

Program Manual

Recommended Standards of Practice for Service Coordinators
Working in Affordable Housing for the Elderly



American Association of Service Coordinators
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Fourth Edition

Developed and Edited by the
American Association of Service Coordinators
Standards of Practice Committee
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Introduction and Purpose of Manual

The development, and subsequent revisions, of the American Association of Service Coordinators (AASC) Program Manual of Recommended Standards of Practice have been established to serve as a guide for service coordinators (SC) and other housing professionals. The Recommended Standards of Practice is not intended to take the place of either legislation or regulations affecting the practice of service coordination.

SCs in affordable housing environments historically have had limited tools and/or resources to refer to for assistance or guidance to be better able to serve their residents. The manual and the resources contained within have been designed for the benefit of SCs and other housing professionals to use in their individual practices at their respective properties. These resources can be adapted as necessary to meet the SC's individual professional needs.

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**American Association of Service Coordinator's
Program Manual
Recommended Standards of Practice**

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Benefits and Advantages of Service Coordinators in Residential Settings for Owners/Management and Residents

Service coordinators (SC) are often referred to as the 'linchpin' connecting frail, disabled residents and families with community and support services. Support services can empower residents to remain self-sufficient while living in the residential community for as long as possible. The residents and housing management avoid costly and unnecessary transfers and institutionalization in the case of seniors. Besides the obvious advantages to residents, the government and the taxpayer, housing owners and operators benefit in a variety of ways through resident retention. This saves time and money, which can enhance and increase building revenue.

Benefits and Advantages to Owners and Management

The following is a list of the benefits identified by owners and managers who have incorporated a service coordinator program within their developments.

- Prevention of unnecessary apartment vacancies (eviction; unnecessary nursing home placement)
- Reduction in apartment damages
- Decline in premature apartment turn-over
- Enhances facility image by increasing awareness of the property through networking with agencies and community representatives
- Provides an ability to intervene in the early stages of any resident crisis
- A marketing asset in the competitive market place of senior housing
- Assures that residents receive homemaker services as needed
- Significant stress reduction on manager and other facility staff by reducing turn-over
- Helps management maintain their daily schedules without interruption by resident's health, family, or personal crises
- Increased involvement in facility activities by residents
- Enhanced support and cooperation by families of the resident
- Elevated self-esteem of residents (while reducing dependency on management)
- Heightened sense of 'community' among residents and staff
- Increased awareness by management staff of available community services
- Raised awareness about aging concerns by facility staff

Benefits and Advantages to Residents

Many owners and managers have begun to realize the increasing benefits for their residents through the wide range of services offered by the SC as noted below:

- With a sense of empowerment, residents know that they can ask for and receive assistance from the SC without a feeling of over-dependency on the coordinator.
- Residents who are at risk or frail in performing their Activities of Daily Living (ADLs) know they can receive support services to minimize risk through the linking efforts of the SC.
- Residents gain access and opportunities to a whole range of social services, wellness education, socialization and recreation activities through the programming efforts of the SC.
- Residents tend to maintain their residency and housing independence longer.
- Risk of abuse and exploitation is more quickly addressed when an active service coordinator program acts in concert with housing management.
- Through the linking and advocacy functions of the SC, residents can have access to other community agencies when services are needed or needs are not being met.
- Residents, with their supporting family members, can make more informed decisions through the SC's knowledge on housing choices and services.

Assessing and Linking to Local Support Networks on Behalf of Residents

Local support networks are one of the key resources for service coordinators (SC) assisting residents in need of maintaining their independence and self determination. The capability of SCs to assess and link residents to local support networks is an important attribute of a successful SC. Understanding the networks within a community and then knowing how to connect with them to assist residents is essential knowledge for SCs.

The performance of the SC is greatly enhanced when he/she can assess the dynamics and network of service providers in the residents' community. One approach an SC can use is to examine the *formal* and *informal* networks of support within a community or neighborhood. *Formal* and *informal* networks and the level of support that they can give to residents can often mean the difference in whether they can continue to live independently in housing or require moving to a higher level of care in a more structured, restrictive environment. When working with *formal* networks, SCs look to government agencies, non-profits, community agencies and United Way agencies that have an explicit mandate or purpose within a community to provide a service that can serve the needs of the resident(s). In terms of meeting the changing health needs of residents, health care agencies are specifically dedicated to prevention and wellness programs as well as various types of illnesses and chronic conditions of disability; i.e., visiting nurse programs, mental health clinics, mobile doctors, drug and alcohol rehabilitation services and agencies providing support groups for Alzheimer's and other conditions of dementia. Support groups also play an important role in dealing with the residents' needs including addiction, grief and loss experiences, health changes and issues of death and dying.

When looking at *informal* networks, SCs assess the individuals and groups of affiliation that directly interact with the resident(s). They must also assess the community environment such as urban or rural, high density or low density in population and the cultural social norms of a community, neighborhood or rural area. In an era of diminishing resources in urban areas and a lack of accessible services in rural areas, SCs must be creative in working with residents' families, friends and seeking help from local area businesses and civic/social clubs.

Informal networks include those individuals and groups who directly interact with the resident or live or work in the resident's surrounding community. This can include family and relatives, the neighbors of the resident(s), resident council members, church and social club members and outreach to local schools, colleges and recreation groups (such as swimming and walking clubs, card playing groups, bingo groups, sewing clubs, book review clubs, sitting-in-the-lobby groups and computer networking groups). SCs also assess potential support from the resident's informal interaction with community and business personnel such as a local pastor or a receptionist at the resident's church, the local pharmacist (very significant in some rural areas), a bank teller, a postal person, care van driver, the maintenance person in the facility or local grocery store employees.



The objective is to match a caring, interested person who is familiar to the resident(s) and able to create trusting ties.

In assessing and linking to the *formal* networks of support, the SC:

1. Develops and continually updates a directory of supportive services and agencies available to residents within the local community.
2. Develops continuous communication links to representatives in service agencies that are frequently used by residents (can include frequent meetings or updating the availability of new or changed services).
3. Attends local seminars, conferences and visits websites of local agencies for service updates.
4. Creates service management plans and links with *formal* support networks for resident needs.

