

Supporting Statement A for Paperwork Reduction Act Submission for

Revision

**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

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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 6th 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 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 will be included. This data collection will also include subject matter expert interviews about electronic health record (EHRs) platforms in RCCs and ADSCs.
- 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 the national level.
- NPALS uses three data collection modes: mail and web for the provider questionnaire as well as telephone for the services user questionnaire and nonresponse follow-up for the provider questionnaire. The intended respondents are directors of RCCs and ADSCs or their designated staff.
- Samples of 2,090 RCCs and 1,750 ADSCs in the 50 states and the District of Columbia will be contacted to participate in the survey.
- For both the ADSC and RCC 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, and national weighted survey estimates using the data.

A. Justification

1. Circumstances Making the Collection of Information Necessary

This request is for a project (OMB No. 0920-0943, Exp. Date 9/30/2023) to collect data for the residential care community (RCC) and adult day services center (ADSC) components of the 2022 National Study of Long-Term Care Providers (NSLTCP). Data will be collected from two types of LTC providers in the 50 states and the District of Columbia: 2,090 RCCs and 1,750 ADSCs. Data were collected in 2012, 2014, 2016, 2018, and 2020. This revision requests to separate the RCC and ADSC items into two questionnaires: a provider and a services user questionnaire, as was done in 2018. Other revisions include adding an EHRs subject matter expert data collection and eliminating a data retrieval telephone call. 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 (Retrieved from <https://acl.gov/ltc/basic-needs/how-much-care-will-you-need>). The United States has been afflicted by a worldwide novel Coronavirus (COVID-19) pandemic that by some estimates has infected over 60,285,000 Americans and led to over 834,000 deaths in the United States as of January 10, 2022. The LTC sector has been hit hard by COVID-19, particularly in the early stages of the pandemic and this public health crisis has illustrated the need for timely data collection and dissemination from residential care communities and adult day services centers, settings that are not included as part of other surveys or federal data collections. In addition, public programs pay for a substantial share of LTC services so 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, considering 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. It replaced NNHS, NHHCS, and NSRCF. For the 2020 study, the name was changed from the National Study of Long-Term Care Providers or NSLTCP to the National Post-acute and Long-term Care Study, or NPALS. NPALS, a biennial survey, collects information on 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. 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

As CDC/NCHS did in 2012, 2014, 2016, 2018, and 2020 the data to be collected in 2022 include the basic characteristics, services, staffing, and practices of RCCs and ADSCs, and demographics, selected health conditions and health care utilization, physical functioning, and cognitive functioning of RCC residents and ADSC participants. For 2022, we plan to include 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 2018, the survey will be administered by mail, web, and telephone, and data will be collected from samples of 2,090 RCCs and 1,750 ADSCs in the 50 states and the District of Columbia to enable producing national estimates.

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, Administration for Community Living, and the Agency for Healthcare Research and Quality; associations, such as LeadingAge, National Center for Assisted Living, American Seniors Housing Association, Argentum, National Adult Day Services Association, and ADvancing States; 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) 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 2022 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). As with the 2018 wave, the ADSC and RCC 2022 survey data will also be used to produce NCHS data brief and other reports with estimates on ADSC

participants and RCC residents (Attachment E-2), respectively. Before any of these products are published, NCHS will make available public-use and restricted survey data files, as has been done with previous survey data. Please see <https://www.cdc.gov/nchs/npals/index.htm> to access public-use and RDC restricted files and products from previous waves. To date, reports from the 2012 to 2018 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, 2016, and 2018) have resulted in ADSC response rates of 43%-67% and RCC response rates of 50%-55%, the lower estimates in each range reflect the 2020 experience when data collection happened during the pandemic. We propose making protocol changes to try to obtain higher response rates in 2022.

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 2022 NPALS data, users will also be able to examine trends over time with six data points. No such data exist elsewhere.

We are proposing the following changes for 2022 based on the 2018 and 2020 experiences:

- Separate the RCC and ADSC items into two questionnaires: a provider and a services user questionnaire, as was done in 2018.
- Drop, or revise select questionnaire items on RCCs and ADSCs that were fielded in 2018 and 2020.
- Add questionnaire items on background information, resident/participant profile, staffing profile, and services.
- Eliminate a data retrieval telephone call.
- Add an EHRs subject matters data collection. We plan to conduct interviews with 20 EHR subject matter experts to begin assessing whether data elements collected through NPALS could be extracted directly from a commercial EHR platform/system.

