrators. (Please see our sampling plan in Section B for more detail). We know that individual respondents will have access to and be familiar with the necessary technology to complete the survey through their experience working with the LTCOP. The survey will be administered electronically to minimize the burden on respondents. The web-based survey permits respondents to complete the survey at their preferred time. Respondents who begin the survey and are unable to complete it in one attempt will be able to save their responses and resume work on the survey at a later time. The web-based format will incorporate skip patterns that ensure that respondents automatically skip past sections of the survey that are not relevant to their experiences. The study will have a centralized case management system (CMS), linked to the web survey, as well as prompting and receipt control systems, thus allowing real-time case status reviews. The CMS will assist our follow-up efforts with non-respondents, ensuring that no sample member is prompted for again a survey response once they have completed the web survey. All respondent groups will be emailed an invitation letter with instructions on web survey access, including a unique Personal Identification Number (PIN) and password. This initial contact will be followed up with additional emails to maximize our response rate. If necessary, follow-up phone calls may be used to encourage participation when email prompts fail. For burden purposes, we will not call respondents more than twice.

For respondents who are not responsive to the web-based survey, the option of paper instruments also will be made available.

**A.4. Efforts to Identify Duplication**

The information sought as part of this study is unique. The information necessary for this evaluation has not been collected elsewhere in any format that could be adapted to address the research objectives of the evaluation. Based on our thorough review of existing data sources, no survey or other mode of data collection has captured the needed information on the effectiveness of the LTCOP's processes and outcomes. However, any existing information that might be useful to address the research questions can and will be used whenever possible.

**A.5. Impact on Small Businesses or Other Small Entities**

No small businesses are involved.

**A.6. Consequences if Information Collected Less Frequently**

Data for the outcome evaluation will only be collected once. This information is not currently being collected in any other form, making the current data collection request necessary for achieving the goals of the evaluation.

**A.7. Consistency with Guidelines of 5 CFR 1320.8(d)**
This data collection request is fully consistent with the guidelines in 5 CFR 1320.8(d). There are no special circumstances required for the collection of information in this data collection.

**A.8. Comments in Response to the *Federal Register* Notice and Efforts to Consult Outside the Agency**
In accordance with the paperwork Reduction Act of 1995, the notice required in 5 CFR 1320.8(d) has been published in the *Federal Register* announcing ACL/AoA's intention to request an OMB review of data collection activities. This notice published on April 13, 2020, in volume 85, number 71, on page 20506 and provided a 60-day period for public comment. ACL/AoA did not receive any comments during the 60-day notice public comment period for the LTCOP PRA.

A 30-day notice published on July 31, 2020, in volume 85, number 148, on page 46124.

The focus group and interview protocols and surveys were developed by ACL/AoA and its contractor, NORC at the University of Chicago. Input and feedback on the protocol instruments and surveys were sought from Lori Smetanka, National Consumer Voice for Quality Long-Term Care and Dr. Brooke Hollister, University of California, San Francisco. Subsequently, meetings were held between ACL/AoA and its contractor to discuss and revise the interview protocols and surveys.

**A.9. Explanation of any Payment or Gift to Respondents**
As a token of appreciation, facility staff will be offered a gift card of $20 for their participation in the data collection. The approach expresses gratitude for respondents' time. Although no other respondent group will be offered any payments or gifts for their participation in the study, light refreshments will be provided to all focus group respondents.

**A.10. Assurance of Confidentiality Provided to Respondents**
Participation in this study is voluntary. Respondents will be informed of the purposes for which the information is collected.

Prior to the start of focus group discussion and interviews, the evaluation team will obtain verbal or written informed consent from respondents and assure them that the information they provide will be kept confidential. Respondents will be informed that information that is obtained as part of the study will be summarized in a report such that no individual names will be identified.

For web-based surveys, the evaluation team will include a written description assuring confidentiality to respondents. Facility administrators will be contacted by email requesting that they complete the survey. Respondents will click on a survey link in the email and will be required to enter a unique user ID and password. Survey participants will first see a screen that provides a brief overview of the study, informs participants about confidentiality and privacy, requests their voluntary participation, and a toll-free telephone number, and email address if participants have any questions about the survey. By clicking a button at the bottom of the consent screen, the survey participant is providing their voluntary consent to participate in the survey.

