

Paperwork Reduction Act Submission

Please read the instruction before completing this form. For additional forms or assistance in completing this forms, contact your agency's Paperwork Reduction Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 Seventeenth St. NW, Washington, DC 20503.

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| 1. Agency/Sub agency Originating Request: U.S. Department of Housing and Urban Development | 2. OMB Control Number: a. 2502-0210 b. <input type="checkbox"/> None |
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| 3. Type of information collection: (check one) a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input checked="" type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change , of previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change , of previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note item A2 of Supporting Statement instructions. | 4. Type of review requested: (check one) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by c. <input type="checkbox"/> Delegated 5. Small entities: Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6. Requested expiration date: a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other (specify) |
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7. Title:
Certification of Need for Health Facility and Assurance of Enforcement of State Standards

8. Agency form number(s): (if applicable)
HUD-2576-HF

9. Keywords:
Housing, health facilities, state standards, certifications, hospital, nursing homes, intermediate care facilities, board and care homes, and assisted living facilities.

10. Abstract:
Information is used and needed by FHA appraisers, owners and nonprofit entities to evaluate property as security for a long-term insured mortgage. A Certificate of Need is used to obtain approval for insured loans of nursing homes and intermediate care facilities.

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| 11. Affected public: (mark primary with "P" and all others that apply with "X") a. Individuals or households b. <input checked="" type="checkbox"/> Business or other for-profit c. Not-for-profit institutions e. Farms f. Federal Government g. <input checked="" type="checkbox"/> State, Local or Tribal Government | 12. Obligation to respond: (mark primary with "P" and all others that apply with "X") a. Voluntary b. Required to obtain or retain benefits c. Mandatory |
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| 13. Annual reporting and recordkeeping hour burden: a. Number of respondents: 50 b. Total annual responses: 50 Percentage of these responses collected electronically: 0% c. Total annual hours requested: 25 d. Current OMB inventory: 25 e. Difference (+,-) f. Explanation of difference: 1. Program change: 2. Adjustment: | 14. Annual reporting and recordkeeping cost burden: (in thousands of dollars) a. Total annualized capital/startup costs b. Total annual costs (O&M) c. Total annualized cost requested d. Total annual cost requested e. Current OMB inventory f. Explanation of difference: 1. Program change: 2. Adjustment: |
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| 15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> Application for benefits b. <input checked="" type="checkbox"/> Program evaluation c. General purpose statistics compliance d. Audit e. <input checked="" type="checkbox"/> Program planning or management f. Research g. <input checked="" type="checkbox"/> Regulatory or | 16. Frequency of recordkeeping or reporting: (check all that apply) a. <input checked="" type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure b. <input checked="" type="checkbox"/> Reporting: 1. <input checked="" type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biannually 8. <input type="checkbox"/> Other (describe) |
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| 17. Statistical methods: Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 18. Agency contact: (person who can best answer questions regarding the content of this submission) Name: Carmelita James Phone: 202-708-2579 |
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19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

Note: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320/8(b)(3). Appear at the end of the instructions. The certification is to be made with reference to those regulatory provisions as set forth in the instructions.

The following is a summary of the topics, regarding the proposed collections of information that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of the information;
 - (iii) burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to collected (see note in item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in item 18 of the Supporting Statement.

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| Signature of Program Official: X Michael E. Winiarski, Acting Director, Organizational Policy, Planning and Analysis Division, HROA | Date: |
| Signature of Senior Officer or Designee: X Lillian Deitzer, Departmental Reports Management Officer Office of Investment Strategies, Policy, and Management, Office of the Chief Information Officer | Date: |

Supporting Statement for Paperwork Reduction Act Submissions

Supporting Statement Certificate of Need (CoN) for Health Facilities and Assurance of Enforcement of State Standards

Form HUD-2576-HF
2502-0210

A. Justification

1. This collection of information is needed for record keeping and record retention requirements for which we are requesting approval.

Section 232 of the National Housing Act 12. U.S.C. 1715w) authorizes mortgage insurance for the development of nursing homes for the care and treatment of convalescents and other persons who are not acutely ill and do not need hospital care but who require skilled nursing care and related medical services, including additional facilities for the nonresident care of elderly individuals and others who are able to live independently but who require care during the day.

The law provides for the development of intermediate care facilities, assisted living facilities, and board and care homes for the care of persons who, while not in need of nursing home care and treatment, nevertheless are unable to live fully independently and who are in need of minimum but continuous care provided by licensed or trained personnel, and others who are able to live independently but who require care during the day.