The 2022 NPALS questionnaire items are in Attachments C-1-C-4 and changes are outlined in Attachments D-1 and D-2. The semi-structured protocol for the EHRs subject matter expert data collection is in Attachment J.

3. Use of Improved Information Technology and Burden Reduction

NPALS includes the use of improved information technology through its web-based provider questionnaire as well as web scheduling for the SU sampling and services user telephone questionnaire. Based on the 2018 and 2020 waves, we estimate that about 40% 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 complete each questionnaire in any data collection mode. Burden is reduced by limiting the number of questionnaire items to those that can be contained within an appropriately 8-page hardcopy provider questionnaire and a 30-minute services user telephone interview. Burden is also reduced by using the smallest reference period feasible to produce valid estimates when asking questions, as longer reference periods

would require additional respondent burden to calculate.

For non-responders to the mail and web provider surveys, and for the services user survey, 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 questionnaires 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 their services paid for by Medicaid in the last 30 days. The web and CATI system incorporate 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 this wave, we will be using a scanning system for the hardcopy questionnaires which eliminates the need for data entry, thus reducing errors.

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, several 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 provide 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.

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 seven other LTC sectors, 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 each 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, 2018, and 2020. 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 2022 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/info/foreg_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 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 was published in the Federal Register on January 24, 2022 (Vol. 87, No. 15, pages 3545-3546). CDC received one nonsubstantive comment. A copy of the published Notice and public comment are provided as Attachments B-1 and B-2.

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 Argentum.
2. Since 2011, letters of support for the survey component of NPALS have been obtained from associations that represent RCCs and ADSCs (Attachment E-3). We have sought and obtained letters of support from the following organizations:
 - ADvancing States
 - American Seniors Housing Association (ASHA)
 - Argentum
 - Center for Excellence in Assisted Living (CEAL)
 - LeadingAge
 - National Adult Day Services Association (NADSA)
 - 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. The applicable System of Records Notice (SORN) is 09-20-0167, Health Resources Utilization Statistics. 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 (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2018 (CIPSEA 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. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.”

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 and ADSC 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 provider package materials mailed to RCCs/ADSCs (see Attachments E-1 and E-4). 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-4, F, G, H), 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). Information collection was approved by the NCHS Ethics Review Board without further review (Attachment I).

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

Expected average burden for data collection cases is 60 minutes per respondent (2,090 RCCs and 1,750 ADSCs) which includes 30 minutes for a provider questionnaire and 30 minutes for a services user questionnaire. Twenty subject matter experts will, each, have 60 minutes of expected burden for an interview about EHRs. A two year clearance is requested to cover the collection of data. The burden for the collection is shown in Table 1 below. The total estimate of annualized burden is 1,932 hours; 3,864 total hours for the two-year clearance period.

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 Provider Questionnaire	1,045	1	30/60	523
ADSC Director/	ADSC Provider	875	1	30/60	438

Designated Staff Member	Questionnaire				
RCC Director/ Designated Staff Member	RCC Services User Questionnaire	1,045	1	30/60	523
ADSC Director/ Designated Staff Member	ADSC Services User Questionnaire	875	1	30/60	438
RCC/ADSC Subject Matter Experts	EHRs Subject Matter Expert Interview	10	1	1	10
Total					1,932

B. Cost to Respondents

The only cost to respondents is their time. The estimated annualized cost for the national survey is \$110,241 (Table 2).

