

**Supporting Statement for Paperwork Reduction Act Submission
Evaluation of the Supportive Services Demonstration
OMB Control # 2528-0321**

A. Justification

- 1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.**

The U.S. Department of Housing and Urban Development (HUD)'s Office of Policy Research and Development is undertaking an evaluation of the Supportive Services Demonstration (SSD). SSD is a three-year demonstration designed to test the impact of housing-based supportive services on the healthcare utilization and housing stability of low-income adults aged 62 and over. The demonstration offered grant funding to multifamily property owners to implement the Integrated Wellness in Supportive Housing (IWISH) model over the three-year demonstration period. The IWISH model features a full-time on-site Resident Wellness Director (RWD) with a part-time Wellness Nurse (WN) at each property funded to implement IWISH. The RWD and WN work together to implement a formal strategy for coordinating services to help residents meet their long-term care needs.

HUD designed the SSD as a cluster-randomized controlled trial to allow rigorous measurement of impacts. HUD published a Notice of Funding Availability (NOFA) in January 2016 for the demonstration, received more than 700 responses, and applied screening and ranking criteria described in the NOFA to identify 185 properties across seven states as eligible for random assignment. HUD assigned properties to three groups: a treatment group that received grant funding to hire the RWD and WN and implement the demonstration; an active control group that did not receive funding for implementation but received an incentive for participating in the evaluation; and a passive control group that received neither an implementation grant nor an incentive.

The final demonstration sample is 124 HUD-assisted properties: 40 in the treatment group (also known as IWISH properties), 40 in the active control group, and 44 in the passive control group. All properties serve households headed by people aged 62 or over, either predominantly or exclusively. The properties are located in the following states: California, Illinois, Maryland, Massachusetts, Michigan, New Jersey, and South Carolina. Each state has treatment, active control, and passive control properties.

The demonstration formally began October 1, 2017. The 40 IWISH properties began enrolling residents, conducting resident needs assessments, and developing individualized healthy aging plans in late March 2018. The demonstration ends in September 2020.

HUD contracted with The Lewin Group to manage the implementation of the SSD. Data collection associated with the implementation of the demonstration is covered under a separate Information Collection Request (ICR). The ICR is entitled “HUD Supportive Services Demonstration/Integrated Wellness in Supportive Housing (IWISH)” (reference number 201702-2528-001) and was approved on February 28, 2018.

HUD contracted with Abt Associates Inc. and its subcontractor L&M Consulting (“the research team”) for the evaluation of the SSD. The SSD evaluation will help determine whether offering access to on-site wellness staff, comprehensive health and wellness assessments and planning, and evidence-based services and programming for residents in project-based assisted housing is an effective way to support aging in place and, over the long-term, to reduce the use of costly or unnecessary health care services. Key measures of the SSD’s success will be whether the intervention reduces potentially avoidable hospitalizations and ambulance trips, delays transfers to costly settings such as nursing homes and other long-term care facilities and increases the share of time that residents spend in independent housing (versus medical facilities) as they age. The evaluation will also test for impacts on housing stability (fewer exits from housing due to health reasons, eviction, or death).

To determine the impact of IWISH on healthcare utilization and housing stability, the evaluation will compare outcomes for residents at treatment properties, where IWISH is implemented, to the outcomes of residents at the active and passive control properties, which represent “business as usual” for HUD multifamily elderly-designated properties.

The evaluation of the HUD SSD will take place over four and a half years, from October 2017 through March 2022. The evaluation has a qualitative component—the process study—designed to learn how treatment group properties implemented the IWISH model and how property staff and residents responded to it, and a quantitative component—the impact study—designed to measure the effect of the intervention on key outcomes related to residents’ use of healthcare services and housing stability.

This submission is the second of two submissions for OMB approval for the process study. The first submission, approved 11/02/18 (OMB Control number 2528-0321), covered the baseline data collection for the study, which included: initial telephone questionnaires, staff interviews, and focus groups. These baseline data collection activities ended in March 2020. This current submission requests approval for a final round of staff interviews and interviews with property owners to be conducted in summer 2020.

The purpose of the final data collection activities is to collect data from multiple perspectives about implementation experience with the demonstration, the strengths and weakness of the model, and how resident wellness activities compare across treatment and control properties. This information is necessary to complete the study of the demonstration’s implementation – providing input from key stakeholders as of the end of the demonstration. The new information will complement the baseline data collection and will offer stakeholders a final opportunity to provide their input on the demonstration.

