

**PROMOTING THE
READINESS OF MINORS IN
SUPPLEMENTAL SECURITY INCOME
(PROMISE)**

**FREQUENTLY ASKED QUESTIONS
FOR APPLICANTS**



**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, D.C.**

This version contains applicant FAQs for the PROMISE Program as of 6/19/2013

PURPOSE

The purpose of this document is to provide information about the Promoting the Readiness of Minors in Supplemental Security Income (PROMISE) program, which is a joint initiative of the U.S. Department of Education (ED), the U.S. Social Security Administration (SSA), the U.S. Department of Health and Human Services, and the U.S. Department of Labor to fund States to develop and implement model demonstration projects (MDPs) to promote positive outcomes for children who receive Supplemental Security Income (SSI) and their families. ED is administering the PROMISE grants. SSA is administering a national evaluation of the PROMISE program. This document provides an explanation of various provisions included in the PROMISE notice inviting applications (NIA) to assist potential applicants in designing their proposed projects. It does not create or confer any rights for or on any person.

The NIA is found at the following link:

www.federalregister.gov/articles/2013/05/21/2013-12083/applications-for-new-awards-promoting-the-readiness-of-minors-in-supplemental-security-income

We will provide additional or updated program guidance as necessary on the PROMISE Web site, www.ed.gov/PROMISE. If you have further questions that are not answered here, please email Corinne.Weidenthal@ed.gov.

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A. LEAD COORDINATING ENTITY

A-1 Which State agencies may serve as the lead coordinating entity for a PROMISE grant?

The lead coordinating entity must be one of the required State agency partners responsible for administering programs that provide one of the types of services listed in paragraph (a)(1)(i) in the Project Activities section of the NIA. In a consortium, each of the consortium States must designate a State agency to serve as its lead coordinating entity for the PROMISE MDP.

A-2 May a non-State entity be the lead coordinating entity for a PROMISE grant?

No. Only a State agency may be a lead coordinating entity for a PROMISE grant. (See Eligible Applicants, paragraphs (a)(1) and (b)(2).) However, projects may include non-State entities in their partnerships if doing so would help fulfill the goals of the MDP. (See Priority, paragraph (b) of the NIA.) Applicants must describe the role of each partner in the logic model and application narrative. (See Application Requirements, paragraph (d) of the NIA.)

One of the selection criteria focuses on the quality, professional experience, and knowledge of the key personnel and their authority to commit the resources of their agencies to achieving the purposes of the MDP. By extension, the lead coordinating entity must have authority to coordinate the partners to implement the MDP.

B. RECRUITMENT OF PROJECT PARTICIPANTS

B-1 Who is eligible to participate in a PROMISE project?

Project participants must be child SSI recipients¹ who are between the ages of 14 and 16, at the time PROMISE services are initiated, and their families. (See Participant Outreach and Recruitment section of the NIA.)

B-2 How many child SSI recipients must be included in a PROMISE project?

Each single State applicant or multi-State consortium must enroll a minimum of 2,000 child SSI recipients who are eligible to be served by a PROMISE project. The research design of PROMISE uses random assignment, and approximately one half of the participants in each MDP (at least 1,000) will be assigned to the treatment group, which will receive the MDP interventions. The other half of the participants (at least 1,000) will be assigned to the control group, which will not receive MDP interventions, but instead will receive the services child SSI recipients ordinarily receive. The child SSI recipients in the treatment group must be between 14 and 16 years old at the time MDP services are initiated. (See Eligible Applicants, paragraph (d) of the NIA.) To see how many child SSI recipients between the ages of 13 and 16 are receiving SSI payments in each State, go to www.ed.gov/promise and open the data tables provided by SSA.

B-3 Over what period of time may the 2,000 participants be enrolled in the project?

