Supporting Statement Part A for Interventional Cooperative Agreement Program (ICAP) Vocational Resource Facilitation Demonstration (VRFD)
OMB No. 0960-0829

A. Justification

1. Introduction/Authoring Laws and Regulations

The Vocational Resource Facilitation Demonstration is under the Interventional Cooperative Agreement Program (ICAP) which the Social Security Administration (SSA) instituted in 2021. Under ICAP, SSA is evaluating the Vocational Resource Facilitation Demonstration (VRFD), which tests the Vocational Resource Facilitator (VRF) intervention designed to help newly injured spinal cord injury or disease (SCI) or brain injury (BI) patients pursue their employment goals. In addition, the VRFD provides SSA with empirical evidence on the impact of the intervention on patients in several critical outcome areas: (1) employment and earnings; (2) SSI and SSDI benefit receipt; and (3) satisfaction and well-being. In addition, a rigorous evaluation of VRFD is important to help SSA and other interested parties assess promising options to improve employment-related outcomes and decrease benefit receipt. The evaluation team is comprehensively assessing the implementation of VRFD and its effectiveness for the patients enrolled in the demonstration.

SSA contracted with Kessler Foundation (KF) to conduct a randomized controlled trial of the VFR Intervention with patients who have newly sustained spinal cord injuries or disease, or brain injuries as they pursue their employment goals. The team recruited and enrolled participants for the randomized controlled trial from November 2023 through February 2026. Demonstration enrollees receive services for 12 months after enrollment, so the team provides services from November 2023 through February 2027. In addition, SSA contracted with Mathematica to carry out components of the evaluation on behalf of SSA and KF. SSA refers to the group of contractors as "the VRFD evaluation team." The team is currently conducting data collection and evaluation activities. SSA requests an extension to continue collecting the data necessary to evaluate VRFD.

2. Description of Collection

The VRFD evaluation uses a randomized control experimental design that includes one treatment group and one control group. Members of the control group receive a referral for services to the Division of Vocational Rehabilitation Services (DVRS), New Jersey's state Vocational Rehabilitation agency. The treatment group receives a referral to DVRS and employment services from a resource facilitator (RF). RFs serve as fully integrated members of clinical teams and engage with injured workers during inpatient rehabilitation to discuss return-to-work options. For at least 12 months after enrolling in the

demonstration (unless the treatment group members choose to disenroll), RFs provide services to treatment group members. Following a person-centric approach, RFs support patients' decision making by providing information and guidance, helping patients engage with former or prospective employers, ensuring the coordination of services across all providers, and encouraging the use of peer mentoring services. RFs also provide counseling on SSI, SSDI, and other benefits with the goal of using them temporarily while pursuing a return to full-time work. The respondents are newly injured SCI and BI patients, who provided written consent before agreeing to participate in the study and who the VRFD evaluation team randomly assigned to one of the study groups.

Through the VRFD, the VRFD evaluation team hopes to answer central research questions include the following:

- Was the intervention implemented as planned?
- What are key considerations for scaling up or adopting the VRF model at other facilities?
- What were the impacts of VRF on outcomes of interest?
- Did treatment group members earn or work more than control group members?
- Were treatment group members relatively less likely to apply to or receive SSI or SSDI benefits?
- Did treatment group members experience greater satisfaction and well-being than control group members?
- What were the benefits and costs of the demonstration across key groups?

The VRFD public survey data collections support three components of the planned implementation, impact, and benefit-cost analyses. The data collection efforts provide information that is not available in SSA program records about the characteristics and outcomes of VRFD participants in the treatment and control groups. Table 1 uses "X" to describe which analyses will answer each research question.

Table.1 Analyses the study will use to answer research questions

Research question	**Implementation analysis**	**Impact analysis**	**Benefit-cost analysis**
Was the intervention implemented as planned?	X		.
What are key considerations for scaling up or adopting the VRF model at other facilities?	.X	.	.
What were the impacts of VRF on outcomes of interest?		X.	.

Did treatment group members earn or work more than control group members?		X	.
Were treatment group members relatively less likely to apply to or receive SSI or SSDI benefits?	.	X	.
Did treatment group members experience greater satisfaction and well-being than control group members?	.	.X	
What were the benefits and costs of the demonstration across key groups?	.		X

Recruitment

The VFRD evaluation team recruited 216 patients into the VRFD over a two-year period from November 2023 to February 2026. The evaluation team gradually rolled out recruitment based on when medical staff admitted patients to the Kessler Institute for Rehabilitation (KIR). All New Jersey residents ages 18 to 62 whom KIR admitted because of spinal cord injury or disease, or brain injury, were eligible for the demonstration. During the participants' time in the hospital, a study recruiter interacted with all potential participants and attempted to enroll them in the demonstration. Each year, KIR received about 50 spinal cord injury or disease admissions and 300 brain injury admissions that met the age and residence requirements. About 20 percent of the admitted patients eligible for the demonstration agreed to participate. A volunteer rate of at least 20 percent across a two-year period resulted in 216 enrollees.

