

REGION VI SERVICE COORDINATORS

"Keeping the door to independence open"

**Report presented to the
U.S. Department of Housing and Urban Development
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Highlights

Highlights of the Region VI report on Service Coordinators for the U.S. Department of Housing and Urban Development

Why HUD did this Study

Since the early 1990s, HUD has issued grants for the provision of Service Coordinators in subsidized housing developments. The function of the Service Coordinator is to link elderly and disabled residents to community services that will promote independence and prevent premature institutionalization. After years of administering the program, HUD had only minor knowledge regarding the region-wide impact these grants are having. A study was conducted to determine how the Service Coordinator program was meeting the needs of elderly and disabled residents for Region VI and how the program could be improved.

How the study was done

Every six months, Service Coordinators are required to document their activities on HUD form 92456. This form is submitted to the local HUD office. The forms for the year 2003 in Region VI were gathered and compiled by an applied gerontology graduate student in the Fort Worth Multifamily Hub for Region VI. Analysis of the reports focused on types of services being rendered, kinds of wellness programs offered to residents, and types of problems encountered by Service Coordinators.

SERVICE COORDINATOR PROGRAM

Effective outreach to residents, but more accountability needed

What HUD found

The Service Coordinator program is providing the crucial link between shelter and health services for elderly and disabled residents. In 2003, Service Coordinators in Region VI (Louisiana, New Mexico, Arkansas, Texas) made over 32,000 assistance referrals for residents to help them remain independent. A majority of Service Coordinators' referral efforts focused on case management, advocacy, assessments, benefits, and health care issues for their residents. Almost all Service Coordinators went beyond HUD requirements by facilitating education and wellness programs addressing topics such as diabetes, Medicare fraud, nutrition, and community involvement. Throughout the region, Service Coordinators stated that mental health issues, medication affordability, and safety monitoring were some of the most difficult issues to overcome.

However, both the reporting process used by HUD and the documentation skills of Service Coordinators are in need of drastic improvement. Approximately 24% of submitted reports contained obvious errors in demographic data. Several reports contained sections entirely blank of required additional data. Merely requiring the completion of the Semi-Annual Service Coordinator report on paper has not produced the accountability that HUD desires. An in-depth analysis of Service Coordinator activities cannot be completed until more of the data can be captured accurately.

What the study recommends

The Service Coordinator program needs to be modernized. Specifically, HUD should create an online reporting process using HUD form 92456 as the structure. Requiring that the form be electronically submitted will allow for data errors to be caught and corrected. In order to avoid being flagged for inaccurate, late, or deficient data, Service Coordinators would become more diligent in documentation. HUD would benefit from an online process by being able to compare Service Coordinator reports from year to year to investigate trends and justify funding. In terms of wellness programs, Service Coordinators should begin developing and referring residents to intergenerational programs. The days of traditional age segregation are coming to an end. Studies in gerontology have clearly demonstrated the benefits of forming bonds between the generations through activities like computer workshops and community volunteerism.

The future of the Service Coordinator program should be secured not simply because of its outreach benefit to residents, but due to the savings it is producing in preventing premature nursing home placement and stopping Medicare fraud. Modernizing the Service Coordinator program for future recipients will enable its continued success.

Part I. Purpose and Method of the Study

Today's U.S. Department of Housing and Urban Development (HUD) is taking the lead in keeping the door to independence open for elderly and disabled Americans. HUD has accomplished this by providing grants and other funds so that subsidized housing developments for the elderly or disabled can employ a Service Coordinator. These Service Coordinators link residents to supportive services in the community and help prevent premature nursing home placement. Yet, HUD Region VI (Arkansas, Louisiana, New Mexico, Texas) has minimal knowledge as to how the Service Coordinators are in fact impacting the lives of residents. This study was conducted to assess the level and type of outreach actually being achieved by Service Coordinators and how the program could be improved.

Every six months, Service Coordinators in HUD Region VI must send their local HUD office a Semi-Annual Performance Report (HUD form 92456). This form is used by the Service Coordinator to document the number of referrals made for residents and the number of wellness programs presented for the residents. When HUD receives this report, it is reviewed by a manager and filed. It is never entered into a computer. Since the report data is not compiled electronically, HUD has never been able to evaluate the level of Service Coordinator outreach for the entire region.

For this study, 112 Service Coordinator reports from Region VI for the year 2003 were gathered. Sections of these reports were entered into a spreadsheet and analyzed for trends by an applied gerontology graduate student at the Fort Worth Multifamily Hub. The analysis focused on types of service coordination and wellness programs reported by Service Coordinators.

Part II. Overview of Service Coordination

A. History of Service Coordinators

On November 28, 1990, the Cranston-Gonzalez National Affordable Housing Act authorized funding for Service Coordinators. This law gave HUD the authority to fund Service Coordinators in Section 202 housing for the purpose of keeping elderly and disabled residents independent and preventing nursing home placement. In 1992, the Housing and Community Development Act broadened authority for funding to include grants for additional subsidized developments wishing to provide a Service Coordinator for their elderly and disabled residents. This act also described the functions and training requirements of the Service Coordinator position. In 2000, Congress passed the American Homeownership and Economic Opportunity Act, which allowed Service Coordinators to serve low-income elderly or disabled individuals living in the vicinity of subsidized housing developments (HUD, n.d., Service Coordinator Program History). Today's Service Coordinators receive funding through one of three resources: (1) a national competition with other properties for a limited amount of grant funding; (2) the use of a development's residual receipts or excess income; or (3) a budget-based rent increase or special rent adjustment (HUD, n.d., Multifamily Housing Service Coordinators). The purpose of this study is to examine the activities of Service Coordinators who receive funding through HUD grants.

B. Requirements of the Service Coordinator position

Each year HUD publishes the Super Notice of Funding Availability (SuperNOFA), which outlines the activities Service Coordinators are required to perform, the types of expenses that are allowable for the position, and the amount of funding available (see Part IX of this report).

The 2003 SuperNOFA listed the following functions of a Service Coordinator:

Link residents to supportive services	Help residents build informal support networks
Educate residents on service availability	Consult with tenant organizations
Establish linkages with service providers	Create a directory of service providers for residents
Provide case management	Educate property staff on resident issues
Monitor the provision of services	

While working under HUD funding, Service Coordinators may not:

Act as a recreational or activities director	Provide supportive services directly
Assist with property management work	Act as a Neighborhood Networks program coordinator

For 2003, the SuperNOFA provided \$25 million for new Service Coordinator grants and an additional \$25 million for one year extensions of current Service Coordinators grants. Arkansas, Louisiana, New Mexico, and Texas received approximately \$1,020,172 total in funds for Service Coordinators in 2003 (J.S. Venters, personal communication, December 18, 2003).