Projects will have a two-year recruitment period to obtain the minimum number of participants. In other words, they have 24 months to obtain parental consent on behalf of at least 2,000 child SSI recipients and their families to participate in the project, as described in E-3 below, and to initiate services for those participants assigned to the treatment group (see B-2 above). Projects may recruit, enroll, and initiate services for eligible children on a rolling basis during the two-year period. Although projects may only serve child SSI recipients who are between the ages of 14 and 16 at the time the MDP services are initiated, they may recruit eligible 13-year-olds to begin services at age 14, no later than the end of the second year. To see how many child SSI recipients between the ages of 13 and 16 are receiving SSI payments in each State, go to www.ed.gov/promise

¹ The SSI program for children provides cash payments to low-income families that have a child with a severe disability under SSA disability eligibility criteria. To meet the SSI disability eligibility criteria, a child must have a medically determinable physical or mental impairment that results in marked and severe functional limitations, and that can be expected to result in death or that has lasted, or can be expected to last, for a continuous period of not less than 12 months (42 U.S.C. 1382(c)).

and open the data tables provided by SSA. Allowing a two-year recruitment period expands the pool of eligible applicants, as projects may recruit 13-year-olds during the first year of the project who would begin receiving MDP services at age 14.

B-4 What are the factors to consider in developing a process to recruit and obtain parental consent to participate on behalf of the required 2,000 child SSI recipients and their families?

Each State and consortium must plan to recruit participants from a pool of child SSI recipients that is large enough to enable the project to obtain parental consent for participation in the PROMISE project on behalf of the required minimum 2,000 child SSI recipients and their families. The plan for recruiting child SSI recipients and their families is a key application requirement that is reflected as a selection criterion. (See Application Requirements, paragraph (e) and Selection Criteria, paragraph (b)(1) of the NIA.)

The results from SSA's [Youth Transition Demonstration](#) program indicate that States will need to draw from a larger pool to recruit and retain the required 2,000 child SSI recipients and their families. In order to recruit and retain the minimum number of participants, projects should provide the potential participants with a detailed explanation of the expectations for their participation. (See Participant Outreach and Recruitment, paragraph (4)(i) of the NIA.) In their recruitment plan, applicants must demonstrate that they have a strategy to accomplish the required recruitment of child SSI recipients and their families. Grantees are permitted to use a portion of the grant funds for recruitment activities.

B-5 How can applicants meet the requirement for at least 2,000 participating child SSI recipients and their families?

Several States have enough child SSI recipients in the 13-16 age range to potentially meet this requirement on their own (e.g., 11 States have over 10,000 child SSI recipients in the 13-16 year old age range). If a State cannot meet the minimum sample size of 2,000 participating child SSI recipients on its own, it may form a consortium with other States. (See Eligible Applicants, paragraph (b) of the NIA.) In addition, the two-year recruitment period allows the project to recruit eligible participants who are 13-16 years old rather than only those who are 14-16 years old. The larger pool of eligible participants that includes the 13-year-olds might benefit applicants in one of two ways. For some States and consortia with fewer eligible child SSI recipients, the two-year period will provide a larger pool from which to recruit the minimum 2,000 participants. For other States and consortia, the expanded pool of eligible child SSI recipients will permit them to recruit more than the minimum (2,000 participants) in order to compete for a larger grant award. (See Award Information section of the NIA.) Applicants should also note that, to facilitate recruitment, SSA will provide the names of and contact information for child SSI recipients in the State(s) served by each MDP. (See question E-1.)

B-6 What if a grantee does not meet its recruitment goals?

If a project fails to enroll the number of child SSI recipients specified in the project's application within two years of the start of the project, ED may choose to reduce or terminate continuation funding for the project pursuant to 34 CFR 75.253 of the Education Department General Administrative Regulations. (See Continuation Awards in the Award Administration Information section of the NIA.)

C. CONTROL VERSUS TREATMENT GROUPS

C-1 **Must the MDP always use random assignment? Is the assignment fixed throughout the entire project?**

Yes. Random assignment is a required element of the research design for PROMISE. Once enrolled in PROMISE, all child SSI recipients and their families will be randomly assigned with the assistance of the national evaluator under contract with SSA to either the treatment group or the control group; that assignment is fixed and cannot be changed over the course of the entire project and evaluation period.