In assessing and linking to *informal* networks of support on behalf of the resident, the SC:

1. Uses interpersonal, social interaction and communication skills to connect with informal networks.
2. Seeks referrals and networking assistance from key staff and resident leaders within the resident's community.
3. Seeks approval and insures confidentiality to residents in order to talk with informal networks of support.
4. Assesses groups or individuals as a source for continuous or additional support for resident(s).
5. May recruit volunteers from civic, community or religious groups.
6. Develops linking plan with the resident for support from *informal* networks.

In sum, the SC is in a continuous state of assessing, updating and linking their knowledge and networking skills to a full range of *formal* and *informal* services located in the community on behalf of the residents they serve.

Basic Concepts on Case Management Used by Service Coordinators for Service to Individual Residents

The American Association of Service Coordinators' (AASC) manual and AASC Professional Service Coordination Certificate (PSC) Program identify the major roles and functions of the service coordinator (SC) as a facilitator, advisor, educator, advocate and community services referral agent for a community of residents. One of the most fundamental roles is that of a coordinator who links residents to a wide range of community services that ultimately empower residents to live independently with an optimal quality of life. The 'linking' function to services or linchpin role is basic to the role of the SC. When performing this function with an individual resident, the SC may use a form of case management that usually includes an individual service plan.

The case management process and service management plan is essential to SCs when assisting a resident who is at risk in performing the Activities of Daily Living (ADLs). The need for services identified in the service management plan should help the resident maintain independence for living in the residential housing environment. The case management model used by SCs is similar but clearly distinct from other professionals who use a case management model. When reading the AASC Program Manual and HUD administrative policies, service coordination case management by SCs is often referred to as "limited case management", "informal case management" or general case management. The case management model used by clinical and other licensed professionals is often referred to as formal case management. The formal model is usually associated with a specified service area that immediately connects the client's service plan to a direct service within the agency or community setting that employs a case manager.

The background of the case manager in an agency setting is usually that of a clinician or other licensed professional in the helping professions (such as nurses and other health and medical professionals, social workers, psychologists, rehabilitation counselors and attorneys). The direct service identified in the case management plan is usually a service provided by licensed or certified trained professionals. This type of direct service should not be provided by an SC. The general case management model is used by the SC. It has the basic steps shared by the formal model but is limited to the information that allows an SC to conduct a preliminary assessment and develop and complete a service plan. The plan ultimately helps the SC refer and link the individual resident to a service or network of services that meets the specific needs or situation of the resident. Many models of case management (and there are many of them) use the following fundamental or basic steps. The general case management model recommended by AASC uses these basic steps (see the sample *Service Management Plan* form available in the AASC forms pack).

Basic Concepts of the General Case Management Model:

Intake and Assessment

The SC and the resident are introduced to each other for the first time. Residents usually provide basic demographic information. The SC listens, observes, notes and evaluates any particular need or present situation that could signify future service needs of the resident. For example, the SC may need to pay close attention to the resident's capability to perform the ADLs. The SC may conclude that a plan for a range of supportive services is needed to adequately assist the resident in performing their ADLs.

Service Management Plan for the Resident

A service management plan may be developed when a resident brings a presenting need, problem, or situation and requests service from the coordinator. A service management plan may also be needed when the resident is referred by the property manager or other appropriate referral source. The plan should contain:

- Referral source and reason for referral to the SC.
- Resident's present need/situation or problem is stated. Assessment of presenting need, its level of complexity and the services needed or required to meet needs or resolve problems is outlined.
- The goals of the needed service and the specific referral process to the service provider(s) are stated.
- The progress notes indicate follow up and monitoring of the services and their schedules of delivery noted in a timely manner.
- Results of the service(s) provided to the residents are described. Feedback to management or other appropriate referral source is made as appropriate.

When needed, the case management process steps include the appropriate compliances and forms that insure confidentiality, release of necessary information, reports of abuse, exploitation and fraud, and other compliance areas that may be legally required by the state or as policies of the management company.

Summary

In sum, individual residents of a facility often require a specific plan of service to meet their needs. To accomplish this end, SCs use a general case management model that emphasizes the development of a service management plan in which intake, assessment, plan of referral and linking to a specific service or network of services are presented.

Service Coordinator Guide to Insure the Privacy, Confidentiality and Informed Consent of the Resident

Introduction

The rights to privacy, confidentiality and informed consent are fundamental concepts that all service organizations and helping professions must address when providing services to residents, patients or clients. Federal, state and local laws, litigation, legislation, regulations and guidelines on privacy, confidentiality and informed consent can be far reaching and complex. For example, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the rights of privacy and confidentiality. The act (and its revisions) can impact a service coordinator's (SC) efforts seeking residents' information to provide referral to health agencies for much needed health services. Although HIPAA does not directly affect the SC role, it does affect how information is used by the health agencies who are asked to provide services to the residents. The SC can gain an understanding of HIPAA requirements through the website <http://hhs.gov/ocr/privacy/index.html>. The site gives a good explanation of HIPAA policy and procedures.

Housing organizations and agencies must comply with a range of privacy and confidentiality requirements. SCs should know and understand these requirements particularly as they apply to the professional relationships between the SC and the residents. The housing agency's chief executive and their legal counsels usually designate appropriate staff for responsibility on safety, security and access to resident information. The resident files that are maintained by the SC are owned by the housing organization. These files can be subject to subpoena and court actions. Therefore, it is incumbent upon the SC to understand and respect the policy and procedural requirements of privacy, confidentiality and informed consent as they are applied to the information and actions included in a resident file.

Definitions:

Privacy can be thought of as describing those conditions of limited public accessibility to the personal and legally confidential information of a resident. Privacy also refers to the capacity to control and insure when, how and to what degree information about a resident is communicated to others.

Confidentiality is closely related to privacy, but not identical. It refers to the obligations of professionals and institutions to use information under their control appropriately once it has been disclosed to them by the resident or authorized representatives. The service coordinator profession observes and complies with confidentiality rules out of respect for, and to protect, preserve and insure the privacy of the residents served.