For 2004, Congress appropriated approximately \$30.9 million total for the program, nearly a 40% cut from previous years. The decision was based on the finding that \$19 million in Service Coordinator funds for 2003 were unspent (Monks, 2004). Although, funding levels for the program will remain under the discretion of Congress, the demographics of Region VI will continue to necessitate attention to the Service Coordinator program.

Part III. Briefing on Region VI

Both nationally and region-wide, there are several trends in social data that indicate a need for service coordination in subsidized housing developments. According to a nationwide year 2000 study, approximately 33.5% of seniors living in rent-assisted housing needed assistance with an activity of daily living (ADL) or instrumental activity of daily living (IADL) (Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century [Seniors Commission], 2002, p. 27). In addition to the national data, the region-wide data for Arkansas, Louisiana, New Mexico, and Texas indicate a growing need for intervention. A high Medicaid enrollment growth, a high percentage of Supplemental Security Income (SSI) recipients, and a high percentage of elderly in poverty compared to the rest of the nation are fueling the need for Service Coordinators in Region VI.

State Facts Data

Growth of Monthly Medicaid Enrolment 2001-2002		SSI Recipients as a percent of State 65+ population for 2002		Percentage of Elderly in Poverty For years 2001-2002	
Arizona	24.9%	California	9.2%	District of Columbia	27%
Texas	22.1%	Mississippi	5.5%	Mississippi	24%
North Dakota	18.2%	New York	5.5%	Alabama	19%
Maine	17.7%	Massachusetts	5.2%	Georgia	19%
Utah	17.6%	Texas	5.2%	North Carolina	19%
Nevada	15.6%	Louisiana	4.2%	South Carolina	18%
New York	14.4%	Alaska	4.0%	Tennessee	18%
Wyoming	13.3%	Hawaii	4.0%	New Mexico	17%
Kansas	12.0%	New Mexico	4.0%	New York	17%
Louisiana	11.6%	Alabama	3.9%	Texas	17%
Arkansas	10.8%	Georgia	3.8%	Arkansas	16%
Wisconsin	10.4%	Florida	3.4%	Kentucky	16%

- Data compiled from Henry J. Kaiser Family Foundation at:
<http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi?action=compare>

In addition to the region-wide poverty and health issues, living in public housing facility alone may place the elderly and disabled at risk. Results from the New Haven Established Populations for Epidemiologic Studies of the Elderly (EPESE) study showed that participants who lived in public housing were at a significantly higher risk of nursing home placement than those living in the community at large, even when the data were controlled for other demographic, economic, and health characteristics (Freedman, 1996). But why in a country with so many services dedicated to serving the elderly and disabled should premature nursing home placement occur? Unfortunately, if a person is frail enough to need a variety of long-term care services, then he or she is probably too frail to overcome a health system that is not user friendly, too frail to find difficult-to-obtain information, and too frail to manage and coordinate the components of his or her own care effectively (Branch, 2001). In the face of these obstacles, Service Coordinators will remain necessary to assist residents in maintaining independence.

Part IV. HUD's Semi-Annual Performance Report (form 92456)

HUD expects that Service Coordinators closely track their program's performance. For this purpose, HUD created the Semi-Annual Performance Report (HUD 92456). All Service Coordinators are expected to send in this form twice a year to their local HUD field office. A copy of the form can be found at http://www.hudclips.org/sub_nonhud/html/pdf/forms/92456.pdf

Currently, the form is divided into the following sections:

1. Contact person (name, phone, email)
2. Source of funds for Service Coordinator (grant, residual receipts, section 8 operating funds, excess income)
3. List of projects with number of units served by Service Coordinator
4. Number of hours per week worked by the Service Coordinator
5. Resident Statistics
 - a. Total number of all residents served in all projects served
 - b. Estimated age of residents (percent aged 18-61yrs, 62-80yrs, 81-90yrs, over 90yrs)
 - c. Estimated number of frail residents (deficient in 3 or more Activities of Daily Living)
 - d. Estimated number of at-risk elderly residents (deficient in 1 or 2 Activities of Daily Living)
 - e. Total number of residents who utilized the Service Coordinator during the reporting period
 - f. Total number of newly assigned residents assisted during this reporting period

6. Type of Service Coordination Performed

Type of Service	Number of Residents	Type of Service	Number of Residents
Assessments		Home Management	
Advocacy		Lease Education	
Benefits/Entitlements/Insurance		Meals	
Case Management		Mental Health Services	
Conflict Resolution		Monitoring Services	
Crisis Intervention/Support Counseling		Substance Abuse	
Education/Employment		Transfer to Alternative Housing or Hospital	
Family Support		Transportation	
Health Care/Services		Other	
Homemaker			

7. Administrative Tasks (percentage of time per month the Service Coordinator performs these activities)
 - a. Documentation of resident files
 - b. Paperwork not related to residents
 - c. Contact with outside service providers
 - d. Meetings with management staff
8. List of Educational/Wellness Programs performed during the reporting period
9. Fundraising activities the Service Coordinator participated in during the reporting period
10. Professional training programs attended by the Service Coordinator
11. Resident Problems/ Issues (narrative account of two or more resident issues and if outcome was positive or negative)
12. Additional information (narrative account of suggestions for the program or any “best practices” developed)

Part V. Analysis of the reports

At the outset of the study, plans were made to analyze and compile all sections of the Semi-Annual Performance Report (HUD form 92456). However, after examining the 112 reports that were gathered from the region, a rather high percentage contained obvious errors in the Resident Statistics and Administrative Tasks sections of the reports. Approximately 24% of the reports contained errors in which the percentages did not add up to 100 or exceeded 100. Furthermore, several of the reports left the Training and/or Additional Information (“best practices”) section entirely blank. Therefore a decision was made to focus the evaluation on section 6 (Type of Service Coordination Performed), section 8 (Education/Wellness Programs Presented), and section 11 (Resident Problems/Issues).

Type of Service Coordination performed

According to the guidelines published in HUD's 2003 Super Notice of Funding Availability, the first function of a Service Coordinator is to link residents with supportive services in the community. Performance in this area is generally measured by the 19 different categories of Service Coordination listed on section 6 of the Semi-Annual Performance report (HUD form 92456). A compilation of the 112 reports from the region revealed the following numbers for the 19 different categories:

Type of Service	Number of Residents	Type of Service	Number of Residents
Case Management	4470	Monitoring Services	1306
Advocacy	4247	Crisis Intervention	1239
Assessments	3353	Homemaker	1224
Benefits/Entitlements/Insurance	3292	Family Support	1010
Health Care/Services	3103	Conflict Resolution	811
Transportation	1616	Lease Education	718
Education/Employment	1576	Mental Health Services	514
Home Management	1531	Transfer to Alternative Housing or Hospital	472
Other	1496	Substance Abuse	78
Meals	1493		

Although the data is of a general nature, the sheer volume of referrals being made shows a need for assistance in Region VI. The over 32,000 referrals Service Coordinators provided in case management, advocacy, assessments, and other supportive services likely reduced premature nursing home placement. However, further studies are needed to confirm the ability of Service Coordinators to prevent institutionalization.