Data are collected under Title 12, U.S.C. Sec. 1701Z-1 and 2.

- 2. Indicate how, by whom and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.**

The SSD evaluation has two components: a process study, to document how treatment group properties implemented the demonstration and how property staff, residents, and caregivers responded to it; and an impact study, to measure the effect of the intervention on key outcomes related to residents' use of healthcare services and housing stability.

Process Study

The process study focuses on the 40 IWISH (treatment) properties and the 40 active control properties. The process study is designed to collect information on how the IWISH model was implemented and how it differs from other models of service coordination being offered at the active control properties, as well as the perceived benefits of IWISH for residents, their caregivers, and property staff.

Six research questions guide the process study:

1. What are the experiences of resident wellness and property management staff with implementing the IWISH model?
2. What are the perceived benefits, strengths, and weaknesses of the IWISH model and on-site service coordination from the perspective of wellness staff, property managers and owners, residents, and community partners?
3. Within the treatment group, were there any changes in residents' perceptions of their health, well-being, and satisfaction with housing quality and services?
4. Was the demonstration implemented with fidelity to the IWISH model across the treatment sites?
5. What factors explain or contribute to the observed variation in fidelity to the IWISH model across the treatment sites?
6. How does the service coordination and health and wellness programming provided at the IWISH sites differ from that provided at the active control properties?

The main data sources for the process study are the baseline questionnaires, interviews, and focus groups already completed and the final staff and owner interviews planned for summer 2020. The evaluation team will supplement these data sources with data collected by the IWISH properties, HUD administrative data, and public use data.

The main analytic methods for the process study are: content analysis of interview and focus group data; descriptive analysis of administrative and service data; and scoring of properties along a continuum of resident wellness services.

Impact Study

The impact evaluation will analyze administrative data obtained for residents of all three demonstration groups—treatment, active control, and passive control—and use the cluster-randomized design of the demonstration to estimate the impact of the intervention on healthcare utilization and spending (including hospitalizations), housing exits, and transfers to nursing homes and other long-term care settings. The impact of the intervention is the difference between the average outcomes among residents at treatment properties and the average outcomes among similar residents in the control groups.

Four research questions guide the impact study:

1. What is the impact of IWISH on utilization of Medicare and Medicaid covered unplanned hospitalizations and other acute-care care?
2. What is the impact of IWISH on utilization of Medicare and Medicaid covered primary care and other non-acute healthcare services?
3. What is the impact of IWISH on housing exits and resident tenure?
4. What is the impact of IWISH on transitions to long-term institutional care?

The main data sources for the impact study are Medicare Fee-For-Service claims, Medicaid Fee-For-Service claims, Medicare and Medicaid encounter data, HUD administrative data, and public use data to characterize the community. These data sources are not subject to the PRA and are therefore not part of this ICR. The data from Medicare, Medicaid, and HUD will be used to estimate the impact of the IWISH model on healthcare utilization, housing exits, and transfers to nursing homes and other long-term care settings.

The impact of IWISH is the difference between the average outcomes among residents at IWISH properties and the average outcomes among similar residents in the control groups. The research team plans to conduct the following types of analyses:

- **Intent-to-treat (ITT) analysis**, which estimates the impact of offering housing-based supportive services under the IWISH model by comparing outcomes for all residents of treatment and control group properties.
- **Treatment-on-the-treated (TOT) analysis**, which estimates the effects of participating in the IWISH model (defined as enrollment in IWISH) using quasi-experimental, Instrumental Variable methods. TOT estimates will help assess whether the impact of IWISH on the outcomes for all residents are really driven by the outcomes for residents who enrolled in the model.

Study Deliverables and Use of Information Collected to Date

HUD and policy makers will use the information collected through the evaluation to understand the effectiveness and outcomes of the IWISH model. The evaluation will provide insight to Congress, HUD, property owners, and other interested parties on issues to consider in providing housing-based supportive services. It will also provide rigorous, quantitative data on the impact of housing-based supportive services on healthcare utilization and housing stability among older adults in HUD-assisted housing.

The evaluation will result in three main reports: two Interim Reports and a Comprehensive Report. The evaluation will also produce several shorter reports to supplement the Comprehensive Report.

