

NCHS seeks approval to collect data for the residential care community (RCC) and adult day services center (ADSC) survey components of the 6th National Post-Acute and Long-Term Care Study or NPALS (formerly known as the National Study of Long-Term Care Providers or NSLTCP). A two-year clearance is requested.

The NPALS is designed to: (1) broaden NCHS' ongoing coverage of paid, regulated long-term care (LTC) providers; (2) merge with existing administrative data on LTC providers and service users (*i.e.*, Centers for Medicare and Medicaid Services (CMS) data on inpatient rehabilitation facilities and patients, long-term care hospitals and patients, nursing homes and residents, home health agencies and patients, and hospices and patients); (3) update data more frequently on LTC providers and service users for which nationally representative administrative data do not exist; and (4) enable comparisons across LTC sectors and monitor supply and use of these sectors over time.

Data will be collected from two types of LTC providers in the 50 states and the District of Columbia: 2,090 RCCs and 1,650 ADSCs. Data were collected 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. The 2022 NPALS will include provider and services user questionnaires. Directors of 25 RCCs and 25 ADSCs that have adopted an EHR platform will complete an additional questionnaire to identify and confirm the data elements, any local customization, and export and transmission capabilities.

Expected users of data from this collection effort include, but are not limited to; CDC, other Department of Health and Human Services (DHHS) agencies, such as the Office of the Assistant Secretary for Planning and Evaluation, the Administration for

Community Living, and the Agency for Healthcare Research and Quality; associations, such as LeadingAge, National Center for Assisted Living, American Seniors Housing Association, Argentum, and National Adult Day Services Association; universities; foundations; and other private sector organizations such as the Alzheimer's Association, the AARP Public Policy Institute, and the National Academies of Sciences, Engineering, and Medicine.

Expected burden from data collection for eligible cases is 60 minutes per respondent; 30 minutes for a provider questionnaire and 30 minutes for a services user questionnaire. Fifty respondents will have an additional 30 minutes of expected burden for data collection about EHR data elements. We calculated the burden based on a 100% response rate. Two-year clearance is requested to cover the collection of data. The burden for the collection is shown in the Table below. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number 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/Designated Staff Member.	ADSC Provider Questionnaire	825	1	30/60	413
RCC Director/Designated Staff Member.	RCC Services User Questionnaire ..	1,045	1	30/60	523
ADSC Director/Designated Staff Member.	ADSC Services User Questionnaire	825	1	30/60	413
RCC/ADSC Director/Designated Staff Member.	EHRs Data Element Questionnaire	25	1	30/60	13
Total					1,885

Jeffrey M. Zirger,

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Office of Scientific Integrity, Office of Science,
Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-22-22BU; Docket No. CDC-2022-0006]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the

general public and other federal agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Year 7 (2022) Customer Service Satisfaction Survey for the CDC Antibiotic Resistance (AR) Isolate Bank. The proposed information collection project aims to collect customer service satisfaction data from AR Isolate Bank users and will be used to make improvements to the tool for future years.

DATES: CDC must receive written comments on or before March 25, 2022.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2022-0006 by any of the following methods:

• **Federal eRulemaking Portal:** *Regulations.gov*. Follow the instructions for submitting comments.

• **Mail:** Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *Regulations.gov*.

Please note: Submit all comments through the *Federal eRulemaking portal* (*regulations.gov*) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30329; phone: 404-639-7570; Email: *omb@cdc.gov*.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of

information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected;

4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submissions of responses; and

5. Assess information collection costs.

Proposed Project

Year 7 (2022) Customer Satisfaction Survey for the CDC Antibiotic Resistant Isolate Bank—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC AR Isolate Bank Customer Satisfaction Survey will capture feedback regarding ease of use, product quality, and expectations for future panels from AR Isolate Bank customers. This survey comes six years after the AR Isolate Bank launched. Since the first satisfaction survey, the Bank's customer base has more than tripled and represents an even more diverse set of users. Results may inform additional new features and/or isolates to meet these new users' needs and may also provide insight for success stories. Results from the Year 7 survey will be compared to the previous year's results to better determine how each sector is utilizing CDC's isolates, assess how well the customer needs have been met, and establish areas for future improvement. Survey results from previous years have informed upgrades to the Bank's web interface and have aided in streamlining the ordering process. Feedback will be used as CDC works to continually improve the Bank's web interface and customer engagement process.

Respondents will be those who have received orders from the AR Isolate Bank, and represent laboratorians and researchers at academic research institutions, device and drug manufacturers, hospitals and clinics, state and local health departments, and other U.S. federal agencies. CDC requests OMB approval for an estimated 117 burden hours annually. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
CDC's AR Isolate Bank customers.	Year 7 (2022) Customer Service Satisfaction Survey for the CDC Antibiotic Resistance (AR) Isolate Bank.	700	1	10/60	117
Total					117

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Office of Scientific Integrity, Office of Science,
Centers for Disease Control and Prevention.*

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