Table 2: Estimated Annualized Costs for Data Collection

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hours)	Average Hourly Wage	Total Cost Burden
RCC Director/ Designated Staff Member	RCC Provider Questionnaire	1,045	1	30/60	\$57.12	\$29,845
ADSC Director/ Designated Staff Member	ADSC Provider Questionnaire	875	1	30/60	\$57.12	\$24,990
RCC Director/ Designated Staff Member	RCC Services User Questionnaire	1,045	1	30/60	\$57.12	\$29,845
ADSC Director/ Designated Staff Member	ADSC Services User Questionnaire	875	1	30/60	\$57.12	\$24,990
RCC/ADSC Subject Matter Experts	EHRs Subject Matter Expert Interview	10	1	1	\$57.12	\$571
Total						\$110,241

Information on RCC and ADSC directors' and subject matter experts 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 \$969,283 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	\$669,313
Estimated Total Cost		\$969,283

15. Explanation for Program Changes or Adjustments

In this Revision, CDC describes

- reduced sample sizes for both RCCs and ADSCs
- minor changes to the provider questionnaires for RCCs and ADSCs to improve usability
- administration of services user questionnaires for both RCCs and ADSCs
- discontinuation of the data retrieval telephone calls, and
- addition of interviews with subject matter experts in EHRs.

The overall impact is a reduction in total estimated annualized burden, from 4,311 hours in the 2020 data collection cycle to 1,932 hours for the 2022 data collection cycle (-2,379 annualized burden hours). The 2022 questionnaires will cover the same topics (e.g., characteristics, health conditions) as we have in the past, just with two instruments (provider and services user) and with one of them at the services user level. In previous packages everything was asked at a provider or aggregate level, using one instrument. All changes are summarized below along with their impact on burden estimates.

Discontinuation of the Data Retrieval Telephone Calls

In 2020 we estimated that we would need to conduct brief telephone calls with selected respondents in order to address item non-response for critical questions. This activity will be discontinued in the 2022 cycle, resulting in a net reduction of 36 annualized burden hours.

Type of respondents	Form	Data Collection Cycle	Number of Responses	Frequency of Response	Average Burden per Response (in hours)	Total Response Burden (in hours)

RCC Director/ Designated Staff Member	Data Retrieval	2020 Approval	428	1	5/60	36
		2022 Revision Request	n/a	-	-	0
		Net Change	-428	0	-5/60	-36

Addition of Interviews with Subject Matter Experts on EHRs

Although NPALS provides substantial statistical information on multiple long-term care providers and their services users, the use of primary surveys to collect data from the residential care and adult day settings limit the scope of data collection. With the COVID-19 crisis, reporting capabilities using EHR have been developed in some of these settings. We plan to do an environmental scan to assess whether data elements collected through NPALS could be extracted directly from a commercial EHR platform/system. We will collect information by conducting 20 interviews (10 interviews per year) with subject matter experts. The SMEs will:

1. Identify existing EHR platforms/systems that may serve as alternative sources of data on adult day services centers and residential care communities as well as their services users;
2. Determine what information about providers and service users may be available on these EHR platforms.
3. Assess whether the data are available on a consistent basis across geographic areas and provider types;
4. Assess whether the data are aggregated, or do they have identifiable information that can be used to link these data to the NPALS respondents; and
5. Assess whether the data are collected on a regular basis and how often the data are collected/updated (including lag time).

Type of respondents	Form	Data Collection Cycle	Number of Responses	Frequency of Response	Average Burden per Response (in hours)	Total Response Burden (in hours)
RCC/ADSC Subject Matter Experts	EHRs Subject Matter Expert Interview	2020 Approval	n/a	-	-	0
		2022 Revision Request	10	1	1	10
		Net Change	+10	+1	+1	+10

Proposed changes to the RCC Data Collection

Changes to the RCC data collection are summarized in **Attachment D-1** reflecting NCHS experience in prior cycles of data collection and expert guidance on form usability and the analytic utility of response options. In 2018, NCHS administered an RCC-specific provider questionnaire (N_{ann}=1,595) and a sampling and services user questionnaire to both RCCs and ADSCs. In 2020, RCCs (N_{ann}=5,800) were asked to complete only the RCC questionnaire. For the 2022 data collection cycle, each RCC (N_{ann}=1,045) will be asked to complete both an RCC Provider Questionnaire and an RCC Services User Questionnaire. Relative to the 2020 data collection cycle, the number of RCCs will decrease, but burden per respondent will increase due to the administration of 2 separate questionnaires. Changes from the 2020 cycle to the 2022

cycle are summarized below. Due to the reduction in N_{ann} , the total burden on RCCs will decrease from 2,900 hours in 2020 to 1,046 hours in 2022 (-1,854 hours) which includes the addition of the RCC Services User Questionnaire.

