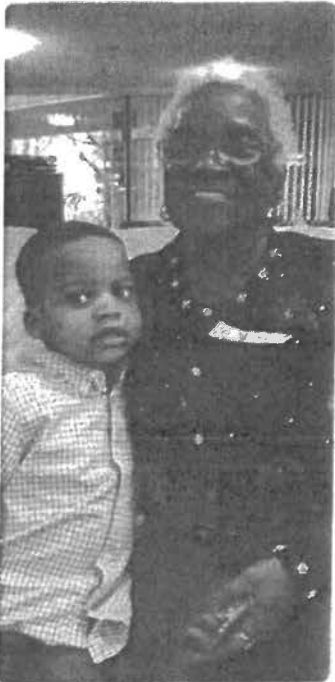




HUD's Service Coordinators in Multifamily Housing Program Resource Guide



U.S. Department of Housing and Urban Development
Office of Multifamily Housing

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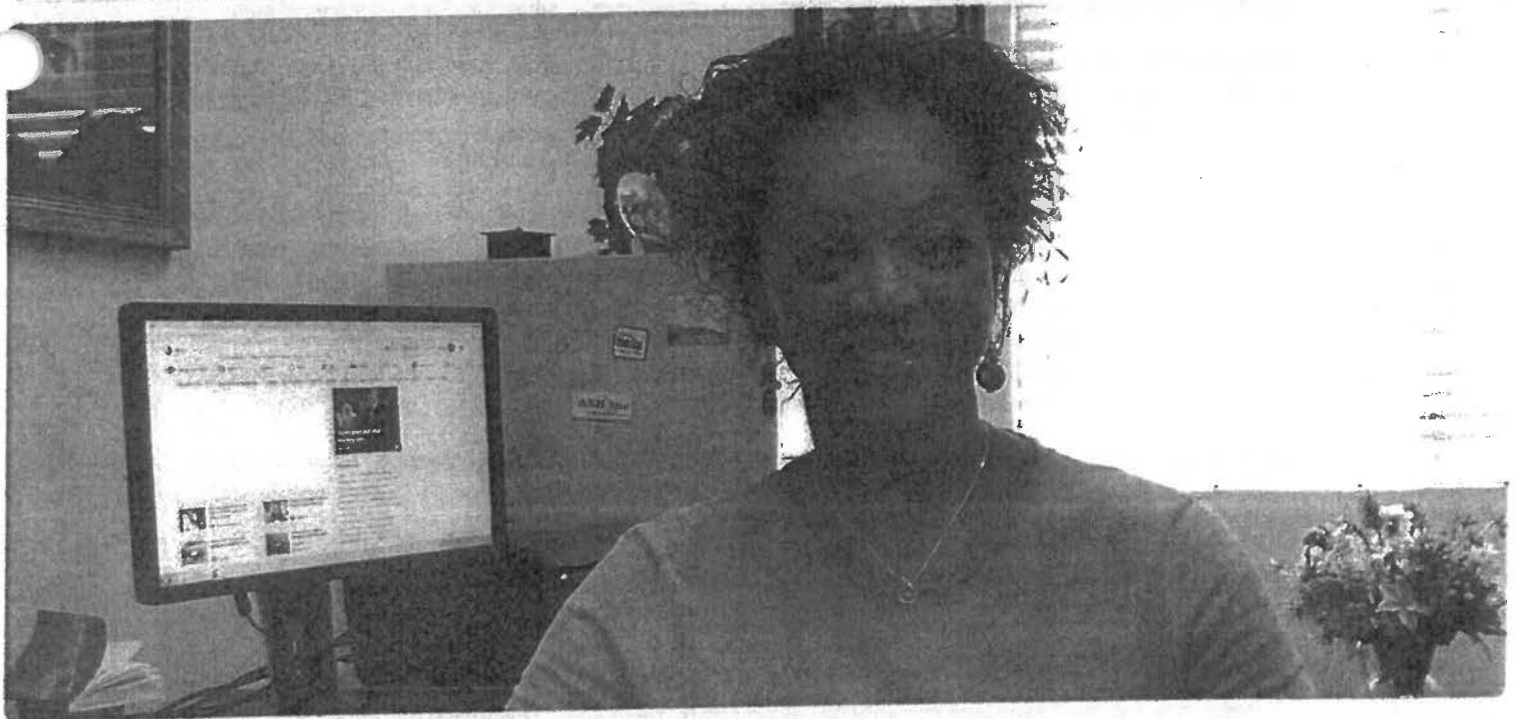
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Introduction to the Resource Guide



INTRODUCTION

A. Service Coordinators in Multifamily Housing Program

HUD's *Service Coordinators in Multifamily Housing program* provides funding for service coordinators to assist elderly individuals and persons with disabilities in obtaining the supportive services they need to continue to live as independently as possible in their homes. The service coordinator plays a critical role in supporting HUD-assisted multifamily housing as a platform for financial security, physical security, social connections, and the delivery of long-term community based supportive services, especially for vulnerable populations such as the elderly and persons with disabilities.

One Program with Two Funding Sources

HUD expects all service coordinator programs to adhere to the same program standards regardless of the source of funding. There are two main funding sources for the Service Coordinators in Multifamily Housing program: operating funding (through the property's operating budget or other eligible project resources) and grants awarded through notices of funding availability issued by HUD and renewed on an annual cycle, subject to the availability of funds.

What is a Service Coordinator?

A service coordinator in HUD-assisted Multifamily Housing is a staff person hired or contracted by an assisted housing owner or its management company to foster an environment in which elderly persons and persons with disabilities can live independently and remain in their communities.

A service coordinator helps residents to access services available in the community, and designs programs and services to meet the needs and desires of the property's residents.

Additional information about the sources of funding for the Service Coordinators in Multifamily Housing program is found in Chapter 6 (Service Coordinator Funding, Reporting, and Program Monitoring) of this resource guide and in HUD's Multifamily Financial Toolkit.

B. Purpose of the Resource Guide

The purpose of this Service Coordinator Resource Guide is to provide guidance on how to operate an effective service coordination program in HUD-assisted multifamily housing that is designed or designated for occupancy by elderly persons and/or persons with disabilities. The guidance and standards specified in this guide apply only to the Service Coordinators in Multifamily Housing program, as authorized under sections 671, 672, 674, 676, and 677 of the Housing and Community Development Act of 1992 (Public Law 102-550), as amended by section 851 of the American Homeownership and Economic Opportunity Act of 2000 (Public Law 106-569).*

This Resource Guide outlines the program standards that HUD expects of all multifamily service coordinator programs. It is targeted to new and experienced service coordinators as well as owners and managers of HUD-assisted multifamily housing, quality assurance professionals, and HUD staff.

HUD's Management Agent Handbook (Number 4381.5) is the primary guide for operating a Service Coordinators in Multifamily Housing program. Chapter 8 of the Handbook provides the procedures for requesting

* Properties that are designated primarily for occupancy by the elderly or persons with disabilities under the following programs are eligible to participate in the Service Coordinators in Multifamily Housing program: Section 202 properties, designated properties with project-based Section 8 assistance, and designated properties developed through the Section 221(d) (3) Below Market Interest Rate and Section 236 programs. Section 811 properties are not eligible to receive funding for this purpose.

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funding for service coordinator programs, the statutorily mandated training and ongoing education requirements, and procedures for operating the program. This guide is a supplement to the Management Agent Handbook and represents the most current guidance on administering the Service Coordinators in Multifamily Housing program. Whenever conflicts exist between the guidance in this resource guide and the Management Agent Handbook, Chapter 8: Service Coordinators, this guide prevails.

C. Organization of this Guide

The remaining chapters of this Resource Guide are organized as follows:

- Chapter 2: Doing the Job of Service Coordination
- Chapter 3: Hiring and Training Service Coordinators
- Chapter 4: Confidentiality and Conflicts of Interest
- Chapter 5: Files and Records Management
- Chapter 6: Service Coordinator Funding, Reporting, and Program Monitoring
- Chapter 7: Quality Assurance in Service Coordination
- Appendix A: Resources for Service Coordinators
- Appendix B: HUD Reviews of Local Service Coordinator Programs

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Doing the Job of Service Coordination



Chapter 2. Doing the Job of Service Coordination

The service coordinator's role is complex and far-reaching. Many elderly individuals and persons with disabilities living in assisted housing have unmet needs and require services and assistance that property owners or managers cannot identify or effectively coordinate. Service coordinators help to coordinate the provision of supportive services to help all residents continue to age in place and delay or avoid the need for higher levels of care (e.g., an assisted living facility or skilled nursing facility). Service coordinators manage and provide access to necessary supportive services in the community, provide case management services as needed and requested, and develop programs and resources that support wellness for the entire resident population.

Exhibit 1 summarizes the main role of service coordinators in multifamily housing.

Exhibit 1: Role of Service Coordinators

Service coordinators ARE	Service coordinators ARE NOT
Advocates on behalf of their residents	Direct service providers
Resources for residents on available community-based services, and can answer any questions	Recreation or activity directors
Facilitators of wellness and other educational programs for residents	Duplicators of existing community services
Motivators who empower residents to be as independent as possible	Distributors of medical aids, medications, or medical advice
Monitors who follow up with services provided to residents	Handlers of residents' funds
Champions who encourage residents to adhere to a healthy lifestyle	Managers or leasing agents
Educators who provide trainings and assistance to residents and other property staff	Drivers of residents
Advisors who can assist residents with building support networks and consult with tenant organizations and resident management	Organizers or leaders of resident associations or councils
Referral agents who connect residents to service providers who can meet their needs	Powers of Attorney for residents or individuals who sign checks for residents
Community partners to assist residents with accessing community-based services	

This chapter provides an overview of the service coordination model that HUD expects service coordinators in multifamily housing to follow. This model represents a proactive approach to service coordination in which the service coordinator reaches out to and engages residents, conducts non-clinical assessments of resident capabilities, interests and needs, and makes referrals to service providers in the community as necessary and appropriate.

A. The New Service Coordination Model

The service coordinator's role in HUD-assisted multifamily housing has evolved over time. In the past, many service coordinators understood their role as providing those residents who sought their assistance with basic information and referrals for services. With the growing and more complex needs of today's older adults, the role of the service coordinator has evolved to a more proactive level of coordination, engagement, outreach, assistance, and case management services with a focus on wellness and independent living. This new service

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coordination model reflects the evolving level of service that HUD expects all service coordinator programs to provide to residents.

Exhibit 2 shows some of the key ways that service coordinators assist residents through the new service coordinator model.

Exhibit 2: Holistic Assistance Coordinated by Multifamily Service Coordinators



Core functions that all service coordinators should fulfill include:

- Conducting comprehensive, non-clinical assessments of residents for wellness and social needs;
- Helping residents to identify, access, and coordinate services (such as personal care services), including monitoring of services provided and follow-up communication with service providers;
- Monitoring the receipt and follow through of services, including encouraging and motivating residents to engage with providers and participate in their own care/services management;
- Proactively developing and arranging educational/preventative health programs and services for residents;
- Developing and sustaining partnerships with the Area Agency on Aging, the Aging & Disability Resource Connection, community-based supportive service providers and other community stakeholders; and
- Maintaining an up-to-date resource directory with all local service providers.

Some well-established service coordinator programs also serve additional functions, such as being part of an interdisciplinary team supporting residents' ability to age in place that may also include health professionals.

B. Proactive Engagement and Outreach

It is important that service coordinators introduce themselves to all residents and provide information about the assistance and services that may be available to them. After these introductions, service coordinators should seek to establish ongoing relationships with residents through proactive outreach and formal and informal interactions with residents.

New Resident Engagement

Service coordinators should introduce themselves to residents within the first two weeks of the service coordinator's hiring or the new resident moving into the property, if not sooner. Service coordinators can send a formal letter to all residents with information about the assistance they provide and their office hours and contact information. This letter can be included in the "new resident" packet of information that the property manager typically provides to each new resident.

Service coordinators should follow up any written introductions with a personal visit to each resident, preferably in the resident's apartment. These visits provide the service coordinator with the opportunity to start developing a relationship with each resident. In-person meetings also provide opportunities for the service coordinator to be better able to recognize changes in residents' wellness, socialization status, and condition.

It should be noted that some housing organizations do not permit the service coordinator to meet with residents in their apartments for safety and/or liability reasons. Service coordinators should check with their housing organization's leadership or management as to whether in-person meetings with residents in their apartments are permitted. The location of in-person meetings should also reflect a resident's preferences.

Be Proactive in Engaging Residents

The service coordinator should take a proactive role at the property. Service coordinators should not wait in their offices for residents to come to them and ask for assistance.

Coordinators can develop relationships with residents by proactively visiting residents in their apartments, conversing with residents in common areas of the property, and developing and encouraging residents to participate in property-wide or community-wide events.

Property managers should introduce new residents to the service coordinator during the initial move-in meeting. When new service coordinators begin at a property, managers are encouraged to host a property-wide gathering to introduce all residents to the new service coordinator.

Establishing Ongoing Relationships with Residents

After the initial introduction, service coordinators are encouraged to develop ongoing relationships with residents. Frequent interactions with residents in both a formal and informal manner can help build and support a trusting relationship between service coordinators and residents. The frequency of engagement with residents may change based on their needs. For example, service coordinators are highly encouraged to visit a resident who has recently had a hospitalization upon their return to the development.

Although residents are not required to engage with the service coordinator, some organizations create engagement goals for service coordinators, such as reaching out to at least 80 percent of residents on a monthly basis. Many organizations encourage service coordinators to organize at least one community engagement event each month. Service coordinators often combine these events with an educational or social event.