Informed consent is the process by which a person can participate freely in choices about his/her circumstance, care and/or information. The consent originates from the legal and ethical right the resident has to direct how the information is used and how

subsequent action affects their lives. SCs must take a careful view of their privacy, confidentiality and informed consent responsibilities, so as to minimize invasion into the private lives of their residents and avoiding risks to their health and safety.

Recommended Standards:

Privacy and Confidentiality

The following are recommended standards of practice on privacy and confidentiality for the service coordinator profession. The SC should ensure the residents' right to privacy and appropriate procedures for confidentiality when information is released to others:

- All information obtained by an SC regarding a resident is to be held in the strictest possible confidence.
- The resident has a right to privacy and personal dignity, and must be made aware of the limitations of confidentiality, before the disclosure of private information.
- The SC should disclose only the information necessary and relevant to the situation or purpose when imminent danger, harm, lease violations, or illegal activities are involved.
- The SC should not disclose personal or confidential information unless privacy can be assured.
- The SC should not discuss confidential matters in public or semipublic areas such as hallways, waiting rooms, elevators and restaurants and other public areas.
- All resident records, files and documentation should be kept in a secure location (locked file cabinet) with the assurance it is not accessible to other staff (including management staff) and residents.

Informed Consent

SCs shall provide services to residents only in the context of a professional relationship based, when appropriate, on valid informed consent (release of information).

- The SC may disclose confidential information with a valid consent from a resident or person legally authorized to act on his/her behalf.
- A valid informed consent should detail: 1) What information is to be sought from whom, 2) what information will be disclosed and to whom, 3) in what time frame and 4) who has access to the information when legally necessary; to prevent serious, foreseeable and imminent harm to themselves or someone else (this can include medical emergencies, domestic violence, mental health crisis and disasters) or in situations where there is a lease violation.
- The SC should obtain informed consent from residents before audio taping, videotaping, photographing or permitting third party observations.

- In instances where residents are not literate or have difficulty understanding the primary language, the SC should take steps to ensure the resident's comprehension. (This may include seeking services of a translator or providing detailed verbal or written messages.)
- When residents lack the ability to provide informed consent, the SC shall seek permission from an appropriate third party that is authorized to act on the resident's behalf. The SC should seek to ensure that the responsible party acts in a manner consistent with the needs, desires and best interests of the resident.
- SCs who provide services via electronic mediums (computers, telephones and faxes) should inform residents of the limitations and risks involved when obtaining their consent.

AASC provides sample forms that can assist the SC with informed consent and releases of information. See AASC's website for additional information.

Service Coordinator Documentation for a Resident File

Documentation of a resident file involves keeping a record of the resident's service status and particularly, the service coordinator's (SC) interaction with the resident. Documentation is meant to serve as a reminder of on-going actions, situations, telephone calls, correspondence, and conversations. It is a log of resident progress and SC involvement. Clear documentation of on-going and unresolved situations, conversations with residents, service providers, refusal of services, and enrollment and status of services should be made in resident's file. Copies of permissions, informed consent and other compliance forms should be included as needed.

The SC's personal judgments, opinions, and unrelated information should not be included in the file notes. The SC should keep in mind that the resident file can be subject to legal review, subpoena and other court actions.

Documentation Recommendations:

1. Documentation should take place as soon as possible. AASC recommends that documentation occur immediately after an interaction.
2. When documenting, do so sequentially and objectively. Record only what you see and hear. Describe relevant actions, behaviors and events in a non-subjective manner. Do not label these actions, events and behaviors. Omit personal remarks or opinions. Use direct quotes when possible.
3. SCs are facilitators and educators promoting independence, therefore, the SC's clinical observations and diagnoses should not part of documentation.
4. Documentation may be done by hand or on the computer. A hard copy should be placed in the resident's file. It should be noted that resident files are the property of the property owner and the resident.
5. When documenting, note the date of entry as well as date of occurrence. Draw a line to the edge of the page so no additional editing can occur, and initial each entry at the end of the line.

*Example: 6/21/00 Mr. Smith was admitted to the hospital on Tuesday, 6/20/00---
-----ABC.*
6. If the note continues onto the following page, write, "continued" at the end of the page.
7. If an error is made while writing notes, do not use white out or scratch out the error. Draw a line through the error, and initial the mistake.

Anatomy of a typical documentation entry includes:

1. date of entry
2. description of action, event, behavior or contact that occurred
3. follow-up action to be taken
4. line from end of text to edge of page
5. service coordinator initials

AASC offers sample copies of forms for documentation that can be used for informed consent, service management plans and other formats for file documentation. For these forms, see the appendix.

Required Reporting and Legal Requirements for Service Coordinators on Residents Who may be in Danger or have been Exposed to Abuse, Neglect and Exploitation

Service Coordinators (SC) must report any situation in which a resident is in danger of harm and/or unable to protect him or herself.

Service Coordinator Requirements:

- Know the state or community agency that deals with elder abuse.
- Know state statutes on defining elder abuse and any state-mandated professional obligation to report abuse to the authorities.
- Call your adult protective services (APS) office for further clarification and information.
- If needed, request information or training from your APS representative for you and your colleagues.
- Contact agencies in your area to report suspected abuse.
- Document all incidents in your *Progress Notes* and *Report on Violations* forms immediately after you obtain knowledge of the suspected abuse or neglect.
- Share any necessary information with property management, including a copy of the *Report on Violations* form.
- Call 911 or police if a resident is in imminent danger.

State Laws Define Abuse Neglect and Exploitation

Each state has an assigned organization that deals with the abuse and neglect of seniors. An SC must ensure that the proper authorities are aware of any situation in which a resident's safety is in question.