In the years to come a growing number of seniors will face the triple jeopardy to their independence: inadequate income, declining health and mobility, and growing isolation (Seniors Commission, 2002). Utilizing at least some of the 19 different types of service coordination will be a necessity. This causes an interesting question to arise. If there are no service coordinators, who will help elderly and disabled residents access services? Reliance on family members would be the most likely solution, but some recent studies are showing that the availability of family and friends to provide informal care and support may be lessening.

Regardless of family support availability, Service Coordinators will likely be needed to complement informal services supplied by family. In 1988, Holshouser found that one of the major problems confronting public housing managers was obtaining cooperation from the elderly resident's family members when intervention was needed. As the baby boomers age, the ability of family members to care for them has come into question. In the book New Directions in Old Age Policies, Parrott clearly demonstrates that changes in family composition (smaller, more fragmented families) will greatly limit the capacity of a growing number of families to provide the kind of informal care that has historically characterized the provision of long-term care (Polivka, 2000). Compounding the issue of changing family structure is the geographic separation between family members. Society's high level of mobility may considerably increase the physical separation of elderly parents and their adult children (Smith, 1998). Even when family members live nearby, a resident may have needs that cause more stress than a family member can endure (Seniors Commission, 2002, p.4).

No matter who advocates for the resident, consistently monitoring resident functioning is everything. A study by John Hopkins University found that nursing home placement of elderly public housing residents is predicted primarily by functional status and mental status. Moreover, the study found that the likelihood of nursing home placement was greater as the need for assistance with activities such as shopping, using the telephone, and handling finances increased (Black, Rabins, & German, 1999). The 78 residents who received mental health services through the Service Coordinator in 2003 likely benefited, since untreated psychiatric symptoms are the most frequently cited reasons for asking congregate-housing residents to leave or for refusing to renew a lease (Barker, Mitteness, & Wood, 1988; Bernstein, 1982). Service Coordinators will likely continue to face a high level of need for mental health care among elderly public housing residents and be challenged in providing the vital services this population will require (Black, Rabins, German, McGuire, & Roca, 1997).

Educational or Wellness Programs developed or implemented

The amount of programming done by Service Coordinators in 2003 is to be commended, for HUD does not specifically require the wellness programming. Although, the Super NOFA requires Service Coordinators to link residents to supportive services and educate them on available services, it does not mandate self-improvement programming. After compiling the programs listed in section 8 (Educational/Wellness Programs) of the Semi-Annual Performance reports, it was discovered that in 2003 nearly 500 educational or wellness programs were offered in elderly or disabled subsidized housing developments. Since the reports were not always specific as to the nature and exact number of times a program occurred, each program was only counted once when the data was compiled for this study. Thus the number of programs listed below underestimates the actual amount. For example, a weekly computer class was only counted once, since it was unclear the exact amount of times the course took place. From the totals for 2003, a great diversity of programs can be seen:

Health Education		Medical Forms		Financial issues		Counseling\ Mental Health	
Blood Pressure	43	Medication assistance	38	Energy Assistance	9	Mental Health Screening	5
Podiatrist	16	Social Security	9	Medical Billing issues	7	Depression	3
Blood Sugar	13	QMB application	3	Telephone Billing	6	Family	3
General health screening	13	Medicaid Applications	3	Budgeting	4	Mental Health Education	3
Diabetes Education	11	Benefits Assistance	1	Banking	2	Mental Health Referrals	3
Dental Services	6	Hospital payments	1	Leasing education	1	Grief Counseling	2
Flu shots	6	Nursing Facility paperwork	1	Credit counseling	1	Gambling & Substance Abuse	2
Fall Prevention	5	State Health forms	1	Cable television	1	Management & Resident	1
Medication review	4	Spanish translation	1			Suicide	1
Breast Cancer	3					Communication skills	1
Chronic Illness	3	Nutrition		Education		Support Groups	1
Doctor visits	3	General Nutrition education	11	Exercise	15	Alzheimer's	1
Cholesterol	2	Food Bank assistance	7	Computer	8	Stress Management	1
Medicaid prescriptions	2	Food Stamp assistance	5	Art	1		
Cancer education	4	Meals on wheels	2	Diversity	1		
Nursing Student visits	1	Dieting	2	College classes	1		
		Healthy cooking	4	Horticulture	1		
		Family nutrition	1	Library/ Literacy	1		

Community Involvement		Vision Assistance		Fraud Prevention		Safety	
Volunteer Activities (RSVP)	5	Optometry services	12	Medical Equipment	11	Crime Prevention	7
Newsletter	4	Aid for the blind	1	Better Business	3	Wheelchair Safety	2
Resident Council	4	Eye Surgery	1	Consumer Fraud	2	Cooking	1
Employment	2	Eye Health Education	1	Scooters seminars	2	Home Safety	1
Voting Registration	2	Eye Exams	1			Mosquito	1
Local involvement	1	Guide Dog	1	Hearing		Crime Watch Program	1
Local recognition	1	Glaucoma	1	Amplified Phones	5		
				Testing	5	Legal issues	
				Hearing Aids	5	Legal Aid	5
				Commission for Deaf	2	Advance Directives	2
				Sign Language	1	Living Wills	2
						Wills	2
				Facility issues			
				Homemaker	10	Monitoring	
				Cleaning & Maintenance	2	Lifeline Monitoring	5
				ADA Access	2	Adult Day Care	2
				Air Conditioning	1	Respite Care	1
				ADA Bathroom	1	County Services	1
						Senior Companion	1

Transportation		Abuse Prevention	
General Transport	5	Adult Protective Services	8
Defensive Driving	3	Theft by Family	5
Grocery Transportation	3	Domestic Violence	2
Medical Transport	2	Identity Theft	2
Assisted living transfer	1	Harassment	1
Car Registration	1		
Driver's license	1		
Nursing Home Transfer	1		
College Transport	1		

The good news is that Service Coordinators in Region VI are presenting and linking residents to educational and wellness programming that benefits both body and mind, for it is never too late to learn. Empirical data clearly support the effort to promote lifestyle change among older adults (Rakowski, 1992). Research shows that the elderly have a higher prevalence of chronic illness than the rest of the population; they have longer hospital stays, visit physicians more often, and are prescribed more drugs than younger groups (Ferrini & Ferrini, 2000, p. 19), but research has yet to demonstrate the most effective way to enhance quality of life for the elderly or disabled. As for the 2003 Service Coordinator activities listed in the tables above, the critical analysis will be concentrated upon five categories, which are the following:

(1) **Blood pressure checks**

Education in this area far outnumbered other types of programs, as it indeed should. Accounting for almost half of all deaths among elders, cardiovascular disease is the silent killer that dramatically increases with age in both men and women (Ferrini & Ferrini, 2000, p. 243). Hopefully, Service Coordinators are embracing the new information campaign called “The Heart Truth” by the National Institutes of Health (NIH, n.d). Regrettably, heart disease was often promoted as a men’s issue, but this program is hoping to raise awareness that heart disease prevention among women is an extremely vital issue. The average age for a woman to have a heart attack is about 70-and women are more likely than men to die within a few weeks of a heart attack (NIH, n.d.). By encouraging cardiovascular health, Service Coordinators are assisting the government in this effort.

