

2025 NATIONAL POST-ACUTE AND LONG-TERM CARE STUDY

ADULT DAY SERVICES CENTER AND RESIDENTIAL CARE COMMUNITY SURVEY DESIGN AND METHODOLOGY



**Division of Health Care Statistics
National Center for Health Statistics**

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Contact Information

Data users can find the latest information about NPALS on the website, at:

<https://www.cdc.gov/nchs/npals/index.html>. For questions, suggestions, or comments

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Obtaining the Data

The 2025 RCC and ADSC restricted data files can be accessed through the NCHS' Research Data Center (RDC): <https://www.cdc.gov/rdc/>. In addition to the RDC procedures for restricted data file access, the above terms and conditions also apply.

We appreciate users informing DHCS of any publications or presentations based on the 2025 NPALS data and cite relevant NPALS documentations/data products in their work when appropriate.

Technical Description of the National Post-acute and Long-term Care Study Survey Design and Methodology

In the following sections of the document, the introduction describes the objectives of the 2025 National Post-acute and Long-term Care Study (NPALS), the components of NPALS, and eligibility criteria for survey participants. Section two describes sampling frames, sample design, sampling procedures, data collection procedures, and scope of survey and sample outcomes. Section three describes estimation procedures including weights and other design variables, and section four briefly describes reliability of estimates.

Section 1 Introduction

The 2025 NPALS (renamed in 2020 from the National Study of Long-Term Care Providers, or NSLTCP) is designed to provide national and state representative statistical information about the supply and use of long-term care services providers in the United States. The main goals of NPALS are to: (1) estimate the supply of paid, regulated long-term care services providers, (2) estimate key policy-relevant characteristics and practices of these providers, (3) estimate the number of long-term care services users, (4) estimate key policy-relevant characteristics of long-term care services users, (5) produce national and state estimates, where feasible, within confidentiality and reliability standards, (6) compare across provider sectors, and (7) monitor trends over time. Data collection was conducted from November 2024 through July 2025. For convenience and because most of the data collection activities occurred in 2025, this wave is referred to as 2025 NPALS.

Section 1.1 Components of NPALS

The 2025 NPALS is designed to provide national and state representative statistical information about the supply and use of long-term care services providers in the United States. NPALS comprises two components: (1) primary data collected by the National Center for Health Statistics (NCHS) through surveys of residential care communities (RCCs) and adult day services centers (ADSCs), and (2) administrative data on nursing homes, home health agencies, hospices, inpatient rehabilitation facilities, and long-term care hospitals obtained from the Centers for Medicare & Medicaid Services (CMS). With the first wave of NSLTCP in 2012, NCHS conducted the study every two years. The 2025 NPALS is the seventh wave. This documentation focuses on the primary data collection component of the 2025 wave of NPALS. Eligibility of providers was determined by a series of questions in the provider questionnaire. Providers that were screened out did not complete the rest of the questionnaire.

Section 1.2 Residential Care Community Eligibility Criteria

All RCCs that participated in the survey: (1) were licensed, registered, listed, certified, or otherwise regulated by the state, (2) had four or more licensed, registered, or certified beds, (3) provided room and board with at least two meals a day, around-the-clock on-site supervision, and help with personal care such as bathing and dressing, or health related services such as medication management. Additionally, RCCs had to have one or more current residents at the time of survey to participate in the 2025 survey. These RCCs served a predominantly adult population. RCCs permitted, licensed or regulated to only serve adults with an intellectual or developmental disability, severe mental illness, or both were excluded from NPALS.

Section 1.3 Adult Day Services Center Eligibility Criteria

To participate in the study, ADSCs had to: 1) be licensed or certified by the state specifically to provide adult day services, or accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), or authorized or otherwise set up to participate in Medicaid (Medicaid state plan, Medicaid waiver, or Medicaid managed care) or part of a Program of All-Inclusive Center for the Elderly (PACE) and 2) have one or more participants enrolled at the center at the location at the time of the survey.

Section 2 Overview of Sample Design and Data Collection Procedures

Section 2.1 Sampling Frame

The RCC sampling frame was constructed from lists of licensed RCCs acquired from the licensing agencies in each of the 50 states and the District of Columbia. The state lists were checked for duplicate RCCs and concatenated to form a list of all RCCs, resulting in a sampling frame of 46,522 RCCs. RCC providers that operated multiple communities at the same address were identified as separate RCCs. The ADSC frame was constructed using regulatory information collected from the state regulatory agencies that license or certify ADSCs, state affiliate associations that collect administrative data about member ADSCs, and contacts in national chain provider organizations that collect administrative data about chain-affiliated ADSCs. This database served as the source file for the 2025 sampling frame, further cleaned and deduplicated to create the final frame consisting of 4,448 ADSCs. ADSC providers that operated multiple centers at the same address were identified as separate ADSCs.

