

Supporting Statement for Paperwork Reduction Act Submission
Evaluation of the Supportive Services Demonstration
OMB Control # 2528-0321

A. Justification

- 1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.**

The U.S. Department of Housing and Urban Development (HUD)'s Office of Policy Research and Development is undertaking an evaluation of the Supportive Services Demonstration (demonstration, or SSD). SSD is designed to test the impact of housing-based supportive services on the healthcare utilization and housing stability of low-income adults aged 62 and over. The demonstration offers grant funding to HUD-assisted multifamily property owners to implement the Integrated Wellness in Supportive Housing (IWISH) model over the demonstration period. The IWISH model features a full-time on-site Resident Wellness Director with a part-time Wellness Nurse at each property funded to implement IWISH. The Resident Wellness Director and Wellness Nurse work together to implement a formal strategy for coordinating services to help residents meet their long-term care needs and successfully age in place.

HUD designed the SSD as a cluster-randomized controlled trial to allow rigorous measurement of impacts. HUD published a Notice of Funding Availability (NOFA) in January 2016 for the demonstration, received more than 700 responses, and applied screening and ranking criteria described in the NOFA to identify 185 properties across seven states as eligible for random assignment. HUD assigned properties to three groups: a treatment group that received grant funding to hire the Resident Wellness Director and Wellness Nurse and implement the demonstration; an active control group that did not receive funding for implementation but received an incentive for participating in the evaluation; and a passive control group that received neither an implementation grant nor an incentive.

The final demonstration sample is 124 HUD-assisted properties: 40 in the treatment group (also known as IWISH properties), 40 in the active control group, and 44 in the passive control group. All properties serve households headed by people aged 62 or over, either predominantly or exclusively. The properties are in the following states: California, Illinois, Maryland, Massachusetts, Michigan, New Jersey, and South Carolina. Each state has treatment, active control, and passive control properties.

The demonstration formally began October 1, 2017. The 40 properties in the treatment group implemented IWISH for an initial three-year demonstration period between October 2017

and September 2020. The Continuing Appropriations Act, 2021 and Other Extensions Act and the Consolidated Appropriations Act, 2021 provided additional funds and authorization to extend the demonstration for an additional two years (2021 – 2023).

HUD contracted with Abt Associates Inc. and its subcontractor L&M Consulting (“the research team”) for the evaluation of the SSD. The SSD evaluation will help determine whether offering access to on-site wellness staff, comprehensive health and wellness assessments and planning, and evidence-based services and programming for residents in project-based assisted housing is an effective way to support aging in place and, over the long-term, to reduce the use of costly or unnecessary health care services. Key measures of the SSD’s success will be whether the intervention reduces potentially avoidable hospitalizations and ambulance trips, delays transfers to costly settings such as nursing homes and other long-term care facilities, and increases the amount of time that residents spend in independent housing (versus medical facilities) as they age. The evaluation will also test for impacts on housing stability (fewer exits from housing due to health reasons or death).

To determine the impact of IWISH on healthcare utilization and housing stability, the evaluation will compare outcomes for residents at treatment properties, where IWISH is implemented, to the outcomes of residents at the active and passive control properties, which represent “business as usual” for HUD multifamily elderly-designated properties.

The evaluation is being conducted in two parts. The research team has been conducting an evaluation of the initial three years of the demonstration, from October 2017-September 2020. This first phase of the evaluation is taking place from October 2017 to 2022. During the second phase of the evaluation, the research team will continue to evaluate the demonstration through September 2026. The second part of the evaluation focuses on the two-year extension period of the demonstration as well as the transition period between the two grant-funded demonstration periods. The evaluation of the two-year SSD extension period is taking place from October 2021 through September 2026.

The evaluation has a qualitative component—the process study—designed to learn how treatment group properties implemented the IWISH model and how property staff and residents responded to it, and a quantitative component—the impact study—designed to measure the effect of the intervention on key outcomes related to residents’ use of healthcare services and housing stability.