The different types of care facilities that are being developed for the care of the frail are listed below:

Nursing Home

A nursing home is a public facility, proprietary facility, or facility of a private nonprofit corporation or association, licensed or regulated by the State (or, if there is no State law providing for such licensing and regulation by the State, by the municipality or other political subdivision in which the facility is located), for the accommodation of convalescents or other persons who are not acutely ill and not in need of hospital care but who require skilled nursing care and related medical services, in which such nursing care and medical services are prescribed by, or are performed under the general direction of, persons licensed to provide such care or services in accordance with the law of the State where the facility is located;

Intermediate Care Facility

An intermediate care facility is a proprietary facility or facility of a private nonprofit corporation or association licensed or regulated by the State (or, if there is no State law providing for such licensing and regulation by the State, by the municipality or other political subdivision in which the facility is located) for the accommodation of persons who because of incapacitating infirmities, require minimum but continuous care but are not in need of continuous medical or nursing services;

Note: The term “a nursing home” or “intermediate care facility” may include such additional facilities as may be authorized by the Secretary for the nonresident care of elderly individuals and others who are able to live independently but who require care during the day;

Board and Care Home

Board and Care home is a residential facility providing room, board, and continuous protective oversight that is regulated by a State pursuant to the provisions of Section 1616 (e) of the Social Security Act, so long as the

home is located in a State that, at the time an application is made for insurance under this Section, has demonstrated to the Secretary that it is in compliance with the provisions of Section 1616(e);

Assisted Living Facility

An assisted living facility is a public facility, proprietary facility, or facility of a private nonprofit corporation that:

- Is licensed and regulated by the State (or if there is no State law providing for such licensing and regulation by the State, by the municipality or other political subdivision in which the facility is located);
 - makes available to residents supportive services to assist the residents in caring out activities of daily living, such as bathing, dressing, eating, getting in and out of bed or chairs, walking, going outdoors, using the toilet, laundry, home management, preparing meals, shopping for personal items, the taking of medication, managing money, using the telephone, or performing light or heavy housework, and which may make available to residents home health care services, such as nursing and therapy; and
 - provides separate dwelling units for residents, each of which may contain full kitchen and bathroom, and which includes common rooms and other facilities appropriate for the provision of supportive services to the residents of the facility.
2. Project developers obtain and submit to HUD, through an approved lender, a certification on Form HUD-2576-HF, Certificate of Need (CoN). That certification is issued by the State agency with jurisdiction designated under Section 604(a)(1) or Section 1521 of the Public Health Service Act. The State certification must provide evidence that (1) There is a need for the project; (2) There is reasonable minimum standards in force for licensure and for operating the project in the State or other political subdivision in which the project is located; (3) These standards will be enforced for the HUD-insured project. Information is used and needed by FHA appraisers, owners, and nonprofit entities to evaluate property as security for a long-term insured mortgage. The Certificate of Need is used to obtain approval for an insured loan. An executed HUD-2576-HF is acquired from the State agency and is submitted through an approved lender in order to receive an insured loan.
 3. Due to the low number of respondents this information collection will not be automated.
 4. Since this form is an individual certification, there will be no duplication of information.
 5. There is no impact for collecting this information on small businesses.
 6. If there is no certification, no benefit may be received.
 7. There are no special circumstances. The collection is consistent with the guidelines in 5 CFR 1320.6.
 8. This collection of information was announced in the Federal Register on February 15, Vol. 72, No. 31, page 7450.

The following individuals were contacted regarding the need for the collection of information. All concluded that the collection of information is still needed in order to conduct business.

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| <p>Gary O. Passage Sr. Project Manager/Map Team Leader Pittsburg Multifamily Program Center HUD 339 Sixth Avenue, 6th Floor Pittsburg, PA 15222 (412) 644-6399</p> | <p>Susan Gosselin Map/FHA Team Leader Manchester Multifamily Program Center HUD 1000 Elm Street, 8th Floor Manchester, New Hampshire 03101 (603) 666-7510</p> | <p>Adrienne Cohn Housing Project Manager New York City Multifamily Hub HUD 26 Federal Plaza New York, New York 10278 (212) 542-7891</p> |
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9. No payments or gifts will be given to respondents.

10. No assurance of confidentiality is provided. The Privacy Act of 1974 covers respondents.

11. No sensitive questions are being asked in the collection of information.

12. Estimate of Public Burden

| | Number of Respondents | Frequency of Response | Total Responses | Hours per Response | Total Burden Hours | Hourly Rate | Total Cost |
|--|-----------------------|-----------------------|-----------------|--------------------|--------------------|-------------|------------|
| | 50 | 1 | 50 | 0.2 | 25 | \$31.25 | 781.25 |

The hourly rate is based on estimate of an average annual salary of \$65,000 for developer staff.

13. There are no additional costs to respondents.

14. Annualized Cost to the Federal Government.

| Number of Responses | Staff Hours Per Response | Total Staff Hours | Hourly Rate | Total Cost |
|---------------------|--------------------------|-------------------|-------------|------------|
| 50 | 0.5 | 25 | \$35.44 | \$886.00 |

*Based on GS-12, Step 5 Salary

15. This is a request for an extension of a current approved collection.

16. The results of this collection will not be published.

17. We are not seeking approval to avoid displaying the expiration date on this form.

18. There are no exceptions to the "Certification Statement."

B. There are no plans to use statistical methods for collection of this information.