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**Evaluation of PHA CARES Act Waivers**

**Final Interview Protocol|Contract #: 86614822F00045**

Appendix A –Interview Protocol for Leadership at PHAs that Adopted Waivers

**Introduction**

**Interviewer:** Thank you for agreeing to participate in this interview. My name is \_\_\_\_\_\_\_\_\_\_, and I am a researcher with 2M Research (2M), the policy research firm contracted by the U.S. Department of Housing and Urban Development (HUD) for this study.

**I will start by briefly introducing the study, obtaining consent, and making sure we cover any questions you might have before we begin the interview**.

The purpose of this study is to gather information about the background, authorization, and ways in which Public Housing Agencies (PHAs) have used CARES Act waivers to implement strategies to support residents and tenants during the COVID-19 pandemic. Additionally, we would like to understand the successes, challenges, and changes that have resulted from the implementation of these waivers. We will also further explore policy and program implications to understand how discontinuing the waivers offered by the CARES Act may impact PHAs and assisted households moving forward, as well as recommendations for HUD to continue similar waivers offered by the CARES Act.

For this study, we are interviewing stakeholders from 50 PHAs, including 45 PHAs that adopted waivers and five PHAs that declined to adopt any waivers, to understand their reasons for taking this course of action. For our conversation today, we hope to cover the following topics:

* Context affecting the implementation of PHA CARES Act waivers
* Process for the implementation of PHA CARES Act waivers and their perceived outcomes/impacts
* Challenges associated with the implementation of CARES Act waivers offered
* Recommendations for improvement, expansion, and sustainability of flexibilities offered by the waivers

Our conversation should last approximately 60 minutes.

**Permission to Record**

Before we begin, we would also like to request your permission to record the conversation to ensure our notes are accurate and complete. We will not share the recording with HUD, and we will delete it at the end of the study.

Do we have your permission to record this interview?

**If interviewee(s) agrees to be recorded:**

Thank you. Now, I am going to start the recording **(TURN ON RECORDER)**. Can you please confirm that you have agreed to be recorded?

**If interviewee(s) declines:**

Okay, that is not a problem. We will take detailed notes during this conversation to ensure that your views are captured accurately.

**Consent to Participate**

We hope you will be candid in the information you provide. We will aggregate information about your PHA and comments from stakeholders in our report. We will conduct all analyses using an anonymous (e.g., de-identified) data file and will not share your identity. You can refuse to answer any questions you do not want to answer. Your participation in this study is voluntary and you may stop at any time. There will be no negative consequences if you choose to stop or if you choose not to participate. We will only use your responses to this interview for research purposes and they will NOT be used for compliance monitoring. Would you still like to participate in the study?

Do you have any questions before we begin?

**Section 1. Respondent Background**

I’d like to start by learning a bit more about your role as it relates to the PHA. Can you describe your role at the PHA and your experience with the CARES Act waivers?

**Section 2. Context and Background**

Next, I’d like to ask a few questions to understand more about the waivers your PHA used and the factors that informed your PHA’s decision to adopt a particular waiver.

1. We understand that your PHA adopted the following CARES Act waivers \_\_<Interviewer to read out the waivers>. Does this sound correct?
	1. Why did your PHA decide to adopt these waivers?
	2. What internal processes did your PHA go through to determine the type of CARES Act waivers you adopted?

1. What were the key factors your PHA considered when deciding which CARES Act waivers to adopt?

*Probe for the following, if needed:*

1. Could you explain how the type of program your PHA administers (e.g., Public Housing, HCV, or both) impacted the waivers you adopted?
2. How did additional PHA funding offered by the CARES Act (such as increased operating subsidies for Public Housing and increased administrative fees for Housing Choice Vouchers) affect how your PHA adopted waivers?
3. We understand that certain regulatory waivers have been available to PHAs for a long time prior to the CARES Act waivers. These waivers require HUD’s review and approval before their implementation. In the last five years prior to the CARES Act waivers, did your PHA request and receive approval for any waivers?

If yes, follow up with:

* 1. Could you provide the kind of regulatory waiver requests that were granted to your PHA?
	2. What were the reasons for applying for those regulatory waiver requests?
	3. How did the implementation of those waivers impact the kind of CARES Act waivers you adopted?

If no, follow up with:

1. Why did you not submit any regulatory waiver requests?

*Probe for the following, if needed:*

* + Were you aware that PHAs could request regulatory waivers?
	+ Were you aware of the process for PHAs to request regulatory waivers?
	+ Did you believe that HUD would not grant your regulatory waiver request?
	+ Did you request a waiver that HUD did not grant approval for? What was that waiver request?
	+ If you requested a waiver, but HUD did not grant approval, was your waiver request one that HUD did not have the authority to grant (e.g., it was statutory in nature)?