(2) **Medication assistance**

When the Service Coordinator reports were gathered towards the end of 2003, the Medicare Prescription Drug, Improvement, and Modernization Act had not yet gone into effect. For those residents who needed prescription medication in 2003, Service Coordinators spent a lot of time educating residents about discount medication programs and helping residents enroll. It would be nice to think that the new prescription benefit will make it easier for Service Coordinators to educate and assist residents, but the workload is actually likely to increase. People fail to realize that not until 2006 will the full Medicare drug benefit be in place. For 2004 and 2005, eligible enrollees will only receive a drug discount card, which carries an annual fee and still charges for prescription drugs. Those who cannot afford the fees are eligible for governmental subsidies, if they fill out the necessary paperwork and justify financial hardship (Henry J. Kaiser Family Foundation, 2004).

Along with obtaining medications for their residents, Service Coordinators will be forced to deal with the risks of a resident population likely to be prescribed multiple medications. By taking too many medications or failing to avoid negative drug interactions, residents could seriously jeopardize their health. Unfortunately, the doctors who once managed this issue may no longer have the time to do so. Managed care has often placed time constraints on office visits for frail older persons, which leaves little time to accurately review a patient's drug regimen (Knight & Avorn, 1999). Current trends indicate that elderly and disabled residents will need Service Coordinators even more than before to assist them in obtaining medications and finding supportive services to manage those medications.

(3) **Diabetes education and blood sugar checks**

The data clearly show that linking residents to diabetes management and education programs was certainly one of the priorities for Service Coordinators in 2003. Hopefully even more diabetes programming will occur in 2004. Accounting for an estimated \$98 billion in annual health care costs, diabetes affects about 16 million Americans (Agency for Healthcare Research and Quality, n.d.). When blood sugar is kept in a tight, near-normal range, there is a marked reduction in diabetic complications for those with type 1 and type 2 diabetes (Ferrini & Ferrini, 2000, p. 274).

(4) **Medicare fraud**

Although programming in this area was not extremely numerous, it is of definite importance. Fraud continues to wreak havoc on the financial stability of a program that so many Americans rely on. It is easy to see why both the taxpayer and the Office of the Inspector General take this issue so seriously. Region VI has not been immune from those wishing to cheat the elderly and disabled out of money through Medicare fraud. On November 23, 2003, the *Santa Fe New Mexican* ran an article that advised seniors to be wary of salesmen illegally selling power wheelchairs as necessities to Medicare beneficiaries. Earlier that year, the U.S. attorney in Houston charged two doctors and several equipment dealers with submitting more than \$84 million in bogus claims for power wheel chairs (Houston Chronicle, 2003). Service Coordinators will need to remain vigilant in protecting their residents and the taxpayer from Medicare fraud.

(5) **Intergenerational programming**

Noticeably absent from the education and wellness programs were activities that form connections between young people and older adults. Even though it is quite possible that a survey would find that a majority of children do not want to be around old people, and that a

majority of old people do not desire greater contact with children, this finding would no more justify continuing current age segregation than a survey of southern Whites in 1950 who would have justified continuing racial segregation (Uhlenberg, 2000). Intergenerational programming has proven valuable in addressing issues of social isolation and inadequate support systems, which affect the young and old (Newman & Smith, 1997). In the future, Service Coordinators will need to make an increased effort in providing programs that allow both young and old generations to share knowledge and form connections.

Resident Problems / Issues

Going beyond specific numbers and statistics, the collected narrative statements from section 11 of the Service Coordinator reports provided an excellent informal description of the challenges that Service Coordinators confronted working with the elderly and disabled. Types of frustrations and success stories varied greatly, but there were four common issues that surfaced: mental health, medications, mobility, and expenses not covered by Medicare. What follows are actual Service Coordinator narrative statements about those issues.

Mental Health

A resident with a history of mental problems was found verbally unresponsive in her dry bathtub with no clothing on. The Service Coordinator assisted in getting the resident admitted to a hospital psych unit. It was found that the resident had not been taking her medications properly. The resident was able to return to the complex and is monitored by the Service Coordinator on an ongoing basis. At this time the resident is functioning independently and is showing no signs of mental confusion. –Louisiana

Medication Expenses

Eleven residents needed financial assistance in paying for their prescription medications. Service Coordinator completed applications for each of the residents; all were approved for 3 months of free medication. Every 3 months, SC completes new applications. –Louisiana

Mobility

A resident with a visual impairment asked the Service Coordinator to assist in getting a guide dog. Service Coordinator helped him gather the proper documents and complete an application for Pilot Dog School. Service Coordinator arranged for resident to take orientation and mobility training at a local university. Resident has received a dog and now training with the dog.-Texas

Medicare coverage issues

A resident who had recently been struggling with health and financial issues came to the Service Coordinator in need of new glasses and some extensive dental work. Through a local foundation, the Service Coordinator located funding and worked with an optometrist and dentist to make sure the resident received appropriate care. This boosted her self esteem so much that she got a new hairstyle to go with her new glasses. -New Mexico

Part VI. Recommendations of the Study

Recommendation No. 1

Submit Semi-Annual Performance Report online to a HUD database

The creation of an online submission process for the Service Coordinator Semi-Annual Performance Report would likely yield the following benefits to the program:

- HUD would record more accurate referral data to justify program funding
- HUD could proactively address trends in resident frailty issues (for example: contacting Service Coordinators whose referral data and programming data do not reflect a frail resident population)
- HUD would receive better data to use for cost/benefit studies
- HUD would be able to monitor Service Coordinator training
- HUD would immediately be notified of late or non-existent reports
- Property managers could better monitor Service Coordinator needs and performance over time
- Service Coordinators would be mandated to keep better records or risk being flagged for insufficient data
- Service Coordinators could monitor trends in resident data over time
- Service Coordinators could engage in healthy competition by comparing programming numbers with other local Service Coordinator data
- Service Coordinators could better network to address common issues
- The American Association of Service Coordinators could develop “best practices” based on reported data

Recommendation No. 2

Increase the availability of intergenerational activities

Creating a category on the Semi-Annual Performance report that requires Service Coordinators to report intergenerational programs could yield the following benefits:

- Service Coordinators would be motivated to form relationships with faculty at local colleges and universities to develop intergenerational programming
- College students could develop skills in social work, nursing, or education by serving in programs on subsidized housing developments
- Elderly and disabled residents could receive instruction on computers from young adults and children
- Service Coordinators would be motivated to form partnerships with local elementary schools and other subsidized housing developments
- Children could receive help in literacy programs by older adults serving as reading tutors in intergenerational programming
- Elderly and disabled residents could obtain increased feelings of self-worth as they give back to their communities

Recommendation No. 3

Mandate Service Coordinators to assist the elderly and disabled living in the local neighborhood

Requiring Service Coordinators to open their programming to the local neighborhood could:

- Encourage neighborhood support for the housing development
- Increase the cost-benefit ratio of the program by reaching more Americans
- Reduce resident isolation by allowing the community to create ties with residents
- Serve as the first step in broadcasting health and wellness information to a greater and growing senior population

Part VII. Conclusion

In 1999, the Supreme Court ruled in the case of *L.C. & E.W. vs. Olmstead*, that the government is obligated to provide supportive services to the disabled in the community rather than in an institution. Throughout Region VI, Service Coordinators are meeting this requirement by keeping the elderly and disabled out of nursing homes. HUD should continue to fund the program and seek its enhancement as America prepares for the aging baby boomers.

Nevertheless, to secure legitimacy, the Service Coordinator program needs to be modernized. First, HUD must bring Service Coordinator reporting online to keep the program more accountable and accurately monitor resident needs. Second, HUD needs to actively encourage intergenerational programming as a necessary component of resident life. Involving youth will bring a critical dimension to the program. Third, HUD guidelines should be revised to require Service Coordinators to offer programming and services to the local neighborhood. Indeed, with these improvements, the Service Coordinator program carries great potential to enable more and more elderly and disabled Americans to remain independent.

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Part IX.

SuperNOFA 2003

FUNDING AVAILABILITY FOR SERVICE COORDINATORS IN MULTIFAMILY HOUSING

PROGRAM OVERVIEW

Purpose of the Program. The purpose of this Service Coordinator program is to allow multifamily housing owners to assist elderly individuals and people with disabilities living in HUD-assisted housing and in the surrounding area to obtain needed supportive services from the community, in order to enable them to continue living as independently as possible in their own homes.

Available Funds. Approximately \$25 million, Fiscal Year 2003 funds.

Eligible Applicants. Only owners of eligible developments may apply for and become the recipient of grant funds. Property management companies may administer grant programs but are not eligible applicants. See Section III for more detailed eligibility criteria.

ADDITIONAL INFORMATION:

If you are interested in applying for funding under this program, please review carefully the **General Section** of this SuperNOFA and the following additional information.

I. Application Due Date, Application, Further Information, and Technical Assistance

Application Due Date. Your completed application (an original and two copies) is due on or before 3:30 p.m., local time, on **July 10, 2003** at the address given below.

Application Delivery. You may not hand deliver applications. HUD will reject any hand-delivered applications.

You must submit your application to the Field Office that has jurisdiction for the housing developments included in your application.

You may send your application via any mail delivery service. However, HUD recommends that you send your application through the United States Postal Service, as access to HUD offices by other delivery services is not guaranteed.

If you mail your application to the wrong Field Office and it is not received by the Office designated for receipt by the due date and time, it will be deemed late and will not be considered for funding. HUD is not responsible for directing it to the appropriate Office. Also, see the **General Section** of this SuperNOFA for further discussion concerning the form of application submission.

Addresses for Submitting Applications. Appendix A to this program section contains a list of HUD Field Offices where you must send your application by the deadline. Please address your application to the Director, Multifamily Housing Hub or Program Center in your local HUD Field Office. You should not submit any copies of your application to HUD Headquarters.

For Applications. Please note that all information needed for the preparation and submission of your application is included in this program NOFA and in the **General Section** of the SUPERNOFA. However, for your convenience and ease of submission, an application is being provided as Appendix B to this NOFA. To obtain a printed application, please call the SuperNOFA Information Center at 1-800-HUD-8929. If you have a hearing or speech impairment, please call the Center's TTY number at 1-800-HUD-2209. When requesting an application, please refer to the Multifamily Housing Service Coordinator Program and provide your name, address (including zip code) and telephone number (including area code). An application also will be available on the Internet at <http://www.hud.gov>.

For Further Information and Technical Assistance. You may contact your local HUD Field Office staff for questions you have regarding this program section of the SuperNOFA and your application. Please contact the Multifamily Housing Resident Initiatives Specialist or Service Coordinator contact person in your local Office. If you are an owner of a Section 515 development, contact the HUD Field Office that monitors your Section 8 contract. If you have a question that the Field staff is unable to answer, please call Carissa Janis, Housing Project Manager, Office of Housing Assistance and Grants Administration, Department of Housing and Urban Development, 451 Seventh Street, SW, Room 6146, Washington, DC 20410; (202) 708-2866, extension 2487 (this is not a toll free number). If you are hearing or speech impaired, you may access this number via TTY by calling the Federal Information Relay Service at 1-800-877-8339.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you should contact your local Field office staff or consult the HUD web site at <http://www.hud.gov>.

II. Amount Allocated

(A) **Available Funding.** Of the estimated \$50 million appropriated in the FY 2003 Consolidated Appropriations, approximately \$25 million will be used to fund Service Coordinator Programs through this SuperNOFA. Additionally, approximately \$25 million will be used to fund one-year extensions to expiring Service Coordinator and Congregate Housing Services Program (CHSP) grants.

(B) **Maximum Grant Award.** There is no maximum grant amount. The grant amount you request will be based on the Service Coordinator's salary and the number of hours worked each week by that Service Coordinator (and/or aide). You should base your determination of the appropriate number of weekly work hours on the number of people in the development who are frail, at-risk, or non-elderly people with disabilities. Under normal circumstances, a full-time Service Coordinator should be able to serve about 50-60 frail or at-risk elderly or non-elderly people with disabilities on a continuing basis. Your proposed salary must also be supported by evidence of comparable salaries in your area. Gather data from programs near you to compare your estimates with the salaries and administrative costs of currently operating programs. Field staff can provide you with contacts at local program sites.

(C) **Funding Process.** Prior to the selection process, HUD will first fund the FY 2002 Service Coordinator application submitted by Prentis Jewish Federation Apartments, Oak Park, Michigan, in the amount of \$207,350. This application was not funded in FY 2002 due to HUD error. HUD will then fund Service Coordinator applications submitted by FY 2003 Assisted Living Conversion Program (ALCP) applicants, whose ALCP applications are selected for funding under that program's NOFA. HUD estimates that approximately \$1 million will be used to fund ALCP Service Coordinator applications. Any funds not used by the ALCP program to fund service coordinators will be added to the funds available for the National Lottery.

HUD will use remaining funds to make grant awards through the use of a national lottery. A computer program performs the lottery by randomly selecting eligible applications. HUD will fully fund as many applications as possible with the given amount of funds available. After all fully fundable applications have been selected by lottery, HUD may make an offer to partially fund the next application on the lottery's list, in order to use the entire amount of funds allocated. If the applicant selected for partial funding turns down the offer, HUD will make an offer to partially fund the following application. HUD will continue this process until an applicant accepts the partial funding offer.

