

SUPPORTING STATEMENT
FOR PAPERWORK REDUCTION ACT SUBMISSION

OMB Number: 0985-0062 IC Extension

A. Justification

1. Circumstances Making the Collection of Information Necessary

Background

The current long term services and supports (LTSS) system involves numerous funding streams administered by federal, state and local agencies using various screening, intake, assessment, and eligibility determination processes. Individuals seeking LTSS frequently find themselves confronted with a variety of organizations and requirements at a time when they are vulnerable or in crisis. This often results in people making decisions based on incomplete, and sometimes inaccurate, information that may lead to decisions to purchase and/or use LTSS options that are less than optimal for the individual and more expensive than necessary. This leads to higher rates of institutionalization and service costs, resulting in a burden on the system as well as the person.

The NWD System initiative addresses the existing fragmentation and supports the need for early community-based interventions. ACL and its partners issued joint funding opportunities to support states in better coordinating and integrating their existing LTSS access functions to develop a new interface that would make it easier for people to learn about and quickly access options that meet their needs. Between 2003 and 2009, the first funding opportunities, granted to all 50 states and several territories, were issued to launch the Aging and Disability Resource Center (ADRC) program. ADRCs are designed to provide consumers with “visible and trusted” sources of information, one-on-one counseling, and streamlined access to LTSS. As the number of participating states grew and recognizing that LTSS systems involves multiple payers and providers, the ADRC program evolved into a “systems change” initiative, known as the No Wrong Door System. A state NWD System, which includes ADRCs and other LTSS programs and services, is a network of community-based organizations and state agencies that manage access functions and processes for many of the services older individuals, people with disabilities, including Veterans, and their caregivers need to access and maintain quality living in the community.

The first funding opportunity to fully adopt the NWD vision was issued in 2012 to eight states. Lessons learned from these grants demonstrated that no one agency or network could successfully implement a streamlined access system without having multiple agencies and organizations at the state and local level formally involved in the system's operations. In 2014, 25 states received one-year planning grants to develop written strategies NWD System development. In 2015, five of the 25 state grantees received three-year awards to implement their planning grants.

In addition to providing discretionary grants, ACL, in collaboration with states and federal partners at the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration (VHA), developed the NWD System Key Elements¹ which defines four key functions of a NWD System: 1) State Governance and Administration, 2) Public Outreach and Coordination of Key Referral Sources, 3) Person-Centered Counseling, and 4) Streamlined Eligibility for Public Programs.

The latter three functions reflect interactions with individuals that occur fluidly and possibly simultaneously. The federal vision for the NWD System gives states flexibility in determining how best to organize, structure and operate the various functions of their NWD System. States continue to integrate, in some cases restructure, and over time strengthen their existing programs. Nationally, NWD Systems have taken important steps towards meeting the ACL, CMS, and VHA vision by:

- Creating a person-centered, community-based LTSS system environment that promotes independence and dignity for individuals.
- Providing easy access to information and one-on-one counseling to assist consumers in exploring a full range of long-term support options.
- Providing resources and services that support the needs of all populations, including older individuals, people with disabilities, Veterans, and their family caregivers.

In addition, the VHA recognized the value of the nationwide aging and disability network and built a partnership with ACL to purchase an evidence-based self-directed program, known as the Veteran Directed Care Program (VDC) from the NWD System. Person-centered counselors from aging and disability network agencies within a state's NWD System provide facilitated assessment and care planning, arrange fiscal management services and provide ongoing counseling and support to Veterans, their families and caregivers. As part of this partnership, NWD Systems include this program in its data collection activities.

In addition, NWD Systems help people trying to access LTSS who might otherwise make decisions based on inaccurate or incomplete information, which can be more expensive than necessary.² For instance, institutional care, such as a nursing facility, can cost three times as much as in-home supports. A 2018 study of Medicaid beneficiaries found that initiating services through community-based LTSS is associated with dramatic differences in future long institutional stays, with less than one percent of people initiating LTSS in the community experiencing a long institutional stay and 73 percent of people initiating care in an institution subsequently experiencing a long stay.³

¹ Key Elements of a No Wrong Door (NWD) System of Access to LTSS for All Populations and Payers: <https://nwd.acl.gov/pdf/NWD-National-Elements.pdf>

² Fox-Grage, W., and Neill Bowen, C., (2017). No Wrong Door: Person- and Family-Centered Practices in Long-Term Services and Supports. Retrieved from http://www.longtermscorecard.org/~media/Microsite/Files/2017/AARP_PromisingPrac_NoWrongDoor.pdf

