

**Supporting Statement for Paperwork Reduction Act Submissions**  
**HUD Supportive Services Demonstration/Integrated Wellness in Supportive Housing**  
**(IWISH)**  
**OMB Number 2528-New**

**A Justification**

**1. Need and Legal Basis**

The Fiscal Year (FY) 2014 Consolidated Appropriations Act gave the U.S. Department of Housing and Urban Development (HUD) authority to develop a demonstration to test a model of housing and supportive services for low-income elderly<sup>1</sup> residents in HUD-assisted housing. In FY 2015, HUD announced the availability of a funding opportunity under the Supportive Services Demonstration that will provide grants to property owners to participate in the demonstration. HUD has the authority to conduct research and demonstrations under 12 U.S.C. 1701z-1.

The demonstration will test a model of housing and supportive services with the potential to delay or avoid nursing home care for low-income elderly residents in HUD-assisted housing. The 3-year demonstration will be implemented in 40 HUD-assisted multifamily properties in California, Illinois, Maryland, Massachusetts, Michigan, New Jersey, and South Carolina. Each property will employ a Resident Wellness Director and Wellness Nurses to assess elderly residents' social service and healthcare needs, connect residents with services, and liaise with providers; this demonstration is an extension of the Office of Multifamily Housing's HUD Service Coordinator Grant Program.

The HUD Supportive Services Demonstration (SSD), also referred to as Integrated Wellness in Supportive Housing (IWISH), will leverage HUD's properties as a platform for the coordination and delivery of services to better address the interdependent health and supportive service needs of its older residents. These properties currently assist a large vulnerable senior population in its Section 202 and other elderly-designated properties. By virtue of their advanced ages, low-incomes, and other demographic characteristics, residents in these communities have complex social, health and functional situations. The quality, affordable housing provided by HUD provides a fundamental base for these individuals to age safely in their community. This survey will comply with all requirements to be accessible for both persons with disabilities, in addition to respondents with limited English proficiency.

Participation in the demonstration, and receipt of supportive services are completely voluntary and participants may withdraw at any time. Tenancy is not conditional on participation in the demonstration, and no adverse action will be taken based on participation or non-participation of any individual.

**2. Use of Information Collection**

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1 A respondent is considered elderly if they are age 62 or older according to the Fair Housing Act

Conducting this research will require the HUD contracted (HHSP23337002T) Implementation Team (The Lewin Group and our partners from LeadingAge and the Well-Home Network) to collect self-reported information from demonstration participants to develop individual and community service plans, as well as monitor program performance and demonstration design fidelity. Abt Associates has been contracted to perform an independent evaluation of the demonstration. The evaluation has two main components—a process study to assess implementation and fidelity to the IWISH model and an impact study to assess the impact of IWISH on healthcare utilization and aging in place. A separate information collection request will be submitted to for the information collection that will be undertaken as part of the evaluation.

The Implementation Team will leverage existing validated tools combined together in one comprehensive ***Integrated Wellness in Supportive Housing (IWISH) Resident Assessment*** to collect specific information from participants regarding (portions of the assessment using questions/instruments validated through evidence-based literature noted with an \*):

**1. Participant Demographics**

New Referral for New Participant  
Participant

**2. Participant Information**

Participant Contact Info  
Insurance  
Contacts  
Visit  
Resident Wellness Director Assessment

**3. Care Providers**

Needs and Barriers  
Referrals and Service Coordination  
Care Utilization  
Clinician

**4. Health Status**

Immunizations  
General Health Assessment  
Diagnosis  
Allergies  
Vitals

**5. Medications**

Medication  
Morisky 8-Item Medication Adherence Questionnaire\*  
Medication Review

**6. Physical and Mental Health Status**

Appendix A: Patient Health Question (PHQ-9)\* and Geriatric Depression Scale-Short Form (GDS-S)\*

Appendix E: Mini-Cog\* (an abbreviated cognitive assessment)  
Appendix F: Generalized Anxiety Disorder Scale (GAD- 7)\*  
Appendix G: Short Michigan Alcohol Screening Test-Geriatric Version (S-MAST-G)\*

## 7. Functional Status (Physical and Cognitive)

Physical Self-Maintenance Scale (PSMS): Activities of Daily Living (ADLs)\*  
Instrumental Activities of Daily Living (IADLs)\*  
Appendix B: Nutrition Screen (DETERMINE)\*  
Appendix C: Falls Risk Assessment (STEADI)\*  
Appendix D: Social Connectedness (UCLA Loneliness Scale)\*

Thirty percent of the data collected will be through questions that have been previously validated through evidence-based literature. The remaining 70% of information collected will be general information gathering regarding patient demographics, insurance, contact information, provider information, health status, and medications to inform the IWISH teams' activities. All collected information will be self-reported.