State laws define elder abuse and can vary considerably from one jurisdiction to another in terms of what constitutes abuse, neglect or exploitation of the elderly. The following are recognized by most states as forms of elder abuse (for more information, go to www.ncea.aoa.gov):

- **Abandonment** – the desertion of an elder at a hospital, nursing facility, or other similar institution or public location
- **Emotional or psychological abuse** – the infliction of anguish, pain or distress through verbal or nonverbal acts
- **Financial or material exploitation** – the illegal or improper use of an elder's funds, property or assets
- **Neglect** – the refusal or failure to fulfill any part of a person's obligations or duties to an elder
- **Physical abuse** – the use of physical force that could result in bodily injury, physical pain or impairment
- **Self-neglect** – the behavior of an elderly person that threatens his/her own health or safety
- **Sexual abuse** – nonconsensual sexual contact of any kind with an elderly person



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Community Service Coordination

Community Service Coordination (CSC) is an approach by service coordinators (SCs) which recognizes the need to coordinate and deliver services to seniors, persons with disabilities and low-income families who reside in affordable rental and resident-owned housing not located in housing developments. SCs who serve these populations are historically based in:

- A housing development agency or a government housing agency or
- Nonprofit/ governmental community based service agency.

SCs located in housing developments such as multifamily housing, public housing and/or housing for persons with disabilities may be requested to serve nearby residents in adjacent neighborhoods with similar needs.

When SCs based in housing developments are asked to provide CSC, several factors should be considered before offering the services:

1. The scope, purpose and provision of CSC should be completely understood by the housing agency.
2. Current grant requirements and sources of funding may restrict the provision of service outside the boundary of the housing development. Outside sources of funds, government agencies, grants, foundations and other resources may be needed to perform CSC.
3. Insurance, liability and risk management issues and requirements on the housing development should be resolved before delivering CSC.
4. The service coordination needs in the community may be greater than the capability of the SC and available resources to meet those needs.
5. If community residents are coming to the housing development to receive service; reasonable accommodation should be available for those individuals unable to travel.
6. Safety and security for the SC while serving residents in nearby communities should be considered.

CSC is now expanding and developing with nonprofit and/or governmental community based service agencies. Here SCs may serve residents from an agency setting having geographic or designated service locations. For example, SCs can be physically based in an office of the area agency on aging and assigned to serve a geographic district of the agency that serves home-bound elderly not living in housing developments. The administration, training and supervision of the SC are the responsibility of agency management rather than housing property management.

Examples of Service Assistance by the Service Coordinator in Welcoming the New Resident

When a resident moves into the building, within the first two weeks the service coordinator (SC) should introduce him/her self and become acquainted with the new resident. During the initial contact, a packet of information should be given to the resident with office information, work hours, telephone number and an explanation of the role of the SC and what an SC can and cannot do.

It is important to give examples of services you can assist with such as:

1. Financial Assistance:

- Reading and understanding bills
- Calling companies regarding billing errors
- Enrolling in benefit programs (i.e.: heating bill discount programs)
- Working with banks to provide checkbook balancing assistance
- Negotiating quantity discounts at local businesses for the residents
- Providing assistance with accessing entitlement programs

2. Medical Assistance:

- Assistance with understanding and/or acquiring prescription drug benefit plans
- Arrange for home health aide services
- Coordinate wellness clinics
- Read and understand Medicare/Medicaid entitlements, appropriate policies and issues
- Arrange physician appointments and transportation
- Arrange for services with hospital discharge planner
- Arrange for home medical equipment
- Assist in setting up emergency medical information forms

3. Educational and Emotional Support:

- Plan monthly presentations on topics such as living wills, telemarketing fraud, wellness and areas of resident interests
- Coordinate nutritional programs
- Partner with libraries to have resources delivered on-site
- Assist in developing a residents' association
- Set up senior companion "buddy" programs
- Connect with grief and loss counselors
- Provide mediation assistance

Examples of Service Assistance continued

4. Homemaker Assistance:

- Assist in finding and arranging homemaker services
- Arrange for grocery shopping services
- Arrange for Meals-on-Wheels
- Arrange for transportation for shopping and other needs

5. Legal Issues:

- Assist in completing forms or obtaining necessary information regarding living wills or advance directives
- Assist in reviewing social security earnings statements
- Assist in reviewing death or survivor's benefits or making funeral arrangements for a loved one

A useful tool is a folder with pockets that includes flyers and pamphlets from local agencies. Provide a list of available services that can include:

- Local pharmacies, noting who will deliver
- Applications for local discount phone programs
- Stamps by mail order form
- Emergency Medical Information (EMI) cards/Vial of Life
- Resource Guides
- On-site beautician business card
- Program pamphlets
- Information on your management company
- Sample newsletter
- On-site medical or health services
- Any other pertinent applications or information.

The SC should call local agencies asking them to provide their literature. Examples are utility companies, area agency on aging, or transportation companies. It is also helpful to include information regarding the surrounding community, especially if the resident has moved from out of town. This information can be obtained from the local chamber of commerce or city/county manager's office. Information regarding area churches, local senior center, library and retail stores are also helpful to new residents.

Developing and Arranging Presentations on Wellness, Educational Events and Core and Community Services to Residents

Part of the service coordinators' (SC) job description requires the arrangement of educational events, wellness and community activities. The following guidelines are suggested when preparing for such an event:

1. Solicit topics and ideas from resident councils, surveys, and management staff.
2. Make sure the "topic of discussion" provides the following for the residents:
 - Provides valuable educational information related to a topic of interest;
 - Does not promote the solicitation of any product or service;
 - The presenter should in no way indicate that the property management promotes the use of a service or agency over any other provider.
3. Presentations should not involve the direct solicitation of any product or service.
4. Post notices regarding the event on bulletin boards and in newsletters at least two weeks prior to the event.
5. Presenters may bring free give-away type items to offer to the residents.*
6. If you allow one type of agency into the building to do a presentation, you should then allow the opportunity for presentation to any other agency in the same industry.
7. It is suggested that you focus on agencies that are:
 - Community-agency based; (i.e.: AARP, local police department)
 - Non-profit; and/or (i.e., hospitals, health clinics, area agency on aging)
 - Funded by local, state or the federal government (Medicaid Waiver Programs)
8. Before bringing an unknown agency/service provider to present an educational forum, it is important to:
 - Be sure the presenter will not be soliciting any product or service;
 - Check with other SCs in your area to see if they have previously used this presenter/company/agency.
9. SCs should not receive any gifts or promotional items from any for-profit company that performs an educational presentation at the facility.
10. It is suggested that, at a minimum, the SC arrange one presentation each quarter.