³ Stewart., K., and Irvin, C.V. (2018). Does Early Use of Community-Based Long-Term Services and Supports Lead to Less Use of Institutional Care? Retrieved from <https://www.medicaid.gov/medicaid/ltss/downloads/money-follows-the-person/hcbsasadiversiontoiltc.pdf>

Authorizing Legislation

This Ongoing Data Collection (ICR Extension) seeks information collection requirements relating to the Aging and Disability Resource Center/No Wrong Door System (ADRC/NWD) and the Veteran Directed Care (VDC) program. The statutory authority for ADRC/NWD is contained in Title IV of the Older Americans Act (OAA) (42U.S.C. 3032), as amended by the Older Americans Act Amendments of 2006, P.L. 109-365.

Title II Section 202b of the OAA (Public Law 109-365) specifically authorizes the Assistant Secretary for Aging to work with the Administrator of the Centers for Medicare & Medicaid Services (CMS) to: “implement in all states Aging and Disability Resource Centers (ADRCs) –

(A) to serve as visible and trusted sources of information on the full range of long-term care options that are available in the community, including both institutional and home and community-based care;

(B) to provide personalized and person friendly assistance to empower people to make informed decisions about their care options;

(C) to provide coordinated and streamlined access to all publicly supported long-term care options so that individuals can obtain the care they need through a single intake, assessment and eligibility determination process;

(D) to help people to plan ahead for their future long-term care needs; and

(E) to assist, in coordination with the State Health Insurance Assistance Program, Medicare beneficiaries in understanding and accessing the Prescription Drug Coverage and prevention health benefits available under the Medicare Modernization Act.”⁴

The ADRC/NWD System delivers the VDC Program. Additional legal authorities found in the Older Americans Act to collect information included in the NWD Management Tool are:

- Section 205(a)(1)(C) of the Older Americans Act (OAA) which gives the Assistant Secretary authority to conduct research and demonstrations; and
- Section 206 of the OAA which establishes the authority to measure and evaluate the impact of all programs authorized by the OAA

In addition, GPRAMA requires federal agencies to develop annual and long-term performance outcome measures and to report on these measures annually.⁵ Section 202(f) of the OAA requires ACL to work collaboratively with State agencies and area agencies on aging (AAAs) to develop performance outcome measures. Since the passage of GPRA in 1993, ACL has accepted

⁴Government Publishing Office, Public Law 109-365, October 17, 2006: Older Americans Act Amendments of 2006. <https://www.gpo.gov/fdsys/pkg/PLAW-109publ365/pdf/PLAW-109publ365.pdf>

⁵ Government Publishing Office, Public Law 111-352, January 4, 2011: <https://www.gpo.gov/fdsys/pkg/PLAW-111publ352/pdf/PLAW-111publ352.pdf>

GPRAMA as an opportunity to document each year the results that are produced through the programs it administers under the authority of OAA. It is the intent and commitment of ACL, in concert with State and local program partners, to use the performance measurement tools of GPRAMA to continuously improve OAA programs and services for the elderly.

2. **Purpose and Use of the Information Collection**

ACL and its federal partners will use information from the No Wrong Door Management Tool (NWD MT) and VDC Tool to:

1. Comply with reporting requirements mandated by the authorizing statutes;
2. Collect data for performance measures used in the justification of the budget to Congress and by program, state, and national decision makers;
3. Effectively manage the NWD System initiative and VDC program at the federal, state, and local levels;
4. Identify program implementation issues and track areas for technical assistance activities;
5. Identify best practices in program implementation and building sustainable program delivery systems as well as develop resources to enable current and future grantees and program providers to learn from and replicate these practices; and
6. Provide information for reports to Congress, other governmental agencies, stakeholders, and to the public about NWD and VDC.

Aggregate data from the NWD and VDC data collection tools will also be provided to:

- Federal and state legislators
- State agencies
- National, state, and local organizations with interest in the NWD System, self-directed care models and/or with interest in serving older adults, individuals with disabilities, Veterans and their caregivers
- Current and future ACL grantees and VDC providers
- Private citizens who request it

The tools included in this collection and purposes of each are:

NWD Management Tool (NWD MT)

The overall purpose of the data to be collected is to understand and document the extent to which the NWD System is streamlining and coordinating access to LTSS through its four core functions of State Governance and Administration, Public Outreach and Coordination with Key Referral Sources, Person-Centered Counseling, and Streamlined Eligibility for Public Programs. The NWD MT provides a platform for ACL, its federal partners, and states to collect and analyze data elements in order to evaluate the progress of the NWD System vision and identify gaps and best practices to inform future funding.