The assessment will occur face-to-face in a private setting administered by trained Resident Wellness Directors or Wellness Nurses within 45 days of enrollment into the demonstration and after signing IRB approved informed consent forms. The assessment is expected to last an average of 90 minutes. It will be administered annually, and information tracked and updated when there is a major change in condition or status, including a sentinel life event. Notification of the Resident Wellness Director or Wellness Nurse about the occurrence of a sentinel event could result from several sources, including the participant during scheduled or informal visits, other staff at the property (e.g., management and maintenance), other residents, and established/consented information exchange with providers.

A third-party web-based platform will be used to capture and store ***IWISH Resident Assessment*** and other data. The web-based platform, Population Health Logistics (PHL), is provided by Preferred Population Health Management, LLC (PPHM) under subcontract to the Lewin Group. HUD is working with IT Security and the Privacy Office to ensure all privacy and security standards are met. In the event the web-based platform is unavailable at the time of data collection (e.g., no internet connection), data will be collected using a paper version of the assessment. Paper versions of the assessment will be stored in locked filing cabinets. HUD, its contractors, and properties participating in the demonstration will adhere to all applicable HIPAA and data security provisions.

Information collected through the ***IWISH Resident Assessment*** will inform the Resident Wellness Director and Wellness Nurse of the participant's overall health and social status and outstanding needs. Results of the assessment will support development of Individual Healthy Aging Plans (IHAP) for each participant. The IHAP will support the participant in managing their own care, accessing necessary resources and services, and meeting goals, developed in partnership with the participant's support team. The IHAP will provide an ongoing record about the participant's goals and action pursued to achieve her/his goals. It will be reviewed at least annually with the

participant and more often at the participant's initiation. Without information collected through the ***IWISH Resident Assessment***, the Resident Wellness Directors and Wellness Nurses will not be able to provide wellness programming or service connections based on the needs of individual participants or at the community level.

In addition to supporting IHAP development, the information collected through the assessment will also support development of a Community-wide Healthy Aging Plan (CHAP), highlighting common conditions, and service and resource needs of all participants across the property to support wellness program and health education planning efforts. It will also support property staff's selection of specific evidence-based interventions, such as A Matter of Balance or Tai Chi for a property with a number of participants at risk of falls, to be implemented within demonstration sites.

Finally, results, as well as follow-up encounter data, will be monitored by the Implementation Team to ensure program implementation quality and demonstration design fidelity. The Implementation Team will leverage data analysis to support technical assistance (TA) efforts to help sites adhere to the fidelity of the IWISH and improve the quality of the implementation of resident engagement, health education and wellness programming, chronic disease self-management, transitional care, service and wellness coordination, and partnership development, as necessary. Certain elements of the TA and training will be generic across all sites (e.g., training of the Resident Wellness Director/Wellness Nurse team, process for conducting resident assessments and entering data, developing partnerships 101, establishing a value proposition, and issues related to HIPAA compliance). Other TA activities will be tailored to individual sites or groups of sites depending on the initial level of service enrichment, types of resident subpopulations, particular partners and health reform efforts in a community, experience with assessment and data reporting, and TA requests, as examples. The Implementation Team plans to use real-time data throughout the demonstration to identify areas in which sites perform well on various measures in order to highlight their successful practices. For example, a site that quickly enrolls a high percentage of its residents could share their strategies so other sites could consider whether they might work for their site. The Implementation Team will also work with sites to apply continuous quality improvement approach to all aspects of the demonstration's implementation in order to maximize the potential for success.

HUD has contracted with Abt Associates to conduct an independent evaluation of the demonstration. The evaluation of the HUD SSD will take place over four years, from October 2017 through September 2021. The evaluation has a qualitative component—the process study—designed to learn about how treatment group properties implemented the IWISH model and how property staff and residents responded to it, and a quantitative component—the impact evaluation—designed to measure the effect of the intervention on key outcomes related to residents' use of healthcare services as well as housing stability.