This is the third process study package submitted for OMB approval. The first submission, approved November 02, 2018 (OMB Control number 2528-0321), covered the baseline data collection for the study, which ended in March 2020. The second submission, approved August 07, 2020 (OMB Control number 2528-0321), covered IWISH staff interviews and interviews with property owners conducted in summer 2020.

This third submission requests approval for an additional round of interviews with IWISH staff and property owners, as well as owners of properties in the control group. It also seeks

approval for interviews with residents of IWISH properties, which is a new data collection activity. All data collection activities in this request are planned for 2023.

The purpose of the data collection activities in this request is to collect data from multiple perspectives about the continued implementation of the demonstration, the strengths and weakness of the model, and how resident wellness activities compare across treatment and control properties. This information is necessary to complete the demonstration's process study by providing input from key stakeholders near the end of the demonstration's two-year extension period.

Data are collected under Title 12, U.S.C. Sec. 1701Z-1 and 2.

2. Indicate how, by whom and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.

The data collection activities under this ICR will contribute to the evaluation of the two-year extension period of the SSD as well as the transition period between the two grant-funded demonstration periods.

The SSD evaluation for the IWISH extension period is a continuation of the evaluation's two components: a process study, to document how treatment group properties implemented the demonstration and how property staff, owners and managers, and residents responded to it; and an impact study, to measure the effect of the intervention on key outcomes related to residents' use of healthcare services and housing stability.

Through a process and impact study, the study team will address the following research questions for the IWISH Extension:

1. How was IWISH implemented in the extension period?
2. What factors influenced resident engagement in IWISH?
3. What property and community factors influenced how properties implemented IWISH?
4. How does staffing and support for implementing IWISH differ from the initial demonstration period and vary across properties?
 - a. What was the type and quality of technical assistance provided to Resident Wellness Directors and Wellness Nurses? How did the technical assistance and training support IWISH implementation?
 - b. How did property owners and management support IWISH implementation?

- c. How did properties use supportive services resources available from HUD and other sources to support IWISH implementation?
5. What is the impact of IWISH on utilization of Medicare and Medicaid covered unplanned hospitalizations and other acute care?
6. What is the impact of IWISH on utilization of Medicare and Medicaid covered primary care and other non-acute healthcare services?
7. What is the impact of IWISH on housing exits and transitions to long-term institutional care?
8. What is the impact of IWISH on mortality?
9. What are the perceived benefits of the IWISH model according to residents, IWISH staff, and property owners and managers?
10. Which components of the IWISH model did owners, staff, and residents think were most and least useful?
11. What are the demographic and healthcare characteristics of residents residing in treatment and control properties?
12. How do health and wellness services at IWISH properties compare to other HUD multifamily properties that serve older adults?

Process Study

The process study focuses on the IWISH (treatment) properties that signed Cooperative Agreements with HUD to implement IWISH for the two-year extension period (four treatment properties that participated in the initial demonstration period are not participating in the extension period). The process study is designed to collect information on how the IWISH model was implemented during the extension period and how it differs from implementation during the initial demonstration period. It will also explore the perceived benefits of IWISH for residents and property management, and how technical assistance and supportive services vary across IWISH properties. The process study will also use information from property owner and manager interviews to compare IWISH to other models of service coordination being offered at the active control properties.

The main data sources for the process study are interviews with IWISH Resident Wellness Directors and Wellness Nurses, interviews with residents of IWISH properties, and interviews with property managers and owners of both IWISH and control properties. All interviews are planned for 2023 (prior to the end of the two-year extension period). The evaluation team will supplement these data sources with data reported by the IWISH properties, HUD administrative data, and public use data.

The main analytic methods for the process study are content analysis of interview data; descriptive analysis of administrative and service data; and rating of treatment properties along a continuum of fidelity to the implementation of core IWISH model components.

Impact Study

The impact study 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 intervention on healthcare utilization and spending (including hospitalizations), housing exits, transfers to nursing homes and other long-term care settings, and mortality. The impact of the intervention is the difference between the average outcomes among residents at treatment properties and the average outcomes among similar residents in the control groups.