Section 2.2 Sample Design

The RCC component of 2025 NPALS used a sample of RCCs in some states and a census of RCCs in other states including the District of Columbia. The ADSC component used a census of ADSCs in all 50 states and the District of Columbia. In the RCC component, a state was sampled if it had enough RCCs to enable state-level estimation, i.e., if it had sufficient number of RCCs to attain at least 81 completions after inflating the sample size for the estimated ineligibility and nonresponse. In states with an insufficient number of RCCs when sampling on the frame, NCHS took a census of RCCs. For states where sampling was appropriate, the sampling probability was

proportional to size (size was defined as number of beds). A total of 11,618 RCCs were included (both sampled and census). All 4,448 ADSCs in the final sampling frame were included in the study.

Section 2.3 Data Collection Approach and Procedures

Section 2.3.1 Data Collection Approach

NPALS used a mixed-mode approach to collect provider data through hard-copy and Web questionnaires. Separate RCC and ADSC instruments for each mode were developed to allow for a subset of different items to be administered for each provider type. The intended respondents were directors, owners, administrators, or otherwise knowledgeable staff of the RCC or ADSC provider. The 2025 NPALS protocol was similar to the 2020 NPALS protocol. RCC and ADSC survey instruments were designed to assess RCC and ADSC eligibility and to collect data on services offered, the staffing profile, and RCC resident and ADSC participant characteristics from eligible RCCs and ADSCs. The questionnaires included survey items on provider characteristics such as ownership, size, services offered, selected practices, and staffing, in addition to aggregate user characteristics, such as age, sex, race, diagnoses, and the number of residents/participants needing assistance with activities of daily living. The 2025 Mail questionnaires for RCCs are available here: <https://www.cdc.gov/nchs/media/pdfs/2024/11/NPALS-RCC-2024-quest-508.pdf> and for ADSCs here: <https://www.cdc.gov/nchs/media/pdfs/2024/11/NPALS-ADSC-2024-quest-508.pdf>. Although the questionnaires have the year 2024 in the titles, data collection took place

between November 2024 and July 2025. Thus, for convenience, the 2024-2025 NPALS is referred to as 2025 NPALS.

Section 2.3.2 Data Collection Procedures

RCCs and ADSCs were sent hardcopy questionnaires and information on the Web questionnaire concurrently. The 2025 mailings were sent in batches to RCCs and ADSCs throughout the data collection period. The mailings included an advance notification letter, an outreach package for providers who are part of a chain, two follow-up Mail questionnaire packets, two letters to thank respondents for submitting the provider questionnaire or to remind them to complete the survey if they had not done so, and a final reminder letter.

Computer-assisted telephone interview (CATI) was not used in the 2025 wave. However, brief CATI prompting calls were administered to encourage respondents to complete and submit either the hardcopy or Web questionnaire. Towards the end of data collection, additional strategies were implemented to increase response in selected states that were close to meeting minimum number of completions for state level estimation. The strategies included making one additional prompting call and sending a final reminder email to providers with a pending Web submission for which email addresses for the providers were available.

After the NPALS data were collected, they were edited to ensure that responses were accurate, consistent, logical, and complete. More information on how the data were processed to prepare the restricted ADSC file and the RCC file, currently available only through NCHS'

Research Data Center (RDC), is in the respective README files available at:

<https://www.cdc.gov/nchs/npals/questionnaires/index.html>.

Section 2.3.3 Scope of Survey and Sample Outcomes

In total, 2,906 RCCs and 1,149 ADSCs completed the 2025 NPALS survey. Data on these providers are available for use in NCHS' RDC at <https://www.cdc.gov/rdc/restricted-nchs-variables/npals.html>.

Of the 11,618 sampled RCCs in the 2025 NPALS, 7,825 (67.4%) could not be contacted and, therefore, the eligibility status of these RCCs was unknown. Using the eligibility rate of responding RCCs (76.6%), a proportion of RCCs of unknown eligibility was estimated to be eligible (5,994 RCCs). The number of estimated eligible RCCs along with the total number of known eligible RCCs, resulting from the screening questions in the survey, constituted the total number of estimated in-scope RCCs. Of the 8,900 in-scope and presumed in-scope RCCs, 2,906 completed the survey questionnaire, for a weighted response rate (for differential probabilities of selection) of 32.6% (this is calculated by using AAPOR's Response Rate 4) [1]. In 2025, the estimated national number of RCCs is 31,416, and with 1,297,134 estimated RCC beds, serving 1,001,118 residents (Table 1).

The ADSC frame had 4,448 centers, which were all included in the data collection efforts. Of these 4,448 ADSCs, 2,920 could not be contacted and, therefore, eligibility status of these ADSCs was unknown. Using the eligibility rate of responding ADSCs (75.2%), a proportion of ADSCs of unknown eligibility was estimated to be eligible (2,196 ADSCs). The number of

estimated eligible ADSCs along with the total number of known eligible ADSCs, resulting from the screening questions in the survey, constituted the total number of estimated in-scope ADSCs. Of the 3,345 (1,149 + 2,196) in-scope and presumed in-scope ADSCs, 1,149 of them completed the survey questionnaire, for a response rate of 34.4% (this is calculated by using AAPOR’s Response Rate 4) [1]. In 2025, the estimated national number of ADSCs is 3,289, serving an estimated 227,169 participants (Table 1).