*NOTE: Refer to your management company's policy on the issue regarding gifts from vendors.

Safety, Self Care and Risk Avoidance for Service Coordinators

A safe working environment for service coordinators (SCs) and for residents is a necessary condition for the provision of quality services to residents. The American Association of Service Coordinators (AASC) recommends that SCs should always work in an environment that is free from preventable risks and undue hazards that threaten their safety and well being while serving residents.

Safety, self care and the avoidance of unnecessary and excessive risk should be part of the SCs' daily routines. These issues should also be a major policy concern to a housing agency. Property managers and SCs should address the following areas within their properties and residential living environments:

- Personal safety
- Self care
- Guns and other weapons
- Entering residential units
- Residents with dementia/mental illness and/or inappropriate behaviors
- Assisting/lifting residents
- Medications and medical care
- Driving/transporting residents
- Financial interactions with residents
- Service coordination in community settings

Personal Safety

On occasion, a resident may use profane language; make threats to the personal safety of the SC; appear intoxicated; not leave the work space on request of the SC; or cause excessive fear or anxiety to the SC. Response to these threats should include:

- A safety alert response policy and protocols by housing management with specific instructions to SCs; and/or
- An emergency call to 911; and/or
- An incident documentation report by the SC; and/or
- If needed or appropriate, modifications of the resident's service plan.

Self Care

Contributing to the SC's personal safety is the individual effort of the SC to engage in healthy self care efforts, habits, actions and behaviors. These patterns of daily living prevent or reduce heavy stress-related actions, events and incidents that may occur in the work environment. SCs by virtue of their training and ability to link to health, recreation and wellness services can gain understanding how they can personally benefit from these services as well as the residents they serve.



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- When in a heavily stressed working environment, SCs should use a pattern of healthy behaviors and actions in their daily living and working environments
- SCs may want to consider using a range of self care habits and behaviors such as (but not limited to) physical exercise, meditation, wellness programs, nutritional diets, individual or group recreational activities, health/ mental health prevention interventions and music and theatrical arts.

A well-balanced mentally and physically healthy SC is in a much better position to engage and promote quality service coordination to residents in the work environment.

Guns and Other Weapons

Laws regarding the keeping of guns or other weapons (i.e. knives, spears, swords, machetes, animals trained to attack and fight, etc.) and the right to carry concealed weapons legally or illegally vary from state to state and locality to locality. If no policy exists on owning or keeping weapons in the residential unit by the housing property ownership, the SC:

- Should know the local/state gun and weapon laws affecting the housing property; and/or
- If guns and other weapons are permitted in residential areas, SCs should advocate to housing management the need for an explicit policy on guns/weapons safety in the housing community including the need for safety procedures regarding ownership, storage and use of weapons in the residential units and on the property grounds.

Entering Resident's Units/Apartments

All property staff need to enter residents' units for various reasons. In the case of an emergency or life threatening event (such as flooding, fire or a traumatic medical event such as a fall, heart attack, suicide threat and fainting and stroke), the SC may need to enter a unit without the invitation of the resident. The housing management should have explicit policies or protocols that give guidance to the SC.

- If a protocol for emergency access does not exist, the SC should advocate to housing management for the issuance of emergency policies and protocols that explain under what conditions an SC and other property staff can enter a residential unit.
- When an SC is trained on emergency procedures such as CPR or the Heimlich maneuver, use of these methods should be explicitly authorized in policy by housing management.
- At least one other staff member should accompany an SC in an emergency access event/situation.
- If other staff members are not available, the unit door should remain open after entering the unit.

- Call designated emergency services or 911 as needed.
- An incident report should be documented and filed with appropriate follow up on any additional action required by the SC.
- Inform management of the incident immediately

Residents with Dementia/Mental Illness/Inappropriate Behaviors

Occasionally some residents, due to their specific medical condition such as early onset of dementia, chronic alcoholism or a mental illness, may make false and volatile accusations about staff, other residents or family members. They may also act or behave violently or act inappropriately for the same medical reasons.

- SCs may share relevant, appropriate and needed information with other staff to protect themselves from violent behaviors, and serious and wrongful incriminations.
- Only necessary information should be shared and within the confidentiality policies of the housing agency.
- All information on serious inappropriate behaviors, violent actions and accusations should be shared between the SC and management.
- When possible, two staff members should be present when events of violent and inappropriate behaviors by a resident are most likely to occur. The SC should ask permission from the resident to have another staff person or family member present.
- The SC should also complete an incident report following the event and inform management.

Assisting/Lifting Ill or Injured Residents

At times, residents may need lifting or medication administration assistance due to an illness or injury (such as a fall, a burn, an incident involving violence, etc.). These types of assistance should not be given by SCs but administered by licensed or designated emergency services individuals.

- When a resident or guest falls and is critically injured or has a serious episodic illness, 911 or an officially designated emergency service should be called.
- SCs should not attempt to provide these emergency services.
- Incident reports should be documented and shared with housing management.

Medical Care and Medication Administration

SCs should not assist residents with medication such as filling a pill box or administering medication to the resident. Assisting residents with medical care and medication can be a liability risk for the housing agency. If there are exceptions to when SCs can give emergency care (such as the Heimlich maneuver or other first aid assistance), it should be stated in the housing agency policy.

Driving Residents

Driving residents in the personal cars of SCs is not recommended and should be discouraged. Generally, only staff that have been designated and approved to drive housing agency vehicles with appropriate insurance coverage should drive or transport residents.

Financial Interactions with Residents

Generally speaking, when residents need assistance with personal problems and challenges on finances, budgeting, checking accounts and the handling of cash, the SC should be looking to link the resident with the appropriate local community service. Providing direct financial service by the SC to the residents on these matters is an unacceptable risk for the SC and housing management.

- SCs should not engage in personal financial interactions with residents.
- SCs should not accept cash or checks from residents for any purpose.
- SCs and housing management should have very specific policies and procedures on the handling of cash and checks for rental payments from residents.
- SCs should not sign checks on behalf of residents.

Service Coordinators in Community Service

SCs who serve people living in their own residences in the community may have unique or special safety concerns.