Data collection procedures will incorporate numerous safeguards for the data. While collecting data, information that could identify a particular sample member will be stored in a separate file from survey data collected from that person. Each sample member will be assigned a unique identifier, and this identifier will be used to store identifying information (such as name, address, etc.) in a separate database from the survey response data.

With regard to confidentiality, responses will be de-identified and subsequently tracked by ID number only. The survey data will be tabulated and analyzed statistically with no individual names or responses ever identified. Names, telephone numbers, and email addresses will be retained in a secure location on NORC's secure server farm, available only to authorized project staff to use as part of the future follow-up survey for the outcome evaluation. Data will be coded such that obvious identifiers will be substituted with a unique identifying number. The contractor will retain a master list linking study codes and direct

identifiers. The master list will be saved on the contractor's secure servers. All systems used to store electronic survey data are secure by design and protected by passwords only available to authorized study staff.

Special steps will be taken to ensure that data collected via the Web questionnaire are secure. First, access to the Web instrument is only allowed with a valid Personal Identification login user name and password. Second, data will be transmitted by the Secure Sockets Layer (SSL) protocol that uses powerful encryption during transmission through the Internet. If a respondent keeps a Web survey open without any activity, the Web server will close the survey after a short period of inactivity, thus preserving the data up to the break-off point and securely closing the connection. Both development and production servers are backed up nightly.

ACL/AoA and its contractor will publish aggregate statistics of the survey responses in a report, along with information obtained during the focus groups and interviews. Individual respondents will not be identified in any report, publication, or presentation of this study or its results.

### A.11. Justification for Sensitive Questions

No questions of a sensitive nature are will be asked during the focus groups, interviews, or surveys. Questions are restricted to participants' understanding of and experiences with the Ombudsman program.

### A.12. Estimates of Annualized Hour Burden and Costs

Across participating programs, the contractor will conduct 16 focus groups with residents (60 minutes estimated burden), 8 focus groups with family members (60 minutes estimated burden), and 16 focus groups with facility staff (20 minutes estimated burden). The contractor will also interview between 20 and 40 stakeholders/representatives of coordinating entities (60 minutes estimated burden) by phone or in-person. The exact number in each state will be determined in collaboration with participating programs.

In each state, a random sample of facility administrators will be invited to complete a survey which is estimated to take 20 minutes to complete. The sample size in each state will vary and depend on the total number of nursing homes and board and care homes that are operating. In some instances, a census may be the preferred approach. For example, the District of Columbia has 18 nursing homes. Should the DC program participate in the data collection, the evaluation team may contact all nursing home facility administrators to complete the survey rather than a sample, given the small number of nursing homes.

Among facility administrators who will be contacted by email to participate, we anticipate obtaining responses from __ percent of the nursing home sample and __ of the board and care home sample. We consider this response rate to be a reasonable estimate because the survey takes a short amount of time to complete (20 minutes based on a pretest conducted with ___ facility administrators) and respondents are familiar with email and the Web and respondents may be more difficult to reach depending on their level of engagement with the Ombudsman program. Because Ombudsmen do not visit board and care homes as frequently as nursing homes (based on the program's administrative data), we anticipate that and facility administrators of board and care homes will have a lower response rate.

Exhibit 2 presents estimates of the reporting burden for respondents and Exhibit 3 presents estimates of the burden cost.