The process study will focus on the treatment sites but will also collect data from the active control sites to understand how the IWISH implementation differs from “business as usual” service coordination in HUD multifamily housing serving elderly adults. The main data sources for the process study are staff questionnaires administered at the start of data collection and at the end of the demonstration, site visits and

interviews, focus groups, data from the PHL system, HUD administrative data, and public use data. These data sources will be covered in a subsequent Information Collection Request.

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 IWISH model on healthcare utilization and spending (including hospitalizations), 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 main data sources for the impact evaluation are Medicare and Medicaid claims, HUD administrative data, and public use data to characterize the community.

Based on the positive healthcare and housing related outcomes of the demonstration, HUD may scale and spread the initiative to other HUD-assisted properties across the United States. The lack of resident assessment, sentinel events, and enhanced services coordinator/wellness nurse encounters will hinder the Implementation Team’s ability to effectively monitor program fidelity – affecting possible scale-up potential, as well as implementation quality. HUD considers all questions included in the ***Resident Assessment*** necessary to provide HUD, the Resident Wellness Director/Wellness Nurse teams at the participating properties, the Implementation Team, and evaluation contractor the information needed to make informed decisions about technical assistance activities and to evaluate the demonstration effectively.

**Exhibit 1** summarizes the necessity of information collection across each domain.

### Exhibit 1: Justification for Data Collection by Domain

Domain	Section	Purpose of Collected Information	Effects of Not Collecting Information
<b>Participant Demographics</b>	<ul style="list-style-type: none"> <li>• New Referral for New Participant</li> <li>• Participant</li> </ul>	<p>This information will assist the property staff in understanding the population’s needs based on their demographics (i.e., cultural competency, language barriers). In addition, understanding the characteristics of the participants in the demonstration is critical to informing the generalizability of the program to other elderly populations across the United States.</p>	<p>If this information is not collected, the RWD and WN will not have a full understanding of their resident demographics and characteristics, which are necessary to fully serve participating individuals. Additionally, the Implementation Team will not have a comprehensive understanding of the population (i.e., demographics, dual eligible) and the characteristics of the individuals for whom the demonstration is effective. This will make it difficult to generalize study findings to elderly populations in other HUD-assisted multifamily housing properties across the United States.</p> <p>Additionally, the Implementation Team will not be able to tailor the demonstration in the most effective way without knowing basic demographic information. For example, the different languages spoken by participants will necessitate translation of all written documents, as well as coordination of interpreter services onsite.</p>
<b>Participant Information</b>	<ul style="list-style-type: none"> <li>• Participant Contact Info</li> <li>• Insurance</li> <li>• Contacts</li> <li>• Visit</li> <li>• Resident Wellness Director Assessment</li> </ul>	<p>Information on the primary caregiver will provide further insight into the participant’s existing supports and health needs. Collecting information on the participant’s current benefits will also allow property staff to identify any gaps in needed services and to address those gaps.</p> <p>Documentation of advance directives is</p>	<p>If health benefits information is not collected, property staff will not have a comprehensive understanding of participants’ current supports and will be unable to address any gaps or ensure continue coordination.</p> <p>If this information is not collected, property staff will lack direction in the event of an emergency and/or that a participant is</p>

Domain	Section	Purpose of Collected Information	Effects of Not Collecting Information
		<p>important for property staff to know the emergency contacts, appropriate representatives, and treatment preferences of the participant in the event of an emergency and/or that s/he is temporarily or permanently unable to communicate and make decisions. This will enable property staff to ensure the participants' rights are respected in the event of an emergency or inability to communicate or make decisions.</p> <p>This information will also inform the Implementation Team's understanding of participant characteristics and the supports they receive.</p>	<p>temporarily or permanently unable to communicate and make decisions, and consequently may not be respectful of the participants' rights and wishes.</p> <p>In addition, the Implementation Team will not have a complete understanding of the population in our demonstration, which may limit our ability to assess its generalizability.</p>
<b>Care Providers</b>	<ul style="list-style-type: none"> <li>• Needs and Barriers</li> <li>• Referrals and Service Coordination</li> <li>• Care Utilization</li> <li>• Clinician</li> </ul>	<p>Property staff will collect information on the providers, hospitals, DME companies, and agencies involved in supporting a participant's health and wellbeing. This information will assist property staff with communicating with health providers and other health entities to assist residents with relaying health-related information and coordinating health-related services. Information on health care utilization will support property staff in triaging high-risk/high-need participants. Coordination methods will also support potential reduction of duplication of efforts and encourage more appropriate health care utilization.</p> <p>This information will be important for assessing the demonstration's success in decreasing health care utilization, a key project outcome.</p>	<p>If this information is not collected, property staff will be unable to conduct their service coordination responsibilities. As service coordination is a critical element of the demonstration design, not collecting this information will undermine our ability to monitor whether a property-based services coordinator is successful in improving service coordination activities while reducing duplicate health care utilization.</p> <p>Additionally, this information supports the Implementation Team ability to measure the demonstration's ability to improve health and well-being of participating residents.</p>
<b>Health Status</b>	<ul style="list-style-type: none"> <li>• Immunizations</li> </ul>	Collecting clinical diagnoses information will	If this information is not collected, property