Refusal of Services

As the service coordinator program is voluntary, some residents may choose not to work with the service coordinator. The service coordinator should record the resident's participation preference in his or her file, and can follow up with the resident periodically during the year to determine whether the resident's interest in the program may have changed.

C. Conducting Assessments and Developing Resident Services Plans

To provide assistance and make referrals for appropriate supports or services, service coordinators will need to learn about each resident's wants, needs, interests, and abilities through an assessment. Service coordinators can use these assessments to develop individual services plans for each resident. Some residents may receive case management services or other assistance from other organizations, such as through the Area Agency on Aging or the Aging and Disabilities Resource Connection, or may have family members that provide assistance. Building on and coordinating with existing supports, the service coordinator should work to ensure that the resident has continued access to the services he or she needs to age in place.

Service coordinators are not clinicians and are prohibited from attempting to make any medical, physical, behavioral, or psychological diagnoses or clinical conclusions as a result of the information gained from assessments or screenings. When a nurse, mental health professional, or other certified professional is employed as a service coordinator, their role is not clinical and they must adhere to the guidelines for service coordination. However, service coordinators with these types of backgrounds may use their expertise and knowledge of other support systems to assist residents in navigating these systems. Where their initial observations suggest there may be an issue that requires diagnosis and treatment, service coordinators should consult a nurse, doctor, or other trained clinician to make a more specialized assessment.

Conducting Resident Assessments

Service coordinators should conduct an initial assessment of each resident's abilities, functioning, social status, wants, and any other additional needs. The service coordinator should update the assessment on a yearly basis. By assessing residents annually, the service coordinator is able to track a resident's status over time and is better able to empower the resident to live as independently as possible with appropriate supportive services.

HUD does not prescribe any specific assessment tools, but generally, initial and annual assessments should include information on:

- Demographic information of the resident
- Financial resources (earnings, benefits, support from family)
- Sources of formal and informal supports
- Employment status
- Interests and hobbies
- Existing social supports and networks
- Health insurance status
- Resident reported physical, cognitive, and mental health conditions*

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- Activities of Daily Living (ADLs)^{*} and Instrumental Activities of Daily Living (IADLs) functioning^{*,†}
- Unmet needs for supportive services and areas of vulnerability.^{*}

^{*} As noted above, service coordinators' assessments are non-clinical. Referrals for formal clinical assessments should be made where the service coordinator feels there may be an issue requiring follow-up.

Service coordinators should conduct assessments and screenings in partnership with residents. Surveys may also be useful to determine resident interest and needs. The service coordinator's role is to amplify the residents' capabilities to assist themselves. By focusing on the resident's capacities, rather than deficits, service coordinators can help empower residents to maximize their independence.

Using Assessments to Develop Resident Services Plans

After completing an assessment of each resident, service coordinators should develop a resident services plan with the resident based on his or her needs and interests. This plan will be the service coordinator's "roadmap" for making referrals, applying for public benefits, and assisting the resident in obtaining services and supports.

At a minimum, the resident services plan should include a list of the resident's needs and desires together with, for each need or desire:

- A proposed method for addressing it (e.g., make a referral to a specific service provider; apply for a benefit, etc.);
- The date the activities will be completed;
- How the service coordinator will monitor and follow up, including frequency and strategies for measuring the resident's satisfaction with the service(s) provided or benefit(s) received; and
- How information will be shared with and from service providers and medical providers with appropriate signed Consents to Release Information on file.

Additionally, resident services plans can include end-of-life planning, hospitalization preferences, and communication with specific points of contact at the hospital of the resident's choosing.

D. Developing a Property-Wide Profile

Regular profile assessments of residents at the property will provide the service coordinator with aggregate data to create a profile of the property's demographics, the residents' needs, and available community-based services. Generally, property-wide profiles should reflect summaries of the following and be updated annually:

- The property's demographics (e.g., number of elderly residents, number of persons with disabilities)
- The information available to the service coordinator on resident health
- Property-wide ADL and IADL needs
- Wellness and preventative care programs
- Available community-based services and resources

^{*} The term "Activities of Daily Living" refers to the basic set of common tasks of everyday life such as eating, bathing, dressing, toileting, etc., the performance of which are required for personal self-care.

[†] The term "Instrumental Activities of Daily Living" refers to activities related to independent living, such as planning and preparing meals, doing light or heavy housework, shopping for groceries, using the telephone, and managing finances.

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- Key partnerships in place (whether formal or informal) with community-based organizations, Area Agencies on Aging and Aging & Disability Resource Connections, local hospitals, clinics and universities to ensure that residents have continued and sustainable access to needed services
- Community-wide gaps in services for the residents within the property

Service coordinators can use the property-wide profile to develop appropriate educational, wellness, and other programs for the general resident population based on their stated needs and interests. A property-wide profile helps service coordinators be more proactive in initiating preventative interventions.

Service coordinators can also use aggregate resident data captured in the profile to provide information about resident needs to the property management and to providers and other community-based organizations when conducting outreach to potential service partners.

Once the service coordinator has developed a property-wide profile, and the profile has been reviewed and approved by the owners and/or manager, the profile should be incorporated into the property's supportive services plan, as described in Chapter 6.

E. Establishing Partnerships with Community-Based Service Providers

Creating and maintaining a robust resource network of local supportive service providers is an important component of the service coordinator's role. A well-established resource network helps the service coordinator develop a resource directory and provide needed solutions and service options for residents. A core function of the service coordinator role is to develop and sustain partnerships with service providers and other community organizations. All service coordinators must maintain an up-to-date resource directory (updated at least annually) and maintain and build relationships with service providers. At a minimum, new providers used more than twice a year should be added to the resource directory each year.

Maintaining a Resource Directory

Service coordinators should develop and maintain a resource directory with all local service providers as required by Chapter 8 of Management Agent Handbook 4381.5. The resource directory can be a hard copy or electronic file but HUD expects service coordinators to make a version of the resource directory available in a common area so residents can access basic information when the service coordinator is unavailable.

Service coordinators should routinely review and update the resource directory as services, service providers, and contact persons change and as they identify new services or new providers. Updating the resource directory is an opportunity for the service coordinator to maintain relationships with providers and to remain current on the resources that are available in the community.

Identifying and Building New Relationships with Service Providers

When arriving at a new site, service coordinators should identify service providers in the community in which the property is located. Some owners and service coordinator agencies may already have a strong network of service providers but additional research might be necessary to assemble a diverse partnership network. Other service coordinator programs may need to build a partner network from scratch.

Resource directories should include, for each service provider:

- Specific information on the types of services, programs, or benefits offered
- Intake and eligibility requirements
- Application forms
- Phone and email for a specific contact person

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There are many ways to identify potential service partners. Service coordinators can identify potential partners by contacting existing service provider networks in the community and by attending meetings and events where service providers will be present. Often city or county government agencies will have a committee or standing meetings of organizations that serve elderly individuals and persons with disabilities. Nonprofit organizations such as Goodwill or United Way may have advisory committees or regular community meetings with service providers. Online directories of service providers are also available in some locations. (See Appendix A for several examples.) Service coordinators should check with other service coordinators and service providers in the region to identify other resources that may be helpful in the city, region, or state, for identifying providers.

Service coordinators should also think creatively about non-traditional partners that may not be included in these directories or lists. Representatives from the community farmer's market may be willing to provide fresh produce to residents. The local bookstore may make available books at no cost. Resident assessment data can help spark additional ideas about potential partnerships in the community.

The types of organizations that provide supportive services for elderly persons and persons with disabilities and their interest and willingness to partner will vary substantially from community to community. In many cases, service providers willing to partner with service coordinators will be nonprofit community-based organizations that serve seniors such as councils on aging, local senior centers, home health providers, hospices or nursing homes; service providers and advocacy groups for persons with disabilities; and local governmental agencies and social services agencies that serve low-income people.

The resource list in Appendix A includes websites that can help service coordinators identify resources to build service provider networks.

Connecting with Community Partners

When reaching out to new service providers and community partners via telephone or email, service coordinators should give a brief overview of their role and then (whenever feasible) schedule an in-person meeting in order to go into more detail as to why the service coordinator is contacting the service provider and how the service provider can help residents. Meeting in person provides the service coordinator with an opportunity to assess the quality of services provided and their potential benefit for residents. At the introductory meeting, service coordinators should leave informational materials and contact information.

Many veteran service coordinators have found it to be a good practice to develop formal agreements with community partners that spell out how referrals for services will be made, what information will be shared, and procedures for following up on the referral. Formal agreements are most important for the partners to which service coordinators frequently refer residents. Service coordinators should consult with owners about the organization's requirements for entering into formal agreements with partners.

F. Making Supportive Services Referrals

As service coordinators work with residents through their resident services plans, they may determine that the resident would benefit by working with a service provider in the community. Service coordinators should make referrals to service providers with permission from or at the request of the resident, if the resident is unable to do so independently. When possible, it is good practice for the service coordinator to call the service provider with the resident present to make an introduction. This can help build a direct relationship and will encourage the resident to follow through with the referral. Having service providers help with or lead educational events at the property can also help residents feel more comfortable with service providers. Service coordinators should speak with the service providers before any such programs to ensure they will not try to "sell" their services to residents at these events.

After the service coordinator refers a resident to a community partner, the service coordinator should track whether the resident has followed up on the referral. Service coordinators should ask residents whether they are

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receiving the services and gaining what they hoped to gain from the services. If the resident agrees, the service coordinator may also follow up with the service provider to ask about ongoing service provision.

Service coordinators should obtain written consent from the resident for all referrals to community partners when personal information about the resident (e.g., income, assets, chronic health conditions, etc.) other than basic contact information is to be shared. The written consent form should include the specific information about the resident that will be shared with the service provider, as well as the specific information the service provider will provide to the service coordinator about the resident. The resident's verbal consent is sufficient for sharing basic contact information.

Referrals for Medical Services and Preparing for Emergency Situations

The service coordinator, with input from the resident, may make referrals for medical services and other non-emergency services as appropriate. In order to prepare for emergencies, service coordinators may want to contact the local emergency medical services provider for guidance on their preferred method for storing residents' medical information. Service coordinators can also assist residents in assembling their medical information into a file (sometimes called a "vial" of life) that collects the resident's emergency contact information, chronic medical conditions, allergies, medications and any other relevant information provided by the resident in an easy-to-locate area in the resident's apartment. Residents should be encouraged to keep the file or other medical information up to date as their contacts and/or medications change.

Service coordinators must comply with confidentiality requirements under the Privacy Act of 1974. The Act provides exceptions for disclosure "to a person under compelling circumstances affecting someone's health or safety." In an emergency where a resident is unable to respond and medical information cannot be located, the service coordinator may share information about relevant medical conditions with emergency responders, if doing so would improve the resident's chance of survival. After the incident, service coordinators should follow-up with the resident.

When referrals for medical services are made, the service coordinator may need to provide specific medical information on the resident to the medical professional. This type of information sharing should only be done via a signed Consent to Release Information, insuring that the resident's health information is safeguarded in accordance with guidelines in the Privacy Act of 1974.

Cases of Abuse or Neglect

If the service coordinator finds that the resident is being neglected or abused, the service coordinator must report the issue regardless of whether the resident gives consent. This could include physical abuse, sexual abuse, neglect, economic or financial exploitation, emotional abuse, abandonment, or self-neglect. If the service coordinator suspects abuse, he or she should report the issue to the appropriate authorities (e.g., Adult Protective Services or the local police) in extreme or urgent situations. The service coordinator should inform his or her supervisor of situations when referrals to Adult Protective Services have been made. Certain situations may also require advice and/or consultation from legal counsel. It is highly recommended that the service coordinator consult with the property's legal counsel and management to establish a protocol for addressing these matters.

Licensed social workers and other persons may be mandatory reporters of abuse or neglect. Laws vary from state to state. Service coordinators as well as property owners and management staff should educate themselves on the mandated reporter laws in their states.

G. Educating and Advocating for Residents

As part of their role, service coordinators educate residents in many ways. Service coordinators organize educational events with community-based organizations and other relevant partners, advocate for residents, and

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teach residents how to advocate for themselves. Beyond their work with residents, service coordinators should work collaboratively with other property staff and provide information and education to them where appropriate.

Advocacy for Residents

One of the primary goals of the service coordinator program is to empower and encourage residents to remain as independent as possible. Service coordinators should help residents advocate for themselves when needed. As part of this goal, service coordinators should teach residents to be proactive in advocating for themselves. Service coordinators may choose to help residents with self-advocacy through group education programs at the property, assistance with letter writing, or role playing with an individual resident. Often, support and encouragement from the service coordinator can lead residents to begin to advocate for themselves.

If a service coordinator is advocating for a resident, the resident needs to give the service coordinator permission to advocate on his or her behalf, especially when resident-specific information (e.g., income, benefits, health status, etc.) may be shared or discussed. This is usually accomplished by way of a signed Consent to Release Information that protects the service coordinator and the resident. However, there does not need to be a signed consent when advocating for the residents of the property as a whole. For example, if a service coordinator is advocating for a bus stop closer to the property or other transportation services within the community, the service coordinator does not need to obtain signed consents as individual resident information is not being shared.

NOTE: It is recommended that the consent form be reviewed and approved by legal counsel.

Educating Residents through Events

Service coordinators organize educational/preventative health programs, and other appropriate programs that address identified areas of need or interest for the property as a whole, often in partnership with community service providers. The service coordinator can also develop programs and presentations for residents about changes in benefits programs, money management skills and budgeting, personal safety and preventative care measures, property-wide safety and crime prevention, and other topics. While not required by HUD, many organizations require or encourage service coordinators to hold at least one educational event each month.