Type of respondents	Form	Data Collection Cycle	Number of Responses	Frequency of Response	Average Burden per Response (in hours)	Total Response Burden (in hours)
RCC Director/ Designated Staff Member	RCC Provider Questionnaire	2020 Approval	5,800	1	30/60	2,900
		2022 Revision Request	1,045	1	30/60	523
		Net Change	-4,755	0	0	-2,377

Type of respondents	Form	Data Collection Cycle	Number of Responses	Frequency of Response	Average Burden per Response (in hours)	Total Response Burden (in hours)
RCC Director/ Designated Staff Member	RCC Services User Questionnaire	2020 Approval	n/a	-	-	-
		2022 Revision Request	1,025	1	30/60	523
		Net Change	+1,025	+1	+30/60	+523

Proposed changes to the ADSC Data Collection

Changes to the RCC data collection are summarized in **Attachment D-2**, reflecting NCHS experience in prior cycles of data collection and expert guidance on form usability and the analytic utility of response options. In 2018, NCHS administered an ADSC-specific provider questionnaire ($N_{ann}=1,419$) and a sampling and services user questionnaire to both RCCs and ADSCs. In 2020, ADSCs ($N_{ann}=2,750$) were asked to complete only the ADSC questionnaire. For the 2022 data collection cycle, each ADSC ($N_{ann}=875$) will be asked to complete both an ADSC Provider Questionnaire and an ADSC Services User Questionnaire. Relative to the 2020 data collection cycle, the number of ADSCs will decrease, but burden per respondent will increase due to the administration of 2 separate questionnaires. Changes from the 2020 cycle to the 2022 cycle are summarized below. Due to the reduction in N_{ann} , the total burden on ADSCs will decrease from 1,375 hours in 2020 to 876 hours in 2022 (-499 hours) which includes the addition of the ADSC Services User Questionnaire.

Type of respondents	Form	Data Collection Cycle	Number of Responses	Frequency of Response	Average Burden per Response (in hours)	Total Response Burden (in hours)
ADSC Director/ Designated Staff Member	ADSC Provider Questionnaire	2020 Approval	2,750	1	30/60	1,375
		2022 Revision Request	875	1	30/60	438
		Net Change	-1,875	0	0	-937

Type of respondents	Form	Data Collection Cycle	Number of Responses	Frequency of Response	Average Burden per Response (in hours)	Total Response Burden (in hours)
ADSC Director/ Designated Staff Member	ADSC Services User Questionnaire	2020 Approval	n/a	-	-	-
		2022 Revision Request	875	1	30/60	+438
		Net Change	+875	+1	+30/60	+438

16. Plans for Tabulation and Publications and Project Time Schedule

Information collection is scheduled for the period August 2022 to February 2023. Major milestones and the corresponding estimated due dates are shown in Exhibit 2. We are requesting OMB approval for 2 years and have annualized burden estimates accordingly. The 2-year period will provide flexibility, if needed, to conclude the OMB review process or to adjust the start date for operational reasons. It will also provide flexibility to recruit from the ADSC reserve sample if eligibility or participation rates have been overestimated.

Exhibit 2: Major Milestones and Planned Dates

Major NSLTCP Milestones	Due Dates
Draw RCC and ADSC samples for 2022 NSLTCP	Within 1 month of OMB approval
2022 NSLTCP Fielding Begins	1 month after OMB approval
2022 NSLTCP Fielding Ends	8 months after OMB approval
2022 ADSC and RCC Public-use and restricted Survey Data Files Complete	24 months after OMB approval
Overview Report and Data Briefs Published on the internet	24 months after OMB approval

For both the ADSC and RCC 2022 survey components of the NPALS, public-use and RDC restricted data files with no identifiers and no linking information are planned to be made available. The current target goal schedule for releasing the survey-based public-use and RDC restricted files and reports referenced in the last two rows of Exhibit 2 will be in 2024. Please go to <https://www.cdc.gov/nchs/npals/index.htm> to access files and products from the 2012 to 2020 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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