Domain	Section	Purpose of Collected Information	Effects of Not Collecting Information
	<ul style="list-style-type: none"> <li>• General Health Assessment</li> <li>• Diagnosis</li> <li>• Allergies</li> <li>• Vitals</li> </ul>	<p>assist property staff in understanding the participant's current health status and coordinating needed care, resources, health education, and other programming.</p> <p>As a part of the physical assessment, general health metrics will be collected to support our understanding of whether the demonstration is successful in improving health outcomes among participants. These health metrics will be regularly monitored throughout the demonstration to support management and self-care management of the participants' health and wellbeing.</p> <p>Collection of this information will also support monitoring efforts, alerting the Implementation Team of common clinical conditions that may need additional support, or focused technical assistance efforts. This information also helps HUD understand the generalizability of the demonstration to individuals with various clinical conditions.</p>	<p>staff will not have a complete understanding of the participants' health conditions and ongoing service coordination needs. They will not be able to build support and health education for these conditions into the healthy aging plans.</p> <p>Lack of this information will also hinder the Implementation Team's ability to identify whether the demonstration is successful in improving health outcomes and self-care management among participants, as well as the generalizability of the demonstration.</p>
<b>Medications</b>	<ul style="list-style-type: none"> <li>• Medication</li> <li>• Medication Review</li> </ul>	<p>Medication management is a key area of concern for older adults living independently. Property staff are expected to assist the participants in managing their medications by supporting appropriate medication intake with the correct medications. Documenting medications will facilitate the ongoing process of creating and updating a medication management plan, reconciling medications, and tracking adherence.</p>	<p>If this information is not collected, property staff will not be able to assist the participants in managing their medications. As this is an important aspect of the property staff's service coordination responsibilities, not collecting this information will prevent the Implementation Team from knowing if property staff's provision of these services has an impact on participants' health and wellbeing.</p>



Domain	Section	Purpose of Collected Information	Effects of Not Collecting Information
		<p>Pharmacy information will also be collected to support property staff in coordinating communication with the pharmacy and prescription plan.</p> <p>Collection of this information will also support monitoring efforts, alerting the Implementation Team of necessary technical assistance efforts to support property staff in medication management processes.</p>	
<p><b>Physical and Mental Health Status</b></p>	<ul style="list-style-type: none"> <li>• Appendix A: Patient Health Questionnaire (PHQ-9) and Geriatric Depression Scale-Short Form (GDS-S)</li> <li>• Appendix E: Mini-Cog</li> <li>• Appendix F: Generalized Anxiety Disorder Scale (GAD- 7)</li> <li>• Appendix G: S-MAST-G</li> <li>• Appendix H: DAST-10</li> </ul>	<p>Various validated health screens will be conducted in order to identify issues that are associated with higher health care utilization, lower quality of life, and increased complexity of illness, disability, and impairment.</p> <p>Collecting this information will allow the property staff to evaluate the participant’s level of risk and identify potential risk factors. On the property-level, this information will inform the SSD staff’s development of the participant’s healthy aging plan, development of the property-wide or community healthy aging plan, and triaging of high risk participants across the property.</p> <p>This information will inform the Implementation Team’s understanding of the characteristics of participants, the characteristics associated with those individuals for whom the demonstration is successful, and the generalizability of the program to other elderly populations across the United States. This information will also support identification of whether properties are</p>	<p>If this information is not collected, property staff will not have a comprehensive understanding of the participants’ health conditions and ongoing service coordination needs.</p> <p>Without physical and mental health status information, HUD will not know if the properties implement appropriate individualized interventions and property-wide programming to address participants’ assessed needs and risk factors. Without this to inform model fidelity, the Implementation Team will not be able to assess the effectiveness of the demonstration in meeting demonstration outcomes.</p>