The main data sources for the impact study are Medicare Fee-For-Service claims, Medicaid Fee-For-Service claims, Medicare and Medicaid encounter data, HUD administrative data, and public use data to characterize the community. These data sources are not subject to the PRA and are therefore not part of this ICR. The data from Medicare, Medicaid, and HUD will be used to estimate the impact of the IWISH model on healthcare utilization, housing exits, transfers to nursing homes and other long-term care settings, and mortality.

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 research team plans to conduct the following types of analyses:

- **Intent-to-treat (ITT) analysis**, which estimates the impact of offering housing-based supportive services under the IWISH model by comparing outcomes for all residents of treatment and control group properties.
- **Treatment-on-the-treated (TOT) analysis**, which estimates the effects of participating in the IWISH model (defined as enrollment in IWISH) using quasi-experimental, Instrumental Variable methods. TOT estimates will help assess whether the impact of IWISH on the outcomes for all residents are really driven by the outcomes for residents who enrolled in the model. TOT estimates will only be developed for residents living at IWISH properties for the initial demonstration period (October 2017 – September 2020).

The research team will also extend their analysis and collect administrative data to explore the effects of the IWISH Model on residents who moved into the treatment and control properties after the initial demonstration began:

- Residents who moved into the properties between October 1, 2018, and September 30, 2020, as the demonstration was underway; and
- Residents who moved in during the transition period, after the original demonstration ended but before the extension period began.

Study Deliverables and Use of Information Collected to Date

HUD and policy makers will use the information collected through the evaluation to understand the effectiveness and outcomes of the IWISH model. The evaluation will provide insight to Congress, HUD, property owners, and other interested parties on issues to consider in providing housing-based supportive services. It will also provide rigorous, quantitative data on the impact of housing-based supportive services on healthcare utilization and housing stability among older adults in HUD-assisted housing.

The information collected to date was used to produce the First and Second Interim Reports, both published in 2021 and a third report summarizing results from the first phase of the evaluation to be published in December 2022. The information collected through this ICR request will result in one final Comprehensive Report, to be published in 2026.

Information Collection in This ICR

This ICR covers an additional round of data collection supporting the process study to be undertaken in 2023. All the data collection in this ICR will be performed by Abt Associates and its subcontractor L&M Policy Research. Each data collection activity is described below, followed by a summary table presenting the justification for each data collection instrument.

Interviews with Resident Wellness Directors and Wellness Nurses at IWISH Properties

The research team will interview the Resident Wellness Directors and Wellness Nurses at the treatment properties in 2023. The purpose of the interviews is to learn about Resident Wellness Directors' and Wellness Nurses' experience implementing the IWISH program, how implementation of IWISH has changed through the extension and transition periods, and IWISH staff perception of the most and least useful aspects of the model. The research team will interview up to 54 Resident Wellness Directors and 44 Wellness Nurses. Each interview will last approximately two and a half hours, with an additional 30 minutes for scheduling and preparing for the interview. The research team will use the interviews to gather information on: IWISH activities, workload, programs and partnerships, perceived effects and benefits of IWISH for residents, and the experience of being a Resident Wellness Director or Wellness Nurse. The research team will send a list of topics to respondents in advance so that respondents are prepared.

Trained staff from the research team will conduct the interviews either in person during site visits or by telephone/videoconferencing using separate interview guides for each type of respondent. The interview guide for the interviews with Resident Wellness Directors is provided in **Appendix A**. The interview guide for the interviews with Wellness Nurses is provided in **Appendix B**.

Interviews with Property Owners

The research team will interview owner representatives from all organizations that own the 40 IWISH properties and the 40 active control properties. The purpose of the interviews with

owners of IWISH properties is to learn about owner perceptions of the strengths and weaknesses of the IWISH model for residents and property management, experiences with IWISH implementation, and technical assistance and support provided to IWISH staff. The interviews will also provide information about service coordination and health and wellness programming at IWISH properties during the transition period (between the end of the initial IWISH demonstration period and the beginning of the two-year extension period). The purpose of interviews with owners of active control properties is to learn about service coordination and health and wellness programming in these properties as a comparison to the IWISH model. Each interview will last approximately 1.5 hours, with an additional 30 minutes for scheduling and preparing for the interview. The research team will send a list of topics to respondents in advance so that respondents are prepared.