- SCs should keep their supervisors or housing management informed about their schedule and location while in the community. Their appointment calendar should be timely and updated as needed.
- SCs should carry an agency cell phone or agency radio unit at all times for business and emergency purposes.

Gifts Offered from Residents

Service coordinators (SC) should not accept tips, cash, or any other monetary gifts from residents. SCs should not accept gifts of significant monetary value from residents. This includes bequests from residents' wills.

However, SCs may accept small gifts from the property's resident's association. Many times residents appreciate the work and commitment of the SC. These small tokens allow them to show their appreciation and build their self-esteem. A suggestion to residents who feel they want to show appreciation to their SC may be a "Thank You" note or letter mailed to the SC's employer (corporate office, manager or human resources department). Some SCs suggest a donation to the property's resident association/tenant council.

It is inappropriate for property management and staff to solicit gifts from residents or residents' families as a condition of admission/acceptance to a facility, or for any other purpose.



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Marketing the Service Coordinator Program

One of the keys to achieving a successful service coordinator program is the ability of a housing agency and its service coordinators (SCs) to market the program to its residents and the wider community. By marketing as it relates to service coordination, AASC means a comprehensive plan or use of systematic strategies and activities that communicate, explain and promote services to customers. In this definition of customers, AASC means residents who are primarily served by the SC. Using some of the basic concepts on marketing from business and industry, housing management and SCs should be able to develop a marketing plan, or a system of strategies, that will address the service needs of their customers.

Generally speaking, it is the responsibility of housing management within the housing organization to develop and implement an overall marketing plan for the agency's housing and the associated services.

SCs need to suggest or inform management about how the service coordination program should be addressed in the marketing plan of the agency. In housing organizations that are small or limited in size, the SC should take a major leadership role in planning and implementing these marketing strategies and activities.

Basic Concepts of Marketing for the Service Coordination Program

Some of the basic marketing concepts from business and industry that can apply to the service coordinator program include:

1. Customer Focus- An organizational orientation toward satisfying the needs of potential and actual customers. Customer focus is considered to be one of the keys to business success. In terms of marketing the service coordination program, detailed analyses of who are the customers; what are their needs; what features are required of the service coordination program/services; and how it keeps the customers satisfied is needed. All activities, from the planning of a new program or service to its marketing, service delivery and follow up, should be built around the customer.
2. Service (also known as a product in business terms) - The specifications of the services are defined by how it meets the user's needs and wants. The key here is the need for the SC to clearly identify those services that meet the needs of residents under the SC's responsibility and how the services are delivered to the resident. Other customers such as housing management, service agencies and funding sources are also considered for service needs from the SC.
3. Access and Availability- Consideration should be given regarding how the customer can receive the services and when the services are available. Here, the SC considers location and reasonable accommodation to include SC office space in multiple buildings, office hours, outreach strategies, meeting spaces,

Internet and email communication, mobile units and other transportation services.

4. Participation- Refers to those methods that allow the customer to actively involve themselves in the types and kinds of services and activities provided to them. For the SC, these methods can include (but are not limited to) surveys, feedback from resident advisory councils, volunteer initiatives, special projects and wellness and promotional fairs.
5. Promotion (advertising, publicity and other forms of public communication)- These activities are among the most important functions to perform that will insure a successful marketing effort. Here, SCs should promote their services with the communication and publicity tools available to them in the housing agency, the community at large and with their own marketing skills and abilities.

Questions and Activities a Service Coordinator Should Consider When Initiating and Conducting Marketing Plans or Systematic Efforts:

1. Customer Focus and Service- The SC needs comprehensive understanding of the residents' needs and desires with a corresponding knowledge of the types of services that the SC can provide or match. The SC also has to understand the needs and service requirements of other customers such as other housing management staff, community service agencies and funding and regulatory agencies. Resources and activities that assist the SC in understanding the needs of customers include:
 - Resident surveys, interviews and questionnaires
 - Demographic analysis
 - Feedback from residents
 - Trends of priority needs identified from a summary analysis of community-wide surveys and individual service plans
 - Feedback from resident advisory councils, resident focus groups, formal and informal resident leadership
 - Housing agency complaints from residents
 - Feedback from family members of residents
 - Feedback and observations from community agency representatives who serve residents and from housing management and maintenance staff
 - Feedback from other agencies and businesses who serve residents (e.g., health, transportation, pharmacies, post office, discount stores, museums and services in close physical proximity to residential buildings)
2. Access and availability of "service to the customer" is important to the SC and customer in the provision and delivery of services.

The SC should be able to clearly convey information to the customer that answers the following questions:

- What are the daily/weekly hours the SC is available to the customers? What are the specific office hours? Does the SC visit the resident in the unit? Is the SC available by phone? If the SC serves multiple developments or different geographic areas, are there specific days and times? How does the SC inform customers on schedules and their changes?
 - Does the SC make clear his/her availability to the customer during emergencies? Are there back-up procedures during emergencies?
 - Is the office of the SC accessible for reasonable accommodation to the disabled? Are alternative arrangements needed for accommodation (e.g. other meeting spaces for residents using wheelchairs and walkers)? Are these arrangements communicated to the disabled residents?
 - Are there meeting spaces available in the housing facility that can accommodate resident councils, meetings with community agencies on service coordination, wellness fairs, service fairs and other community meetings? Does the housing facility have a policy on community sharing of meeting spaces? Is this policy known in the community?
3. Participation of the customer in the decisions and procedures affecting the services received from the SC supports the basic concepts of aging in place, self reliance and empowerment. Are there participation opportunities for residents to give their ideas, direction and feedback on the services provided by the SC? Here is a checklist for the SC to consider on participating actions and events for and with the residents:
- Resident committee on the design of a facility-wide survey of resident needs
 - Planning group that includes residents and representatives of community agencies, local businesses and housing staff on services and service needs.
 - Peer group (or AASC chapter) of SCs and other professionals on how to involve residents in service planning
 - Forum for families of residents on how to become involved in service planning for their family member. Offer sessions on services to include families.
 - Assisting the resident council to plan for education and cultural forums
 - Frequent seminar presentations on various services within the community
 - Resident focus groups on service issues, concerns and needs
 - Community computer learning center/website for residents who want to learn more about services and educational topics
4. Promotion is the cornerstone of marketing. Without promotion, the SC's efforts on all the previous mentioned activities can become vague and unclear to the

customers. This can contribute to needed services not being understood and underutilized.