Domain	Section	Purpose of Collected Information	Effects of Not Collecting Information
		proactively addressing the participants' assessed needs and risk factors through individualized interventions and property-wide programming.	
<b>Functional Status (Physical and Cognitive)</b>	<ul style="list-style-type: none"> <li>• Physical Self-Maintenance Scale (PSMS): Activities of Daily Living (ADLs)</li> <li>• Instrumental Activities of Daily Living (IADLs)</li> <li>• Appendix B: Nutrition Assessment</li> <li>• Appendix C: Falls Risk Assessment</li> <li>• Appendix D: Social Connectedness</li> </ul>	Collecting the participant's subjective reflection of health status will provide insight into how the participant perceives the demonstration is impacting his/her health and wellbeing. This measure will be tracked over time to understand the effects of the program on self-rated health status and support a more comprehensive assessment of the demonstration's efficacy.	If this information is not collected, the Implementation Team will be unable to assess the demonstration's success in improving participants' self-rated health status.

### 3. Use of Information Technology

The ***IWISH Resident Assessment*** information will be collected in a secure web-based platform that meets all required federal regulations to track general health and service use information. All assessment and encounter information records are stored on secure servers administered by PHL. Records are stored on Microsoft Azure secure cloud servers administered by Preferred Population Health Management, LLC (PPHM).

Records are stored on Microsoft Azure secure cloud servers administered by Preferred Population Health Management, LLC (PPHM). All data are stored in a secure datacenter. The primary datacenter is located in Chicago, while the geo-redundant datacenter is in California. The data management at the facility is built with multiple layers of security and follows best practices for securing sensitive data. The data management at the facility is built with multiple layers of security and follows best practices for securing sensitive data. The main levels of security include: media and server physical security in the data center, data user access controls, and virtual server security. The data center is physically located within a building having limited, electronic passkey access in addition to physical sign in and identification with security staff. Physical access to the data center is limited to data center staff and few key personnel. Physical access requires photo identification, access cards and passwords along with manual sign in and sign out procedures. The data center is monitored on a 24x7 basis. Desktop computers and laptops in offices outside the data center do not store any data. These user end-points are encrypted, password protected, protected by hardware firewalls and antivirus software. Periodic security audits of all computers are performed along with vulnerability audits. Access to the data on the servers that reside inside the datacenter is limited to access through secure Virtual Private Networks (VPNs). Any paper-based records (e.g. printed Resident Assessment forms) will be stored in a locked file cabinet, in private offices, at the housing property. Staff will be trained on proper confidentiality and privacy acts prior to enrolling participants.

For this demonstration, online information technology will be an improvement over paper administration due to the following:

- Consolidation of various forms into a single online tool accessible when property staff are “online” and “offline”
- Reduced respondent burden
- No requirement to return an assessment
  - Easier use of skip-patterns in the assessment
- Increase collection efficiency through elimination of data entry requirements
  - Less data entry required
- Fewer/no opportunities for error
- Less time required
- Improved data management
  - Increased security/protection of responses due to fewer individuals required and elimination of paper copies
  - Data available “real-time,” including data analysis techniques

Print versions of the assessment and encounters will also be available for staff who prefer not to use information technology or for participants to review. All questions in the assessment will be administered by trained staff. The information gathered from the print version will be entered into the data platform. All printed versions must be stored in an appropriate manner, including in a private office in a locked cabinet. At no time, should print versions of any document from the demonstration be left in the open for inappropriate review from unauthorized persons.

#### 4. **Duplication of Efforts**

The purpose of the ***IWISH Resident Assessment*** is to collect information on participant demographics and overall health status, ability to complete Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), as well as other social and medical service information to support the RWD and WN to assess resident needs and appropriately coordinate services. The Implementation Team will also use the assessment data for monitoring program implementation fidelity and quality. No other data collection tool is available to support funded demonstration sites in their efforts, as well as allow for HUD and the Implementation Team to monitor program implementation and quality. This information collection does not duplicate any other effort and the information cannot be obtained from any other source.

#### 5. **Small Businesses**

PHL is a small business. We have structured payments based on delivery in a manner that maintains sufficient cash flow and also ensures success for the project. We have partnered closely with PHL for the platform development and to prioritize changes.