Trained staff from the research team will conduct the owner interviews by telephone/videoconferencing, using the interview guide provided in **Appendix C** (Interview Guide for Property Owners and Managers of Treatment Properties) and **Appendix D** (Interview Guide for Property Owners and Managers of Active Control Properties).

Interviews with Residents of IWISH Properties

The research team plans to conduct up to 200 resident interviews at 10 IWISH properties. The purpose of the interviews is to understand residents' perspective on having IWISH implemented at their property, their perception of the benefits of the model, and their perception of changes in their health and well-being because of access to IWISH programming and staff.

Approximately 160 interviews will be conducted in the respondent's preferred language either in person by interviewers during site visits or by telephone/videoconferencing. An estimated 40 interviews will be conducted through real-time telephone/videoconferencing interpretation services provided by a third-party vendor. Interviews conducted in the respondent's preferred language are expected to take an hour with an additional 30 minutes for scheduling and preparing for the interview. Interviews using real-time interpretation services are expected to take between 60 and 120 minutes, with an additional 30 minutes to one hour for scheduling and preparation. The interview guide for the interviews with residents of treatment properties is provided in **Appendix G**. The outreach and scheduling materials for the interviews with residents are provided in **Appendix E**. Cognitive screening plans are provided in **Appendix F**.

Exhibit A-1 summarizes the necessity of information collection across each data collection instrument.

Exhibit A-1: Justification of Data Collection Instruments

Instrument(s)	Respondents, Content, and Reason for Inclusion
<p>Interview Guide for Resident Wellness Directors at Treatment Properties (Appendix A)</p>	<p>Respondents: Resident Wellness Directors at the active treatment properties¹</p> <p>Content:</p> <ul style="list-style-type: none"> • Respondent background and education • IWISH activities • Enhanced service coordination • Role and workload of Resident Wellness Director • Programs and partnerships • Experience of being a Resident Wellness Director • Technical assistance and support received for role • Role of property management in IWISH • Resident, property, and community contextual characteristics • Effect of COVID-19 on IWISH implementation • Perception of effects and benefits of IWISH <p>Reason: The interviews with Resident Wellness Directors will collect key information on how IWISH has been implemented at each site during the IWISH transition and extension periods and the factors that influence implementation effectiveness and fidelity to the model. The interviews will update information collected in 2019 and 2020 on how the property staff work together to engage residents, conduct person-centered interviews and assessments, use a case management software system to collect and report resident data, develop health and wellness programming, and build partnerships with service providers and healthcare entities. The interviews will also explore the background and training of the Resident Wellness Director, which could affect implementation, and Resident Wellness Director opinions on the strengths and weaknesses of the model.</p>

¹ “Active treatment properties” refers to the 36 IWISH (treatment) properties that extended their participation in the demonstration for an additional two years, through 2023.