Assistance to Resident Councils

Service coordinators may provide assistance and information to resident councils as requested by the council. If the property does not have an established resident council and residents express a desire to establish one at the property, the service coordinator may provide information on HUD regulations ([CFR 24 part 245](#)) regarding the establishment of a council, information on electing officers, conducting council meetings, and resources available in the community. The service coordinator is prohibited from establishing the resident council, holding an elected position on the council, and regularly attending council meetings. The service coordinator can participate in council meetings only at the invitation of the resident council.

H. Interfacing with Other Property Staff

It is critical that the service coordinator be an active and full member of the property's management team. Teamwork implies an active collaboration where all team members are recognized for their particular area of expertise, respect one another's views, and actively listen and learn from each other. The property manager, service coordinator, maintenance staff, and other relevant property staff should meet on a regular basis to jointly consider issues that arise that may affect residents or discuss any changes in the resident selection plan or facility rules. At larger owner organizations, the wider property management team can also include regional or corporate property management and resident services staff. Staff who interact with residents should receive relevant written materials, memos, and facility updates on a periodic basis.

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The service coordinator will need to balance the needs of residents and the expectations of employees of the property owner or Management Company. Since one of the major functions of the service coordinator is advocacy on behalf of residents, it is important that other members of the property management team are sensitive to this role, even though such advocacy efforts may appear to conflict with the immediate expectations of the management company. When a service coordinator raises an issue with another member of the property's management team on behalf of a resident, both sides should recognize that the service coordinator is only assisting the resident and not intending to be confrontational or hostile to the property's management.

The service coordinator must recognize that issues surrounding occupancy and maintenance are the responsibility of the property owner and manager. The service coordinator is obligated to direct residents to management when management issues such as damage to property, need for a repair, or failure to pay rent arise. Property managers may wish to refer residents with these types of issues to the service coordinator for assistance in resolving the issue(s) so as to prevent, where possible and feasible, eviction, or other adverse tenancy actions

3

Hiring and Training Service Coordinators



Chapter 3. Hiring and Training Service Coordinators

Hiring qualified professionals is critical to the success of the Service Coordinators in Multifamily Housing program. This chapter reviews recommendations and requirements regarding the minimum qualifications for service coordinators and their training.

A. Recommended Minimum Qualifications for Service Coordinators

As specified in Chapter 8 of the *Management Agent Handbook 4381.5*, the minimum requirements for service coordinators in multifamily housing are a bachelor's degree (or appropriate work experience), knowledge of and training in elderly and disability services, knowledge of referral processes, demonstrated working knowledge of local services for the elderly and people with disabilities, and two or three years of social service delivery experience. It is preferable for service coordinators to have direct experience working with elderly people or persons with disabilities. Training in cultural competency and bilingual skills are also assets for many service coordination positions.

While not required by HUD, some agencies require service coordinators to have a degree in social work or a social work certification because social workers receive training in working with people with a variety of challenges. Licensed social workers must also renew their licenses regularly, which requires ongoing training and learning so they are able to stay up to date on issues facing their residents. Each state's social worker licensing bodies should publish licensing and renewal requirements.

Aides, Interns, and Volunteers Working with a Service Coordinator

Some service coordinator programs may wish to include aides to assist service coordinators in carrying out their functions. Aides should have appropriate education or experience working with elderly people and/or persons with disabilities. College students working towards a degree in social work or a health-related field may look to gain hands-on experience, and may be able to receive academic credit for an internship or work-study program.

In addition to interns, volunteers may have more time to coordinate events, find service providers, or complete other tasks that enhance service coordination at the organization. It is important to note that volunteers do not have the same role as service coordinators, and should not be given sensitive information without resident consent. In addition, service coordinators are encouraged to review their employer's policy on the use of volunteers and the use of criminal history background checks. In some cases, it may be helpful to use residents as volunteers. If doing so, care should be taken to avoid the appearance of favoritism.

Caseloads

The number of residents that a service coordinator can effectively serve will depend on the needs of residents. In general, a ratio of one full-time service coordinator to 50 to 100 residents is a reasonable ratio to use as an initial benchmark. In properties with large numbers of residents with mental health conditions or other high needs, a smaller ratio may be appropriate.

B. Service Coordinator Training Requirements

Training and associated travel costs for service coordinators qualify as eligible project expenses if the training enhances the service coordinator's knowledge and skills in the subject areas identified below. This section offers a general framework for developing training programs to meet the needs of service coordinators; they allow flexibility in training design, delivery method, and location by a variety of sources.

CHAPTER 3. HIRING AND TRAINING SERVICE COORDINATORS

Statutorily Required Training Areas for New Hires

As specified in Chapter 8 of the Management Agent Handbook, all service coordinators must have met a minimum of 36 training hours of classroom/seminar time before hiring, OR must complete these minimum training requirements within 12 months of initial hiring, on age-related and disability issues. The statutory authority for training guidelines for service coordinators serving projects for older adults or persons with disabilities is found in Sections 671 and 672 of the Housing and Community Development Act Amendments of 1992 (42 USC 8011), and requires training on seven topics within the first year for all service coordinators. If a service coordinator has recently completed college courses from an accredited academic institution (e.g., within the past three years) on aging, mental health, or other relevant topics related to the resident population being served, these courses can be counted towards the initial 36-hour training requirement.

Minimum Required Training Hours:

- New hires: 36 hours of classroom/seminar time before or within 12 months of being hired.
- Ongoing: 12 hours of continuing education each year.

Required Ongoing Training Areas

Continuing education is also necessary in order to be an effective professional. Service coordinators must remain current on changing statutes at all levels of government and current practices in aging and/or disability issues. After the initial training requirements at hiring, HUD also specifies in Chapter 8 of the Management Agent Handbook that service coordinators should receive 12 hours of continuing education each year. Twelve training topics should be covered with service coordinators during the first year of hire or as part of the ongoing annual training requirements. Funding for training is subject to the availability of funds.

Training for both new hires and to meet ongoing training requirements must be documented and verified by the owner organization. Exhibit 3 lists the statutorily required training areas as well as additional recommended training topics for service coordinators.

Exhibit 3: Required and Recommended Training Areas for Service Coordinators

Statutorily Required Training Areas for New Hires		
<ul style="list-style-type: none"> • The Aging Process • Federal and Applicable State Programs and Eligibility 	<ul style="list-style-type: none"> • Elder Services • Disability Services • Legal Liability Relating to Service Coordination 	<ul style="list-style-type: none"> • Drug and Alcohol Use/Abuse by Elders • Mental Health Issues
Required Ongoing Training Areas		
<ul style="list-style-type: none"> • SCMF Program Online Learning Tool • The Role of the Service Coordinator • Ethics in Service Coordination • Networking in the Community and Identifying Resources • Basics of Documentation 	<ul style="list-style-type: none"> • Outcomes and Program Evaluation • Mental Health and Aging • Healthy Aging • Medications and Older Adults 	<ul style="list-style-type: none"> • Communication Strategies in Working with Older Adults • Fair Housing and Reasonable Accommodations • Professional Boundaries

Continued on next page

CHAPTER 3. HIRING AND TRAINING SERVICE COORDINATORS

Additional Recommended Training Areas		
<ul style="list-style-type: none"> • Identifying and Assessing Capabilities and Needs • Monitoring and Evaluating Services • Effective Advocacy • Crisis Prevention and Intervention • Working with Other Members of the Property Management Team • Cultural Competency 	<ul style="list-style-type: none"> • Chronic Diseases of the Elderly • Dealing with Cognitive Impairments • Sensuality/Sexuality and Older Adults • Mediation and Conflict Resolution • End of Life Issues • Isolation and Older Adults • Effective Communication 	<ul style="list-style-type: none"> • Supportive Service Needs of Persons with Disabilities • Current Trends in Affordable Housing and Healthy Aging • Disease Prevention • Hoarding • Bullying • Creating and Sustaining Successful Partnership Models

Training Documentation

Service coordinators, quality assurance professionals, and/or project managers must document compliance with training requirements by providing certificates of participation and training, certificates showing any continuing education units the service coordinator received, the length of the full course in hours, who administered the training (including the organizational affiliation), the dates of the trainings, and the total cost. HUD staff should be able to access information on the service coordinator’s compliance with training requirements from the service coordinator’s program file during a remote or on-site visit of the service coordination program or as part of management reviews of the property, when requested. Some organizations may have a centralized resource location for service coordinators to record their trainings so that other service coordinators can access the list at any time.

Sources of Training for Service Coordinators

Organizations differ on how they provide training for their service coordinators. Many organizations host regular formal trainings for all service coordinators they employ – either quarterly, semi-annually, or annually. Training is conducted both in person and online, and some organizations may choose to hold an annual full-staff training to build relationships, train on common areas of interest, and update staff on policy changes.

There are also many appropriate sources of external training available for service coordinators. Listed below are some of the sources service coordinators may wish to review when seeking to complete the required training. See Appendix A: Service Coordinator Resources for additional resources for training service coordinator staff.

- Councils on aging, local senior centers, home health providers, hospices or nursing homes
- State and national housing organizations and trade associations
- Local hospitals offer education on a wide variety of topics, such as minimizing outbreaks of communicable diseases (e.g., influenza, etc.) and sanitary practices to minimize the spread of germs and bacteria.
- Colleges and universities that have gerontology, social work, and rehabilitation counseling departments as well as those that cover social sciences, nursing and medicine
- Disease specific organizations such as those addressing AIDS, heart disease, diabetes, Alzheimer’s, alcohol abuse, and mental illness

C. Training in Service Coordination for Other Property Staff

HUD encourages the involvement of other members of the property management team in service coordinator training as appropriate. The more service coordinators and other members of the property's management team understand each other's roles, functions, and responsibilities, the smoother the operation of the project. It may also prove beneficial for properties that have contract management staff to receive training on the roles, responsibilities, and constraints on the service coordinator, especially as they relate to confidentiality and access to the service coordinator's resident files.

Exhibit 4: Recommended Training Areas for Other Property Staff

Recommended Training Areas for Other Property Staff		
<ul style="list-style-type: none">• Understanding the aging process• Aging and social isolation• Mental health issues	<ul style="list-style-type: none">• Ethical behaviors• Professional boundaries when working with residents	<ul style="list-style-type: none">• Recognizing signs of abuse, neglect, and exploitation• Recognizing the signs of hoarding• Bullying and older adults

4

Confidentiality and Conflicts of Interest



Chapter 4. Confidentiality and Conflicts of Interest

In the course of their work, service coordinators regularly hold discussions with residents about their supportive service needs, finances, and other personal matters. Because of the sensitivity of these topics, it is critical that the service coordinator maintain the privacy of residents and the confidentiality of any information shared. It is also important that service coordinators set up appropriate professional boundaries and avoid conflicts of interest that could affect their service coordination.

The confidentiality responsibilities of service coordinators are grounded in the 1974 Privacy Act, and for grant-funded programs, the provisions of their grant agreement. Regardless of funding source, the confidentiality and conflict of interest guidance in this chapter should be followed by all service coordinator programs.

A. Confidentiality of Resident Information

Service coordinators must keep all resident information confidential unless the resident gives them explicit permission to share the information with others. Service coordinators may only share information with property management staff, service providers, and other parties if the resident has signed a *Consent to Release Information* form for the specific documents or information being shared. Resident consents for the release of information should be time-limited and be re-signed by the resident on a regular basis, no less than once a year. The consent form should also be revised and re-signed by the resident if he or she experiences a change in health or medical status, to ensure the resident has provided active consent for the sharing of their health information, even if a year has not passed since the last signature.

A release of information form must clearly indicate:

- With whom the information is to be shared (including but not limited to community partners, authorized medical professionals, HUD, and quality assurance professionals)
- The specific information to be shared
- The reason for sharing the information
- A deadline upon which the consent will expire

HUD grant agreements provide some exceptions to these guidelines for consent. As part of periodic audits of the service coordinator program, HUD staff can access resident files without a signed consent from the resident, except for information that could trigger HIPAA requirements. In addition, under certain exceptions, service coordinators must share resident information with property management staff if withholding the information could lead to negative consequences including self-harm or harming others, activities that break the law, or violations

Service Coordinators and HIPAA Standards

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) establishes strict standards for securing the privacy of medical information. Service coordinators do not bill for clinical services and as such are not subject to HIPAA requirements.

As social workers, visiting nurses, and other health care practitioners who are subject to HIPAA requirements increasingly deliver services in assisted housing developments, service coordinators may want to familiarize themselves with the basic rules applicable to HIPAA. Consultation with the staff attorney at the service coordinator's development is recommended for guidance on any HIPAA-related matters or questions.

CHAPTER 4. CONFIDENTIALITY AND CONFLICTS OF INTEREST

of the lease agreement or community rules. When deciding whether to share confidential resident information in this scenario, the service coordinator should use his or her best judgement to determine whether the information he or she has received would have safety and security implications for the individual, for other residents, or for management staff.

A signed Consent to Release Information is not necessary if the service coordinator is only providing a resident's name and contact information. In these cases, residents may provide verbal consent that their name and contact information can be shared with a service provider. Other, more specific information (e.g., income, benefit amounts, health status, etc.) would require a written, signed consent form.

Service coordinators are prohibited from accessing a tenant's Enterprise Income Verification (EIV) documents contained in the property management files, even if the resident has given consent to do so. The EIV is a HUD-sponsored system used to verify residents' incomes in connection with setting the rent.