As part of their outreach and recruitment efforts, projects must ensure that participants understand that they will be entered into the equivalent of a lottery and have an equal chance of being assigned to receive the MDP services (treatment group) or not to receive the MDP services (control group) but still have access to the services they would ordinarily receive in their State. (See Application Requirements, paragraph (f) of the NIA.) Participants in both the control and the treatment groups must participate in the periodic reporting of information needed to assess performance on the common outcome measures by the national evaluator. (See Priority section, paragraph (c) of the NIA.)

C-2 **What services will the control group receive?**

Child SSI recipients and their families assigned to the control group will receive the services and supports they would ordinarily receive in their State and local communities as if the MDP project had not been implemented. Child SSI recipients and their families in the treatment group will receive the services and supports from the PROMISE MDP in addition to the services they would ordinarily receive in their State and local communities. (See Project Activities, paragraph (b) of the NIA.)

D. ALLOWABLE ACTIVITIES

D-1 Can projects withhold services and supports from child SSI recipients and their families?

No. All child SSI recipients and their families participating in a PROMISE MDP will receive the appropriate services and supports they would otherwise be eligible to receive in their State. Once enrolled in the PROMISE MDP, the child SSI recipients and their families assigned to the control group will continue to receive those services and supports available in the State that they would typically receive. The child SSI recipients who are 13 years of age and their families who are assigned to the treatment group will also receive the services and supports ordinarily available in the State until the child's fourteenth birthday. On that date, these treatment group participants may begin receiving those additional MDP services and supports provided to participants in the treatment group as described in the project application.

D-2 Are projects permitted to disburse grant funds directly to participating child SSI recipients and their families?

Yes. Projects are permitted to provide grant funds directly to child SSI recipients and their families enrolled in a PROMISE project if those grant funds will be used in a manner that is consistent with the strategies in the proposed application and will facilitate the achievement of the project's goals and objectives. For example, projects may use grant funds to help pay participating child SSI recipients for work performed as part of the required paid work experiences. While the national evaluator will be responsible for providing any incentives to participants for completing and returning survey data for the national program evaluation, projects may use grant funds to provide an incentive for parents to complete and return survey data needed for its formative evaluation.

E. PERSONALLY IDENTIFIABLE INFORMATION

E-1 Will SSA provide PROMISE MDPs with the names of SSI recipients to facilitate recruitment?

Yes. SSA will provide PROMISE MDPs with personally identifiable information (PII), including the names and addresses, of eligible child SSI recipients between the ages of 13 and 16 in order to facilitate recruitment of SSI recipients for participation in the PROMISE MDP. There is no requirement for SSA to obtain parental consent for release of this information to the MDPs. Under the Privacy Act of 1974, 5 U.S.C. 552a, and SSA regulations, it is permissible for SSA to share contact information for SSI recipients with funded PROMISE projects during the recruitment phase without obtaining parental consent. (See 5 U.S.C. 552a(b)(3); 20 CFR 401.15.)

However, SSA will provide the PII only to funded projects after the required confidentiality and security measures are in place. Specifically, each project will enter into a memorandum of understanding with SSA to ensure that the information is secure and maintained in a manner consistent with any Federal or State laws or regulations that protect the confidentiality or privacy of PII or records. (See Partnerships, paragraph (1)(v) and Participant Outreach and Recruitment, paragraph (1) of the NIA.) Projects need to also ensure that all partnering agencies and organizations understand and comply with data security and confidentiality requirements.

E-2 How must projects protect PII of child SSI recipients and their families?

The MDPs must establish procedures to ensure the privacy and security of PII of the participating child SSI recipients and their families throughout all phases of the project, including the recruitment and evaluation periods. Furthermore, the security plan must include procedures for destroying all PII of nonparticipating child SSI recipients and their families after recruitment is completed and for destroying the PII of participating child SSI recipients and their families after the end of the project and evaluation periods.