(D) **Reduction in Requested Grant Amount.** HUD may make an award in an amount less than requested, if:

- (1) HUD determines that some elements of your proposed program are ineligible for funding;
- (2) There are insufficient funds available to make an offer to fully fund the application; or
- (3) HUD determines that a reduced grant amount would prevent duplicative federal funding.

(E) Alternative Funding for Service Coordinators. If your development has available residual receipts or excess income, you must use these funds prior to receiving grant monies, as long as they are not already allocated for other critical development expenses. Owners may submit requests to use residual receipts, or Section 8 or Project Rental Assistance Contract (PRAC) operating funds following instructions in Housing's Management Agent Handbook 4381.5, REVISION-2, CHANGE-2, Chapter 8. Refer to Housing Notice H 02-14 for information on using Section 236 excess income to fund a Service Coordinator. HUD Field staff may approve use of these project funds at any time, consistent with current policy. You should discuss these alternative funding options with your Field Office staff prior to submitting a grant application.

III. Program Description; Eligible Applicants; Eligible Activities

(A) Program Description. The Service Coordinator Program provides funding for the employment and support of Service Coordinators in insured and assisted housing developments that were designed for the elderly and persons with disabilities and continue to operate as such. Service Coordinators help residents obtain supportive services from the community that are needed to enable independent living and aging in place.

A Service Coordinator is a social service staff person hired or contracted by the development's owner or management company. The Service Coordinator is responsible for assuring that elderly residents, especially those who are frail or at risk, and those non-elderly residents with disabilities are linked to the supportive services they need to continue living independently in their current homes. All services should meet the specific desires and needs of the residents themselves. The Service Coordinator may not require any elderly individual or person with a disability to accept any specific supportive service(s).

You may want to review the Management Agent Handbook 4381.5 REVISION-2, CHANGE-2, Chapter 8 for further guidance on service coordinators. This Handbook is accessible through HUDCLIPS on HUD's web site at <http://www.hudclips.org>. The Handbook is in the Handbooks and Notices - Housing Notices database. Enter the Handbook number in the "Document Number" field to retrieve the Handbook.

(B) Definition of Terms Used in this Program NOFA.

(1) "Activities of daily living (ADLs)" means eating, dressing, bathing, grooming, and household management activities, as further described below:

- (a) Eating--May need assistance with cooking, preparing, or serving food, but must be able to feed self;
- (b) Bathing--May need assistance in getting in and out of the shower or tub, but must be able to wash self;
- (c) Grooming--May need assistance in washing hair, but must be able to take care of personal appearance;
- (d) Dressing--Must be able to dress self, but may need occasional assistance; and
- (e) Home management activities--May need assistance in doing housework, grocery shopping, laundry, or getting to and from activities such as going to the doctor and shopping, but must be mobile. The mobility requirement does not exclude persons in wheelchairs or those requiring mobility devices.

(2) "At-risk elderly person" is an individual 62 years of age or older who is unable to perform one or two ADLs, as defined in the above paragraph.

(3) "Frail elderly person" means an individual 62 years of age or older who is unable to perform at least three ADLs as defined in the above paragraph.

(4) "People with disabilities" means those individuals who:

- (a) Have a disability as defined in Section 223 of the Social Security Act;
 - (b) Have a physical, mental, or emotional impairment expected to be of long, continued, and indefinite duration that impedes the individual's ability to live independently; or
 - (c) Have a developmental disability.
- (5) "Reasonable costs" mean that costs are consistent with salaries and administrative costs of similar programs in your Field office's jurisdiction.

(C) Functions of a Service Coordinator. The major functions of the Service Coordinator include the following:

- (1) Refer and link the residents of the development to supportive services provided by the general community. Such services may include case management, personal assistance, homemaker, meals-on-wheels, transportation, counseling, occasional visiting nurse, preventive health screening/wellness, and legal advocacy.
 - (2) Educate residents on service availability, application procedures, client rights, etc.
 - (3) Establish linkages with agencies and service providers in the community. Shop around to determine/develop the best "deals" in service pricing, to assure individualized, flexible, and creative services for the involved resident. Provide advocacy as appropriate.
 - (4) Provide case management when such service is not available through the general community. This might include evaluation of health, psychological and social needs, development of an individually tailored case plan for services, and periodic reassessment of the resident's situation and needs. Service Coordinators can also set up a Professional Assessment Committee (PAC) to assist in performing initial resident assessments. (See the guidance in the CHSP regulations at 24 CFR 700.135 (or 1944.258 for Rural Housing developments). Grantees cannot use grant funds to pay PAC members for their services.
 - (5) Monitor the ongoing provision of services from community agencies and keep the case management and provider agency current with the progress of the individual. Manage the provision of supportive services where appropriate.
 - (6) Help the residents build informal support networks with other residents, family and friends.
 - (7) Work and consult with tenant organizations and resident management corporations.
- Provide training to the development's residents in the obligations of tenancy or coordinate such training.
- (8) Create a directory of providers for use by both development staff and residents.
 - (9) Educate other staff of the management team on issues related to aging in place and Service Coordination, to help them to better work with and assist the residents.

During work hours paid for by this grant, Service Coordinators may not perform the following activities:

- (i) Act as a recreational or activities director;
- (ii) Provide supportive services directly;
- (iii) Assist with property management work; or
- (iv) Act as a Neighborhood Networks program director or coordinator.

(D) Basic Qualifications of Service Coordinators and Aides.

(1) Service Coordinator Qualifications include the following:

- (a) A Bachelor of Social Work or degree in Gerontology, Psychology or Counseling is preferable; a college degree is fully acceptable. You may also consider individuals who do not have a college degree, but who have appropriate work experience.
- (b) Knowledge of the aging process, elder services, disability services, eligibility for and procedures of federal and applicable state entitlement programs, legal liability issues relating to providing Service Coordination, drug and alcohol use and abuse by the elderly, and mental health issues.
- (c) Two to three years experience in social service delivery with senior citizens and people with disabilities. Some supervisory or management experience may be desirable if the Service Coordinator will work with aides.
- (d) Demonstrated working knowledge of supportive services and other resources for senior citizens and non-elderly people with disabilities available in the local area.
- (e) Demonstrated ability to advocate, organize, problem-solve, and provide results for the elderly and people with disabilities.

(2) Aides Working with a Service Coordinator. Aides should either have a college degree or appropriate experience in working with the elderly and/or people with disabilities. An example of an aide position could be an internship or work-study program with local colleges and universities to assist in carrying out some of the Service Coordinator's functions.

(E) Eligible Applicants and Developments. To be eligible for funding:

(1) You must meet all of the applicable threshold requirements of Sections V(B) and (D) of the **General Section** of the SuperNOFA.