States have historically provided data semi-annually as part of ACL grant reporting requirements. However, there was great variability in the number of states participating and the quality and quantity of information shared. The NWD MT will provide a consistent, streamlined and coordinated statewide approach that will help states govern their NWD System and manage their programs efficiently. The NWD MT, which has been designed in close collaboration with states, is intended to streamline reporting capabilities in order to reduce burden on local and state staff.

Veteran Directed Care Tool (VDC Tool)

The VDC Tool is designed to provide ACL, VHA, and its partners with qualitative and quantitative data elements necessary to evaluate the impact of the VDC program. VDC program providers will provide data in the VDC tool that will track key performance measures and identify best practices and technical assistance needs. This tool was developed to increase ease and uniformity of reporting and improve the ability of ACL and its partners to manage and analyze program data.

3. Use of Improved Information Technology and Burden Reduction

The NWD MT and VDC Tool will be deployed on a web platform that is in compliance with section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794d) and that has electronic submission and data reporting capabilities. Respondents will have access to a user friendly web-based platform with no licensing or user fees.

Data collected in the NWD MT and the VDC Tool will draw on administrative records that have been previously compiled for the respondents own recordkeeping and generally should not require additional effort to collect source data. Improved information technology will minimize the burden of inputting previously collected data into the tool. The NWD MT and VDC Tool, which were designed in close collaboration with states, is intended to streamline reporting capabilities in order to reduce burden on local and state staff.

4. Efforts to Identify Duplication and Use of Similar Information

There is no similar data collection; all information in the proposed data tools is unique to the NWD System and VDC program. Prior iterations of the AARP Scorecard, which involved voluntary participation in a survey, collected data to assess broader LTSS efforts, however the AARP Scorecard does not serve the same purpose as the NWD MT.

5. Impact on Small Businesses or Other Small Entities

States will request completion of the NWD MT and VDC Tool by local organizations in their NWD System which comprise approximately 275 VDC program entities and 900 local aging and disability network agencies, such as Aging and Disability Resource Centers (ADRCs), Area Agencies on Aging (AAAs), and Centers for Independent Living (CILs).

The local organizations range in size from small to large in terms of number of participants and size of budget. The information requested from respondents is the minimum needed to ascertain the state of the NWD System and progress of the VDC program. The burden to small organizations has been minimized by using data elements that draw on administrative records that have been previously compiled for organizations' own recordkeeping and by minimizing inapplicable data elements. In addition, the reporting tool is web based and data entry will be available to state and local organizations on an ongoing basis.

6. Consequences of Collecting the Information Less Frequently

Bi-annual data-entry for the NWD MT will support states ability to achieve the highest return in evaluating progress made toward the vision of the NWD System. Bi-annual data collection is necessary to assess changes in populations served in relation to staff capacity and funding sources for a state's NWD System. The NWD MT will function as an infrastructure tool for states' NWD Systems and therefore will be available to the states at all times.

To meet the statutory requirements for reporting and execution of program management functions, availability of timely data is critical. If data was submitted less frequently than monthly for the VDC tool, or not at all, ACL would be unable to promptly identify VDC program providers in need of technical assistance. It is anticipated that ACL will need to respond to frequent program needs and status reports for the VDC program.

In addition to providing longitudinal data aggregation, the NWD MT and VDC Tool will have the capability to produce customized reports, demand estimates, and geographical mapping of services. States' ability to use these functions will depend directly on the frequency and accuracy of the data entered. The data will also be used to identify top performers in order to highlight best practices that can be shared with NWD Systems and VDC providers across the country.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request is consistent with the general information collection guidelines of 5 CFR 1320.5, with the exception of the VDC Tool requiring respondents to report information to the agency more often than quarterly. Monthly data reporting for the VDC Tool will inform the timely provision of technical assistance and identification of best practices to deliver high quality care to Veterans and their caregivers and ensure timely response to program needs and status reports. The VDC Tool will allow ACL and its partners monitor the highly variable population of Veterans enrolled in the program and address billing and invoicing issues. Quarterly reporting, or any other frequency, will delay the delivery of technical assistance and may impact the quality of service offered to Veterans and their caregivers.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A 30-day notice published in the *Federal Register* Vol. 87, No. 81 on Wednesday, April 27, 2022.