SCs should consider promotion efforts that include:

- Directory for community resources and services available to all customers
- Visits to new residents that include the purpose of the SC position, intake interviews and an informational package on services in their housing facility and the surrounding community
- Use and distribution of a wide range of promotional material on services such as flyers, brochures, trinkets, vendor coupons, resident games and use of raffles, contests, service fairs, community service seminars, resident elections, pot luck community meals and other culinary events
- Resident councils proposing, endorsing or educating service initiatives and offerings
- Computer use and availability to all residents
- Community calendar of events and services
- Posting flyers and flyer distributions; emails of the SC's office hours and building locations; emergency notifications and procedures and; updates of services

Summary:

Using accurate, attractive and well-prepared promotional materials and techniques in advertising, communications, education and publicity will enhance the role and performance expectations of the SC in the eyes of the customer. Ultimately, successful marketing contributes to the quality and quantity of services received by the customers and enjoyment of their living environment and surrounding community.

Budgeting for the Service Coordination Program

Developing a Program Budget

The service coordinator budget is the estimated financial plan for operating the service coordinator program for a one-year period. A budget should include salary and expenses incurred during the year as well as earned income generated during the course of the year. A well-crafted budget validates the service coordinator program and adds greater understanding of the service coordinator position. The management agent is generally responsible for all aspects of the site budget however; the service coordinator (SC) can assist the manager with the budget planning process by gathering budget information about the service coordinator program.

Even though the management agent has the responsibility of the budget, the SC may find it useful to have a general understanding of the budgeting process. This is particularly important when applying for grant funds. Along with a program plan narrative, grant funders look for a financial picture of the organization. The submission of a proposal for grant funds is a time when the SC and the management agent work together to compile needed data for grants.

Funders, whether they are grantors or owners, are interested in data to justify dollar requests. Outputs are the number of people served, the type of services provided and the number of hours of service each year. This will help the SC determine the cost per unit of service. Cost per unit of service is figured by dividing the cost of the service coordinator program by the total number of people served or hours of service. Outcomes or results of services to residents are important data that help to justify the cost of service.

The Budget Planning process typically involves the:

- Management Agent
- Executive Director/Owner
- Financial Manager
- Supervisor and/or SC

The steps in an annual budget process include:

- Review previous year's budget, comparing projected to actual figures.
- Review the goals and objectives for the year and the previous years' outcomes, outputs and associated costs.
- If grant funded, review the grant budget requirements including allowable and disallowable costs and expenditures and in-kind/in-cash requirements.
- Estimate costs to reach the projected goals and objectives.
- Account for potential changes such as personnel costs.
- Calculate costs related to training and conferences.



- Evaluate needed office expenditures, furniture, equipment and supplies.
- Budget for income as well as expenses.
- Budget for any special programs or events.

The Components of a typical Service Coordinator budget include:

Revenue: Grants and/or operating income

Expenses: SC's salary, including fringe benefits; appropriate professional association dues; professional insurance; office supplies (i.e., paper, pens, pads, file folders, staples, etc.); office equipment (copier, computer, fax, file cabinet); phone; mileage expense; training and conferences; printing; special programs or events; and resident program costs (food, speakers, newsletter, etc), which are not paid for through the grant.

Quality Assurance: Responsibility & Oversight of the Service Coordinator Program

The service coordinator program has become an integral component in many family and elderly housing communities. Although, in many instances, the oversight of the position as an employee has been the role of the facility manager, the American Association of Service Coordinators (AASC) *recommends* that the professional practice of the position be supervised under the guidance of a qualified third party or quality assurance supervisor/administrator (QAS/A).

A service coordinator quality assurance program is systematic monitoring and evaluating of specific aspects of the activities conducted by a service coordinator (SC) to ensure that standards of quality are being met. It is a planned pattern of all actions necessary to provide adequate confidence that the SC is optimally fulfilling the expectations of the residents they serve, the management/owner that employs them and all regulatory or accrediting bodies, such as HUD, AASC, and private grant requirements.

Quality assurance is an impartial evaluation by a third party that provides checks and balances to assure a consistent and competent service coordination program is effectively implemented. A strong quality assurance program will provide goals and outcomes measurements so that an SC may measure themselves against a benchmark of effective performance standards.

The quality assurance model presented here encompasses the concepts and elements of a *recommended approach* for the systematic supervision and oversight of the service coordination program to ensure that standards of quality are being met. Different agencies and organizations may have unique capacities in the development and implementation of supervision and oversight of their service coordination program. However, elements of the following quality assurance model can be employed in the development of a systematic supervision and oversight function of the organization's service coordination program.

A recommended quality assurance program would include the following components: 1) Compliance/Risk Management; 2) Customer Satisfaction; and 3) Education/Individual Evaluation.

- 1) **Compliance/Risk Management** would be in place to ensure SCs are compliant with state/federal regulations, as well as ensuring the SC job is consistently implemented. It would be required that the quality assurance program has consistent protocols and activities for the SC program, as well as performs consistent assessments of service delivery. Compliance would also be in place to ensure policies and procedures are followed appropriately and that the SC is consistent with the industry and regulations (i.e., AASC Standards of Practice).

- 2) Each quality assurance program should contain a **Customer Satisfaction** component. The “customer” in this piece could consist of the resident, property manager, property owner, or the funder (HUD, Housing Finance Agency, Private grantor, etc.). The quality assurance program would be responsible for ensuring and assessing the overall customer satisfaction in regards to services provided. The quality assurance program would also be responsible for monitoring SCs to determine if residents’ specific needs are being surveyed, as well as ensuring that the SC is implementing appropriate services for these specific needs.
- 3) A compliant quality assurance program should also consist of an **Education/Individual Evaluation** component. This component will provide direction and coaching to a SC in the field as they grow in their role. The quality assurance program would appropriately provide this service by assuring each SC is competent and has an understanding of their role as an SC. The quality assurance program would be responsible for obtaining measurable data by monitoring programmatic. A compliant quality assurance program would assure the SC is providing education to the residents and staff regarding the specific population they serve (i.e., elderly, family). The program would serve as an information provider/coach for SCs in regards to office setup, documentation methodologies, ethical practices and confidentiality of resident information.