Instrument(s)	Respondents, Content, and Reason for Inclusion
<p>Interview Guide for Wellness Nurses at Treatment Properties (Appendix B)</p>	<p>Respondents: Wellness Nurses at the active treatment properties</p> <p>Content:</p> <ul style="list-style-type: none"> • Respondent background and education • IWISH activities • Enhanced service coordination • Role and workload of Wellness Nurse • Programs and partnerships • Experience of being a Wellness Nurse • Technical assistance and support received for role • Role of property management in IWISH • Resident, property, and community contextual characteristics • Effect of COVID-19 on IWISH implementation • Perception of effects and benefits of IWISH <p>Reason: The interviews with Wellness Nurses will collect key information on how IWISH has been implemented at each site and the factors that influence implementation effectiveness and fidelity to the model. The interviews will update information collected in 2019 and 2020 on how the property staff work together to engage residents, conduct person-centered interviews and assessments, use a case management software system to collect and report resident data, and develop programming and build partnerships with service providers and healthcare entities. The interviews will also explore the background and training of the Wellness Nurse, which could affect implementation, and Wellness Nurse opinions on the strengths and weaknesses of the model.</p>
<p>Interview Guide for Property Owners of Treatment Properties (Appendix C)</p> <p>Interview Guide for Property Owners of Active Control Properties (Appendix D)</p>	<p>Respondents: Representatives of the property owner and management organizations for the active IWISH treatment properties and 40 active control properties.</p> <p>Content:</p> <ul style="list-style-type: none"> • Owner organization and respondent background • Experiences with IWISH/service coordinator implementation • Service coordinator staffing and health and wellness programming during IWISH transition and extension periods • Training and technical assistance provided to IWISH/service coordinator and health and wellness staff • Supportive services funding • Plans related to supporting aging in place • Strengths and weaknesses of the IWISH model/service coordination • Perceived effects and benefits of the IWISH model/service coordination • Resident, property, and community contextual characteristics • Effect of COVID-19 on IWISH implementation/service coordination <p>Reason: The interviews with owners and managers provide insight into the experience of managing HUD multifamily properties for older adults and the implementation of IWISH. HUD is interested in learning about which aspects of IWISH owners and managers would ideally want to continue and which they view as less beneficial. Interviews with owners and managers of active control properties will also provide information on the extent of service coordination and health and wellness programming offered at HUD multifamily properties for older adults in the absence of IWISH.</p>

Instrument(s)	Respondents, Content, and Reason for Inclusion
Interview Guide for IWISH Residents (G)	<p>Respondents: Residents of 10 active IWISH treatment properties.</p> <p>Content:</p> <ul style="list-style-type: none"> • Experiences with IWISH activities and assessments • Participation in and experiences with health and wellness group programming • Interactions with Resident Wellness Director and Wellness Nurse • Strengths and weaknesses of the IWISH model • Perceived effects and benefits of the IWISH model • Unmet needs related to aging in place • Resident, property, and community characteristics that could affect IWISH implementation or impacts <p>Reason: The interviews with residents of IWISH properties provide insight into the experience of living in HUD multifamily properties for older adults and participating in health and wellness activities offered through IWISH. HUD is interested in learning about which aspects of IWISH residents would ideally want to continue and which they view as less beneficial. Interviews with residents will also provide information on the contextual factors that could affect resident participation in IWISH or the impact of the model on resident health, wellbeing, and tenancy.</p>

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.

The research team will conduct the data collection both in-person during site visits by evaluation staff and by telephone/videoconferencing. Given the qualitative and in-depth nature of the information to be collected, the use of technology (such as an online survey) is not appropriate. The researchers will reduce the burden on the respondents by providing interview topics and specific questions in advance.

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.

HUD is not aware of any other studies for which this study represents a duplicate research effort. The IWISH model has not been implemented before, and this is the only evaluation of it to date.

5. If the collection of information impacts small businesses or other small entities (Item 5 of OMB Form 83-I) describe any methods used to minimize burden.

HUD expects only minimal (if any) impact of this data collection on small business entities. It is possible that some property owners interviewed may be small businesses. The study will minimize burden in this data collection by pre-populating the data collection instruments with information collected earlier in the study. The study team will also send a list of topics to the respondents in advance so that the interview can flow more smoothly and quickly.

6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

Each data collection activity under this ICR will occur only once and under specific contract guidelines. Without this data collection effort, HUD will be unable to evaluate the implementation of the SSD for the transition and extension periods after the end of the initial three-year demonstration period in September 2020. The qualitative data collection covered by this ICR is essential for providing context for the results of the quantitative impact analysis, particularly for understanding the difference between the service coordination and wellness services provided through IWISH and typical service coordination at other HUD multifamily properties serving older adults. Without data collected from individuals involved in the provision of IWISH services, the study will have little insight into IWISH implementation and fidelity to the IWISH model during the IWISH transition and extension periods. Without data collected from owners, the study will have little insight into how property owners experience the IWISH model during the transition and extension periods and how that compares to their experience of typical property management. Interview data collected from residents is essential for understanding how older adults experienced the program during the transition and extension periods and their perspectives on the model's strengths and weaknesses during that time.