**Exhibit 2: Estimated Burden Hours**

| Respondent/Data Collection Activity | Number of Respondents | Responses Per Respondent | Hours Per Response | Annual Burden Hours |
|---|---|---|---|---|
| Focus Group-Facility staff including participant information | 16 | 1 | 0.33 | 5.3 |
| Focus Group-Residents/family including participant information | 24 | 1 | 1 | 24 |
| Interview-Stakeholders | 40 | 1 | 1 | 40 |
| Survey-Facility Administrator | 1840 | 1 | 0.33 | 607.2 |
| Survey-Former Ombudsmen | 12 | 1 | 1 | 12 |
| Survey-SUA director | 53 | 1 | 0.5 | 26.5 |
| **Total:** | **1985** | **-** | **4.16** | **715** |

**Exhibit 3: Estimated Burden Costs**

| Type of Respondent | Number of Respondents | Total Burden Hours | Average Hourly Wage Rate* | Total Cost |
|---|---|---|---|---|
| Residents/family members | 24 | .33 | - | - |
| Facility Staff | 16 | 1 | $17.24 | $275.84 |
| Stakeholders | 40 | 1 | $48.45 | $1,938 |
| Facility Administrators | 1840 | .33 | $46.61 | $28,587.47 |
| Former Ombudsmen | 12 | 1 | - | - |
| SUA director | 53 | .5 | $46.61 | $1,235.16 |
| | **1,985** | **4.16** | **-** | **$32,036.47** |

*Wage rates were taken from the *May 2019 national occupational employment and wage estimates United States*; DOWNLOADED 7-11-2020 FROM HTTPS://WWW.BLS.GOV/OES/CURRENT/OES_NAT.HTM

### A.13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There are no annualized capital/startup or ongoing operation and maintenance costs involved in collecting the information. Other than their time to complete the focus groups, interview, or survey, which is estimated in Exhibit 2, there are no direct monetary costs to respondents.

### A.14. Estimates of Annualized Costs to the Federal Government

The estimated cost to the Federal Government for the *Outcome Evaluation and Special Studies Related to the Long-Term Care Ombudsman Program (LTCOP)* data collection activities is $293,000. This is the cost to our Federal contractor, NORC at the University of Chicago, for data collection activities associated with this submission. There are no additional costs to the Federal Government based on Federal Staff wages and benefits.

### A.15. Explanation for Program Changes or Adjustments

This is a new information collection request; there is a program change increase of 1,985 annual burden hours and 715 annual respondents.

### A.16. Plans for Tabulation and Publication and Project Time Schedule

A study report will be based on the findings from an analysis of the information obtained through the outcome evaluation, as well as other forms of information provided through program administrative data and a literature review. The final report will include the following sections:

- *Executive Summary*. The executive summary will be written in a manner that makes it useful as a stand-alone document for individuals who do not have time to review the entire report. It will highlight the objectives, key findings, and the implications of these findings for the program.
- *Methodology.* This section will describe the methods used for developing, implementing and analyzing the focus group discussion guides, interview protocols, and surveys.
- *Key Issues and Findings.* This section will discuss findings around each of the key research questions.
- *Conclusions.* Conclusions will include recommendations or suggestions for future research and policy initiatives.

Analysis will begin shortly after the final data are collected in __ 2020. The project team will analyze the data using thematic analysis for qualitative data and basic frequencies and cross tabulations for quantitative data. Simple statistical testing also will be used (t-test and chi-square) to identify significant relationships between facility characteristics and program processes/outcomes.

Exhibit 4 provides the reporting schedule for the entire study.

**Exhibit 4: Timetable for Data Collection and Publication for Other Data Collection Efforts**

| Activity | Estimated Completion Date |
|---|---|
| **Develop Instruments for Data Collection** | |
| Develop focus group protocols | January 2020 |
| Develop interview protocols | January 2020 |
| Develop surveys | January 2020 |
| Obtain IRB approval (received February, 2019) | |
| Obtain OMB approval | January 2020 |
| **Implement Data Collection** | |
| Conduct focus groups | February 2021 |
| Conduct interviews | February 2021 |
| Survey facility administrators | February 2021 |
| **Draft Reports** | |
| Topical briefs | September 2021 |
| Final report | September 2021 |

### A.17. Exception for Display of Expiration Date

All data collection materials will display the OMB expiration date.

### A.18. Certifications

ACL/AoA certifies that the collection of information encompassed by this request complies with 5 CFR 1320.9 and the related provisions of 5 CFR 1320.8(b)(3).