Research coordinators identified and approached eligible patients for enrollment in the VRFD as part of the recruitment strategy. Recruitment consisted of the following steps:

- KIR staff reviewed the medical charts of all newly admitted patients every other week to determine which patients meet key eligibility criteria;
- KIR staff sent the names of potentially eligible patients to research coordinators at KF;
- Research coordinators at KF contacted the patients' clinical staff at KIR to determine which patients were medically stable and could provide informed consent; and
- Research coordinators at KF met individually with patients who met all eligibility criteria to determine whether the patients wanted to participate. During each meeting, the research coordinators at KF explained the VRFD; described the key benefits and drawbacks; and answered any questions the patient had.

Each week, research coordinators at KF made three attempts to recontact patients who did not initially enroll until KIR discharged the patients or they definitively indicated no interest in participating. A few eligible patients were unable to meet with research coordinators during their inpatient stay at KIR. This occurred, for example, because a patient was too busy with family visits and therapy appointments during their stay. We completed recruitment into the demonstration on February 28, 2026.

The VRFD evaluation consists of two data collection efforts:

1) **Follow-up survey**: The VFRD evaluation team is administering a Year 1 follow-up survey to treatment and control subjects 12 months after their study enrollment date. Data collection for the 12-month follow-up survey began in January 2025. The VFRD evaluation team invites the participants to complete the survey by letter and email. Participants can complete the follow-up survey online or by telephone interview. The 12-month follow-up survey, together with an analysis of outcomes derived from DVRS and SSA program data, captures the experiences of treatment and control group members over a period of 12 months. The survey collects information about the following:

   a) employment for pay in the last 12 months;
   b) training and education including job search activities and job training;
   c) work accommodations, job satisfaction, and attitudes towards work and returning to work;
   d) satisfaction with RF and DVRS services;
   e) physical and mental health and functioning; and
   f) household income, including receipt of public assistance benefits and SSDI/SSI.

   A follow-up interval of this length is important to measure the impacts of the VRFD because the effects of the demonstration on individual behavior and well-being could take time to emerge. The VFRD evaluation team is attempting to reach all participants.

2) **One round of qualitative data from VRFD implementation and operations staff:** The VRFD evaluation team completed the first round of site visit interviews virtually in August 2025. The evaluation team interviewed 9 staff in the first round. The VRFD evaluation team will conduct up to 12 in-person staff interviews during the second round of site visits in the summer or early fall of 2026. During the visit, the evaluation team will conduct semi-structured interviews with program staff and other key groups to collect information about their experiences and any changes made to the program during implementation. The already approved

interview guide includes questions tailored to the experiences of each group, and a set of core questions that enables the evaluation team to systematically collect information across all groups. The evaluation team will also collect cost data by reviewing program documentation.

In the original request, we received clearance for recruitment materials and a baseline survey. The evaluation team completed these activities in February 2026, and they do not require an extension. We have also completed one round of qualitative data collection, and the second round will take place prior to February 2027 when we conclude the data collection for the evaluation.

We identified the following psychological costs based on the requirements for this information collection:

Psychological Cost

- **Requirement for the Program:** The follow-up survey includes questions about household income, as well as physical and mental health, which some subjects might consider private or sensitive.

- **Psychological Cost:** Respondents may perceive these questions as unduly invasive, which can lead individuals to skip these questions or to stop answering the survey questions entirely.

We understand this psychological cost may cause respondents to delay completing the information collection or abandon it entirely. We allow respondents to skip any questions that make them uncomfortable and still participate. Therefore, we have taken this potential psychological cost into account when calculating our burden in #12 below.

The respondents are newly injured SCI and BI patients, who provided written consent before agreeing to participate in the study and who the VRFD evaluation team randomly assigned to one of the study groups.

3. Use of Information Technology to Collect the Information

This evaluation uses information technology to help collect survey data in standardized and accurate ways that accommodate the confidential collection of sensitive data and maintain all demonstration data consistently. The VRFD evaluation team also uses information technology to assist with sample tracking and locating efforts for the follow-up survey. The following subsections describe how the evaluation team uses information technology in each of the main data collection efforts.