The information collected to date through the telephone questionnaire was used to produce the First Interim Report, expected to be published in spring 2020. The information collected through the site visits and focus groups, as well as the final data collection requested in this ICR, will be used for the Second Interim Report and the Comprehensive Report. The Second Interim Report is expected to be released in spring 2021 and the Comprehensive Report in spring 2022.

Information Collection in This ICR

This ICR covers the final data collection supporting the process study. All of the data collection in this ICR will be performed by Abt Associates and its subcontractor L&M Policy Research. Each data collection activity is described below, followed by a summary table presenting the justification for each data collection instrument.

Interviews with Resident Wellness Directors and Wellness Nurses at IWISH Properties

The research team will interview the RWDs and WNs at the 40 treatment properties between June and August 2020. The purpose of the interviews is to update the information obtained through the site visits conducted in fall 2019 and to obtain staff perspectives on the strengths and weaknesses of IWISH. Each interview will last approximately one hour, with an additional 30 minutes for scheduling and preparing for the interview. The research team will use the interviews to gather information on: IWISH activities, workload, programs and partnerships, effects and benefits of IWISH for residents, and experience of being a RWD or WN. The research team will send a list of topics to respondents in advance so that respondents are prepared.

Trained staff from the research team will conduct the interviews by telephone, using separate interview guides for each type of respondent. The interview guide for the interviews with RWDs at treatment sites is provided in **Appendix A**. The interview guide for the interviews with WNs at treatment sites is provided in **Appendix B**.

Interviews with Resident Service Coordinators at Active Control Properties

The research team will interview the resident service coordinators at the 40 active control properties between June and August 2020. The purpose of the interviews is to update the information obtained through the site visits and interviews conducted in fall 2019 and to obtain staff perspectives on the strengths and weaknesses of service coordination. Each interview will last approximately one hour, with an additional 30 minutes for scheduling and preparing for the interview. The research team will use the interviews to gather information on: service coordination activities, workload, programs and partnerships, effects and benefits of service coordination for residents, and experience of being a service coordinator. The research team will send a list of topics to respondents in advance so that respondents are prepared.

Trained staff from the research team will conduct the service coordinator interviews by telephone, using the interview guide provided in **Appendix C**.

Interviews with Property Owners

The research team will interview representatives from the 20 owner organizations that own the 40 IWISH properties between July and September 2020. The purpose of the interviews is to learn about owner perceptions of the strengths and weaknesses of the IWISH model for residents and property management, experiences with IWISH implementation, and the owner's plans related to supporting aging in place in the future. Each interview will last approximately one hour, with an additional 30 minutes for scheduling and preparing for the interview. The research team will send a list of topics to respondents in advance so that respondents are prepared.

Trained staff from the research team will conduct the owner interviews by telephone, using the interview guide provided in **Appendix D**.

Exhibit A-1 summarizes the necessity of information collection across each data collection instrument.

Exhibit A-1: Justification of Data Collection Instruments

Instrument(s)	Respondents, Content, and Reason for Inclusion
<p>Interview Guide for Resident Wellness Directors at Treatment Properties (Appendix A)</p>	<p>Respondents: Resident Wellness Directors at the 40 treatment properties</p> <p>Content:</p> <ul style="list-style-type: none"> • Respondent background • IWISH activities • Workload • Programs and partnerships • Effects and benefits of IWISH • Experience of being a RWD <p>Reason: The RWD interviews will collect key information on how IWISH has been implemented at each site and the factors that influence implementation effectiveness and fidelity to the model. The interviews will update information collected in 2019 on how the property staff work together to engage residents, conduct person-centered interviews and assessments, use the PHL system, develop programming and build partnerships. The interviews will also explore the background and training of the RWD, which could affect implementation, and RWD opinions on the benefits and strengths and weaknesses of the model.</p>
<p>Interview Guide for Wellness Nurses at Treatment Properties (Appendix B)</p>	<p>Respondents: Wellness Nurses at the 40 treatment properties</p> <p>Content:</p> <ul style="list-style-type: none"> • Respondent background • IWISH activities • Workload • Programs and partnerships • Effects and benefits of IWISH • Experience of being a WN <p>Reason: The WN interviews will collect key information on how IWISH has been implemented at each site and the factors that influence implementation effectiveness and fidelity to the model. The interviews will update information collected in 2019 on how the property staff work together to engage residents, conduct person-centered interviews and assessments, use the PHL system, develop programming and build partnerships. The interviews will also explore the background and training of the WN, which could affect implementation, and WN opinions on the benefits and strengths and weaknesses of the model.</p>
<p>Interview Guide for Service Coordinators at Active Control Properties (Appendix C)</p>	<p>Respondents: Service coordinators at the 40 active control properties</p> <p>Content:</p> <ul style="list-style-type: none"> • Respondent background • IWISH activities • Workload • Programs and partnerships • Effects and benefits of service coordination • Experience of being a service coordinator • Background and prior experience • Service coordinator activities <p>Reason: The interviews with service coordinators at active control properties will provide updated information on the activities and roles of service coordinators at properties with HUD service coordinator funds. To the extent possible, the interviews will seek to collect information comparable to that collected through the RWD and WN information on the support that the service coordinator provides to their residents. The interviews will be used to compare IWISH implementation to typical service coordination at active control properties, which will inform interpretation of the impact study results.</p>