E-3 The NIA for the PROMISE program indicates that written consent of the parent and, if appropriate, child SSI recipient, is required for the child and family to participate in the PROMISE program. How and when will this consent be obtained?

As explained in the NIA, the MDP is responsible for obtaining written consent from the parent and, if appropriate, the child SSI recipient. There are two components to this consent:

- (a) parental consent on behalf of the child SSI recipient and family to participate in the PROMISE program; and
- (b) parental consent, or if appropriate consent from the child or eligible student, regarding the collection and redisclosure of PII.

Outreach and recruitment materials must fully inform parents of all information relevant to the child's and family's participation in PROMISE. The materials and consent form must be provided in the family's native language or through another mode of communication, unless it is clearly not feasible to do so. Both components of this consent are entirely voluntary. A parent or, if appropriate, child or eligible student, may revoke or withdraw consent at any time.

ED and its Federal partner agencies are developing a model consent form for possible use by MDPs, and, as appropriate, will provide any needed guidance to MDPs in obtaining the required consent.

F. EVALUATION

F-1 Are projects required to complete their own evaluation?

Yes. Each project is required to conduct a formative evaluation to measure its performance and to assist with project management. The formative evaluation must use clear performance objectives to ensure continuous improvement in the operation of the project, including objective measures of progress in implementing the project and ensuring the quality of products and services (e.g., fidelity of implementation). (See Evaluation and Project Assessment Activities, paragraph (b) of the NIA.) The project must identify the measures the MDP will use to assess its performance and progress toward achieving its goals, consistent with the logic model and the formative evaluation plan. For example, projects may assess the quality, relevance, and usefulness of their professional development activities in order to improve their technical assistance.

At least quarterly each funded project must report progress to OSEP and the national evaluator on the extent to which it met its goals and objectives. (See Evaluation and Project Assessment Activities, paragraph (c)(3)(ii) of the NIA.) The data collected throughout the project period will be used to determine the success of the project. Data demonstrating the model's successes would be helpful in determining the likelihood and ability of other States to replicate the project's model. In addition to the evaluations conducted by the MDPs, the national evaluator will assess the projects on the basis of key outcomes across projects. (See Evaluation and Project Assessment Activities, paragraph (c)(2) of the NIA.) The national evaluation is being designed to assess the effect of services on the key outcomes and determine their statistical significance.

F-2 Are projects required to collect data on the participants assigned to the control group?

Projects are required to assist the national evaluator in collecting outcome data on participants in both the control and treatment groups, particularly data from State and local administrative records. Projects must also be prepared to track, manage, and continually review project information, such as referrals and service participation of the treatment group, in order to carry out and continuously improve (through formative assessment) project operations. (See Evaluation and Project Assessment Activities paragraph (d) of the NIA.)

G. SSI PAYMENTS

G-1 Will participation in PROMISE affect SSI payments made to the child SSI recipients and their families?

PROMISE is designed to improve long-term education and career outcomes of the participating child SSI recipients so they will not be dependent on SSI payments as adults, rather than focusing on short-term reduction in benefits.

For example, ED does not anticipate that paid work experiences arranged by PROMISE MDPs will lead to reductions in SSI payments to participating child SSI recipients. Under SSI program rules, the first \$1,730 of earnings per month (up to a yearly maximum of \$6,960) is excluded from the countable income of child SSI recipients under the age of 22 who are regularly attending school. This policy is called the Student Earned Income Exclusion and is adjusted each year for inflation. Youth PROMISE participants will receive benefits counseling including notification about whether they are approaching the yearly maximum earnings.

H. PROJECT FUNDING LEVELS

H-1 How will the size of a grant award be determined?

Project funding levels will be based on the number of child SSI recipients that an applicant proposes to serve, regardless of whether the applicant is a single State or a consortium of States. Each applicant, whether a single State or a consortium of States, must serve at least 1,000 child SSI recipients and their families in the treatment group, with a maximum average annual budget limit of \$6,500 on costs per child SSI recipient and his or her family. An applicant can use the following formula to calculate the maximum allowed budget for its proposed project:

$$\text{Maximum budget} = \# \text{ of child SSI recipients in treatment group} \times \$6,500 \times 5 \text{ years}$$

The grant awards are estimated to range from \$22,500,000 to \$50,000,000 for the five-year project period to account for differences in the number of participants served and the amount spent per child SSI recipient and his or her family. (See Estimated Range of Awards and Maximum Award in the NIA.)