Recruitment

For the first two months after discharge, research coordinators at KF contacted these patients by phone, by email, or during KIR outpatient rehabilitation sessions to discuss the demonstration. We have completed this phase of the evaluation.

Qualitative data collection from VRFD implementation and operations staff
The VRFD evaluation team conducts semi-structured interviews in person, and by telephone with implementation and operations staff. The VRFD evaluation team audio-records the discussions to collect the information with consent from staff to ensure that meeting notes are accurate, after which the VRFD evaluation team securely stores and transcribes the audio files.

12-month follow-up survey
The VRFD evaluation team uses the Sample Management System (SMS) and data collection platform (Confirmit) to maintain all the data collected from random assignment, the baseline survey, and the follow-up survey. The VRFD evaluation team administers the follow-up survey by web and computer assisted telephone interviewing (CATI) technology. The web and CATI technology help to improve the quality of the survey data collected for the evaluation.

4. Why We Cannot Use Duplicate Information

The nature of the information we collect and the manner in which we collect it precludes duplication. SSA does not use another collection instrument to obtain similar data.

5. Minimizing Burden on Small Respondents

Some of the service providers that the VRFD evaluation team interviews for the process analysis might be staff of small entities. The evaluation team's protocol imposes minimal burden on all organizations involved, and interviewers keep discussions to one hour or less. The VRFD evaluation team collects the minimum amount of information required for the intended use, and schedules interviews at times convenient to the respondents. In this way, the evaluation team minimizes the effect on small businesses and other small entities.

6. Consequence of Not Collecting Information or Collecting it Less Frequently

If SSA did not evaluate the VRFD, we would not be able to address important issues regarding potential SSDI beneficiaries' success in finding, maintaining, and advancing in employment.

12- month follow-up survey
The VRFD evaluation team collects information through the follow-up survey that they cannot obtain from DVRS and SSA program records alone. For example, program records might include data on earnings from jobs but do not capture details such as job training experience, likelihood of working in the next

year, job search activities, or types of employment services received or satisfaction with those services. The VRFD evaluation team conducts the follow-up survey only once, so they cannot conduct it less frequently.

Qualitative data from VRFD implementation and operations staff
To support the implementation analysis, the VRFD evaluation team conducts two rounds of in-person site visits with local program administrators, service delivery staff, and partner agencies. The goals of the first site visit, which we completed in 2025, were to (1) describe recruitment and enrollment processes and deviations from the planned processes, (2) describe how the site operationalized the VRF model components, and (3) identify factors that hindered and facilitated service delivery. The goals of the second site visit are to (1) describe changes made to the topics covered in the first site visit, (2) describe plans for sustaining the model, (3) collect information about program costs, and (4) describe counterfactual services. Both site visits are necessary to understand the intervention and the steps taken to implement project services as well as to assess fidelity of the demonstration design. During these site visits, the evaluation team collects and reviews program documentation to identify program costs in support of the benefit-cost analysis.

Fewer site visits would limit the VRFD evaluation team's ability to follow up on challenges observed early in the implementation period. This, in turn, could reduce their capacity to help implementation staff resolve or improve activities between visits. Fewer rounds of site visits would not allow SSA to assess how the projects evolve over time to address significant challenges and leverage successes. Interviewing fewer staff on each visit or interviewing staff less frequently would not allow SSA to capture the full range of experiences to document all features of the service environment. Therefore, the evaluation team cannot collect the range of information required for this evaluation less frequently or with fewer respondents.

7. Special Circumstances

There are no special circumstances that would cause SSA to conduct this information collection in a manner inconsistent with *5 CFR 1320.5.*

8. Solicitation of Public Comment and Other Consultations with the Public

The 60-day advance Federal Register Notice published on March 23, 2026, at 91 FR 13915, and we received no public comments. The 30-day FRN published on May 22, 2026, at 91 FR 30360. If we receive any comments in response to this Notice, we will forward them to OMB.

SSA consulted with an interdisciplinary group of economists; disability policy researchers; survey researchers; and information systems professionals on the

staff of the Kessler Foundation, and its subcontractor, Mathematica, contributed to the design of the information collection effort for this evaluation.

9. Payment or Gifts to Respondents

SSA believes that some compensation is important to foster a positive attitude about the study and reduce attrition in follow-up interviews. SSA does not offer an incentive payment for interviews with implementation or operations staff, however, SSA pays $25 to follow-up survey respondents to reduce attrition.

10. Assurances of Confidentiality

The subjects of this information collection and the nature of the information the team collects require strict confidentiality procedures. SSA protects the information the VRFD evaluation team collects 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. We describe the detailed plans for informed consent and data security procedures below.