7. Explain any special circumstances that would cause an information collection to be conducted in a manner:

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. The following below are “**Not Applicable**” to this collection:

- requiring respondents to report information to the agency more than quarterly – “**Not Applicable**”;
- requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it – “**Not Applicable**”;
- requiring respondents to submit more than an original and two copies of any document – “**Not Applicable**”;
- requiring respondents to retain records other than health, medical, government contract, grant-in-aid, or tax records for more than three years – “**Not Applicable**”;
- in connection with a statistical survey, that is not designed to produce valid and reliable results than can be generalized to the universe of study – “**Not Applicable**”;
- requiring the use of a statistical data classification that has not been reviewed and approved by OMB – “**Not Applicable**”;
- 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 – “**Not Applicable**”; or
- requiring respondents to submit proprietary trade secret, 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 – “**Not Applicable**”.

8. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.

- **Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping disclosure, or reporting format (if any) and the data elements to be recorded, disclosed, or reported.**
- **Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years -- even if the collection of information activity is the same as in prior periods. There may be circumstances that preclude consultation in a specific situation. These circumstances should be explained.**

In accordance with 5 CFR 1320.8 (Paperwork Reduction Act of 1995), a Notice of Proposed Information Collection for publication in the Federal register has been prepared to announce the agency’s intention to request an OMB review of supplemental data collection activities for the Evaluation of the Supportive Services Demonstration. HUD published a 60-Day Notice of Proposed Information Collection in the Federal Register on January 4, 2023. The Docket No. is Docket No. FR-7060-N-08 and the notice appeared on pages 365-367. The notice provided a 60-day period for public comments, and comments were due March 6, 2023. No public comments were received. A copy of the notice is included with this ICR in **Appendix H**.

The Evaluation of SSD was developed and is being implemented with the assistance of Abt Associates Inc., the study’s contractor. Key members of the Abt team include Project Director Melissa Vandawalker; Principal Investigator Sara Galantowicz; Project Quality Reviewer Jill Khadduri; and Director of Impact Analysis Ian Breunig. Staff from HUD, the Office of the Assistant Secretary for Planning and Evaluation (ASPE), and the Centers for Medicare and Medicaid Services (CMS) at the Department of Health and Human Services have collaborated on the design of the evaluation with the research team throughout all phases of the study to date.

Abt Associates and HUD established an Expert Panel to review the evaluation design, progress, and findings to maximize the rigor of the evaluation and its value to multiple stakeholders.

1. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

All residents participating in an interview will receive a \$40 gift card. The incentive amount is consistent with other studies of comparable populations and with similar interview lengths.

There are no payments or gifts to respondents of the interviews with Resident Wellness Directors, Wellness Nurses, or owners.

2. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation or agency policy.

HUD and Abt Associates will make every effort to maintain the privacy of respondents, to the extent permitted by law. The subjects of this information collection and the nature of the information to be collected require strict confidentiality procedures. 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. If required by HUD's Chief Privacy Officer, HUD will publish a System of Records Notice (SORN) in the Federal Register prior to data collection and comply with all aspects of the Privacy Act and agency policy. All research staff working on the project have been trained to protect private information and the study has a detailed Data Security Plan governing the storage and use of the data collected through the study. Additionally, individuals will not be cited as sources of information in prepared reports.

All respondents included in the study will be informed that information they provide will be used only for the purpose of this research. During the interviews, Abt interviewers will record staff's position, title, and site location, and save interview notes to Abt Associates' common drive, to a folder with access restricted only to staff associated with the project.