A 60-day notice published in the *Federal Register* Vol. 87, No. 8 Wednesday, January 12, 2022. Two public comments were received during the 60-day FRN. ACL’s response to the comments received during the 60-day public comment period are noted in the table below:

Data Collection Form	Comment	ACL Response
<i>NWD Management Tool</i>	There is no funding provided to incentivize the time and effort needed to collect and report data in the NWD System Management Tool on an ongoing basis.	The NWD System Management Tool will only be required for states and territories with active discretionary grants that provide funding for grant activities, including the collection and reporting of data in the Management Tool. Accordingly, resources will be made available to grantees for data collection and reporting via their grant budgets. ACL has no expectation that all states and territories will complete the Management Tool.
<i>NWD Management Tool</i>	<i>Collecting and reporting data in the NWD System Management Tool would be time consuming and place undue burden on local sites.</i>	As stated above, only states and territories receiving discretionary grant funding will be required to complete the NWD System Management Tool. Resources will be provided as part of any funding opportunity requiring completion of the Management Tool. The questions in the NWD System Management Tool closely mirror those collected under prior discretionary grant reporting requirements (e.g., ADRC COVID-19 CARES Act grant, NWD Business Case grant).
<i>NWD Management Tool</i>	<i>ACL’s estimates of burden are inaccurate for the proposed collection of information. Our state estimates four hours annually for state completion and 248 hours for local completion of the NWD Management Tool.</i>	ACL has updated the burden estimate to reflect additional time at both the state and local level. The burden estimate is also updated to reflect the anticipated number of states and territories expected to complete the Management Tool annually (reduced from all 56 states and territories to 15, which is the maximum number of states and territories expected to be funded

		under discretionary grant opportunities over the next three years).
<i>NWD Management Tool</i>	<i>The NWD Management Tool asks for program data collection that is already collected by other funders.</i>	ACL completed a crosswalk of the NWD System Management Tool with data elements collected for other programs and funding streams, including Older Americans Act (OAA) Title III, Center for Independent Living (CIL) Program, State Health Insurance Assistance Program (SHIP), and Medicare Improvements for Patients and Providers Act (MIPPA) funding. NWD Systems serve all populations and all payers. While there is not a direct overlap with other data collection efforts, ACL does recognize that some data elements collected for other programs may contribute to metrics in the NWD System Management Tool (e.g., count of individuals 60+ served, number of outreach activities). ACL will provide accompanying guidance to grantees on where they may find Management Tool data elements collected for other programs.
<i>NWD Management Tool</i>	<i>Terms used in the NWD Management Tool may have various interpretations depending on the respondent. This may lead to data discrepancies when comparing across states and organizations. The clarity of the information to be collected would be enhanced with clearer definitions. NWD remains an amorphous term that is implemented in many different forms across the country. The OAA defines Aging and Disability Resource Centers (ADRCs) in the statute; however, the ACL vision of a state NWD system is an evolution of the ADRCs that expands beyond the statutory</i>	The NWD System Management Tool will be accompanied by a user manual, which will include a glossary of terms and definitions. Additionally, any funding opportunity requiring reporting in the Management Tool will define ADRC and NWD so that it is clear to applicants. NWD is an initiative of the U.S. Department of Health and Services (HHS), including ACL and the Centers for Medicare and Medicaid Services (CMS), as well as the Department of Veterans Affairs (VA). ACL’s support of NWD is consistent with HHS’s vision.

	<i>definition and associated operation requirements.</i>	
<i>NWD Management Tool</i>	<i>The quality could be enhanced with narrative reporting (qualitative opportunities) to provide a better 360 view of the work of the NWD system. Mixing quantitative and qualitative data can provide a more holistic vision of the complexity of the work of the NWD system as well as the complexity of the clientele served.</i>	While there are challenges in aggregating qualitative data across grantees, ACL welcomes, but does not require, narrative reporting as part of the NWD System Management Tool. As described above, reporting in the Management Tool would be part of a discretionary funding opportunity, and as such, grantees would also have the opportunity to share a more holistic view of their NWD Systems and best practices through regular monitoring and technical assistance calls with ACL project officers.
<i>NWD Management Tool</i>	<i>Ensure that the reporting system is functional so that end users can submit data without frustration.</i>	ACL has piloted the NWD System Management Tool web-based platform with three states to test user functionality at the federal, state, and local level. ACL will continue to refine the platform to ensure a seamless user experience when inputting and reviewing data.
<i>NWD Management Tool</i>	<i>Regarding State Level Question 10 (“How frequently does the state conduct a review to monitor and assess the performance of its NWD System?”), a statewide review or monitoring has been conducted on the ADRCs. A NWD review or monitoring has not been conducted, but all of the programs have quality assurance processes and procedures and they, as well, are monitored. Monitoring the NWD System at this time would be arduous and burdensome to all partners.</i>	ACL agrees that it is not the responsibility of any one state agency to monitor the entire NWD System. A state or territory’s governing body or governance structure is responsible for monitoring the access system. To address this concern in the NWD System Management Tool, and to align with the monitoring expectations of the state lead agency, ACL is modifying State Level Question 10 as follows: “Does your state conduct a review to monitor performance of ADRCs in your NWD System?”