Informed consent

Between November 2023 and February 2026, all potential VRFD subjects made a genuinely informed decision about participating in the demonstration. Vigorous outreach with a clear message and strong supporting materials helped ensure that respondents applying to the VRFD understood the opportunities available and were likely to take advantage of the demonstration's benefits. The outreach materials clearly explained the risks to subjects and included a detailed comparison of the treatment group and the control group. The VRFD evaluation team obtained the informed consent of each sample member through a signed consent form which described the demonstration, the process of random assignment, and the evaluation's information requirements. The informed consent also informed the respondents that participation is voluntary and that, by agreeing to participate, they give permission for SSA to access information about them, such as their SSDI benefit status, from other sources. The VRFD evaluation team also provided respondents with a toll-free telephone number to call with questions about the study. We completed this phase of the evaluation in February 2026.

Data confidentiality protections

The VRFD evaluation team clearly states the assurances and limits of confidentiality in all materials it provides to recruit potential subjects and restates them at the beginning of each interview. The consent form makes clear the assurances and limits of confidentiality. The Paperwork Reduction and Privacy Act statements appear on all study documents, including advance letters and survey instruments. The evaluation team does not disclose the identity of the

group subjects to anyone outside of the VRFD evaluation and implementation teams. Public documents from the evaluation summarize information the subjects provide but will not attribute it to specific people.

Data storage and handling of survey data
SSA and its VRFD evaluation team contractors have procedures in place to appropriately safeguard data from unauthorized use and disclosure, including the use of passwords and encrypted identifiers. The VRFD evaluation team uses several mechanisms to secure data, including obtaining suitability determinations for designated staff, training staff to recognize and handle sensitive data, preventing staff accessibility to computer systems without favorable suitability determinations, limiting the use of personally identifiable information in data, limiting access to secure data on a need-to-know basis and to staff with favorable suitability determinations, and creating data extract files that exclude identifying information.

11. Justification for Sensitive Questions

The information collection does not contain any questions of a sensitive nature. As stated in #2 above, we need to ask some questions which some respondents may perceive as sensitive in nature to assess their eligibility for benefits under this program. These include questions regarding their household income, as well as physical and mental health. As such, this information collection may have psychological costs pertaining to collection of personal questions (which we also discussed in #2 above). However, we must ask these questions to evaluate the effects of the VRFD on the respondent's financial well-being and physical health.

12. Estimates of Public Reporting Burden

Modality of Completion	**Number of Respondents**	**Frequency of Response**	**Average Burden per Response (minutes)**	**Estimated Total Annual Burden (hours)**	**Average Theoretical Hourly Cost Amount (dollars)***	**Total Annual Opportunity Cost (dollars)****
12-month Follow-up Survey	90	1	25	38	$14.27*	$542**
Staff Interviews with Site Staff	12	1	66	13	$33.54*	$436**
Onsite Audit of sample of case files	1	1	30	1	$33.54*	$33**
Totals	**103**			**52**		**$1,011****

* We based this figure on disability payments, based on SSA's current

management information data (Effect of COLA on Average Social Security Benefits) and the average U.S. worker's hourly wages, as reported by Bureau of Labor Statistics data (Occupational Employment and Wage Statistics).

** This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theoretical opportunity costs for the additional time respondents will spend to complete the application. **There is no actual charge to respondents to complete the application.**

Previously we based the learning cost time burden on the estimated time and effort potential enrollees take to learn about this program, its applicability to their circumstances, and to cover any additional research potential enrollees may need to take to understand how to comply with the program requirements (beyond reading the instructions on the collection instrument). Because these learning costs only apply to recruitment and baseline survey activities which we completed in February 2026, we no longer include learning costs in this request.

There is no travel cost burden for this evaluation, as we conduct the follow-up surveys by web and computer assisted telephone interviewing (CATI) technology, and we conduct the site visits in person at the sites, thus we do not require the respondents to travel for these information collections.

We base our burden estimates on current management information data, which includes data from actual interviews, as well as from years of conducting this information collection. Per our management information data, we believe that **25, 66,** and **30** minutes accurately shows the average burden per response for learning about the program; receiving notices as needed; reading and understanding instructions; gathering the data and documents needed; answering the questions and completing the information collection instrument; scheduling any necessary appointment or required phone call; consulting with any third parties (as needed); and waiting to speak with SSA employees (as needed). Based on our current management information data, the current burden information we provided is accurate. The total burden for this collection instrument is **52** burden hours (reflecting SSA management information data), which results in an associated theoretical (not actual) opportunity cost financial burden of **1,011**. SSA does not charge respondents to complete our applications.