#### 6. **Less Frequent Collection**

There are no legal obstacles to reduce the burden of completing the ***IWISH Resident Assessment***. The assessment will be completed within 45 days of participant enrollment and consent into the demonstration. The ***IWISH Resident Assessment*** must be reviewed at least annually with demonstration participants or updated when a participant experiences a sentinel event or a significant change in their health status. This review supports property staff in understanding ongoing or newly identified needs of individuals and property-wide participants.

Less frequent data collection would severely curb HUD's ability to adequately test housing and services models as required by the FY 2014 Consolidated Appropriations Act and adversely affect the programming and activities the property staff provide to support seniors to age in place. Less frequent collection will also hinder the Implementation Team's ability to appropriately monitor program quality and fidelity and provide quality assurance.

#### 7. **Special Circumstances**

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.

- Under this ICR, HUD will not conduct any data collection requiring respondents to report information to the agency more often than quarterly;
- Under this ICR, HUD will not conduct any data collection requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- Under this ICR, HUD will not conduct any data collection requiring respondents to submit more than an original and two copies of any document;
- Under this ICR, HUD will not conduct any data collection requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records, for more than three years;
- Under this ICR, HUD will not conduct any data collection 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;
- Under this ICR, HUD will not conduct any data collection requiring the use of a statistical data classification that has not been reviewed and approved by OMB;
- Under this ICR, HUD will not conduct any data collection 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
- Under this ICR, HUD will not conduct any data collection requiring respondents to submit proprietary trade secrets, 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.

## 8. **Federal Register/Outside Consultation**

The 60-day Federal Register notice published on January 9, 2017 (FR-5915-N-14).

HUD received one comment on the 60-day notice:

On January 9, 2017, Doug Marthaler requested a copy of the proposed forms. A copy was sent to him via email on February 3, 2017.

To better understand potential respondent burden and reaction, the Implementation Team consulted with the following individuals/organizations during February, 2017 – March, 2017:

1. *Stefani Hartsfield*  
Cathedral Square  
SASH Program Manager, expert in similar housing and supportive service program implementation efforts  
[Hartsfield@cathedralsquare.org](mailto:Hartsfield@cathedralsquare.org)
2. *Kristi Poehlmann*  
Cathedral Square  
Wellness Nurse, experienced in administration of similar resident assessments with a similar population, with a similar purpose.

## 9. **Payments/Gifts to Respondents**

Neither HUD nor the Lewin Group is offering compensation to respondents.

## 10. **Confidentiality**

No identifiable information about demonstration participants will be made public. Reports that present assessment findings or evaluate the program will not identify any individual's responses. Participant names will be used to support property staff in managing and coordinating the needs of participants appropriately. Social security numbers, as well as names will be used by the evaluation contractor to link demonstration participant names with Medicaid and Medicare claims data. 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.

In advance of administration of the assessment, participants will be asked to sign an Informed Consent Form, which will include a statement on the private nature of the demonstration and will clarify that the study is voluntary and that they can withdraw their consent at any time. It will also state that all data collected will be kept private to the extent allowed by law. Information collected is self-reported and will be attributed to individuals by name.

The Implementation Team will follow relevant World Medical Association Declaration of Helsinki ethical principles for research involving human subjects. Specifically:

- We will ensure that the well-being of the individual research subject takes precedence over all other interests, for example, by minimizing risks through sound research design
- We will protect the dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects
- Only individuals with the appropriate training and qualifications will collect respondent information
- We will take every precaution to protect the privacy of research subjects and the confidentiality of their personal information and to minimize the impact of the study on their physical, mental and social integrity
- We will ensure that the importance of our objectives outweighs the inherent risks and burdens to the research subjects
- Participation by competent individuals as subjects will be voluntary
- Each potential subject will be adequately informed of the aims, methods, sources of funding, any possible conflicts of interest, institutional affiliations of the researcher, the anticipated benefits and potential risks of the study and the discomfort it may entail, and any other relevant aspects of the study.

Protecting respondent and subject privacy is of central concern for this demonstration. During all

phases of data collection and analysis, HUD and its contracted vendors, as well as funded property staff, will engage in practices designed to ensure privacy of all respondents. All data collection activities will be performed within the guidelines specified in the Privacy Act. All collected data will be encrypted and stored in the platform, as discussed in the *Use of Information Technology* section of this statement.