Instrument(s)	Respondents, Content, and Reason for Inclusion
Interview Guide for Property Owners (Appendix D)	<p>Respondents: Representatives of the owner organizations for the 40 IWISH properties.</p> <p>Content:</p> <ul style="list-style-type: none"> • Respondent background • Strengths and weaknesses of the IWISH model • Experiences with IWISH implementation • Future plans related to supporting aging in place • Areas of interest for the evaluation in the future <p>Reason: The interviews with owners provide insight into the experience of managing HUD multifamily properties for older adults and owner opinions on the implementation of IWISH. HUD is interested in learning about which aspects of IWISH owners would ideally want to continue and which they viewed as less beneficial. The research team also wants to identify any topics that owners would want to see reflected in the evaluation reports.</p>

- 3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.**

The research team will conduct the data collection by telephone. Given the qualitative nature of the information to be collected, the use of technology (such as an online survey) is not appropriate. The researchers will reduce the burden on the respondents by providing interview topics and specific questions in advance.

- 4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.**

HUD is not aware of any other studies for which this study represents a duplicate research effort. The IWISH model has not been implemented before, and this is the only evaluation of it to date.

Throughout the evaluation, the research team will obtain extracts of the Population Health Logistics (PHL) data system that all IWISH properties will use to collect and store health and service information on IWISH participants. The PHL data collection is covered under OMB Control Number 2528-0315 and the consent process for IWISH participants covers the transfer of PHL data to the research team. The research team will use the PHL data wherever possible for data on program implementation. The research team will not duplicate the information already collected through PHL.

- 5. If the collection of information impacts small businesses or other small entities (Item 5 of OMB Form 83-I) describe any methods used to minimize burden.**

HUD expects only minimal (if any) impact of this data collection on small business entities. It is possible that some property owners interviewed may be small businesses. However, all

of the property owners have entered into a cooperative agreement with HUD to participate in the evaluation.

The study will minimize burden in this data collection by pre-populating the data collection instruments with information collected earlier in the study. The study team will also send a list of topics to respondents in advance so that the interview can flow more smoothly and quickly.

6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

Each data collection activity under this ICR will occur only once and under specific contract guidelines. Without this data collection effort, HUD will be unable to evaluate the implementation of the SSD. The qualitative data collection covered by this ICR is essential for providing context for the results of the quantitative impact analysis, particularly for understanding the difference between the service coordination and wellness services provided through IWISH and typical service coordination at other HUD multifamily properties serving the elderly. Without data collected from individuals involved in the provision of IWISH services, the study will have little insight into the process of IWISH implementation and fidelity to the IWISH model. Without data collected from owners, the study will have little insight into how property owners experience the IWISH model and how that compares to their experience of typical property management.

7. Explain any special circumstances that would cause an information collection to be conducted in a manner:

- **requiring respondents to report information to the agency more than quarterly;**
- **requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**
- **requiring respondents to submit more than an original and two copies of any document;**
- **requiring respondents to retain records other than health, medical, government contract, grant-in-aid, or tax records for more than three years;**
- **in connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;**
- **requiring the use of a statistical data classification that has not been reviewed and approved by OMB;**
- **that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**
- **requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

The proposed data collection activities are consistent with the guidelines set forth in 5 CFR 1320 (Controlling Paperwork Burdens on the Public). There are no special circumstances that require deviation from these guidelines. The following below are **“Not Applicable”** to this collection:

- requiring respondents to report information to the agency more than quarterly – **“Not Applicable”**;
 - requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it – **“Not Applicable”**;
 - requiring respondents to submit more than an original and two copies of any document – **“Not Applicable”**;
 - requiring respondents to retain records other than health, medical, government contract, grant-in-aid, or tax records for more than three years – **“Not Applicable”**;
 - in connection with a statistical survey, that is not designed to produce valid and reliable results than can be generalized to the universe of study – **“Not Applicable”**;
 - requiring the use of a statistical data classification that has not been reviewed and approved by OMB – **“Not Applicable”**;
 - that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use – **“Not Applicable”**; or
 - requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law – **“Not Applicable”**.
- 8. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.**
- **Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping disclosure, or reporting format (if any) and the data elements to be recorded, disclosed, or reported.**
 - **Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years -- even if the collection of information activity is the same as in prior periods. There may be circumstances that preclude consultation in a specific situation. These circumstances should be explained.**

In accordance with 5 CFR 1320.8 (Paperwork Reduction Act of 1995), a Notice of Proposed Information Collection for publication in the Federal register has been prepared to announce the agency's intention to request an OMB review of supplemental data collection activities for the Evaluation of the Supportive Services Demonstration. HUD published a 60-Day Notice of Proposed Information Collection in the Federal Register on February 14, 2020. The Docket No. is Docket No. FR-7029-N-02 and the notice appeared on pages 8604-8605. The notice provided a 60-day period for public comments, and comments were due April 14, 2020. No public comments were received. A copy of the notice is included with this Information Collection Request (ICR) in **Appendix E**.

The Evaluation of the Supportive Services Demonstration was developed and is being implemented with the assistance of Abt Associates Inc., the study's contractor. Key members of the Abt team include Project Director Jennifer Turnham; Co-Principal Investigators Gretchen Locke and Sara Galantowicz; Project Quality Advisor Dr. Jill Khadduri; and Technical Advisors Dr. Austin Nichols and Dr. Jennifer Riggs. Staff from HUD, the Office of the Assistant Secretary for Planning and Evaluation (ASPE), and the Centers for Medicare and Medicaid Services (CMS) at the Department of Health and Human Services have collaborated on the design of the evaluation with the research team throughout all phases of the study to date.

Abt Associates and HUD established an Expert Panel to review the evaluation design, progress, and findings, to maximize the rigor of the evaluation and its value to multiple stakeholders.

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

There are no payments or gifts to respondents.

10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation or agency policy.

HUD has entered into a contract with an independent research team, Abt Associates Inc., to conduct this research effort. HUD and Abt Associates will make every effort to maintain the privacy of respondents, to the extent permitted by law. The subjects of this information collection and the nature of the information to be collected require strict confidentiality procedures. The information requested under this collection is protected and held confidential in accordance with 42 U.S.C. 1306, 20 CFR 401 and 402, 5 U.S.C.552 (Freedom of Information Act), 5 U.S.C. 552a (Privacy Act of 1974) and OMB Circular No. A-130. A Privacy Threshold Assessment (PTA) for this study was approved by HUD on March 18, 2018 and a Privacy and Civil Liberties Impact Analysis (PCLIA) was approved by HUD on May 10, 2018. All research staff working on the project have been trained to protect private information and the study has a detailed Data Security Plan governing the storage and use of the data collected through the study. Additionally, individuals will not be cited as sources of information in prepared reports.

All respondents included in the study will be informed that information they provide will be used only for the purpose of this research. During the interviews, Abt interviewers will

record staff's position, title, and site location, and save interview notes to Abt Associates' common drive, to a folder with access restricted only to staff associated with the project.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

The interviews do not contain any sensitive questions.

12. Provide estimates of the hour burden of the collection of information. The statement should:

- **indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices;**
- **if this request covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13 of OMB Form 83-I; and**
- **provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead this cost should be included in Item 13.**

The estimated average burden for each interview is 1.5 hours per person per interview. The interviews will take up to 60 minutes to complete, with an additional 30 minutes for scheduling and preparation. We expect to interview 54 RWDs, 42 WNs, 40 service coordinators, and 20 property owner representatives. There are separate interview guides for each respondent type, but each respondent will complete one interview only and the burden is the same for all the interviews. The interview guides are presented in **Appendix A - D**.