13. Annual Cost to the Respondents (Other)

There are no direct costs to respondents for any of the surveys other than their time to participate in the study. The VRFD evaluation team does not ask respondents to maintain any new records. The evaluation team collects and maintains all survey data and is responsible for all costs associated with data collection, storage, processing, and other functions related to these data.

14. Annual Cost To Federal Government

The annual cost to the Federal Government is approximately **$109,660**. This estimate shows annual costs for the major data collection components: (1) ongoing qualitative data collection costs; (2) ongoing costs for the follow-up survey; and (3) maintenance costs for SMS and Confirmit. These costs break down as follows:

Description of Cost Factor	**Methodology for Estimating Cost**	**Cost in Dollars***
Distributing, Shipping, and Material Costs for the Form	Distribution + Shipping + Material Cost	$412
Systems maintenance	Costs to maintain the SMS and Confirmit instrument	$29,336
Other	VFRD Evaluation team processing time for Survey Administration (Data Collection)	$51,708
Other	Semi-structured Interviews (Data Collection)	$28,204
Total		**$109,660**

SSA is unable to break down the costs to the Federal government further than we already have. We used the figures above based on the expected costs from our contract with KF and Mathematica.

15. Program Changes or Adjustments to the Information Collection Request

When we last cleared this IC in 2023, the burden was 364 hours. However, we are currently reporting a burden of 52 hours. This change stems from a decrease in the completion time from 2 minutes to 1 minute. Because of the provisions under ICAP, the VRFD project completed the initial and recruitment phase and moved into the evaluation phase. Because we moved on to the evaluation stage, we do not have any learning costs associated with this IC or any wait time for teleservices. We also removed the Consent Form and the Baseline form from our modality, causing an overall decrease in completion time and the resulting change in burden.

16. Plans for Publication Information Collection Results

The VRFD evaluation analyzes, tabulates, and reports the data collected for the evaluation. SSA may publicize these findings after SSA's final review.

Time schedule for analysis and reporting

We expect the period of survey data collection for VRFD subjects, which began in summer 2023 will end in spring 2027. This began with recruitment and the baseline survey, start in spring 2023 and will end with the remaining follow-up surveys in spring 2027. After we finish data collection, the VRFD evaluation team will analyze the data and produce a final report on the VRFD evaluation in 2027. The survey data collection and reporting schedule will run as follows:

- Data collection: Four years from summer 2023 to fall 2027
- Data analysis: Four years from summer 2024 to spring 2027
- Final report: Fall 2027

Analytic techniques, tabulations, and reporting

With the VRFD evaluation findings, SSA expects to advise policymakers and other interested groups about interventions that could encourage people to work and decrease their dependence on disability and other public benefits. We aim to foster work efforts by implementing program changes that produce savings for the federal government and improve program administration.

Final report

The final evaluation report will document the study methods and findings of the quantitative and qualitative analyses in detail. The report will synthesize the overarching findings from all analyses on the effectiveness of VRFD at improving outcomes of interest for study participants. The report will discuss any relevant external factors, such as changes in the local labor market or policy environments for rehabilitation care and vocational rehabilitation, that might have affected the demonstration's impact. In addition, the final report will recommend ways to expand the VRFD to other rehabilitation settings and patient populations and produce other policy recommendations for SSA that arise from the study results.

Analytic techniques

Due to the random assignment design, the evaluation team uses a regression framework to control for other explanatory variables and focuses the impact analysis on differences in the outcomes of subjects between the treatment group and the control group. The VRFD evaluation team uses regression-adjusted comparisons of treatment group subjects to control group subjects to estimate the impact of the intervention on subjects' education, employment, benefit, and other outcomes. Unadjusted comparisons of the treatment and control groups yields unbiased impacts estimates, but regression adjustment improves the precision of the estimates and guard against potential small-sample imbalances. The VRFD evaluation team uses regression-adjusted comparisons of subgroups of the treatment and control groups, defining subgroups by pre-randomization characteristics (for example, age, race, gender, and type of injury). The VRFD evaluation team also analyzes the information from the staff interviews and

observations of site operations to report the findings and their potential program and policy implications. The VRFD evaluation team does not use complex quantitative techniques to analyze the qualitative data from these collections. Products resulting from information obtained in this data collection provide SSA and its stakeholders with information about recruitment, enrollment, service provision, and the fidelity of implementation.

17. Displaying the OMB Approval Expiration Date

SSA is not requesting an exception to the requirement to display an expiration date.

18. Exceptions to Certification Statement

SSA is not requesting an exception to the certification requirements at *5 CFR 1320.9* and related provisions at *5 CFR 1320.8(b)(3).*