<p>NWD Management Tool</p>	<p><i>Regarding State Level Question 11 (“Does the state have a statewide IT System for NWD?”), ADRCs have a statewide data reporting system and it is those entities that anchor the NWD System—because of this—this question becomes one of interpretation.</i></p>	<p>ACL agrees that the data collected from this question will not be robust and has decided to remove this question from the NWD System Management Tool.</p>
<p>NWD Management Tool</p>	<p><i>Regarding State Level Question 21 (“How many statewide toll-free numbers does the state have to increase access to the NWD System?”), individual programs have 1-800 numbers to support work — depending how you interpret the organization types above would determine how this would be answered. Interpretation leads to data that lacks meaning and utility for ACL.</i></p>	<p>The state lead agency completing the NWD System Management Tool should identify those toll-free numbers that meet the criteria of being statewide. Toll-free numbers administered by local partners would not be reported.</p>
<p>VDC Tool</p>	<p><i>We recognize that the Veterans Directed Care (VDC) Program reporting tool is specifically targeted to the entities defined as Hubs, Sole Proprietors, and providers in the VDC system. However, we do want to stress that many state NWD systems do not perform, monitor and/or track any information for VDC programs and therefore cannot provide the oversight, training, and coordination that will likely be required to implement this data collection requirement. We also note that the VDC system entities included in these requirements have substantial overlap with those local entities that will be required to submit data under the NWD data reporting system. We are concerned that the VDC reporting requirement is duplicative and will place further</i></p>	<p>As noted above, the NWD System Management Tool would only be required by entities receiving discretionary grant funding with resources provided to support data collection and entry. Data collected and reported in the VDC Tool is only recommended for providers in the VDC program.</p>

	<i>administrative burden on these entities specifically.</i>	
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External Consultation

In addition to public comment, feedback on the data elements to be collected, including the availability and time needed to collect the data, the method and frequency, the format and definitions was sought from the following internal and external stakeholders:

- ACL Performance and Evaluation subject matter experts
- VHA and other federal partner subject matter experts
- Subject-matter experts at state agencies representing Aging, Intellectual/Developmental Disabilities, Physical Disabilities, and Medicaid.
- Grantee focus groups and workgroups (with fewer than 9 participants)
- Sample of NWD grantees and VDC providers inputting data through current OMB approved data collection tools

9. Explanation of Any Payment or Gift to Respondents

Not Applicable

10. Assurance of Confidentiality Provided to Respondents

The NWD MT and VDC Tool will not collect any confidential or identifying data elements, such as name, zip code, birth date, etc. Aggregate data will be collected and will not contain any personally identifiable information. A Privacy Impact Assessment (PIA) also concluded no privacy data will be collected.

ACL will provide public burden disclosure to respondents, there are no assurances of confidentiality.

11. Justification for Sensitive Questions

Not Applicable

12. Estimates of Annualized Burden Hours and Costs

12A. Estimated Annualized Burden Hours

ACL estimates the burden of this collection of information as follows:

NWD Management Tool

Approximately 15 lead NWD System state and territorial agencies will respond to the NWD MT bi-annually and it will take approximately one hour to collect the data and an additional hour to

input the data into a web-based system. Additionally, an estimated 250 local agencies will take approximately 10 hours to collect the data and submit the data to their lead NWD System state agency. There may be several lead NWD System state and territorial agencies who will be submitting on behalf of their local agencies. Therefore, the approximate burden for the local level agencies may be less than anticipated. If all state and local agencies respond bi-annually, the national burden estimate for the NWD MT would be a total of 5,060 hours annually. This burden estimate is calculated based upon feedback received during the 60-day FRN and a sample of three states that tested a demonstration of the NWD MT as a part of the grantee requirements under the NWD System Implementation grant, a competitive funding opportunity funded in 2016 through 2018. Each state entity submitting data will receive local-level data from designated NWD System entities. The estimated response burden includes time to review the instructions, gather existing information, and complete and review the data entries in a web-based system.