The research team will audio record all interviews with permission from the respondent. All recordings will be stored on Abt Associates' secure cloud computing environment with access restricted only to staff associated with the project.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

The interviews with Resident Wellness Directors, Wellness Nurses, and property owners and managers do not contain any sensitive questions.

Some questions in the resident interviews may potentially be sensitive for some respondents. The resident interview will be conducted with individuals age 62 and older who are living in HUD-assisted housing. All residents have very or extremely low household incomes. Interview topics relate to access and use of health and supportive services and interactions with service coordinator and wellness staff. All interview respondents will be informed that their answers will be private and only be used for the purposes of this study and that results

will only be reported in aggregate. The interviewer will make clear that respondents can refuse to answer any questions and stop the interview at any time.

Prior to starting the interview, interviewers will screen all respondents for cognitive ability to complete the interview independently and obtain informed consent (and consent of legally authorized representatives if applicable). Residents can use a proxy to assist in interview completion when necessary. The resident interview protocol and consent procedures will be reviewed and approved by Abt Associates' Institutional Review Board prior to data collection.

12. Provide estimates of the hour burden of the collection of information. The statement should:

- **indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices;**
- **if this request covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13 of OMB Form 83-I; and**
- **provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead this cost should be included in Item 13.**

Exhibit A-2 provides the total estimated hour and cost burden of the information collection.

Exhibit A-2: Estimated Hour and Cost Burden of Information Collection

Information Collection	Number of Respondents	Frequency of Response	Responses Per Annum	Burden Hour Per Response	Annual Burden Hour	Hourly Cost Per Response	Annual Cost
Interviews with Resident Wellness Directors	54	1	54	3	162	\$40.00 ²	\$6,480.00
Interviews with Wellness Nurses	44	1	44	3	132	\$63.99 ³	\$8,446.68
Interviews with Treatment Group Property Owners and Managers	40	1	40	2	80	\$51.23 ⁴	\$4,098.40
Interviews with Active Control Group Property Owners and Managers	40	1	40	2	80	\$51.23 ³	\$4,098.40
Resident Interviews conducted in core languages	160	1	160	1.5	240	\$9.63 ⁵	\$2,311.20
Resident Interviews conducted via on demand interpretation	40	1	40	3	120	\$9.63 ⁴	\$1,155.60
Total	378				724		\$26,590.76

²Estimated cost burden for Resident Wellness Directors participating in interviews is based on the average hourly wage for private industry workers by industry sector. U.S. Bureau of Labor Statistics, June 2022, for the healthcare and social assistance industry (\$40.00), accessed September 26, 2022 at [Table 4. Private industry workers by occupational and industry group - 2022 Q02 Results \(bls.gov\)](#)

³Estimated cost burden for property Wellness Nurses participating in interview is based on the average hourly wage for private industry workers by industry sector. U.S. Bureau of Labor Statistics, June 2022, for Registered Nurse Occupations (\$63.99), accessed September 26, 2022 at [Table 4. Private industry workers by occupational and industry group - 2022 Q02 Results \(bls.gov\)](#)

⁴Estimated cost burden for property owners and managers is a blended rate based on average hourly and weekly earnings of all employees on private nonfarm payrolls by industry sector, seasonally adjusted. U.S. Bureau of Labor Statistics, June 2022 for all private industry workers (\$38.91) and the hourly cost for management, professional, and related workers (\$63.55). Accessed September 26, 2022: [Table 4. Private industry workers by occupational and industry group - 2022 Q02 Results \(bls.gov\)](#)

⁵To estimate hourly cost for the residents, we used average Social Security benefit for retired works in June 2022, (accessed in September 26, 2022: <https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf>) which was \$1,669 into an hourly rate of \$9.63 per hour (by multiplying by 12 months and dividing by 2,080 hours).

