

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

**PRIVACY THRESHOLD ANALYSIS (PTA)**

**Section 811 PRA Evaluation Data Files**

**Office of Policy Development & Research**

**Instruction & Template**

**May 19, 2017**

**PRIVACY THRESHOLD ANALYSIS (PTA)**

**SUMMARY INFORMATION**

<b>Project or Program Name:</b>	Section 811 PRA Evaluation Data Files		
<b>Program:</b>	Policy Development and Research (PD&R)		
<b>CSAM Name (if applicable):</b>	Unknown	<b>CSAM Number (if applicable):</b>	Click here to enter text.
<b>Type of Project or Program:</b>	Form or other Information Collection	<b>Project or program status:</b>	Modification
<b>Date first developed:</b>	May 19, 2017	<b>Pilot launch date:</b>	Click here to enter a date.
<b>Date of last PTA update:</b>	May 19, 2017	<b>Pilot end date:</b>	Click here to enter a date.
<b>ATO Status (if applicable)</b>	Choose an item.	<b>ATO expiration date (if applicable):</b>	Click here to enter a date.

**PROJECT OR PROGRAM MANAGER**

<b>Name:</b>	Teresa Souza		
<b>Office:</b>	PD&R	<b>Title:</b>	Social Science Analyst
<b>Phone:</b>	202-402-5540	<b>Email:</b>	Teresa.souza@hud.gov

**INFORMATION SYSTEM SECURITY OFFICER (ISSO) (IF APPLICABLE)**

<b>Name:</b>	N/A		
<b>Phone:</b>	Click here to enter text.	<b>Email:</b>	Click here to enter text.

	<input checked="" type="checkbox"/> Other (e.g., business entity)
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**4. What specific information about individuals is collected, generated, or retained?**

*Please provide a specific description of information collected, generated, or retained (such as full names, maiden name, mother's maiden name, alias, Social Security number, passport number, driver's license number, taxpayer identification number, patient identification number, financial account, credit card number, street address, internet protocol, media access control, telephone number, mobile number, business number, photograph image, x-rays, fingerprints, biometric image, template data (e.g., retain scan, well-defined group of people), vehicle registration number, title number, and information about an individual that is linked or linkable to one of the above (e.g., date of birth, place of birth, race, religion, weight, activities, geographical indicators, employment information, medical information, education information, financial information, etc.*

<p><b>4(a) Does the project, program, or system retrieve information about U.S. Citizens or lawfully admitted permanent resident aliens using personal identifiers?</b></p>	<p><input type="checkbox"/> No. Please continue to the next question.</p> <p><input checked="" type="checkbox"/> Yes. If yes, please list all personal identifiers used:</p> <ul style="list-style-type: none"> <li>• PII from HUD administrative data (name, address, Social Security Number, date of birth); and the data from the Centers for Medicare and Medicaid Services administrative claims (Social Security Number).</li> <li>• HIPAA-protected health information (PHI) from Medicaid and Medicare data (dates of medical service, dates of birth, medical record number, medical information such as diagnoses, and healthcare cost data).</li> <li>• The only PII that will be collected from up to 480 residents during the resident survey is resident signatures obtained as part of the informed consent process and in response to receiving incentive payments. The research team will receive contact information of Section 811 residents from HUD administrative data, but this information will be used for survey enrollment and will never be attached to individual survey responses.</li> <li>• Administrative interviews with grantees, partner agencies and stakeholders will obtain name, position title and site location information.</li> </ul>
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<p><b>4(b) Does the project, program, or system have an existing System of Records Notice (SORN), that has already been published in</b></p>	<p><input checked="" type="checkbox"/> No. Please continue to the next question.</p> <p><input type="checkbox"/> Yes. If yes, provide the system name and number, and the <i>Federal Register</i> citation(s)</p>
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Click here to enter text.

<p><b>5. Does this project, program, or system connect, receive, or share PII with any other HUD programs or systems?</b></p>	<p><input type="checkbox"/> No.  <input checked="" type="checkbox"/> Yes. If yes, please list:  The contractor will receive: (i) tenant-level data extracts from TRACS and PIH Inventory Management System; (ii) property-level data extracts from IREMS; and (iii) property-level financial data from LIHTC application and certification.</p>
<p><b>6. Does this project, program, or system connect, receive, or share PII with any external (non-HUD) partners or systems?</b></p>	<p><input type="checkbox"/> No.  <input checked="" type="checkbox"/> Yes. If yes, please list:  The contractor will receive; (i) Medicare and Medicaid data from CMS; and (ii) Medicaid-level data from six state Medicaid agencies.</p>
<p><b>6(a) Does this project, program, or system share information pursuant to a data sharing agreement (MOU, MOA, etc.)?</b></p>	<p><input type="checkbox"/> No.  <input checked="" type="checkbox"/> Yes. If yes, please choose from the dropdown menu below:  New  HUD has applied for a Data Use Agreement (DUA) with CMS to obtain Medicare and Medicaid data. The application is under review and is expected to be approved by September 2017. HUD's contractor Abt Associates will enter into DUA with six state Medicaid agencies to obtain state-level Medicaid data. Applications are under way and HUD expected to have DUA will six states by December 2017.</p>
<p><b>7. Does the project, program, or system provide role-based training for personnel who have access, in addition to the annual privacy training required of all HUD personnel?</b></p>	<p><input type="checkbox"/> No.  <input checked="" type="checkbox"/> Yes. If yes, please list:  HUD's contractor, Abt Associates, provides all project staff in the project with HIPAA Rules of the Road – Practical Information for Ensuring Compliance; IRB 101 Training; General Security Awareness Training; CITI Human Subjects Training. All study team members also undergo project specific training on maintaining privacy, and</p>

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.

(TO BE COMPLETED BY THE HUD PRIVACY BRANCH)

HUD Privacy Branch Reviewer:	Conique Key
Date approved by HUD Privacy Branch:	Click here to enter a date.
PTA Expiration Date:	Once a year

DESIGNATION

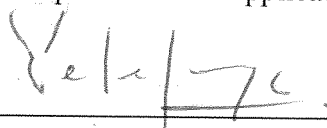
Privacy Sensitive System:	Choose an item. If "no" PTA adjudication is complete.
Category of System:	Choose an item. If "other" is selected, please describe: Click here to enter text.
Determination:	<input type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. x New information-sharing arrangement is required. <input type="checkbox"/> HUD Policy for Computer-Readable Extracts Containing Sensitive PII applies. x Privacy Act Statement required. x Privacy Impact Assessment (PIA) required. x 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:	Choose an item. If covered by existing PIA, please list: Click here to enter text.
SORN:	Choose an item. If covered by existing SORN, please list: Click here to enter text.
<b>HUD Privacy Branch Comments:</b> <i>Please describe rationale for privacy compliance determination above.</i>	
Click here to enter text.	



**DOCUMENT ENDORSMENT**

DATE REVIEWED: 5/25/2017
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.



05/30/2017

**SYSTEM OWNER**

**Date**

Teresa Souza, Social Science Analyst, Program  
Evaluation Division  
Office of Policy Development and Research



5/30/2017

**PROGRAM AREA MANAGER**

**Date**

Carol S. Star, Director, Program Evaluation  
Division  
Office of Policy Development and Research

**CHIEF PRIVACY OFFICER**

**Date**

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