Data analysis review will occur regularly (daily) by property staff within the web-based platform. Implementation Team members will also have access to property level and project-wide data. Records in the web-based platform for the assessments and the staff's ongoing notes about participant encounters will be retrieved by HUD-funded property staff to maintain accuracy of data and to document various program components. All staff at the demonstration sites (i.e., Resident Wellness Directors and Wellness Nurses) will have unique identifiers which will provide access to only participants within their location. Records will also be retrieved by HUD-funded contractors to monitor program performance and fidelity for the duration of the demonstration. HUD contractors will have unique identifiers which will provide them access to both property and program-level records. Any paper-based records (printed assessment forms, signed consent forms, signed partnership MOUs, etc.) for the project will be stored in a locked file cabinet, in private offices. Staff will be trained on proper confidentiality and privacy acts prior to enrolling participants.

At no time, will HUD have access or directly receive PII.

For Quality Assurance monitoring efforts, the Implementation Team will encrypt and store data in a password-protected database on a secured drive, with access provided only to those individuals responsible for data analysis. Additionally, all data downloaded from the platform will be at the property and project-wide level, and access by approved SSD Implementation Team members through a unique log-in and password. No individual participant data will be downloaded from the secured platform.

The Lewin Group has an office building with physical security systems in place to prevent unauthorized entry and access to both computer systems and hard copies of files. The office has a key pass entry system with a receptionist on duty during working hours. During non-working hours, the office is accessible to key holders only. Additionally, the building is patrolled by a security officer throughout the day and remotely monitored by video cameras in the elevators and other building entrances. Lewin maintains two locked shredding bins that are picked up monthly for secure off-site document destruction.

## **11. Sensitive Questions**

The majority of questions asked will be sensitive in nature. Demonstration participants will be allowed to skip any questions they feel are too intrusive or any to which they are not comfortable responding. HUD considers these questions necessary for the demonstration site teams to understand the needs and preferences of the participants for whom they will coordinate services and develop programming. The responses to the assessment questions will be used by the property staff to tailor activities for individual participants, as well as the community. Responses will also support quality monitoring efforts, as indicated in the *Information Use* section above.

As part of enrollment, the demonstration staff—RWD and WN— will conduct outreach meetings, provide residents a brochure about the demonstration, and obtain their written consent to participate. The written consent outlines the demonstration purpose, what participants can expect to receive, and privacy practices. These materials have been reviewed and approved by the New England Institutional Review Board (IRB).

## 12. **Burden Estimates (Hours & Wages)**

The **Resident Assessment** will be completed by each enrolled demonstration participant upon enrollment in the program. It is expected to take on average 90 minutes to complete. Trained staff will administer the assessment in a private setting, face-to-face within 45 days of enrollment into the program. The assessment will be updated at least annually, or as needed more frequently, or with a significant change in health status or ability.

**Individuals to be Invited to Complete Survey:** This information collection will affect approximately 4,249 individuals residing in units of 40 funded demonstration sites. Respondents will be low-income seniors who currently reside in HUD-assisted multi-family properties.

HUD tiers income levels for funded recipients at three levels: extremely low, very low, and low. For purposes of burden estimate, we selected the “low income” tier to identify a median income level. Further delineation of the burden estimates requires income adjustments based on the number of individuals residing with the respondent. Using HUD data to conduct data analysis, we estimate that:

- 67% of potential respondents will live alone (2,847 respondents)
- 17% will reside with a spouse (722 respondents)
- 8% will reside with three people (340 respondents)
- 8% will reside with four people (340 respondents)

For HUD, the baseline for median income is based on a four-person household. For FY 2016, this was adjusted at \$65,800. Adjustments for number of residents are legislated by Congress.

- A single household is adjusted at 70% of income of baseline (\$46,060)
- Living with spouse is adjusted at 80% of income of baseline (\$52,640)
- Living in a three person household is adjusted at 90% of income of baseline (\$59,020)

These income adjustments, based on both probability of resident status, as well as adjustments based on the income baseline, are used to estimate burden of information collection in the exhibits below.

**Response Rate:** HUD and its contractors will seek a 90-100% response rate to the **IWISH Resident Assessment**, with a target enrollment of at least 80%. The majority of the sites have current service coordinator programs, many of which have conducted similar assessments. Because of the popularity of current and previous programs, we expect enrollment to be very high.



