

**U.S. DEPARTMENT OF
HOUSING AND URBAN DEVELOPMENT**

INITIAL PRIVACY ASSESSMENT (IPA)

**HUD Supportive Services Demonstration
Resident Needs Assessment**

Office of Policy Development and Research

April 10, 2017

INITIAL PRIVACY ASSESSMENT (IPA)

The IPA is a compliance form developed by the Privacy Branch to identify the use of Personally Identifiable Information (PII) across the Department. The IPA is the first step in the PII verification process, which focuses on the following areas of inquiry:

- Purpose for the information,
- Type of information,
- Sensitivity of the information,
- Use of the information,
- And the risk to the information.

Please use the attached form to determine whether a Privacy Impact Assessment (PIA) is required under the E-Government Act of 2002 or a System of Record Notice (SORN) is required under the Privacy Act of 1974, as amended.

Please complete this form and send it to your program Privacy Liaison Officer (PLO). If you do not have a program Privacy Liaison Officer, please send the IPA to the HUD Privacy Branch:

Janice Noble, Branch Chief
Privacy Branch
U.S. Department of Housing and Urban Development

privacy@hud.gov

Upon receipt from your program PLO, the HUD Privacy Branch will review this form. If a PIA or SORN is required, the HUD Privacy Branch will send you a copy of the PIA and SORN templates to complete and return.

INITIAL PRIVACY ASSESSMENT (IPA)

SUMMARY INFORMATION

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| Project or Program Name: | HUD Supportive Services Demonstration for Elderly Households in HUD-Assisted Multifamily Housing Program | | |
| Program: | Policy Development and Research (PD&R) | | |
| CSAM Name (if applicable): | N/A | CSAM Number (if applicable): | N/A |
| Type of Project or Program: | Form or other Information Collection | Project or program status: | Development |
| Date first developed: | January 1, 2017 | Pilot launch date: | March 1, 2017 |
| Date of last IPA update: | N/A | Pilot end date: | March 1, 2020 |
| ATO Status (if applicable) | Choose an item. | ATO expiration date (if applicable): | N/A |

PROJECT OR PROGRAM MANAGER

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|----------------|--|---------------|------------------------|
| Name: | Leah Lozier, PhD | | |
| Office: | Program Evaluation Division, Office of Policy Development and Research | Title: | Social Science Analyst |
| Phone: | 202.402.3013 | Email: | Leah.M.Lozier@hud.gov |

INFORMATION SYSTEM SECURITY OFFICER (ISSO) (IF APPLICABLE)

| | | | |
|---------------|---------------------------|---------------|---------------------------|
| Name: | Click here to enter text. | | |
| Phone: | Click here to enter text. | Email: | Click here to enter text. |

SPECIFIC IPA QUESTIONS

1. Reason for submitting the IPA: New PTA

The HUD Supportive Services Demonstration (SSD) will test a model of housing and supportive services with the potential to delay nursing home care for low-income elderly residents in HUD-assisted housing. The demonstration aims to promote aging in place and improve housing stability, wellbeing, health outcomes, and health care utilization associated with high health care costs. HUD will provide grants to 40 HUD-assisted properties to implement the demonstration over a period of three years.

The demonstration aims to implement an approach using enhanced service coordinators and wellness nurses onsite to better manage residents' health, decrease emergency room and hospital utilization, and maintain residents' independence in their homes for a longer period, thus delaying or preventing transfers to a higher level of care. To monitor program fidelity to the model, as well as quality of program implementation, HUD contracted with an Implementation Team (The Lewin Group and their partners at Leading Age and the National Center for Healthy Aging) to collect self-reported information regarding demographics, health status, and social service needs from demonstration participants. Trained SSD staff will conduct the in-person Resident Needs Assessment for all consenting participants. Information will be directly input into a web-based platform and stored on a secured server for the duration of the program.

All data are stored in a secure datacenter. 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 access cards and passwords.

2. Does this system employ any of the following technologies?

If you are using any of these technologies and want coverage under the respective PIA for that technology, please stop here and contact the HUD Privacy Branch for further guidance.

- Social Media
- Web portal¹ (e.g., SharePoint) Population Health Logistics (PHL)
- Contact Lists
- Public website (e.g. A website operated by HUD, contractor, or other organization on behalf of the HUD)
- None of these

¹ Informational and collaboration-based portals in operation at HUD and its programs that collect, use, maintain, and share limited personally identifiable information (PII) about individuals who are "members" of the portal or "potential members" who seek to gain access to the portal.

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| <p>3. From whom does the Project or Program collect, maintain, use, or disseminate information? <i>Please check all that apply.</i></p> | <p><input type="checkbox"/> This program does not collect any personally identifiable information²</p> <p><input checked="" type="checkbox"/> Members of the public</p> <p><input checked="" type="checkbox"/> HUD employees/contractors (list programs):</p> <p><input checked="" type="checkbox"/> Contractors working on behalf of HUD</p> <p><input type="checkbox"/> Employees of other federal agencies</p> <p><input type="checkbox"/> Other (e.g. business entity)</p> |
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4. What specific information about individuals is collected, generated or retained?