(2) You must be an owner of a development assisted under one of the following programs:

(a) Section 202 Direct Loan;

(b) Project-based Section 8 (including Section 8 Moderate Rehabilitation); or

(c) Section 221(d)(3) below-market interest rate, and 236 developments that are insured or assisted.

(3) Additionally, developments listed in paragraph (2), above, are eligible only if they meet the following criteria:

(a) Have frail or at-risk elderly residents and/or non-elderly residents with disabilities who together total at least 25 percent of the building's residents. (For example, in a 52-unit development, at least 13 residents must be frail, at-risk, or non-elderly people with disabilities.)

(b) Were designed for the elderly or persons with disabilities and continue to operate as such. This includes any building within a mixed-use development that was designed for occupancy by elderly persons or persons with disabilities at its inception and continues to operate as such, or consistent with title VI, subtitle D of the Housing and Community Development Act of 1992 (Pub.L.102-550). If not so designed, a development in which the owner gives preferences in tenant selection (with HUD approval) to eligible elderly persons or persons with disabilities, for all units in that development.

(c) Are current in mortgage payments or are current under a workout agreement.

(d) Meet HUD's Uniform Physical Conditions Standards (codified in 24 CFR part 5, subpart G), based on the most recent physical inspection report and responses thereto, as evidenced by a score of 60 or better on the last physical inspection or by an approved plan for developments scoring less than 60.

(e) Are in compliance with their regulatory agreement, Housing Assistance Payment (HAP) Contract, and other outstanding directives.

(f) Have insufficient surplus cash available at the time of application that otherwise could be used to hire a Service Coordinator. HUD Field staff will make this determination based on the surplus cash statement of the development's last Annual Financial Statement.

(4) If your eligibility status changes during the course of the grant term, making you ineligible to receive a grant (e.g. due to prepayment of mortgage, sale of property, or opting out of a Section 8 HAP contract), HUD has the right to terminate your grant.

(F) Ineligible Applicants and Developments.

(1) Property management companies, area agencies on aging, and other like organizations are not eligible applicants for Service Coordinator funds. Such agents may prepare applications and sign application documents if they provide written authorization from the owner corporation as part of the application. In such cases, the owner corporation must be indicated on all forms and documents as the funding recipient.

(2) Developments not designed for the elderly or people with disabilities or those no longer operating as such.

(3) Section 221(d)(4) developments without project-based Section 8 assistance.

(4) Section 202 and 811 developments with a PRAC. Owners of Section 202 PRAC developments may obtain funding by requesting an increase in their PRAC payment consistent with Handbook 4381.5 REVISION-2, CHANGE-2, Chapter 8. (

(G) Eligible Activities.

(1) Service Coordinator Program grant funds may be used to pay for the salary, fringe benefits, and related support costs of employing a service coordinator.

(2) You may use grant funds to pay for Quality Assurance (QA) in an amount that does not exceed five (5) percent of the Service Coordinator's salary. Eligible QA activities are those that evaluate your program, to assure that the position is effectively implemented. A qualified, objective third party must perform the program evaluation work and must have supervisory work experience and education in social or health care services. Your QA activities must include two program evaluation reviews during the first year of program operation and one review each successive year. The program evaluations must identify short and long term program outcomes and performance indicators that will help you measure your performance.

On-site housing management staff cannot perform QA and you may not augment current salaries of in-house staff for this purpose.

(3) You may propose reasonable costs associated with setting up a confidential office space for the Service Coordinator. Such expenses must be one-time only administrative start-up costs. Such costs may involve acquisition, leasing, rehabilitation, or conversion of space. HUD Field Office staff must approve both the proposed costs and activity and must perform an environmental assessment on such proposed work prior to grant award.

(4) You may use funds to augment a current Service Coordinator program, by increasing the hours of a currently employed Service Coordinator, or hiring an additional Service Coordinator or aide on a part- or full-time basis. Likewise, ALCP applicants may apply for new or augmented Service Coordinator costs to serve Assisted Living residents and/or all residents of the development.

(5) You may use funds to continue a Service Coordinator program that has previously been funded through other sources. In your application, you must provide evidence that this funding source has already ended or will discontinue within six months following the application deadline date and that no other funding mechanism is available to continue the program. This applies only to funding sources other than the subsidy awards and grants provided by the Department through program Notices beginning in FY 1992. HUD currently provides one-year extensions to these subsidy awards and grants through a separate funding action.

(6) You may provide service coordination to low-income elderly individuals or people with disabilities living in the vicinity of an eligible development. Community residents should come to your housing development to meet with and receive service from the Service Coordinator. However, you must make reasonable accommodations for those individuals unable to travel to the housing site.

(H) Ineligible Activities.

(1) You may not use funds available through this NOFA to replace currently available funding from other sources for a Service Coordinator or for some other staff person who performs service coordinator functions.

(2) Owners with existing service coordinator subsidy awards or grants may not apply for renewal or extension of those programs under this NOFA.

(3) Congregate Housing Services Program (CHSP) grantees may not use these funds to meet statutory program match requirements and may not use these funds to replace current CHSP program funds to continue the employment of a service coordinator.

(4) The cost of application preparation is not eligible for reimbursement.

(5) Grant funds cannot be used to increase a project's management fee.

(6) You cannot hire an additional part or full-time Service Coordinator for the sole purpose of serving community residents.

IV. Program Requirements

To receive and administer a Service Coordinator grant, you must meet the requirements in Section IV of this program section of the SuperNOFA. These requirements apply to all activities, programs, and functions used to plan, budget, and evaluate the work funded under your program.

In addition to the requirements listed below, you must also meet the requirements of Section V of the **General Section** of this SuperNOFA. (Please note that paragraphs E, G, and M of Section V do not apply to the Service Coordinator program.)

(A) You must make sufficient separate and private office space available for the Service Coordinator and/or aides, without adversely affecting normal activities.

(B) The Service Coordinator must maintain resident files in a secured location. Files must be accessible ONLY to the Service Coordinator, unless residents provide signed consent otherwise. These policies must be consistent with maintaining confidentiality of information related to any individual per the Privacy Act of 1974.

(C) Grantees must ensure that the Service Coordinator receives appropriate supervision, training, and ongoing continuing education requirements, consistent with statutory and HUD administrative policies. This includes 36 hours of training in age-related and disability issues during the first year of employment, if the Service Coordinator has not received recent training in these areas, and 12 hours of continuing education each year thereafter.

(D) Administrative Costs. The administrative costs of your program cannot exceed 10% of the program's cost.