Sharing Information with Service Providers

Service coordinators should only make referrals to service providers with permission from or at the request of the resident. Service coordinators should only share information with service providers that is necessary for making referrals, monitoring and/or following up on services provided, or communicating a change in a resident's needs or situation. Information about residents other than the resident's basic contact information may only be shared with service providers with a signed consent form from the resident. Residents must likewise give consent for *service providers* to share resident information with the service coordinator.

Under no circumstances, can a coordinator share information about a resident with other residents without the resident's consent.

B. Professional Boundaries and Conflicts of Interest

The ability to set and maintain professional boundaries is critical to an effective service coordination program. The boundary between the service coordinator's job and the service coordinator's personal life is of particular importance. Service coordinators make judgments regarding these boundaries on a daily basis, and these decisions affect not only their own well-being but also that of their residents and other management staff. At its most extreme, failure to maintain boundaries can lead to issues of neglect and abuse of residents.

Service coordinators, as well as other property staff, are responsible for anticipating, establishing, delineating, communicating, monitoring, guarding, maintaining and managing the professional boundaries between staff and residents. Going beyond the parameters of one's role creates an unfair expectation that other property management staff will do the same. Inconsistent professional boundaries within teams and organizations may serve to confuse residents and erode confidence in the service coordination program and housing management. Failure to maintain professional boundaries can also lead to conflicts of interest. For example, if a service coordinator stands to gain financially from a resident, he or she may treat the resident differently or break the terms of his or her contract.

The following guidelines can help to prevent service coordinators from crossing professional boundaries:

- Always provide a professional work email, phone number, and office location for residents to use. Service coordinators should not give residents permission to contact them at all hours nor should they give residents a personal cell phone number, email address, or home address as it may lead to an unprofessional dynamic.
- Refrain from discussing the service coordinator's personal life. Residents benefit more from service coordinators' professional expertise than personal life experiences.
- Avoid use of profanity, even if residents speak this way. Service coordinators should make sure their language is always appropriate so residents know that they are trustworthy and professional.

CHAPTER 4. CONFIDENTIALITY AND CONFLICTS OF INTEREST

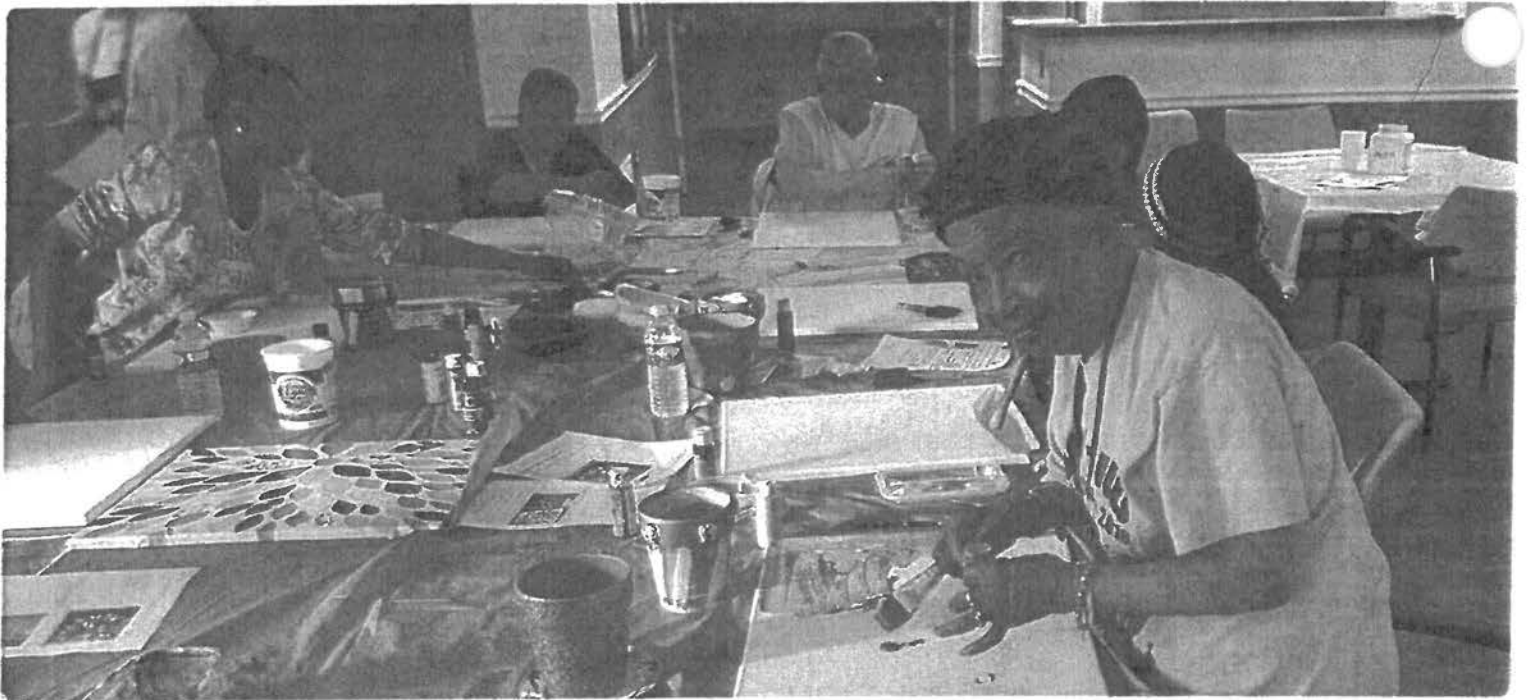
- Establish clear physical boundaries. One of the most effective ways to establish clear professional boundaries is for service coordinators to let their behavior set the standard for meetings with residents. It is important that service coordinators not touch residents in any inappropriate way. Within these bounds, service coordinators have discretion to determine whether to permit any physical contact with residents. This may include hugging, caressing, or holding residents' hands. In some cases, service coordinators may determine that some level of contact is permissible to recognize residents' cultural expectations and/or desire to show affection. Any determination about physical boundaries should be applied consistently to all residents.
- Maintain professional boundaries in social settings. Service coordinators in small communities may encounter residents in other contexts, such as church, school, or in another social setting. They should try to limit social contact with residents in these situations. The more time service coordinators spend with their residents outside of a professional environment, the greater the opportunity for a breach of professional boundaries.
- Set up separate, professional social media accounts. Older adults are one of the fastest-growing groups of social media users. Any comments made on social media have the potential to reach an enormous audience and can reach unintended audiences. Social media has the potential to allow professional and personal lives to intersect like never before. Therefore, it is imperative that the service coordinator maintain a professional distance when using social media (e.g., Facebook, Snapchat, Twitter, Instagram, etc.). Service coordinators should respect the privacy of residents at all times.

Financial Conflicts of Interest

Service coordinators are prohibited from accepting tips, cash, or any other monetary gifts from residents or their families, including bequests from residents' wills. It is inappropriate for any member of the property staff to solicit gifts from residents or residents' families as a condition of admission or acceptance to a facility, or for any other purpose. It is recommended that service coordinators do not accept gifts, and that no money or items of any value should be exchanged between residents and service coordinators at any time, including the sale of items such as Girl Scout cookies and secondary employment items such as candles or jewelry sold at home sales parties.

5

**Files and
Records Management**



Chapter 5. Files and Records Management

Creating and maintaining records that document the service coordinator's work is an important part of the service coordinator's job. Effective management of both resident files and program files enhances the ability of service coordinators to efficiently and effectively serve their residents and community. These files not only allow a service coordinator to follow up on past interactions with residents, but also provide confirmation to management and quality assurance professionals that a service coordinator is performing his or her job effectively.

This section provides recommendations on what service coordinators should include in their resident files and program files and guidance on file retention and maintenance. Requirements for resident security and privacy can be found in Chapter 4: Confidentiality and Conflicts of Interest

A. The Resident File

Service coordinators must maintain well-organized files on each of their residents, and update those files whenever there is a new interaction with the resident. Service coordinators must be able to immediately access information and emergency contacts in case an emergency situation arises. In addition, effective records management helps service coordinators to follow up with residents on previously discussed issues and referrals.

Contents of Resident Files

The service coordinator's resident files should each contain the following information:

1. **Intake form:** This form provides basic demographic information on the resident and should include gender, date of birth, contact information, move-in date, marital status, emergency contact information, family contact information, information regarding the resident's benefits, income, health care options (e.g., Medicare, Medicaid, third-party insurance, etc.), primary care physician, resident's choice of hospital, home health service, end-of-life plans and any other medical provider(s) or information when the resident has expressed a preference.

The intake form should be updated at least annually, preferably when conducting the annual Activities of Daily Living assessment.

2. **Resident Services Plan:** This form is used to document the resident services plan for each resident. This plan allows the service coordinator to identify the resident's services needs and wants, document referrals planned or made on behalf of the resident, and the goal(s) associated with the referrals.

A recommended "best practice" is that this plan be updated at least annually when the service coordinator conducts the Activities of Daily Living assessment.

3. **Monitoring and follow-up plan:** Service coordinators use this form to outline follow up and monitoring activities for referrals and/or services provided to a resident. The form should include the service coordinator's timetable for monitoring and following up on the referrals made and services provided to the resident.

Service coordinators may choose to combine the monitoring plan with the resident services plan to reduce paperwork and more easily track referrals, services and any monitoring or follow-up done.

4. **Case and progress notes:** Case and progress notes are a written account of resident and service coordinator interactions. Case and progress notes should include documentation of each meeting with the

CHAPTER 5. FILES AND RECORDS MANAGEMENT

resident, their family members, service providers, and members of the management team regarding the individual resident. It is good practice to document each interaction sequentially and objectively. Service coordinators should omit personal remarks and opinions, record only what they see and hear, and describe relevant actions, behaviors, and events in a non-subjective manner, using direct quotes when possible.

5. **Activities of Daily Living/regular capacity/skills assessment:** Assessments are instrumental to providing assistance and making referrals to appropriate public benefits, services, or skills training. The capacity/skills assessment is designed to assess the resident's current functioning in terms of their Activities of Daily Living (ADL) and can be used to identify any deficits in these areas. The ADL form is not a formal diagnostic tool, but simply a tool to assist in identifying needs for making appropriate referrals.

While ADL forms do not need to be updated with any specified frequency, it is good practice for service coordinators to conduct assessments of all residents at least annually to update records and to track changes in residents' abilities and needs over time. Some service coordinators like to complete these annual assessments during the resident's move-in month so that they are not trying to complete all residents' assessments at the same time, making the task more manageable.

6. **Service referrals:** This form is used to document referrals for services made on behalf of a resident. The form documents the service provider to which the resident was referred, the reason for the referral, the expected outcomes from the referral, and any additional actions/activities related to this referral. A referral form should be completed for each service provider to which the resident has been referred.
7. **Signed Consents to Release Information:** A Consent to Release Information must be signed by the resident before sharing his or her information with property management staff, service providers, and other parties. The Consent is *not a blanket consent* to cover any and all situations. The Consent must state the information to be released, the entity to which the information will be released to, the reason for releasing the information, and the expiration date of the Consent.

A signed Consent to Release Information is not required in connection with the file reviews conducted by quality assurance professionals and HUD audits. However, service coordinators are strongly encouraged to identify HUD and the quality assurance supervisor or administrator on a Consent to Release Information form signed by the resident. Doing so helps to avoid potential liability issues, and also promotes transparency and trust when working with residents.

8. **Emergency contact information:** Service coordinators should always maintain a listing of each resident's emergency contacts. In the event the resident has no emergency contacts, this should be noted on the form and kept in the file.

While there is no required frequency for updating this form, it is good practice for service coordinators to review and if necessary update this information at least annually.

9. **Reports or records on abuse:** If the resident brings up any claims of being abused in any way, including physically, mentally, or financially, records must be kept of these allegations, even if they are found to be unwarranted. Records should also be kept of any violations of the resident's property.
10. **Refusals to participate:** The service coordinator must document a resident's refusal to participate in the overall service coordinator program. The service coordinator may want to also document in their case and progress notes or on a separate, specific form when a resident refuses a specific service or referral but continues to voluntarily work with the service coordinator.

B. The Service Coordinator's Program File

In addition to maintaining resident files, service coordinators (or other members of the staff) should keep detailed records of service coordinator program activities and expenses. These documents serve as resources for use by service coordinators and property owners, but are also important in case of a HUD audit.

CHAPTER 5. FILES AND RECORDS MANAGEMENT

The program file should include, at a minimum:

1. Proof of outside training received in compliance with training requirements, as outlined in Chapter 3: Hiring and Training Service Coordinators. Proof can be in the form of Certificates of Participation and/or Continuing Education Units (CEUs) certificates.
2. Copies of all reports submitted to HUD or via GrantSolutions (e.g., Semi-Annual Performance Reports (form HUD-92456) or Standards for Success reports, LOCCS Payment Voucher/Expense Reports (form HUD-50080-SCMF), Quality Assurance reports, if applicable).
3. Agreements and correspondence with outside service providers that do not pertain to a specific resident.
4. Documentation of programs, trainings, and other educational offerings developed and provided for the residents of the property.
5. Supporting documentation related to program expenses and payments. All vouchers must be supported by basic payment documents, either hard copy or soft copy source records, which include purchase orders, contracts, receiving reports, invoices, bills, and/or statements of accounts showing sufficient information to adequately account for the disbursements. HUD will randomly review monthly/quarterly voucher to ensure compliance and reserve the right to request documentation as deemed necessary. Service coordinators should not submit supporting documents to HUD unless requested.
6. Information and/or other relevant documents from HUD, as applicable.