H-2 Is there a limit on the amount of funding a project may request in a single year?

No. As long as the project budget stays within the five-year funding limit, there is no limit on the amount of funding that a project may budget in each year. Spending levels may vary from year to year, as long as the average annual budget is no greater than \$6,500 per participant in the treatment group.

H-3 Will a consortium of States receive more funding than a single State?

The proposed number of participating child SSI recipients and the accompanying expenditure per child SSI recipient and his or her family determine the funding level rather than the number of States involved in a project. For example, if a single State applicant proposes to serve 1,500 child SSI recipients and their families in the treatment group at the maximum rate of \$6,500 per child SSI recipient, the applicant could propose a budget of up to \$48,750,000. In comparison, if a consortium of States proposes to serve 1,000 child SSI recipients and their families in the treatment group at the maximum rate of \$6,500 per participant, the proposed project budget could equal up to \$32,500,000. In this scenario, the single State applicant will receive more funding than the consortium due to the number of participants the applicants propose to serve. Whether an applicant is a single State or a consortium of States does not affect the estimated award amount. (See Estimated Range of Awards and Maximum Award in the NIA.)

H-4 Is it possible for a single State to receive more funds than a consortium?

Yes. Funding levels are not based on the number of States involved in a project; instead, differences in funding levels are due to the number of participants an applicant proposes to serve and the accompanying per participant costs. In the Maximum Award section of the NIA and question H-1 of this document, we describe the formula for determining the maximum project budget. This funding formula is the same for each applicant, regardless of whether it is a single State or a consortium of States. It is based on the project serving a minimum of 1,000 child SSI recipients and their families in the treatment group, with an average maximum budget of \$6,500 in project costs per participant per year.

It is the proposed sample size and accompanying expenditure per participant that determines the funding level rather than the number of States involved in a project. For example, a consortium proposes to serve 1,000 child SSI recipients and their families, while a single State proposes to serve 1,500; both propose to spend the maximum rate of \$6,500 per child SSI recipient for each of five years. The single State could propose a budget of up to \$48,750,000; whereas the consortium's application could include a budget of up to \$32,500,000 only.

I. CONSORTIUM SERVICES

I-1 Do the interventions have to be the same among all States in a consortium?

Yes. Just as a single-State project must ensure that MDP services are offered consistently to its participating child SSI recipients and their families, all States in a consortium must also have a consistent service strategy. In other words, the intervention must be the same across all States in a consortium.

I-2 Must the partner agencies be the same in each State participating in a consortium?

States participating in a consortium must have partnerships with at least three State agencies (or equivalents for administering common programs) that are common to all States in the consortium. (See Eligible Applicants, paragraph (b)(6) of the NIA.) The States must bring into the partnership those agencies that play a substantial role in the provision of the services and supports to be provided by the project consistently across the States in the consortium. (See Partnerships section and Services and Supports section in the NIA.)

As an example of common agencies and programs, many States will include the Department of Education or Department of Public Instruction as a common agency responsible for education-related services of the project. When project services are managed by agencies that differ among States in a consortium, the States would need to bring these equivalent agencies responsible for administering the relevant project services into partnership. For instance, the office responsible for developmental disabilities programs in one State may be located in the Department of Safety and Security; whereas the developmental disabilities program may be located in the Department of Health in another State.

Similarly, a project might, for example, want to offer special GED testing accommodations in order to meet the performance measure of high school completion. (See Performance Measures, paragraph (a)(1) of the NIA.) In one State the GED is administered through the education department; in another through the licensing board. If those States form a consortium, the proposed project would need to show the involvement of the first State's education department and the other State's licensing board.