Table 1. Summary of adult day services center and residential care community estimates and estimates of participants/residents

	Frame	Sample (Census for ADSCs)	Estimated weighted national total	Estimated weighted number of beds (RCCs)	Estimated weighted number of participants or residents
ADSC	4,448	4,448	3,289	NA	227,169
RCC	46,522	11,618	31,416	1,297,134	1,001,118

Section 3 Estimation Procedures, Weights and Other Design Variables

Section 3.1 Estimation Procedures

The RCC sample was a mix of sampled RCCs from states that had enough RCCs to produce reliable state estimates and a census of RCCs in states that did not have enough RCCs, if sampled, to produce reliable state level estimates. As a result, the RCC estimates were subject to sampling variability and variability due to nonresponse. For the data on RCCs in states where these RCCs were sampled, as well as for national estimates of RCCs, the probability design of NPALS's RCC component permits the calculation of sampling errors. The standard error of a statistic is primarily a measure of sampling variability that occurs by chance because only a sample rather than the entire population is surveyed. The standard error also reflects part of the variation that arises in the measurement process and nonresponse leading to unknown eligibility but does not include any systematic bias that may be in the data or any other non-sampling error. Although a census of all ADSCs was attempted, ADSC estimates were subject to variability due to nonresponse, and standard errors can be calculated to reflect this variability. Point estimates and standard errors can be calculated using appropriate design and weight variables to account for complex sampling, when applicable. Software products such as SAS, STATA, R, and SPSS all have these capabilities for estimating statistics using complex survey weights. The data files (i.e., ADSCs and RCCs) include design variables that can be used to calculate the standard errors. Statistics presented in NCHS publications using 2025 NPALS data are computed using the linearized Taylor series method of approximation as applied in SAS-callable SUDAAN software or Stata, which produce standard error estimates for statistics from

complex sample surveys. Each of the restricted data files is accompanied by a README document that describes appropriate analysis procedures and approaches of implementing analysis of complex survey data in various statistical software. See the NPALS website for more details (<https://www.cdc.gov/nchs/npals/questionnaires/index.html>).

Section 3.2 Weights and Other Design Variables

In the RCC and ADSC data files, statistical analysis weights were computed as the product of two components—the sampling weight (only for RCCs in states where they were sampled) and adjustment for unknown eligibility due to nonresponse. For sampled states in the RCC component, the sampling weights reflected the probability of selection for each selected RCC. The sampling weight for each sampled RCC was the reciprocal of its probability of selection. For all the records in the ADSC component and for all states for which we selected a census for the RCC component, the probability of selection was equal to 1. To account for RCCs and ADSCs of unknown eligibility status, the weights of the facilities with known eligibility were adjusted upward based on the proportion of RCCs or ADSCs that were known to be eligible. The adjustment for unknown eligibility was calculated as the ratio of the total of sampling weights for all samples to the total of sampling weights for the samples whose eligibility status were known in the survey for each estimation stratum (unknown-eligibility adjustment = total sampling weight for all sampled cases / total sampling weight for cases with known eligibility, within estimation stratum). Adjustment for nonresponse was also made for sample facilities confirmed eligible but did not respond (nonresponse adjustment = total sampling weight for all confirmed eligible cases / total sampling weight for all confirmed eligible cases with response,

within estimation stratum). In the RCC data file, the variable STRATA indicates the sampling stratum and the RCC is indicated by CASEID, the primary sampling unit. In the ADSC data file, the variable STRATAn indicates the national level sampling stratum, and the ADSC is indicated by CASEID, the primary sampling unit. POPFAC in the RCC file represents the total number of RCCs for calculating the finite population correction in a stratum. Although the records that make up the ADSC file were not sampled, the variability associated with the nonresponse was treated as if it were from a stratified sample without replacement. POPFAC in the ADSC file represents the total number of ADSCs for calculating the finite population correction in a stratum. The README files, available on the NPALS website (<https://www.cdc.gov/nchs/npals/questionnaires>), provide an example of the syntax for using these design variables in SAS-callable SUDAAN, Stata, SAS, and R. Users are strongly recommended to read the README text and follow the instructions provided for the individual data sets.

Section 4 Reliability of Estimates

Estimates from survey data published by NCHS must meet reliability criteria. Proportions are not presented or are flagged based on the procedure specified in “National Center for Health Statistics Data Presentation Standards for Proportions,” available from:

https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf. For totals and rates, reliability is

determined by “National Center for Health Statistics Data Presentation Standards for Rates and Counts,” available from: https://www.cdc.gov/nchs/data/series/sr_02/sr02-200.pdf. For rates

with sampling variability, if nominal or effective sample size in the numerator or denominator is less than 10, the estimate is suppressed. Similarly, if an estimated rate has a relative confidence

width greater than 160%, the estimate is suppressed. NCHS also follows data confidentiality

standards in published reports to ensure nondisclosure of respondents. Data users are

encouraged to read the presentation standards reports to assess reliability of estimates

obtained from the restricted NPALS data.

Section 5 References

1. American Association for Public Opinion Research. 2023 Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 10th edition. AAPOR.