

**Supporting Statement for the
Homeless with Schizophrenia Presumptive Disability Recommendation Form
OMB No. 0960-NEW**

A. Justification

1. Introduction/Authoring Laws and Regulations

The Social Security Administration (SSA) proposes to pilot an administrative change in the Supplemental Security Income (SSI) program, in which we allow a psychiatrist or psychologist to use a Presumptive Disability Recommendation Form to recommend SSA make Presumptive Disability payments to homeless individuals with schizophrenia or schizoaffective disorder. The purpose of the pilot is to determine whether the use of the recommendation form improves the quality of the evidence supporting the application, as demonstrated by a higher allowance rate at the initial level of application.

The *Federal Strategic Plan to Prevent and End Homelessness 2010* calls on federal agencies to work in partnership with State and local governments, and with the private sector, to end homelessness. A specific objective of the Strategic Plan is to increase economic security by improving access to mainstream programs, and increase services through reducing financial vulnerability to homelessness.

Section 1110 of the *Social Security Act* allows the Commissioner of Social Security to conduct pilot and demonstration projects that, in his judgment, will facilitate the objectives or administration of the SSI program. In response to and in support of the President's efforts to end homelessness, SSA developed and will test a policy we hypothesize will result in administrative improvements to the SSI application process, while providing increased financial stability to homeless individuals.

2. Description of Collection

Presumptive Disability (PD) is a policy allowing an individual applying for SSI based on a disability to receive up to six months of payments prior to SSA's final disability determination. For SSA to confer a PD, there must be strong evidence that we would find the individual disabled. Applicants are not required to pay back this money if SSA ultimately denies their applications, as long as SSA did not deny the applications for nonmedical reasons. SSA field offices generally make PD findings only for specific disability categories, which do not include schizophrenia or schizoaffective disorder. This pilot allows field offices in San Francisco and Santa Cruz to make PD findings for applicants who are homeless and who have a diagnosis of schizophrenia or schizoaffective disorder.

We partnered with the San Francisco City and County, and Santa Cruz County social and health services agencies to conduct this pilot. We chose them because they already are

conducting, as part of their regular work, all of the services necessary to support the pilot. These agencies identify homeless individuals, help those individuals through the SSI application process, and ensure the applicants have all of the medical evidence necessary to support an SSI application.

The only change to their regular work protocol they will need to make for the SSA PD form pilot will be to fill out a schizophrenia PD recommendation form for those amongst their adult clients who are homeless and have schizophrenia or schizoaffective disorders. The form follows SSA's Listing of Impairments, which provides the criteria necessary to meet SSA's definition of impairment. In addition, the form helps medical staff provide the correct information for a sound and prompt PD determination.

We will not collect primary research data for the study. Rather, the Schizophrenia Presumptive Disability Form pilot evaluation and analysis will use SSA administrative data. The analysis will be an impact analysis focusing on program administration questions:

- Does the intervention increase allowance rates at the initial level?
- Does the intervention reduce the time required for adjudication of the claim?
- Does the intervention reduce appeals?
- Does the intervention result in larger total payments?

Given the obligation of the county partners to provide services to all who need it, they are not able to deny services for the purposes of a demonstration. Thus, we are not using random assignment to examine the impacts on outcomes. Additionally, the county partners have historically served about 200 individuals with schizophrenia or schizoaffective disorder each year, which would not yield large enough samples for a random assignment framework. Therefore, we are relying on quasi-experimental methods to assess the effect of the program on various outcomes.

We will draw a sample of applicant records from SSA's administrative files to use in three potential comparison groups. The main comparison group will be comprised of applicants for SSI who are homeless, with schizophrenia or schizoaffective disorder, in the pilot areas the year before the pilot project, who did not receive a PD decision but who received assistance from the county partners. A secondary comparison group will be applicants with schizophrenia or schizoaffective disorder who are homeless from the pilot counties who did not receive assistance from the county partners, to measure county partner effects. A third comparison group will be applicants with schizophrenia or schizoaffective disorder who are homeless from nearby counties of San Mateo, Santa Clara, and Alameda, who would help measure county effects.

Our analysis will primarily entail comparisons of unadjusted means between the treatment and comparison groups. We will also estimate regression-adjusted impacts to obtain

estimates that are more efficient. The regressions will include theoretically important variables, or those known to be so from prior literature, or those that are statistically different between the two groups. We will use ordinary least squares regressions for continuous variables, logistic regressions for measures of duration for dichotomous variables, and Cox regressions for proportional hazards. Respondents are medical staff from the San Francisco City and County, and Santa Cruz County social and health services agencies who help homeless SSI applicants with schizophrenia or schizoaffective disorder complete SSI applications.