C. Files and Records Maintenance and Retention

Service coordinators should begin keeping files on residents from the time of move-in (or the start of the provision of assistance from the service coordinator), and must keep these files for a minimum of three years after move-out, resident death, or cessation of assistance. Once the time period for file maintenance has elapsed, service coordinators must dispose of all files and records in a manner that will prevent any unauthorized access to personal information (such as shredding or pulverizing).

Electronic versus Paper Records

HUD recommends using electronic records whenever possible. Case management software programs allow service coordinators and quality assurance professionals to be more efficient in their work and to notify service coordinators if files are missing or incomplete. Electronic files should be protected with a password. To ensure program continuity, access to electronic files must be made available for newly hired service coordinators.

Paper files should be kept in a filing cabinet that remains locked at all times unless the service coordinator is actively using it to remove or replace files. As files grow larger, service coordinators may move older paper records in active files to secure cabinets in off-site locations; however, the files must be made available for review upon request by HUD or a quality assurance professional.

Access to Resident Files

Service coordinators should be the only staff members or contractors with access to paper and electronic resident files. Per HUD's policy on resident rights and responsibilities, residents must also be granted access to their file at their request. Service coordinators' files are the property of the housing property where they work; as is stipulated in the HUD grant agreement, service coordinators must maintain their files at the housing site and ensure they are available to new service coordinators when they leave. This does not mean that property management and/or housing organization staff have access to these files, however.

HUD staff can access resident files without a signed consent from the resident as part of periodic audits of the service coordinator program, except for information that could trigger HIPAA requirements. Additionally, if the

CHAPTER 5. FILES AND RECORDS MANAGEMENT

service coordinator program has a Quality Assurance (QA) component, the QA professional can access resident files for the purposes of ongoing monitoring and oversight of the service coordinator's activities. Service coordinator's resident files can also be used in court proceedings, but only if subpoenaed. More information on who can access files can be found in Chapter 4: Confidentiality and Conflicts of Interest.

6

Service Coordinator Funding,
Reporting, and
Program Monitoring



Chapter 6. Service Coordinator Funding, Reporting, and Program Monitoring

A. Funding Sources for the Service Coordinators in Multifamily Housing Program

There are two main funding sources for the Service Coordinators in Multifamily Housing program: *operating funding* (funding the program through the property's operating budget or other eligible project resources) or *grants provided by HUD* through the Service Coordinators in Multifamily Housing grant program. Eligible operating funding can include Section 8 operating funds, Project Rental Assistance Contract (PRAC) funds, Section 236 Excess Income, Residual Receipts, and Debt Service Savings. Regardless of whether the source of funding is operating funding or grants provided by HUD, all service coordinator programs in Multifamily Housing for the Elderly and persons with disabilities are expected to adhere to the same standard requirements as outlined in this guide.

Eligible project expenses for the service coordinator program are the same regardless of the source of HUD funding and include the cost of the service coordinator position (salary and benefits) and related program expenses (training and related travel and a portion of the property's administrative costs that can be attributed to the program).

Funding through the Operating Budget

Including service coordinator expenses in the project's operating budget is the preferred method to secure ongoing funding for the service coordinator program. Under this approach, the service coordinator becomes a permanent part of the management team and the cost of the service coordinator program becomes a standard budget expense.

The salary and benefits of the service coordinator position and related program costs are eligible operating expenses according to Section 8 of the 1937 Act (42 U.S.C. 1437f), and Project Rental Assistance Contracts, pursuant to section 802 of NAHA (42 U.S.C. 8011). Owners must obtain HUD approval to add a service coordinator program to any property's budget, regardless of whether or not an increase in rental rates is proposed.

Owners of Section 202 PRAC projects can include a service coordinator program in their operating budget at any time after the project is fully occupied. (See Chapter 1; paragraph 1-8.C of Handbook 4571.3 REV-1, Section 202 Supportive Housing for the Elderly.)

In addition to including the cost of the service coordinator program in a property's operating budget, owners of HUD-assisted multifamily housing may also use other eligible project resources to fund the program with approval from HUD. HUD may approve the use of *residual receipts* to fund some or all of a property's service coordinator program. Owners of applicable properties are required to deposit any surplus cash into a residual receipts account semi-annually or annually as required by their Regulatory Agreement. Surplus cash is the cash remaining after all necessary and reasonable expenses of the project have been paid or funds have been set aside for such payment.

Owners with funds in their residual receipts accounts must use all available residual receipts prior to receiving any service coordinator grant funds.

Chapter 6: Service Coordinator Funding, Reporting, and Program Monitoring

Owners with properties insured under Section 236 may request authorization to retain excess income to fund a service coordinator program.

With HUD approval, owners with debt service savings can use the debt service savings to fund a service coordinator program.

Funding through HUD Service Coordinator Grants

Subject to availability, HUD provides funding each year to extend existing service coordinator grants by one year. To be considered for an annual renewal, agencies must comply with the submission requirements as detailed in the annual renewal notice. All requests for funding renewal must be submitted to HUD through GrantSolutions.

In years when additional funds are available for new service coordinator programs or renewal grants, HUD makes those funds available through a Service Coordinators in Multifamily Housing program Notice of Funding Availability (NOFA). The NOFA describes the application eligibility criteria, eligible program activities, and the method of application preparation and submission. HUD awards service coordinator grant funds only to owners of eligible subsidized multifamily projects.

HUD awards service coordinator grants for an initial 3-year term. Annual extensions are subject to the yearly appropriations set by Congress, and therefore extension funding is not guaranteed. Sections 202 and 811 Project Rental Assistance Contract (PRAC) properties, conventional public housing, and housing units funded with project-based Housing Choice Vouchers are not eligible to receive grants for service coordinators.

Combining Sources of Funding

Residual receipts and rent increases may be used alone, or in conjunction with one another, as funding mechanisms for a service coordinator program. For example if the residual receipts are not sufficient to cover the entire cost of a service coordinator, the owner may request a rent increase in addition to using the remaining residual receipts. However, residual receipts must be exhausted prior to requesting a rent increase.

Owners who have grant-funded service coordinator programs are encouraged to include the cost of this program in the property's operating budget after obtaining the required HUD approval. Once budget-based rents that include the service coordinator expenses become effective, HUD will terminate the service coordinator grant and de-obligate any undisbursed grant funds remaining in eLOCCS.

It is important for owners to remember that budget-based funding sources are more stable and consistent over time. Grants, by their nature, are temporary sources of assistance and the future availability of such funds is never certain.

Supportive Services Plans

Owners are required to prepare a supportive services plan for each HUD-assisted multifamily property that describes the supportive services proposed to be provided to the residents. This document must be submitted upon the initial application for funding for a property and updated by the service coordinator at least every other year. The plan must include a description of the public or private funds that are expected to fund the proposed services and the manner in which the services will be provided to residents. The plan must also make clear that residents will not be required to accept any supportive services as a condition of occupancy or admission.

In preparing their initial supportive services plan, owners should rely on their past experience working with similar populations and/or the experience of other owners serving a similar population. The initial plan in particular should indicate whether an owner will offer service coordination, how many service coordinators will be funded, what source of funding will be used to fund the service coordination program, and what types of services the service coordinators will help resident access. The initial supportive services plan should also describe whether any other services will be provided to residents.

Chapter 6: Service Coordinator Funding, Reporting, and Program Monitoring

Once a property begins operation and the service coordinator begins his or her work, the supportive services plan should be updated to include the information in the property-wide profile described in Chapter 2 and kept up to date through updates at least every other year. The supportive services plan of a development with service coordination should consist of:

- An overview of the services to be provided to residents in the development, including service coordination as well as any other services the property provides
- A description of how any services to be provided to residents will be funded
- The property-wide profile (see Chapter 2)
- A statement affirming that residents will not be required to accept any supportive services as a condition of occupancy or admission

B. Program Reporting

Service coordinators must closely track their program's performance to ensure they are working as effectively as possible and meeting the needs of the residents they serve. HUD is in the process of transitioning from the Multifamily Housing Service Coordinator Semi-Annual Performance Report to a new reporting system called Standards for Success. Until properties transition to the Standard for Success platform, they must continue to submit the Semi-Annual Performance Report.

Multifamily Housing Service Coordinator Semi-Annual Performance Report

The Semi-Annual Performance Report (form HUD-92456) gathers data on the number of residents served, resident demographics, and the range of services provided. It also documents 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.

Service coordinators whose positions are paid by the following funding sources are *required* to submit the HUD-92456, Semi-Annual Performance Report:

- Service Coordinators in Multifamily Housing grant program funds
- Section 8 funds
- Project Rental Assistance Contract (PRAC) funds
- Section 236 Excess Income
- Debt service savings
- Residual receipts

All service coordinators, unless a reasonable accommodation request is made, **MUST** submit their HUD-92456 electronically. Furthermore, the form downloaded from [the HUD website](#) should maintain its fillable features. To limit the amount of submissions, service coordinators should download the latest file. Do not sign and scan; the form will lose its fillable features if this is done. Service coordinators should type their names in and save the file before submitting to the HUD Regional/Satellite office that oversees their property.

Starting in Calendar Year 2017, the HUD-92456, Semi-Annual Performance Report is to be submitted to the applicable HUD Regional/Satellite office no later than 30 days after the end of each reporting period. The two reporting periods are January 1- June 30 and July 1- December 31.

Chapter 6: Service Coordinator Funding, Reporting, and Program Monitoring

Standards for Success

As noted above, the Multifamily Service Coordination Program is shifting to HUD's Standards for Success (SfS) reporting framework. SfS will ultimately replace the Semi-Annual Performance Report (form HUD-92456).

SfS will modernize the type of data collected, as well as the data collection process. This new framework, when fully implemented, will also enhance HUD's efforts to analyze performance data collected across its portfolio. Data will be stored in a central database, where it can be easily analyzed on demand. The implementation of this new framework will also provide better tools for HUD regional offices to communicate with grantees and verify the accuracy and timeliness of grantee data.

The SfS reporting framework is being phased in over a two-year period. During the initial phase, participation is voluntary. After the completion of the two-year phase-in period, it is expected that all properties receiving funding for a service coordinator position will use SfS.

The submission of form HUD-92456, Service Coordinator Semi-Annual Performance Report, is not required for SfS participants; participation in SfS satisfies reporting requirements. SfS sites are exempt from the submission of form HUD-92456, Semi-Annual Performance Reports, beginning with the report due on January 30, 2018.

C. Service Coordinator Program Monitoring by HUD Staff

HUD conducts regular monitoring reviews of service coordinator programs to ensure that grant funds and operating funds are used for their intended purpose. HUD is responsible for ensuring monitoring reviews are scheduled and conducted. HUD Regional/Satellite Office staff will determine how often they will conduct on-site reviews. The frequency of reviews will depend on the nature of a project's day-to-day operations and service coordinator program activities. To the extent possible, the on-site reviews will be combined with other reviews of the project to optimize the use of staff and travel resources.

HUD staff may periodically perform a desk or "remote" off-site review of the program, in lieu of an on-site assessment. This review will include examining financial information and reports, the Semi-Annual Performance Report, other program activities, and compliance with training and Quality Assurance (QA) requirements.

Appendix B provides a detailed overview of the review process.

D. Service Coordinator Program Non-Compliance

If, during the review process, or at any other time, HUD determines that a property is in non-compliance, corrective action may be required. The following is a brief description of what constitutes non-compliance and the process to be followed in the event that evidence of non-compliance is found.

What Constitutes Non-compliance

Owners will be in noncompliance with program requirements if they meet any of the situations listed below:

1. Any use of grant or project funds for a purpose other than as authorized by HUD;
2. Breach of or noncompliance with relevant laws, regulations, administrative program policies, grant agreements, or other documents approving the use of project funds; or
3. Any misrepresentation in a funding request that, if known to HUD, would have resulted in these funds not being provided.

Chapter 6: Service Coordinator Funding, Reporting, and Program Monitoring

Corrective Action

If it is determined preliminarily that an owner is in noncompliance as described above, the owner will be given notice of this determination and the corrective or remedial action proposed by HUD. The owner shall have an opportunity to demonstrate, within the time prescribed by HUD (not to exceed 30 calendar days from the date of the notice), and on the basis of facts and data, that it is indeed in compliance, or that the proposed corrective or remedial action is inappropriate, before the corrective or remedial action is implemented.

Where it is determined that corrective or remedial actions by the owner have not been undertaken as instructed, or will not be effective to correct the noncompliance and to prevent further problems, the following additional corrective and remedial actions may be taken:

- HUD may suspend or terminate, in part or in whole, the grant or approval to use project funds;
- HUD may demand repayment of all grant or project funds amounts disbursed;
- HUD may take any other remedial action legally available;
- HUD may place conditions on the award of grants or approvals of one or more classes of project funds so that the deficiency can be remedied and that adequate steps be taken to prevent future deficiencies.
- HUD may impose other sanctions authorized by law or regulation, and/or
- HUD may initiate litigation or other legal proceedings designed to require compliance with relevant laws, regulations, grant agreements, or other pertinent authorities.