(E) Reports. Grantees must submit semi-annual financial status and program performance reports. They must also provide information supporting program expenses at the time of receipt of grant funds for cost reimbursement. The objectives of the Service Coordinator program are to enhance a resident's quality of life and ability to live independently and age in place. The data that HUD collects on the performance report measures the grantee's success in meeting these intended program outcomes. The data reported include the numbers of residents served, their ages, frailty levels, and the range of services provided to them. In addition, the performance report assesses the Service Coordinator's efficiency in providing coordination, by reporting the number of hours worked, the amount of time spent doing administrative tasks, the types of professional training attended, and examples of problems encountered throughout the course of their work.

(F) As a condition of receiving a grant, Section 202 developments with project-based Section 8 must open a Residual Receipts account separate from the Reserve for Replacement account, if they do not already have such a separate account.

(G) Term of Funded Activities. The grant term is three years. HUD will renew grants subject to the availability of funds and acceptable program performance.

(H) Subgrants and Subcontracts. You may directly hire a Service Coordinator or you may contract with a qualified third party to provide this service.

V. Application Selection Process

(A) General. HUD will not award Service Coordinator Program grant funds through a rating and ranking process. Instead, the Department will hold one national lottery for all eligible applications forwarded from Multifamily HUB and Multifamily Program Centers (a list of these offices is found in Appendix A to this notice).

(B) Threshold Eligibility Review. HUD Multifamily Field Office staff will review applications for completeness and compliance with the eligibility criteria set forth in Section III of this NOFA. Field Office staff will forward application information to Headquarters for entry into the lottery if the application was received by the deadline date, meets all eligibility criteria, proposes reasonable costs for eligible activities, and includes all technical corrections by the designated deadline date.

VI. Application Submission Requirements

(A) Single Applications

(1) You may submit one application for one or more developments that your corporation owns.

(2) You may submit more than one application to a single Field Office, if you wish to increase your chances of selection in the lottery. Each application must propose a separate, stand-alone program and the development(s) must all be located in the same Field Office jurisdiction.

(3) If you wish to apply on behalf of developments located in different Field Office jurisdictions, you must submit a separate application to each Field Office.

(B) Joint Applications. You may join with one or more other eligible owners to share a Service Coordinator and submit a joint application. In the past, joint applications have been used by small developments that joined together to hire and share a part or full-time Service Coordinator.

(C) Application Submission Requirements for ALCP Applicants. If you are an ALCP applicant and you request new or additional Service Coordinator costs specifically for your proposed Assisted Living Program, you must submit an application containing all required documents and information listed in this NOFA. Be sure to indicate the amount of grant funds you are requesting for both programs on your HUD-424 forms. HUD Field Office staff will review both applications simultaneously.

ALCP applicants must submit all the required items in the Service Coordinator application listed in Section VI.(E) of this NOFA. You may provide a copy of all standard forms in your Service Coordinator application. If you do not provide either an original or copy of these forms, your Service Coordinator application will be incomplete.

If you currently do not have a Service Coordinator working at the development proposed in your ALCP application and your ALCP application is selected to receive an award, HUD will fund a Service Coordinator to serve either ALCP residents only or all residents of the development dependent upon your request. If your development currently has a Service Coordinator, you may request additional hours for the Service Coordinator to serve the Assisted Living residents. If you request additional hours, you must specify the number of additional hours per week and provide an explanation based on the anticipated needs of the Assisted Living residents. Provide this explanation in your ALCP application as instructed in the ALCP NOFA.

If you request Service Coordinator funding to serve all residents of your development, your request can be entered into the national lottery if your ALCP application is not selected to receive an award.

Owners applying for ALCP grants may also submit separate Service Coordinator applications for entry into the lottery for other eligible developments they own and that are not included in their ALCP application.

(D) Your application must contain the items listed in this Section VI(D). These items include the standard forms, certifications, and assurances listed in the **General Section** of the SuperNOFA that are applicable to this funding (collectively, referred to as the "standard forms"). The standard forms and other required forms can be found in the Application found in Appendix B to this NOFA. The items are as follows:

Standard Forms

- (1) Application for Federal Assistance (HUD-424)
- (2) Applicant Assurances and Certifications (HUD-424B)
- (3) If engaged in lobbying, the Disclosure Form Regarding Lobbying (SF-LLL)
- (4) Applicant/Recipient Disclosure/Update Report Form (HUD-2880)
- (5) Acknowledgment of Application Receipt (HUD-2993)
- (6) Client Comments and Suggestions (HUD-2994)

Other Application Items:

All applications for funding under the Service Coordinator Program must contain the following documents and information:

- (1) Service Coordinator Funding Request, forms HUD-91186 and HUD-91186-i.
- (2) If more than one owner is proposing to share a Service Coordinator, one agency must designate itself the "lead". This lead agency must submit a letter along with the completed application materials from each owner. The letter must be on organization letterhead and contain the number of developments, their names and addresses, and the dollar amount requested for each site. The legal signatory for the owner corporation must sign the letter, indicating agreement to administer grant funds for the housing developments listed in the letter.
- (3) Evidence of comparable salaries in your local area.

(4) Narratives. (a) Explain your method of estimating how many residents of your development are frail or at-risk elderly or non-elderly people with disabilities. Please document that individuals meeting these criteria make up at least 25% of your resident population. (Do not include elderly individuals or people with disabilities who do not live in the eligible developments included in your application.)

- (b) Explain how you will provide on-site private office space for the Service Coordinator, to allow for confidential meetings with residents.
- (c) If you include quality assurance in your proposed budget, provide a justification and explanation of who will perform this work, what responsibilities are involved, and how often the work will be done.
- (d) If you propose to serve community residents, present a description of your plan.
- (e) If you are applying for an ALCP grant: (i) describe how the new or additional Service Coordinator hours will support your proposed assisted living program, by following the instruction provided in the ALCP NOFA; and (ii) indicate if you want your Service Coordinator application entered into the lottery if your ALCP application is not selected to receive an award.
- (5) If applicable, evidence that prior funding sources for your development's Service Coordinator program are no longer available or will expire within six months following the application deadline date.
- (6) A bank statement showing the current residual receipts or excess income balance in the development's account.
- (7) Applicant checklist.

VII. Corrections to Deficient Applications

The **General Section** of the SuperNOFA provides the procedures for corrections to deficient applications.

VIII. Environmental Requirements

It is anticipated that most activities under this program are categorically excluded from NEPA and related environmental authorities under 24 CFR 50.19(b)(3), (4), (12), or (13). If grant funds will be used to cover the cost of any activities which are not exempted from environmental review requirements - such as acquisition, leasing, construction, or building rehabilitation, HUD will perform an environmental review to the extent required by 24 CFR part 50, prior to grant award.

IX. Authority

Section 808 of the Cranston-Gonzalez National Affordable Housing Act (Pub.L. 101-625, approved November 28, 1990), as amended by sections 671, 674, 676, and 677 of the Housing and Community Development Act of 1992 (Pub.L. 102-550, approved October 28, 1992), and section 851 of the American Homeownership and Economic Opportunity Act of 2000 (Pub.L. 106-569, approved December 27, 2000).