3. Use of Information Technology to Collect the Information

The PD Recommendation Form will be available in paper form only. We did not create an electronic version of the forms under the agency's Government Paperwork Elimination Act (GPEA) plan because respondents will complete only 208 total forms as part of the pilot. This is less than the GPEA cut-off of 50,000.

4. Why We Cannot Use Duplicate Information

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

5. Minimizing Burden on Small Respondents

This collection does not affect small businesses or other small entities.

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

If we do not use a PD Recommendation Form, a medical provider has no way of presenting the evidence necessary to recommend a PD for an applicant. Because we collect the information only once, we cannot collect it less frequently. There are no technical or legal obstacles to burden reduction.

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 November 7, 2011, at 76 FR 68805, and SSA received no public comments. The second Notice published on January 13, 2012 at 77 FR 2114. If we receive any comments in response to the 30-day Notice, we will forward them to OMB. SSA did not consult members of the public in the development or maintenance of this form.

As a first step in designing the Homeless with Schizophrenia Presumptive Disability (HSPD) form, SSA convened two technical advisory panels: an external technical advisory panel and an internal technical advisory panel.

The external panel assisted in the development of the research design. It consisted of researchers, clinicians, and advocates who reflected expertise in schizophrenia and schizoaffective disorder, research design and ethics, economics, and consumer perspectives. The external panel ensured stakeholders an opportunity to provide input into the development of the PD pilot and possible changes in disability policy and process. They also provided medical expertise and recommendations for maximizing the pilot's research and evaluation design as well as its anticipated outcomes.

The external experts were:

Lisa Dixon, MD	Psychiatrist, University of Maryland School of Medicine
Anne Fletcher, MSSW	Social Science Analyst, HUD
Kristy Greenwalt, MPP	Research Director, US Interagency Council on Homelessness
Kevin Hennessy, PhD	Psychologist, SAMHSA
David Salkever, PhD	Economist, University of Maryland Baltimore County
Michael Wiseman, PhD	Economist, George Washington University Institute of Public Policy

The internal panel assisted in the development of the Presumptive Disability Recommendation Form. Panel members were representatives from SSA components outside of the research office. These panelists had expert knowledge in disability adjudication, SSA's policies, and medical listings on mental impairments, and PDs.

9. Payment or Gifts to Respondents

SSA does not provide payments or gifts to the respondents.

10. Assurances of Confidentiality

SSA protects and holds confidential the information it 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.

11. Justification for Sensitive Questions

The PD Recommendation Form asks sensitive questions related to the type and extent of the applicant's disability. SSA needs answers to these questions to determine whether the applicant meets the SSA disability criteria for schizophrenia or schizoaffective disorder.

12. Estimates of Public Reporting Burden

We estimated response times for PD Recommendation Forms using information on PD forms in use for other impairments.

Form	Number of Respondents	Frequency of Response	Number of Responses	Average Burden Per Response (minutes)	Estimated Annual Burden (hours)
PD Recommendation Form	16	13	208	10	35

The total burden for this ICR is **35 hours**. This figure represents burden hours and we did not calculate a separate cost burden. These burden hours only include the additional burden of completing the PD form, since the respondents already provide the services leading to the knowledge necessary to fill out the forms.

13. Annual Cost to the Respondents (Other)

This collection does not impose a known cost burden to the respondents.

14. Annual Cost To Federal Government

These forms will not impose a known cost to the federal government. The county social services and health departments implementing the intervention will print and process the forms. They offered to share their information with SSA at no cost as they see this as a service to their clients and, potentially, a service to the state.

15. Program Changes or Adjustments to the Information Collection Request

This new program increases the public reporting burden. See #12 above for the burden figures.

16. Plans for Publication Information Collection Results

SSA will not publish the results of the information collection.

17. Displaying the OMB Approval Expiration Date

OMB granted SSA an exemption from the requirement to print the OMB expiration date on its program forms. SSA produces millions of public-use forms with life cycles exceeding those of an OMB approval. Since SSA does not periodically revise and reprint its public-use forms (e.g., on an annual basis), OMB granted this exemption so SSA would not have to destroy stocks of otherwise useable forms with expired OMB approval dates, avoiding Government waste.

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).

B. Collections of Information Employing Statistical Methods

SSA does not use statistical methods for this information collection.