Grant Termination

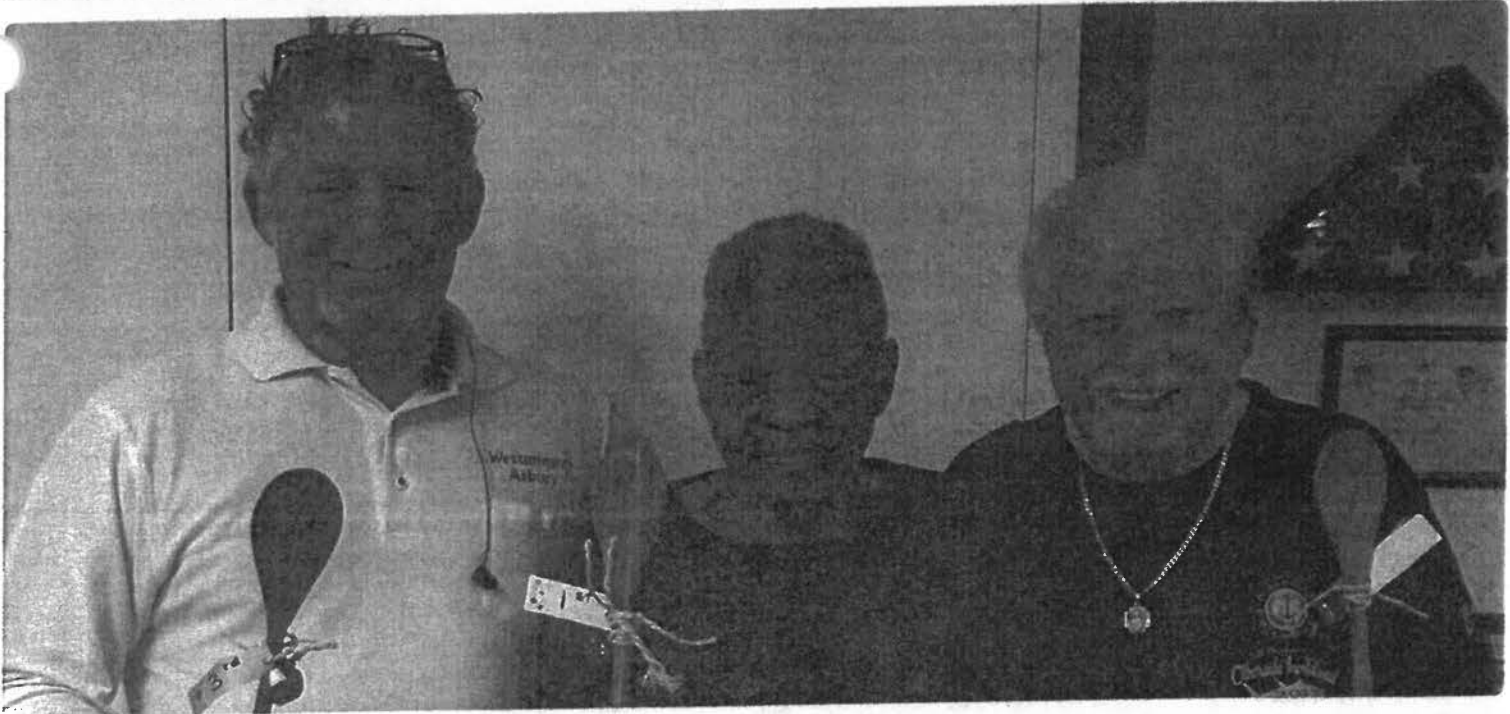
HUD may terminate an award (a) for non-compliance or (b) if a grant has been inactive for more than 180 days and the grantee fails to provide a justification.

Note: If a grant is terminated due to poor performance, not reporting and/or in violation of other Terms and Conditions set forth in the Grant Agreement, in accordance with 2 CFR 200, the HUD official must report the termination to the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS).

Upon the determination that the grant is to be terminated or closed out, the closeout process must commence.

7

Quality Assurance in Service Coordination



Chapter 7. Quality Assurance in Service Coordination

HUD strongly recommends that all multifamily properties with service coordinators include a Quality Assurance (QA) component. To this end, QA is an allowable program expense. HUD expects that all owners of multifamily properties with service coordinators will ensure that the service coordinator program is effectively implemented and monitored. A QA component is a valuable approach for doing so.

QA is an impartial evaluation by a qualified professional that ensures the fidelity of the Service Coordinators in Multifamily Housing program. QA professionals are directly hired, or contracted with, by the property owner. Although an independent third-party professional is preferred, the QA professional may be a member of the corporate management team, assuming such staff has a degree of autonomy that allows for an impartial evaluation.

QA professionals provide checks and balances to ensure that a consistent and competent service coordinator program is effectively implemented and sustained. A service coordinator QA program provides regular, systematic monitoring and evaluation of specific aspects of the activities conducted by a service coordinator to ensure that standards of quality are being met and maintained. This practice helps to verify that service coordinators are in compliance with the terms and conditions of the award, the governing statutes and regulations, the standards of practice described in this guidebook, as well as fulfilling reasonable expectations of the residents they serve, the management agent or property owner that employs them, and all regulatory or accrediting bodies.

QA professionals provide technical assistance and guidance on the role of the service coordinator following good social work practice to new service coordinators and service coordinators in need of additional skills or information. QA professionals also assist service coordinators in developing supportive services plans and property-wide profiles.

QA professionals must work to immediately address and resolve practices that are not in compliance with governing program requirements. When such issues are not resolved within a reasonable time and when the owner or management agency has taken no corrective action(s), the QA professional is obligated to report the findings to the local HUD office.

A. Requirements for a Quality Assurance Professional

The QA professional should have a sufficiently detailed knowledge of the organization and its systems to allow him or her to play a direct role in setting up system guidance for the service coordinator. For example, the QA professional should be sufficiently familiar with the program to help the service coordinator decide on the best case management software and/or paper file systems to ensure effective and efficient documentation and case management and set guidelines for record management, if requested to provide that assistance. In a large organization, the QA professional can also ensure that service coordinators are meeting organizational requirements.

CHAPTER 7. QUALITY ASSURANCE IN SERVICE COORDINATION

Recommended Qualifications of a Quality Assurance Professional

QA professionals provide both quality assurance and technical assistance for service coordinators. HUD recommends the following qualifications of QA professionals:

- Bachelor's degree in Social Work, Gerontology, Psychology, Counseling, or a related health care field, although any other bachelor's degree is acceptable with relevant social service experience; master's degree is preferred
- Training in the aging process, elder services, disability services, and other issues specific to understanding the population that the service coordinator position serves
- Two to three years of experience in social service delivery
- Demonstrated working knowledge of supportive services and other resources in the area served by the project
- Demonstrated ability to organize, develop outcomes and appropriate outcomes measures, problem solve, and provide results

Many third-party organizations that provide QA services may have additional requirements or preferences for QA professionals that they hire.

QA Professionals

Individuals who may perform QA include:

1. A third-party contractor (such as staff of an Area Agency on Aging); or
2. Staff of an owner or management agent who works in a central or regional office and who does not perform activities routinely assigned to the management agent. Often, QA services are provided by individuals who are part of the same organization as the service coordinators but serve in a separate branch. In addition to providing QA services to service coordinators within their organization, many organizations with QA professionals also serve as third-party contractors for service coordinators in other organizations.

Staff of a Property Management Organization versus Third-Party Contractor

When an organization has internal staff dedicated to QA oversight, the QA professional may serve as a direct supervisor for service coordinators, overseeing their service coordination functions. At the same time, it is important for service coordinators to be full members of the property management team, and in this connection it may be useful and appropriate for the property manager to play a role in supervising the service coordinator.

QA professionals hired as third-party contractors should not serve as direct supervisors of service coordinators, unless the service coordinators are also employees of the contractor. However, a mechanism should be established for the QA professional to provide input to the owner or property manager when the service coordinator or property manager report challenges in their relationship.

B. Sources of Funding for Quality Assurance

As noted above, QA is an allowable expense under the Service Coordinators in Multifamily Housing program. A service coordinator program may propose an expense of up to 10 percent of the service coordinator's salary to provide QA monitoring, technical assistance, review of participant files, and other QA duties.

If the original grant budget did not include a QA component, owners or management agents must provide a written justification for the QA component along with the budget for the service coordinator program. Operations- or budget-funded service coordinator programs can use funds in the property's operations budget to cover the costs of a QA component to their service coordination program. All approvals are subject to the availability of funds.

C. Quality Assurance Tasks and Activities

QA professionals monitor the activities and files of service coordinators to ensure the service coordinators are providing the assistance that residents require. QA professionals also provide important training and technical assistance to service coordinators. Finally, QA professionals help service coordinators evaluate the performance of their program and set goals to improve outcomes.

Expectations and promising practices regarding each of the following QA functions are provided below:

- Monitoring service coordinators' activities
- Reviewing service coordinators' files
- Providing technical assistance and guidance
- Setting goals and completing program evaluations
- Reviewing the supportive services plan
- Helping the service coordinator establish and sustain partnerships
- Privacy

Monitoring Service Coordinators' Activities

A core function of QA professionals is to monitor whether service coordinators fulfill their required responsibilities under the grant agreement and meet the standards of practice specified in this resource guide. The QA professional should monitor how service coordinators carry out their work and ensure that service coordinators provide regular, appropriate resident outreach and education events that meet the needs of the population they serve. In addition, QA professionals should check that service coordinators follow up with residents on any issues they have faced within an appropriate time period. QA professionals should seek and obtain the views of management staff on the service coordinator's performance so these views can be considered in the review.

The QA professional should also check that the service coordinator does not provide direct services to residents or perform administrative or management tasks outside of the confines of the position, including property management duties or recreational activity planning/participation for residents. Finally, the QA professional should check to ensure the service coordinator is submitting accurate and timely reports according to HUD guidelines.

Organizations that use a portion of their service coordinator budget for QA must conduct QA activities at least annually, and most organizations conduct QA activities twice a year. In addition, some organizations review service coordinators' monthly reports for any discrepancies and follow-up with questions.

Onsite Monitoring versus Remote Monitoring

Onsite monitoring and resident visits are strongly encouraged as part of the QA professional's monitoring activities. Onsite evaluations allow QA professionals to meet residents and gain a better understanding of their needs, to observe conditions in the service coordinator's physical office space, and to compare paper and electronic files. Site visits serve to enhance quality assurance in ways that remote monitoring will not adequately address.

An organization that determines onsite monitoring is not feasible must be prepared to explain and document why and make arrangements to conduct remote service coordinator file reviews, speak with residents and management, and/or survey residents on the performance of the service coordinator.

The following are some of the ways that QA professionals conduct remote monitoring:

- Conducting online file reviews. Many service coordinators use online systems to store and update files, including most or all forms as well as progress notes. Files can be reviewed through the online portal during a remote review session.
- Surveying residents through the mail. Asking residents to complete surveys, and providing return postage, allows QA professionals to collect anonymous feedback about the service coordinator.
- Holding phone calls with the service coordinator to ask questions, including follow-up questions on any files as well as questions about regular progress.

Some QA professionals combine onsite monitoring and remote monitoring. In some organizations, this means having one annual onsite visit and one remote monitoring review per year.

Reviewing Service Coordinators' Files

The QA professional should routinely review a sample of the service coordinator's active and inactive files to ensure compliance with HUD standards. The QA professional's file review is patterned after a HUD audit of the service coordination program, which is described in Appendix B.

Most QA professionals review a sample of the service coordinator's files on residents at least twice per year. During file reviews, QA professionals generally select between four and ten files to review for each service coordinator. Some organizations select files that represent complex cases, such as a file for a resident who was hospitalized. Most organizations randomly select at least some of the files that they review. Some organizations also allow service coordinators to select some files to be reviewed because of outstanding questions.

File review should include examination of:

- The frequency of updates to files. Many forms should be updated annually or semi-annually, or when there are changes in circumstances.
- The timeliness of follow-up visits with residents, based on organization standards. This can include mandatory updates after hospital visits or progress notes on previous issues.
- Whether particular incidents were dealt with and catalogued correctly.
- Whether all files are complete.

HUD recommends that service coordinators use online file systems whenever possible. Such systems have flags that indicate incomplete files and folders and will allow QA professionals to quickly identify errors and needed follow-up.

CHAPTER 7. QUALITY ASSURANCE IN SERVICE COORDINATION

Providing Technical Assistance and Guidance

QA professionals should provide ongoing technical assistance and guidance to service coordinators. In some locations, where trained to do so, QA professionals also lead onboarding trainings to ensure new service coordinators are able to meet the requirements of the program in an effective and sustainable manner. In addition, QA professionals help service coordinators to set goals and evaluate the service coordinator's performance.

Guidance

QA professionals should provide guidance to service coordinators who have deficient resident files or ineffective practices in service provision, case management, or providing assistance to residents. QA professionals should also provide necessary guidance to service coordinators regarding incorrect documentation or inaccurate reporting practices.

This guidance may be provided in person or remotely, and followed up with additional site visits or file reviews when possible.

Onboarding Trainings

Where trained to do so, QA professionals often conduct additional quality assurance oversight and training for new service coordinators. Where feasible, the QA professional should conduct additional onsite site visits and/or file reviews for new service coordinators.

Setting Goals and Completing Program Evaluations

Program evaluation is an integral part of a successful service coordination program. Since residents' needs, ability to execute daily functions, and wellness status generally change over time, properties' service coordination programs need to be regularly evaluated and updated to ensure they remain relevant and effective for the current residents. This is why it is important for the service coordinator to assess each resident's supportive services needs at least once per year; as residents' circumstances change, the service coordinator should update the property-wide profile that guides the service coordinator in developing and bringing educational and informational programs and services to the property.

Reviewing the Property's Supportive Services Plan

The property's supportive services plan describes the types of services the service coordinator proposes be provided for residents, as well as how the services will be funded and provided. Applicants for Service Coordinators in Multifamily Housing programs must submit this plan with their application. These plans should be updated at least every other year. Quality assurance professionals should review these plans and ensure that (a) the plan accurately reflects the needs of residents and (b) service coordinators are fulfilling the plan.