The assessment will require staff to ask consenting participants to provide detailed demographic information, as listed in 4(a) below. The assessment will also request social security number, insurance information including policy number and group or ID tag, health status, and health and social service needs as detailed below.

- A. Participant Details, including name, date of birth, address, phone number, and email address, gender, spoken language, veteran status, household member information
- B. Advanced directives and powers of attorney
- C. Emergency contact and caregiver information
- D. Provider, specialist, and hospital details
- E. Services currently receiving (social and support) and case manager information
- F. Diagnoses
- G. Surgical History
- H. Medication List
- I. Preventive Care Tracking (immunizations, allergies and vital signs)
- J. Vision/Foot Practice/Dental
- K. Smoking Assessment
- L. Nutritional Risk Assessment
- M. Fall Risk Assessment
- N. Functional Status Assessment
- O. Behavior, including Anxiety and Substance Use
- P. Mini-Cognitive Assessment
- Q. Suicide Prevention Screen
- R. Drug and Alcohol Screening Tool (DAST – 10)
- S. Short Michigan Alcoholism Screening Test – Geriatric Version (SMAST-G)
- T. PHQ- 2 followed by PHQ – 9 or GDS, if indicated by PHQ-2
- U. Loneliness and Social Isolation Assessment
- V. Self-rated Health Status

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| <p>4(a) Does the project, program, or system retrieve information from the system about:</p> | <p><input type="checkbox"/> No. Please continue to next question.</p> |
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² HUD defines personal information as “Personally Identifiable Information” or PII, which is any information that permits the identity of an individual to be directly or indirectly inferred, including any information that is linked or linkable to that individual, regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department. “Sensitive PII” is PII, which if lost, compromised, or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual. For the purposes of this IPA, SPII and PII are treated the same.

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| <p>a U.S. Citizen or lawfully admitted permanent resident aliens by a personal identifier?</p> | <p><input checked="" type="checkbox"/> Yes. If yes, please list all personal identifiers used:</p> <p>The assessment includes demographic information including:</p> <ul style="list-style-type: none"> • First and last name, and middle initial for each consenting participant. • Address, including city, county, state, and zip code. • Social Security Number • Email address • Phone number • Date of Birth • Gender • Marital Status • Languages spoken • Insurance information including: <ul style="list-style-type: none"> ○ Medicare/Medicaid number ○ Primary insurance company ○ Policy number ○ Group or ID tag ○ Similar information for secondary insurance, if applicable • Advanced Directives • Powers of attorney • Caregiver information • Emergency contact information • Hospital, provider, specialist and case manager name and contact information |
| <p>4(b) Does the project, program, or system have an existing System of Records Notice (SORN) that has already been published in the Federal Register that covers the information collected?</p> | <p><input checked="" type="checkbox"/> No. Please continue to next question. <input type="checkbox"/> Yes. If yes, provide the system name and number, as well as the Federal Register citation(s) for the most recent complete notice and any subsequent notices reflecting amendment to the system</p> |
| <p>4(c) Has the project, program, or system undergone any significant changes since the SORN?</p> | <p><input checked="" type="checkbox"/> No. Please continue to next question. <input type="checkbox"/> Yes. If yes, please describe.</p> |
| <p>4(d) Does the project, program, or system use Social Security Numbers (SSN)?</p> | <p><input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.</p> |
| <p>4(e) If yes, please provide the specific legal authority and purpose for the collection of SSNs:</p> | <p>HUD and its contractors are authorized to collect information in Section 3507 of the Paperwork Reduction Act of 1995, 44 U.S.C. Chapter 35.</p> |

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| <p>4(f) If yes, please describe the uses of the SSNs within the project, program, or system:</p> | <p>HUD and its contractors will collect SSNs from participants to match Medicare and Medicaid data to demonstration participants.</p> |
| <p>4(g) If this project, program, or system is an information technology/system, does it relate solely to infrastructure?</p> <p><i>For example, is the system a Local Area Network (LAN) or Wide Area Network (WAN)?</i></p> | <p><input checked="" type="checkbox"/> No. Please continue to next question.</p> <p><input type="checkbox"/> Yes. If a log kept of communication traffic, please answer the following question.</p> |
| <p>4(h) If header or payload data³ is stored in the communication traffic log, please detail the data elements stored.</p> | |
| <p>N/A</p> | |

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| <p>5. Does this project, program, or system connect, receive, or share PII with any other HUD programs or systems?</p> | <p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. If yes, please list:</p> <p>Click here to enter text.</p> |
| <p>6. Does this project, program, or system connect, receive, or share PII with any external (non-HUD) partners or systems?</p> | <p><input type="checkbox"/> No.</p> <p><input checked="" type="checkbox"/> Yes. If yes, please list:</p> <p>Information collected through the demonstration will not be shared electronically with other partner systems. However, information will be shared verbally and in writing, as approved by the participant, with external partners.</p> |
| <p>6(a) Is this external sharing pursuant to new or existing information sharing access agreement (MOU, MOA, etc.)?</p> | <p>Choose an item.</p> <p>MOUs or partnership agreements between the HUD funded property and the partner organization.</p> <p>Any information that is shared with external partners must be approved by the participant in writing.</p> |
| <p>7. Does the project, program, or system provide role-based training for personnel who have access in addition</p> | <p><input type="checkbox"/> No.</p> <p><input checked="" type="checkbox"/> Yes. If yes, please list:</p> |

³ Header: Information that is placed before the actual data. The header normally contains a small number of bytes of control information, which is used to communicate important facts about the data that the message contains and how it is to be interpreted and used. It serves as the communication and control link between protocol elements on different devices.