**Section 3. Implementation of Waivers**

Next, I’d like to go into a bit more detail about the process your PHA went through to implement the CARES Act waivers you adopted as well as the kind of support or guidance you received from HUD for implementing those waivers.

1. Can you describe the process your PHA went through to implement the CARES Act waivers you adopted?

Probe for the following examples, if needed:

* Process to notify residents and owners of any impacts the waivers may have on them (e.g., through PHA’s website, voicemail message, or formal written notice).
* Engagement with your board, if at all?
* Any public engagement processes that the agency went through
* Training staff on how to implement the waiver
* Planning for future expiration of the waiver
* Any community or resident pushback
* In communicating the impacts of the waivers to your residents and program participants, what steps, if any, did you take to ensure meaningful access by Limited English Proficient (LEP) Individuals?
1. What challenges did your PHA experience with the implementation of the CARES Act waivers, including challenges related to internal PHA decisions, HUD requirements, and community concerns?
2. What HUD guidance and support were available to your PHA for implementing the CARES Act waivers you adopted?
	1. [If you received HUD guidance] How were the guidance and support provided to your PHA?
	2. [If you received HUD guidance] How did the guidance and support help your PHA to address the challenges you identified in Question 6?
	3. Were there additional supports your PHA received from other entities and organizations?

[Probe for] the name of entities and the kind of additional support they provided.

* 1. Were there any additional guidance or support that would have been helpful to your PHA for implementing the CARES Act waivers?
1. PHAs were required to keep written documentation on the CARES Act waivers applied as well as the effective dates. How did your PHA track the waivers you used?

Probe for the following examples, if needed:

* HUD-recommended format for recommending waivers in the form of Attachment I of PIH notices
* Any other methods you used to track the implementation
1. PHAs did not need to notify HUD or receive HUD approval to begin using the CARES Act waivers/alternative requirements. To what extent did the removal of HUD’s review and approval process affect the implementation of the waivers you adopted?

Probe for the following examples, if needed:

* Benefits related to the removal of HUD’s review and approval process
* Any challenges PHA faced with the removal of HUD’s review and approval process
1. HUD made efforts to continue some of the flexibilities offered by the CARES Act, such as expedited regulatory waivers. Did your PHA submit requests for any of the expedited regulatory waivers?

Probe for the following, if your PHA submitted requests:

* What expedited regulatory waivers did you receive approval for?
* Why did your PHA request these waivers?
* What *good cause* reasons did you cite to justify your request(s)?
* Were there CARES Act waivers that you believe that HUD should have continued through the expedited regulatory waiver process?
1. Which of the CARES Act waivers that your PHA adopted and used did you find the most useful for your overall operational effectiveness in serving residents and clients during the pandemic? How were the adopted waivers useful?

[Note to Interviewer: Be prepared to refer respondents to the list of CARES Act waivers they confirmed their PHAs adopted in Question 1]

**Section 4. Policy and Program Implications**

I would now like to discuss any recommendations you may have for improvement, expansion, and sustainability of regulatory flexibilities available to PHAs.

1. Which of the waivers that were offered by the CARES Act would you like to become permanent?

Probe for the following if the Respondent expressed a desire for the waivers to continue:

* 1. For each of the CARES Act waivers mentioned, what are the particular reasons for wanting to continue each of those specific waivers?
	2. How would continuing each of the CARES Act waivers mentioned benefit your PHA operations or assisted households?
	3. How would discontinuing the CARES Act waivers harm PHA operations or assisted households?
1. For those CARES Act waivers that you would like to see become permanent, what modifications (if any) would you want made to the waiver for improvement?
2. Are there any CARES Act waivers that your PHA did not find to be particularly useful and would not pursue if they were continued through regulatory and statutory changes?

If yes, follow up with:

* 1. Which CARES Act waivers would you want to discontinue?
	2. What are your reasons for wanting to discontinue these CARES Act waivers?
1. How could HUD improve PHA flexibilities through additional waivers?
	1. Would you consider the expedited regulatory waivers a good continuation or alternative to the waivers offered by the CARES Act? If yes, then how?
	2. How could HUD improve the processes related to regulatory waivers offered to PHAs?

**Section 5. Closing**

1. Is there any other important information that might help us better understand your implementation of the CARES Act waivers, and how it impacted your operations and residents?
2. Those are all the questions we have. Is there anything else you’d like to share that we have not asked about?

We would like to thank you for taking time from your busy schedule(s) to speak with us today. Your answers have provided us with valuable insight into the ways you used the CARES Act waivers as well as their subsequent outcomes. Should you have any additional thoughts that you would like to share, please feel free to contact Dr. Hiren Nisar, the study’s principal investigator, at hnisar@2mresearch.com or our HUD contact, Justin Brock, at Justin.Brock@hud.gov.