Helping Service Coordinators Establish and Sustain Partnerships

QA professionals should ensure service coordinators are creating strong relationships with appropriate partners by reviewing files on referrals as well as their book of available resources. In addition, at some organizations, the QA professional works with the service coordinator to set goals regarding the number and nature of referrals to be made by the coordinator.

Privacy

The QA professional should ensure the service coordinator is protecting the privacy of residents. In particular, it is important to ensure that any medical information is protected (whether in paper or electronic copy) and is never disclosed without permission of the resident. Some QA professionals only receive files from service coordinators that have names blacked out. In addition, many QA professionals pay careful attention to the maintenance and security of files and folders during their audits or visits to ensure that private information is

CHAPTER 7. QUALITY ASSURANCE IN SERVICE COORDINATION

being stored effectively. Some quality assurance professionals go as far as checking the sound proofing of the service coordinator's office to ensure that privacy is well taken care of.

D. Quality Assurance Reporting

If the service coordination program has a quality assurance component, the QA professional must report their activities and the results of their QA reviews to HUD on an annual basis. All QA reports should be submitted to HUD with the last Semi-Annual Performance Report of the year (for agencies still submitting this report). Agencies reporting through Standards for Success should comply with the SfS deadlines.

Copies of the reports must also be provided to service coordinators and their supervisors. The text box describes the topics to be covered in a QA report.

The Following Topics Must be Covered in a Quality Assurance Report:

- The service coordinator's accessibility to the residents, including the presence of a visible sign indicating the location of the service coordinator's office, contact information, and office hours, as well as an office location and hours that meet the needs of residents considered to be "at-risk." (If the QA review is conducted remotely, a picture or written description of the office location can be provided by the service coordinator.)
- Whether file storage is effective and secure, including a secure filing cabinet for the service coordinator's hard-copy resident files and password protection for electronic files.
- Resident file contents and organization. The service coordinator's files should be organized with the requisite intake forms, assessments, appropriate signed Consents for Release of Information, current and ongoing resident supportive services plans with corresponding progress/case notes documentation and follow up and documentation of the disposition/termination of the case, as appropriate.
- Whether references to community-based providers and other resources are kept in an organized fashion with contact information that can be provided to residents and others upon request.
- Appropriate documentation of requisite training topics and hours for the service coordinator.
- Any additional information or documentation related to outreach efforts and wellness activities conducted or arranged by the service coordinator.
- Narrative of any situations where the QA professional provided remedial technical assistance with difficult or unique resident situations.
- Results of surveys of management and/or residents regarding the service coordination program.
- Review of supportive services partnerships developed in the community.
- Adherence to standards in the Privacy Act of 1974.

Appendix A: Resources for Service Coordinators

HUD Resources

Multifamily Service Coordinator Program Website	HUD's Multifamily Service Coordinator Program Website
Most recent Service Coordinator NOFA	Notice of Funding Availability
Chapter 8 of HUD's Management Agent Handbook 4381.5 outlines the role of service providers	Chapter 8 of HUD's Management Agent Handbook 4381.5
HUDClips	www.hud.gov/hudclips
Standards for Success website	www.hudexchange.info/programs/standards-for-success

Other Federal Agency Resources

Centers for Medicare and Medicaid	https://www.cms.gov/
Administration on Community Living	https://acl.gov/
24 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=3f36e5f20b59bbb7941757b1a2d15b92&mc=true&n=pt2.1.200&r=PART&ty=HTML

Training Resources

The American Association of Service Coordinators (AASC)	www.servicecoordinator.org
New England Resident Service Coordinators, Inc.	https://www.nerscinc.org/
Local Councils on Aging	Find your local council at www.eldercare.gov

National Housing Organizations

National Low Income Housing Coalition (NLIHC)	www.nlihc.org
National Association of Housing and Redevelopment Officials (NAHRO)	www.nahro.org
National Leased Housing Association (NLHA)	http://hudnlha.com/

Service Provider and Community Agency Resources

State and local area agencies on aging	https://eldercare.acl.gov/Public/Index.aspx
National Association of Area Agencies on Aging (n4a)	www.n4a.org
National Association of Social Workers (NASW) and any of its state affiliates	https://www.socialworkers.org/
American Society on Aging	www.asaging.org
National Council on Aging	www.ncoa.org

Online Service Directories

2-1-1 – an online service directory sponsored by the United Way	www.211.org
Aunt Bertha -- a directory of government assistance and supportive service programs searchable by zip code – may be a helpful resource for service coordinators in some communities.	www.auntbertha.com

Appendix B. HUD Reviews of Local Service Coordinator Programs

The following is a summary of the monitoring that HUD Regional/Satellite office staff will conduct of multifamily service coordinator programs. Such reviews may be on-site or remote.

On-site Reviews Monitoring Preparation

Prior to conducting an on-site review, HUD staff will conduct the following steps, at a minimum, to prepare for the review:

1. Review all available information regarding program performance;
2. Prepare a list of questions to be asked relative to the program's activities and performance;
3. Review the grant application or the request for use of project funds and any accompanying comments or analysis;
4. Check information available from LOCCS reports and queries made regarding drawdowns, complaints, and any additional sources of information on factors affecting program implementation; and,
5. Review the approved proposal, budget, and funds drawdowns.

Notification of Review

Owners shall be given at least a two-week notice, in writing, of a review. The letter should include the areas to be covered, the names of the HUD participants, the date(s) of the visit, and a list of the files to be reviewed. Just prior to any visit, HUD Regional/Satellite office staff should confirm the specific dates and time for any meetings or interviews with the owner, local officials, residents, residents' groups, etc.

Conducting the On-Site Review

During the onsite review, HUD Regional/Satellite office staff will do the following:

1. Meet with the owner representative to discuss the scope of the review; solicit questions, and discuss any problems already identified by the owner, residents, or the Regional/Satellite office.
2. Review any appropriate material generated by the owner that provides more detailed information on the performance of the service coordinator, budget, and fund draw downs, the vouchers supporting draw downs, records confirming disbursement of funds, LOCCS/VRS access, etc.
3. Review pertinent program files for required documentation and verify the accuracy of information provided to HUD.
4. Discuss/evaluate the hiring process for the service coordinator, the service coordinator's qualifications, experience, duties, and his/her relationships with residents, other management staff, and community or local government service agencies.
5. Interview program staff, residents, resident groups, and others, as appropriate, to discuss program performance.
6. Review all program costs.

To the greatest extent possible, HUD Regional/Satellite office staff should offer technical assistance to the owner to provide help in correcting errors and solving problems. The point of the review is to improve program performance and assure that the program's expenses are being carried out in the best interests of the project, residents, and HUD.

Close-out Meeting

At the end of the review, HUD Regional/Satellite office staff will meet with the lead person responsible for administering the program. This meeting should cover problems identified in the review, suggestions to improve owner performance, feedback from residents, the effectiveness of the program to date, etc. The owner should be permitted to comment on any problems identified and to offer suggestions for performance improvement.

Preparing and Issuing the Report

HUD staff shall advise the owner that a written report will be issued based on the review. The report should accomplish the following:

- a. Verify compliance with statutes and performance related to accountability;
- b. Provide the owner with findings stemming from the review;
- c. Provide suggestions for improvement; and
- d. Provide a schedule of target dates for the owner's submission or implementation of corrective action(s) to address any findings(s).

HUD staff will complete and submit the report to the Grant Officer (or designee), owner, and any others designated to receive such reports, within 30 calendar days following the on-site review.

The report shall contain but not be limited to:

- Identification of the staff performing the review and the date(s) of the visit;
- Summary of the approved program activities and performance, including both assessment of the owner's administration of the program and the service coordinator's job performance to date;
- List of persons interviewed and the results of those interviews;
- Monitoring conclusions, including findings of non-performance, with specifics, backing the conclusions and recommendations for improvement as appropriate;
- Recommendation for each finding reported and, if appropriate, corrective actions that must be taken by the owner with a timetable for completion; and
- Other pertinent comments regarding program performance, acceptance of the activities by the residents and resident groups, and quality of the service coordination provided.

Off-Site Monitoring

In addition to on-site reviews, remote off-site monitoring of service coordinator programs shall be conducted by designated HUD staff. The staff will conduct remote monitoring reviews in consultation with appropriate staff as set forth by the Multifamily Hub or Program Center Director.

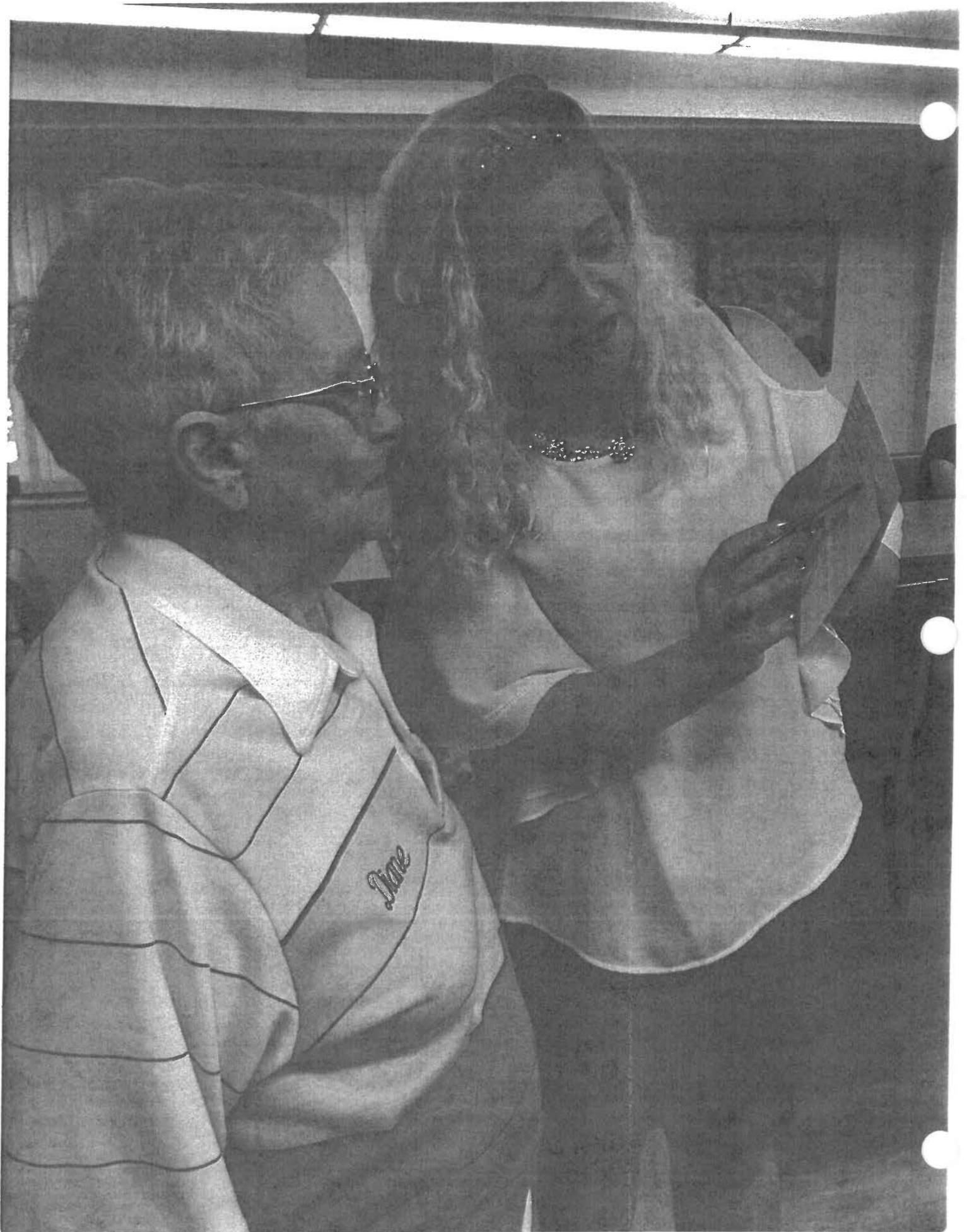
HUD Regional/Satellite office staff shall use documented remote monitoring techniques such as telephone calls, financial, performance, and narrative reports, LOCCS account information and payment vouchers, First-Time Funding Request, One-Year Budget, Funds Authorizations, and other information available at the HUD office to monitor owner performance.