Payload data: The actual data to be transmitted, often called the payload of the message (metaphorically borrowing a term from the space industry!) Most messages contain some data of one form or another, but some actually contain none: they are used only for control and communication purposes. For example, these may be used to set up or terminate a logical connection before data is sent.

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| <p>to annual privacy training required of all HUD personnel?</p> | <p>All persons with access to the platform, which houses the PII, will receive annual training, as required by HUD.</p> <p>Roles will include: (1) Enhanced Service Coordinators and Wellness Nurses (SSD staff), (2) HUD contracted SSD Implementation Team, (3) HUD contracted evaluation contractor, and (4) HUD Project Officer</p> |
| <p>8. Per NIST SP 800-53 Rev. 4, Appendix J, does the project, program, or system maintain an accounting of disclosures of PII to individuals/agencies who have requested access to their PII?</p> | <p><input type="checkbox"/> No. What steps will be taken to develop and maintain the accounting:</p> <p>X Yes. In what format is the accounting maintained: If consenting participants agree, the SSD staff are able to discuss the participant's health and social status with approved providers. Participants will be provided and required to sign a PII disclosure statement for each of the providers they consent to communicating with the SSD staff. Signed disclosures must be scanned and uploaded to the platform to ensure confidentiality.</p> <p>There are no other instances within this demonstration where PII should be shared with those not associated with direct demonstration implementation or contractor staff. If a breach of information does occur, HUD and the Implementation contractor will follow Breach of Confidentiality protocol.</p> |
| <p>9. Is there a FIPS 199 determination?⁴</p> | <p>X Unknown.</p> <p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. Please indicate the determinations for each of the following:</p> <p>Confidentiality: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p> <p>Integrity: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p> <p>Availability:</p> |

⁴ FIPS 199 is the Federal Information Processing Standard Publication 199, Standards for Security Categorization of Federal Information and Information Systems and is used to establish security categories of information systems.

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| | <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High |
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INITIAL PRIVACY ASSESSMENT REVIEW

(TO BE COMPLETED BY PROGRAM PLO)

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| Program Privacy Liaison Reviewer: | Click here to enter text. |
| Date submitted to Program Privacy Office: | Click here to enter a date. |
| Date submitted to HUD Privacy Branch: | Click here to enter a date. |
| Program Privacy Liaison Officer Recommendation: <i>Please include recommendation below, including what new privacy compliance documentation is needed.</i> | |
| Click here to enter text. | |

(TO BE COMPLETED BY THE HUD PRIVACY BRANCH)

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| HUD Privacy Branch Reviewer: | Conique Key |
| Date approved by HUD Privacy Branch: | April 10, 2017 |
| IPA Expiration Date: | Click here to enter a date. |

DESIGNATION

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| Privacy Sensitive System: | Choose an item. If "no" IPA adjudication is complete. |
| Category of System: | Choose an item. If "other" is selected, please describe: Click here to enter text. |
| Determination: | <input type="checkbox"/> IPA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required. <input type="checkbox"/> HUD Policy for Computer-Readable Extracts Containing Sensitive PII applies. <input type="checkbox"/> Privacy Act Statement required. <input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required. <input checked="" type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Paperwork Reduction Act (PRA) Clearance may be required. Contact your program PRA Officer. <input type="checkbox"/> A Records Schedule may be required. Contact your program Records Officer. |
| PIA: | N/A |
| SORN: | New SORN is required. |

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| N/A. |
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| HUD Privacy Branch Comments: |
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| <i>Please describe rationale for privacy compliance determination above.</i> |
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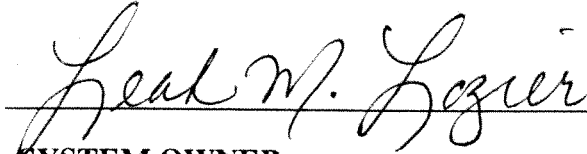
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| Click here to enter text. |
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DOCUMENT ENDORSEMENT

DATE REVIEWED: 4/11/2017

PRIVACY REVIEWING OFFICIALS NAME: Conique Key

By signing below, you attest that the content captured in this document is accurate and complete and meet the requirements of applicable federal regulations and HUD internal policies.




SYSTEM OWNER

02 May 2017

Date

**Leah Lozier, Social Science Analyst-COTR
Program Evaluation Division**



CHIEF PRIVACY OFFICER

9/1/2017

Date

**Marcus Smallwood, Privacy Officer
OFFICE OF ADMINISTRATION**