VDC Tool

An estimated 275 VDC program entities will respond to the VDC Tool on a monthly basis, all of which are also NWD local-level entities, for an annual burden of 1,650 hours. This burden estimate is calculated based upon information provided by a current VDC program provider testing a demonstration of the VDC tool. The NWD MT and the VDC tool have been developed to increase ease and uniformity of reporting and improve the ability of ACL to manage and analyze data.

Respondent/Data collection activity	Number of respondents	Responses per respondent	Hours per response	Annual burden hours
NWD Management Tool data collection and entry – State Level	15	2	2.0	60
NWD Management Tool data collection and entry – Local Level	250	2	10	5,000
Veteran Directed Care Tool	275	12	0.5	1,650
Total:	540	3,830	-	6,710

12B. Costs to Respondents

The annualized cost burden for respondents is estimated to be **\$345,479.60**. The table below shows the estimated annual cost burden to each type of respondent, based on their time to complete the data collection tools. The hourly rates for the state level administrator and local level program staff are based upon the average wages of similar professions published by the Department of Labor, Bureau of Labor Statistics.

Respondent/Data collection activity	Total Annual Burden Hours	Average Cost Per Hour	Total Cost
NWD Management Tool data	60	\$74.46 ⁶	\$4,467.60

⁶ Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment Statistics, Social and Community Service Managers. Hourly wage of \$37.23, plus a factor of 100% (\$37.23) to account for benefits and overhead. Wage information available at: <https://www.bls.gov/oes/current/oes119151.htm> (visited November 16, 2021).

collection and entry – State Level Administrators			
NWD Management Tool data collection and entry – Local Level Program Staff	5,000	\$51.28 ⁷	\$256,400.00
Veteran Directed Care Tool – Local Level Program Staff	1,650	\$51.28 ⁸	\$84,612.00
Total			\$345,479.60

13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There is no annualized capital or other costs associated with this data collection for respondents.

14. Annualized Cost to the Federal Government

ACL Project Officers will review and analyze data collected through the NWD MT and VDC Tool.

The total federal burden hours for two staff spent reviewing and analyzing the program data are estimated to be 150 hours annually at an average salary rate of \$51.34 per hour⁹ for a total of \$15,402. A factor of 100% or \$15,402, has been added to the base of \$15,402 to account for benefits and overhead, for a final amount of \$30,804.

In addition, ACL has a contract for technical assistance and oversight of NWD and VDC. Technical assistance liaisons will assist ACL in reviewing and analyzing data. Annual contract costs total \$39,060. The total cost to the Federal Government

Staff Hours/Costs

Grade 13 Step 2: 150 hrs. x \$51.34 per hour \$ 7,701

⁷ Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment Statistics, Community and Social Service Specialists. Hourly wage of \$25.64, plus a factor of 100% (\$25.64) to account for benefits and overhead. Wage information available at: <https://www.bls.gov/oes/current/oes211099.htm> (visited November 16, 2021).

⁸ Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment Statistics, Community and Social Service Specialists. Hourly wage of \$25.64, plus a factor of 100% (\$25.64) to account for benefits and overhead. Wage information available at: <https://www.bls.gov/oes/current/oes211099.htm> (visited November 16, 2021).

⁹ Federal staff costs based on 2021 hourly wage rate of \$51.34 for a Project Officer at the GS 13-2 level. https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/21Tables/html/DCB_h.aspx. Accessed November 16, 2021.

Grade 13 Step 2: 150 hrs. x \$51.34 per hour	\$ <u>7,701</u>
	\$ 15,402
Overhead and Benefits	\$30,814
Annual Contract	<u>\$39,060</u>
Total Cost to Federal Government	\$69,874

15. Explanation for Program Changes or Adjustments

There is an adjustment decrease of -3,770 annual burden hours and -3,074 annual responses.

16. Plans for Tabulation and Publication and Project Time Schedule

Data will be collected monthly for the VDC tool and semi-annually for the NWD MT and will be reviewed by ACL project officers and contracted technical assistance liaisons. If inconsistencies are noted, respondents will be asked to correct and resubmit their data. Once all reports are verified, the data will be aggregated and reviewed.

ACL will provide respondents access to the data in charts, graphs, and other summaries depicting the national data and each respondent's data. Aggregate summary data may be posted publicly on ACL's NWD website to inform states and stakeholders about national data. Data may also be used in future funding opportunity announcements.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

Not applicable.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification statement.