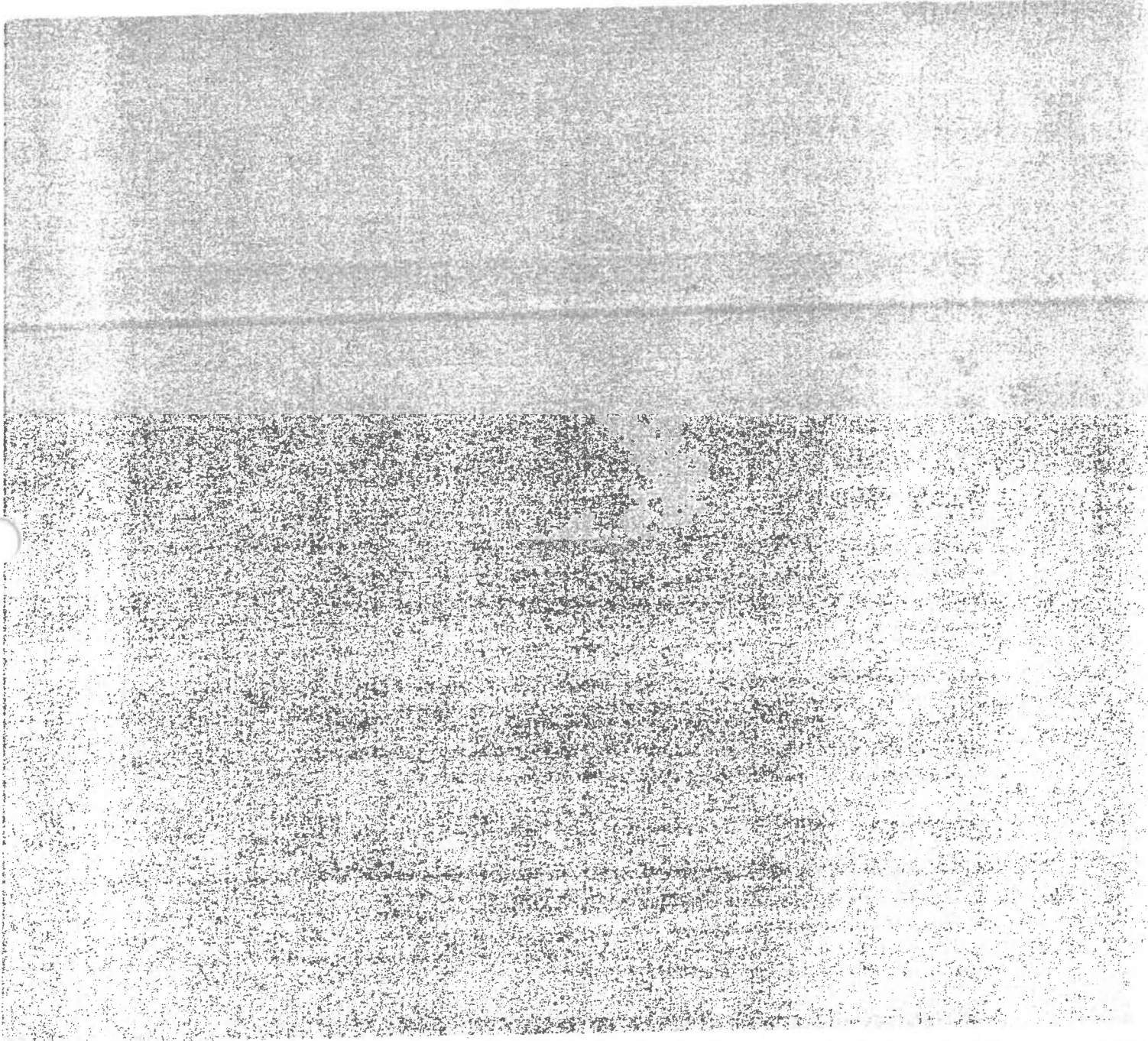
In carrying out remote monitoring reviews, HUD staff must prepare a written assessment of the program's overall performance, as indicated by the sources mentioned above. The written report should be retained in the appropriate project file at the Regional/Satellite office.

The most significant part of any review (whether on- or off-site) is to ensure that the owner is complying with the terms and conditions set forth in the Grant Agreement/amendment or approved proposal to use project funds. HUD staff must take appropriate action if the owner breaches any of these terms and conditions, or if any problems exist with LOCCS or with obtaining drawdowns.

At a minimum, HUD staff will review and assess the following:

1. Previous monitoring reports;
2. The hiring process for the service coordinator, the service coordinator's duties, and the service coordinator's relationship with residents, other management staff, and community relationships or local government service agencies (to the extent known);
3. Obligations and disbursements for consistency with the proposal and requested budget amounts;
4. Any requested changes to the proposed program or budget and approval or disapproval of these;
5. Program Performance and Financial Status reports;
6. LOCCS edits stopping drawdown of funds to owner;
7. Audit reports; and
8. Any other information deemed pertinent to the review.







Legal Information

This is general legal information. To learn how the law applies to your situation, try to find more legal help.



Health & Benefits

[Other legal information v](#)

WV WORKS or Temporary Assistance for Needy Families (TANF)



Food & cash benefits
LAST UPDATED ON 12/01/2021 AT 1:38 PM



What is WV WORKS?

West Virginia's Temporary Assistance for Needy Families (TANF) Program is called "WV WORKS." WV WORKS provides monthly cash assistance to families who qualify. Most people who receive a monthly WV WORKS check also get food stamps and Medicaid, but these are not guaranteed.

Can I get WV WORKS?

Whether you can get WV WORKS depends on your family's income and certain deductions that are applied to it. More information about whether you qualify is available from the local WV Department of Health and Human Resources (DHHR) office in your county.

How can I apply for WV WORKS?

You can apply in person at your County's Department of Health and Human Resources (DHHR) office on Monday, Tuesday, Thursday and Friday. You can also apply for WV WORKS online [here \(https://www.wvpath.org/\)](https://www.wvpath.org/).

What benefits will I get under WV WORKS?

Cash benefits are based on family size, earned and unearned income, and housing expenses. Benefits in West Virginia are limited to 60 months (5 years), and benefits are paid using an Electronic Benefit Transfer card (EBT).

As of January 1, 2021, a one person household would receive \$417 per month, for a maximum of \$811 per month for 8 or more children.

How long do WV WORKS or TANF benefits last?

Adults in West Virginia generally have a 5 year or 60 month lifetime limit on getting a WV WORKS benefit. If a child does not live with parents, or if the child's parents are not eligible for WV WORKS because they get SSI or have a drug charge, a child could be eligible for "child only" WV WORKS benefits until age 18.

What is a TANF or WV WORKS "household"?

There must be at least one child under 18 living in the house for a household to qualify for WV WORKS. The household must consist of a child under 18 and the child's WV WORKS eligible brothers, sisters, half-brothers, half-sisters, and parents who live with the child.

A child who gets social security income can get WV WORKS if the parent the child lives with meets TANF eligibility requirements. Stepbrothers and stepsisters are not considered part of the household unless they are eligible for WV WORKS.

The parents of the child must be included if they live in the house, whether they are married or not. Stepparents must be included in the TANF household and either the stepparent will be eligible for benefits or stepparent budgeting will apply. Once the household is determined, all income and assets of the persons required to be included must be considered in determining eligibility.

What are my rights in dealing with the Department of Health and Human Resources (DHHR) if I think they are not being fair?

You are entitled to a "Fair Hearing." A Fair Hearing is an hearing that is held to settle disagreements between DHHR and families receiving some kind of benefit, such as food stamps, a welfare check (WV WORKS), a medical card, Emergency Assistance, School clothing voucher, or CHIP. The "judge" at the Fair Hearing is a State Administrative Hearing Officer. The officer will be a neutral decision maker. To learn more about Fair Hearings and preparing for them, go [here \(https://legalaidwv.org/legal-information/dhhr-fair-hearings-what-you-need-to-know-about-the-process/\)](https://legalaidwv.org/legal-information/dhhr-fair-hearings-what-you-need-to-know-about-the-process/).

I was turned down for WV WORKS. Is there anything I can do?

You should ask for a Fair Hearing to find out if you think that DHHR made a mistake in turning you down for WV WORKS. You should have gotten a Fair Hearing Request form with your denial letter or you can get one [here \(http://www.wvdhhr.org/bcf/policy/imm/new_manual/IMManual/Manual_PDF_Files/Chapter_06/DFA_FH_1.pdf\)](http://www.wvdhhr.org/bcf/policy/imm/new_manual/IMManual/Manual_PDF_Files/Chapter_06/DFA_FH_1.pdf). To learn more about Fair Hearings and preparing for them, go [here \(https://legalaidwv.org/legal-information/dhhr-fair-hearings-what-you-need-to-know-about-the-process/\)](https://legalaidwv.org/legal-information/dhhr-fair-hearings-what-you-need-to-know-about-the-process/).

I don't want DHHR to try to collect child support reimbursement from my child's other parent for benefits I receive because I am a victim of domestic violence and I am afraid. Is there anything I can do?

You can ask DHHR not to try to collect from the other parent under the "Good Cause Exception" to child support collection at DHHR. If you have anything you can take to DHHR that shows your reasons for fear, such as a Protective Order, a police report, records of an injury, or a letter from your local domestic violence Court Advocate, that can be helpful. For more information on the "Good Cause Exception" go [here \(https://legalaidwv.org/legal-information/good-cause-domestic-violence-exception-from-establishment-of-paternity-collection-of-child-support-for-people-who-recv-wv-works-or-medicaid/\)](https://legalaidwv.org/legal-information/good-cause-domestic-violence-exception-from-establishment-of-paternity-collection-of-child-support-for-people-who-recv-wv-works-or-medicaid/).

Helpful Links for More Information

You can apply online and check your benefits at the DHHR's [PATH system \(https://www.wvpath.org/\)](https://www.wvpath.org/).

Related Resources

**School Clothing Allowance:
Information & How to
Apply**

Food & cash benefits

**Substance Use Disorder:
Recovery and Housing,
Medical Care, and Public
Benefits**

Discrimination around housing, Food & cash benefits,
Health Coverage benefits, Housing Assistance &
Subsidized Housing, Substance Use Disorder Recovery

**COVID-19 and Benefits
Programs (Food Stamps and
WVWorks)**

Food & cash benefits

Seeking Justice,
Changing Lives

**NEED HELP?
CALL OUR HELPLINE:
866-255-4370
APPLY FOR HELP NOW
FIND LEGAL INFORMATION**

**CONTACT US
DONATE
GIVE BACK**

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Designed by MESH



West Virginia Department of Health and Human Resources

LIEAP FACT SHEET FY 2021

The FY 2021 Low Income Energy Assistance Program (LIEAP) is administered by the West Virginia Department of Health and Human Resources (DHHR), Bureau for Children and Families, Office of Programs and Resource Development, Division of Family Assistance. The program assists low-income households in meeting the costs of home heating. Funding for the program is made available through a federal block grant, and the use of the funds is subject to federal regulations.

Program Duration

The opening and closing of the Regular LIEAP component will be announced as appropriate. The Emergency LIEAP component will open following the close of Regular LIEAP and will continue until the remaining funds are exhausted. The program is subject to closure without advance notice. This assistance is offered only during the heating season.

Eligibility Requirements

To be eligible for LIEAP, a household must be responsible for the cost of home heating, and the total gross monthly income of the household must fall within certain eligibility guidelines. (Some types of income may be excluded for LIEAP.)

The maximum allowable gross income levels for LIEAP FFY 2021 are listed below:

HOUSEHOLD SIZE	MONTHLY ALLOWABLE INCOME
1 Person Household	\$1,931
2 Person Household	\$2,525
3 Person Household	\$3,119
4 Person Household	\$3,713
5 Person Household	\$4,307
6 Person Household	\$4,901
7 Person Household	\$5,495
8 Person Household	\$6,089
9 Person Household	\$6,683
10 Person Household	\$7,277

For each additional person, add \$594.

Applications from ineligible households will be denied. Individuals who are denied may reapply, providing the program is still open, or may request a fair hearing. Once the program closes, applications will no longer be accepted, and those received by mail after closure will be denied. All applications will be processed within 30 days after receipt by DHHR or one of the agencies authorized to accept LIEAP applications, or after the date the program opens, whichever is later. Approved payments will be made directly to a vendor where appropriate.

Where to Apply

Applications may be obtained from local DHHR offices, Community Action agencies, or senior centers after the program opens. Targeted households will receive an automatic payment or an application by mail before the opening date of the program. The application will also be available on the DHHR website at <https://www.wvpath.org>. Applications may be mailed or dropped off at a local DHHR office or made in person at any of the above locations after the program opens. LIEAP applications must not be mailed to home heating providers, as this will delay the application process. DHHR will make the final decision regarding eligibility.

Application Procedures

The following items are required to process LIEAP applications and must be included with or attached to any application mailed to DHHR:

1. Name, Social Security Number, and birthdate (not age) of each household member (anyone living in the home at the time of application).
2. Proof of all household income (earned and unearned) when any household member is employed (check stubs, award letters, employer statements, etc.). If no one is employed, the amount of any unearned income must be entered on the application.
3. A recent heating bill, showing the account number, or bulk fuel receipt, as appropriate. If a bill or receipt is not available, other documentation of the monthly heating cost must be provided. This may include receipts from last winter, providing there has been no change in address or heating source, or a note from the landlord or utility provider.
4. If the household claims zero income, applicants may be asked to provide statements that document how living expenses have been met at least 30 days before the date of application, and that home heating costs are not being paid by someone not in the home.
5. A telephone number where the applicant can be reached or can receive a message.

If any additional information is required to process the application and/or determine eligibility for LIEAP, applicants will be contacted and allowed at least 15 calendar days from the date of the request to obtain and return the requested information. Individuals applying in person are asked to bring the verifications to the interview.

Emergency LIEAP

Application for Emergency LIEAP must be made in person at a DHHR office when a household receives a termination notice from the home heating vendor or runs out of, or is nearly out of, bulk fuel. Applicants must verify that this is a true home heating emergency as defined by DHHR policy. Any additional information required to determine eligibility must be provided within five business days from the date of application. Failure to provide requested verification will result in denial of the Emergency LIEAP application. Households may be referred for energy conservation and/or money management counseling when available.

FOR FURTHER INFORMATION ABOUT LIEAP OR TO OBTAIN AN APPLICATION, CONTACT A LOCAL DHHR OFFICE, COMMUNITY ACTION AGENCY OR SENIOR CITIZEN CENTER OR CALL THIS TOLL-FREE NUMBER: 1-800-642-8589.