Exhibit A-2 provides the total estimated hour and cost burden of the information collection.

Exhibit A-2: Estimated Hour and Cost Burden of Information Collection

Information Collection	Number of Respondents	Frequency of Response	Responses Per Annum	Burden Hour Per Response	Annual Burden Hours	Hourly Cost Per Response	Cost
Interviews with Resident Wellness Directors	54.00	1.00	54.00	1.50	81.00	\$36.93	2,991.33
Interviews with Wellness Nurses	42.00	1.00	42.00	1.50	63.00	\$57.12	3,598.56
Interviews with Service Coordinators	40.00	1.00	40.00	1.50	60.00	\$36.93	2,215.80
Interviews with owner organizations	20.00	1.00	20.00	1.50	30.00	\$61.11	1,833.30
Total	156.00				234.00		10,638.99

The total estimated annual cost for this information collection is \$10,639. To estimate the hourly cost per respondent, the research team used data from the Bureau of Labor Statistics' Employer Costs For Employee Compensation survey from September 2019 (<https://www.bls.gov/news.release/pdf/ecec.pdf>):

- For the Resident Wellness Director interviews, the research team used the hourly cost for healthcare and social assistance workers (\$36.93).
- For the Wellness Nurse interviews, the research team used the hourly cost for Registered Nurses (\$57.12).
- For the Service Coordinators interviews, the research team used the hourly cost for healthcare and social assistance workers (\$36.93).
- For the owner interviews, the research team used the hourly cost for management, professional, and related workers (\$61.11).

13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information (do not include the cost of any hour burden shown in Items 12 and 14).

- **The cost estimate should be split into two components: (a) a total capital and start-up cost component (annualized over its expected useful life); and (b) a total operation and maintenance purchase of services component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information. Include descriptions of methods used to estimate major**

cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s) and the time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities;

- If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collection services should be a part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10) utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.
- generally, estimates should not include purchases of equipment or services, or portions thereof made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated with the information collection, (3) for reasons other than to provide information or keep records for the government, or (4) as part of customary and usual business or private practices.

This data collection effort involves no recordkeeping or reporting costs for respondents other than the time burden to respond to questions on the data collection instruments as described in item 12 above. There is no known cost burden to the respondents.

14. Provide estimates of annualized cost to the Federal government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 in a single table.

The current effort is being carried out under a HUD Contract with Abt Associates. HUD estimates the costs to the Federal Government for this data collection to be approximately \$37,000 in professional labor. The professional labor cost estimates for this information collection include project management staff, survey methodologists, interviewers, and IT support staff. Exhibit A-3 summarizes the cost breakdown

Exhibit A-3: Estimated Cost to the Federal Government

Activity	Estimated Cost to Federal Government
Professional Labor	\$37,000.00
Total	\$37,000.00

15. Explain the reasons for any program changes or adjustments reported in Items 13 and 14 of the OMB Form 83-I.

This submission to OMB does not involve any program changes or adjustments. This data collection is an extension of the data collection approved 11/01/18 (OMB Control Number 2528-0321).

16. For collection of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

The data collected for the Evaluation of the Supportive Services Demonstration will be analyzed, tabulated, and reported to HUD by the evaluation contractor, Abt Associates.

Exhibit A-4 presents an overview of the data collection and analysis schedule.

Exhibit A-4: Project Schedule

Timeframe	Activity	Notes
October 2018 – December 2018	Initial questionnaires fielded	Completed.
October 2018 – January 2019	First round of administrative data collection	Completed.
January 2019 – May 2019	Analysis of questionnaire data and PHL data	Completed.
April 2019 – March 2020	Site visits, interviews, and focus groups	Completed. Approved 11/02/18 (OMB Control number 2528-0321).
April 2020	Interim report	Pending publication.
March – June 2020	Preliminary analysis of interview and focus group data	
June – September 2020	Final interviews	Covered under this ICR.
September – November 2020	Final process study analysis	
December 2020 – March 2021	Second Interim Report	
April – September 2021	Analysis of administrative data	
October 2021 – March 2022	Comprehensive report and additional reports	

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

All data collection instruments will prominently display the expiration date for OMB approval.

18. Explain each exception to the certification statement identified in item 19.

This submission describing data collection requests no exceptions to the Certificate for Paperwork Reduction Act (5 CFR 1320.9).