The total estimated annual cost for this information collection is \$26,590.76. To estimate the hourly cost per respondent, the research team used data from the Bureau of Labor Statistics' Employer Costs for Employee Compensation survey from June 2022 (<https://www.bls.gov/news.release/pdf/ecec.pdf>):

- For the Resident Wellness Directors, the research team used the hourly cost for healthcare and social assistance workers (\$40.00).
- For the Wellness Nurses, the research team used the hourly cost for Registered Nurses (\$63.99).
- For the property owners and managers, the research team used a blended rate based on average hourly and weekly earnings for all professional and business services (\$38.91) and the hourly cost for management, professional, and related workers (\$63.55), which is \$51.23.
- For the residents of treatment properties, the research team used the average monthly Social Security benefit for retired workers in June 2022 (accessed from <https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf>) which was \$1,669 and converted it into an hourly rate of \$9.63 (multiplied \$1,669 by 12 months and divided by 2080 hours).

13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information (do not include the cost of any hour burden shown in Items 12 and 14).

- **The cost estimate should be split into two components: (a) a total capital and start-up cost component (annualized over its expected useful life); and (b) a total operation and maintenance purchase of services component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information. Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s) and the time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities;**
- **If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collection services should be a part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10) utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.**

- **generally, estimates should not include purchases of equipment or services, or portions thereof made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated with the information collection, (3) for reasons other than to provide information or keep records for the government, or (4) as part of customary and usual business or private practices.**

This data collection effort involves no recordkeeping or reporting costs for respondents other than the time burden to respond to questions on the data collection instruments as described in item 12 above. There is no known cost burden to the respondents.

14. Provide estimates of annualized cost to the Federal government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 in a single table.

The current effort is being carried out under a HUD Contract with Abt Associates. HUD estimates the cost to the Federal Government for this data collection is approximately \$750,000 in professional labor and travel costs. The professional labor cost estimates for this information collection include project management staff, interviewers, and research and IT support staff. Exhibit A-3 summarizes the cost breakdown.

Exhibit A-3: Estimated Cost to the Federal Government

Activity	Estimated Cost to Federal Government
Professional Labor	\$650,000.00
Travel	\$100,000.00
Total	\$750,000.00

15. Explain the reasons for any program changes or adjustments reported in Items 13 and 14 of the OMB Form 83-I.

This submission to OMB does not involve any program changes or adjustments. This data collection is an extension of the data collection approved 08/07/20 (OMB Control number 2528-0321).

16. For collection of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

The data collected for the Evaluation of the Supportive Services Demonstration will be analyzed, tabulated, and reported to HUD by the evaluation contractor, Abt Associates. The

results of the analysis will be reported in a final Comprehensive Report to be submitted in 2026. **Exhibit A-4** presents an overview of the data collection and analysis schedule.

Exhibit A-4: Project Schedule

Timeframe	Activity	Notes
October 2018 – December 2018	Initial questionnaires fielded	Completed.
October 2018 – January 2019	First round of administrative data collection	Completed.
January 2019 – May 2019	Analysis of questionnaire data and PHL data	Completed.
April 2019 – March 2020	Site visits, interviews, and focus groups	Completed.
April 2020	Interim report	Published September 2021.
March – June 2020	Preliminary analysis of interview and focus group data	Completed.
June – September 2020	Final interviews	Completed.
September - November 2020	Final process study analysis of 2017-2020 demonstration period	Completed.
December 2020 - March 2021	Second Interim Report	Published November 2021.
April – March 2022	Final impact study analysis of 2017-2020 demonstration period	Completed.
October 2021 – December 2022	Comprehensive report and additional reports (2017-2020 demonstration period)	Publication expected in 2022.
April – September 2023	Qualitative interviews during IWISH extension period	
September 2023 – June 2024	IWISH extension process study data analysis	
January – December 2024	IWISH extension administrative data collection	
January – December 2025	IWISH extension impact study analysis	
January - September 2026	Comprehensive report of IWISH evaluation through extension period (2017-2024)	Publication expected in 2026.

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.

All data collection instruments will prominently display the expiration date for OMB approval.

18. Explain each exception to the certification statement identified in item 19.

This submission describing data collection requests no exceptions to the Certificate for Paperwork Reduction Act (5 CFR 1320.9).