**Frequency of Response:** Upon consent, respondents will be requested to complete an *IWISH Resident Assessment* within 45 days of enrollment in the demonstration and then annually through the duration of the demonstration or upon significant change in condition.

**Exhibit 2** shows the estimated annualized burden hours for the respondents' time to participate in this demonstration project each year. The total cost burden for participants is estimated to be **\$158,752** in the first year and **\$163,134<sup>2</sup>** and **\$167,457<sup>3</sup>** in each subsequent year, after applying social security Cost of Living Adjustment (COLA) based on the projected Consumer Price Index (CPI)<sup>4</sup>, for a grand total of cost burden for the duration of the demonstration at **\$489,342**.

**Exhibit 2: Hours Burden Estimate for Demonstration Participants**

Information Collection	Number of Respondents	Frequency of Response	Responses Per Annum	Burden Hour Per Response	Annual Burden Hours	Hourly Cost Per Response	Annual Cost
HUD Residents living alone (single household)	2,278	1.3	2,961.4	1.5	4,442.1	\$22.14	\$98,348.09
HUD Residents living with spouse (2-person household)	578	1.3	751.4	1.5	1,127.1	\$25.31	\$28,526.90
HUD Residents in 3-person household	272	1.3	353.6	1.5	530.4	\$28.47	\$15,100.49
HUD Residents in 4-person household	272	1.3	353.6	1.5	530.4	\$31.63	\$16,776.55
<b>Total</b>	<b>3,400</b>		<b>4,420</b>		<b>6,630.0</b>		<b>\$158,752.04</b>

**13. Capital Costs**

Respondents will have no direct costs other than their time to participate in the data collection process.

<sup>2</sup> With an estimated 2.76% CPI.

<sup>3</sup> With an estimated 2.65% CPI.

<sup>4</sup> 114<sup>th</sup> Congress. *The 2016 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds*. House Document 114-145. Available at <https://www.ssa.gov/oact/tr/2016/tr2016.pdf>.

**14. Cost to Federal Government**

HUD will require Resident Wellness Directors and Wellness Nurses to complete the ***IWISH Resident Assessment*** for all participants.

**Exhibit 3** shows the estimated annualized cost burden associated with the Resident Wellness Directors and Wellness Nurses time to complete assessments for this demonstration project. The total burden for staff is estimated to be \$222,105 in the first year and 1.5% higher in subsequent years of the demonstration (\$225,437 and \$228,818) for a grand total of cost burden for the duration of the demonstration at \$676,360.

**Exhibit 3: Hours Burden Estimate for Resident Wellness Directors and Wellness Nurses**

<b>Information Collection</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Responses Per Annum</b>	<b>Burden Hour Per Response</b>	<b>Annual Burden Hours</b>	<b>Hourly Cost Per Response</b>	<b>Annual Cost</b>
Assessment completed by Wellness Nurse (Public Health Nurse)	1,700	1.3	2,210	1.50	3,315.0	\$40.00	\$132,600.00
Assessment completed by Resident Wellness Director	1,700	1.3	2,210	1.50	3,315.0	\$27.00	\$89,505.00
<b>Total</b>	<b>3,400</b>		<b>4,420</b>		<b>6,630.5</b>		<b>\$222,105.00</b>

The Lewin Group has been issued a contract from HUD to design and implement the demonstration, including monitoring the completion and actions taken by awarded properties based on the results of the assessment. Lewin’s total budget over 42 months is \$3,245,020 (on average \$927,148/year). The annual labor projection specifically for this task for Lewin is \$10,527. This budget allocation includes all labor hours, operational expenses and other expenses that would not otherwise be incurred without this collection of information.

**15. Changes to Burden**

This request for clearance does not involve a change in burden due to any program changes or adjustments. It concerns a new data collection effort not previously submitted to OMB for review.

#### **16. Publication/Tabulation Dates**

The information or data from the Resident Assessment will be collected after OMB approval until September 2020, which marks the end of the demonstration. No results will be published under the contract supporting demonstration implementation. However, all materials produced as part of the demonstration, such as the comprehensive operations manual, will be made freely and publicly available after the demonstration. As detailed in Section 2. and specified under the contract terms with The Lewin Group, a separate evaluation team will evaluate the demonstration. Any reports generated by the evaluators will be published September 2021.

#### **17. Expiration Date**

All printed documents for the *Resident Assessment* will display the expiration date for OMB approval.

#### **18. Certification Statement**

Exception to the certification statement is not requested.