The QAS/A will see that the service coordinator position and the work done by the SC is effectively implemented and monitored. The QAS/A should therefore follow recommended guidelines to ensure that good service coordination program policies and procedures are adhered to and appropriate professional practice is followed. QAS/As are experienced in professional methods and practices and can provide guidance to SCs and management, alike. They may also be called upon to mediate disputes if conflict arises where professional issues are in question. The QAS/A must include management if issues challenge or jeopardize the safety or security of residents or the building. Below are *suggested* practices and objectives that may be provided by the QAS/A in their role of supervision and oversight of the service coordinator program:

- QAS/A should contact the SC at least weekly, documenting any issues discussed of a professional nature or other issues for which they provided guidance.
- QAS/A does not engage in making management decisions on behalf of the SC or on behalf of the residents and defers management issues to the appropriate management representative.
- QAS/As should review the SC’s performance to ensure that the coordinator is not creating a false sense of dependency by residents who utilize the program. This can be done through inquiries of unresolved resident issues; periodic file review; and, interviewing of residents as to the effectiveness of the service coordinator position. Resident visits should be part of the QAS/A visits if possible. If not, other arrangements should be made to speak with residents or provide an evaluative survey to residents.

- QAS/A contacts/meets with management at least quarterly and more often as necessary or appropriate in situations that warrant more attention. Documentation about the meeting and any pertinent issues addressed should be in writing and kept in the QAS/A's files.
- In instances where HUD regulations are involved, the QAS/A must monitor HUD regulatory changes governing the service coordinator position and relate changes to appropriate professional and management staff.
- QAS/A accumulates information and pertinent documentation from management and residents regarding the effectiveness of the SC before producing an annual employee evaluation.
- QAS/A ensures that the SC is providing appropriate reporting documentation according to the regulations or guidelines required by the funding agent of the particular program (i.e., HUD, Housing Finance Agency, Public Housing Authority, etc.).
- QAS/A ensures that the SC follows appropriate documentation practices and that the SC's files contain appropriate resident information and an up-to-date file system.
- A QAS/A should arrange for or provide remedial training for SCs that have inadequate or unsatisfactory resident files, documentation or reporting practices.
- QAS/A is made aware of any suspected cases of resident abuse, neglect, or exploitation and reviews SC's action on referral to the appropriate agency.

*The QAS/A also reviews management's awareness of the suspected case.

Management should be made aware of any abuse issues noting confidentiality concerns with regard to the suspected case.

- QAS/A trains the SC in appropriate areas of service coordination practice and is familiar with state and federal regulations that govern the housing industry. QAS/As are not expected to train SCs in housing regulations, but are expected to be aware of the impact these regulations have on the service coordinator position. The QAS/A should direct the SC to the appropriate management staff when these regulations are in question.
- QAS/As should monitor the effectiveness of the service coordinator position and inform management of any concerns.
- QAS/As should be apprised of any service provider problems or concerns and intervene as appropriate. In most cases, the SC will handle such situations, but should inform the QAS/A of their actions. In cases, where a service provider may impact the safety or security of the building or its residents, then management should also to be informed of the problem.
- QAS/As should counsel SCs that management is to be advised of any potential changes in a resident's condition which may interfere with the safety or security of self or others, lease obligations, or illegal activity.

- QAS/As should be made aware of changes in local, state, or federal programs or policies that may have an impact on the service coordinator position as it relates to residents, supportive services, or housing management. This includes the SC and management keeping the QAS/A apprised of pertinent information impacting their role as supervisor/administrator.
- QAS/A sees that the SC does not provide direct services to residents or performs administrative tasks outside the practices of the service coordinator position. It is recommended that the SC not engage in recreational activity planning/participation for the residents or management. However, when such activities are performed, the type and amount of time spent on these 'activities' should not interfere with the coordinating duties of the position. Regulatory requirements should be adhered to whether this activity is allowable.
- QAS/A advises SC against accepting valuable gifts from residents, participating in providing services to residents after working hours, witnessing health care proxies, notarizing health directives documents or other legal documents of residents and actions where ethics or liability issues may be in question.
- QAS/A sees that management participates in setting goals and objectives of the SC in relation to facility needs and participates in the evaluation of the SC.
- QAS/A reviews the reporting requirements; policy and procedures governing the service coordinator position; and sees to the adherence of such procedures including, where appropriate, HUD requirements governing the service coordinator position. It is important that management participate in the development and implementation of the service coordination program.
- QAS/A should interview and (at least) participate in the hiring of SCs with input from management and, where appropriate, encourage the facility manager to make the final decision in hiring.
- QAS/A should be apprised of any unresolved SC/management issues and participate in the resolution of these issues as appropriate.
- QAS/A should review the SC's resident files at least quarterly by choosing a mix of active and inactive files and randomly documenting their findings. The QAS/A should be included in the release of information form for purposes of reviewing these files.
- QAS/A should provide guidance to the SC on problem-solving methods, techniques and service management practices.
- QAS/A may provide mediation training as needed for SCs.
- QAS/A should recommend educational opportunities to SCs and monitor their yearly training (ex: HUD training requirements include 36 hours of training within the first year of service with 12 hours of continuing education training required for every year following). It is the responsibility of the SC to keep accurate records of their training and to inform the QAS/A if they may fall short of required training or lack appropriate training. Training expenditures may be determined by the

financial constraints of the position. However, wherever possible, QAS/As should attempt to advocate for the SC to attend local, state and national training as appropriate or necessary for the SC.

- QAS/A should provide and participate in the initial training and orientation of new SCs with recommended attendance by managers/administrators.
- QAS/A should be knowledgeable of programmatic financial requirements and changes governing the service coordinator position including any funding renewal processes. In many situations, this is a management function, but it is important that the QAS/A be apprised of possible reductions or elimination of funding for the service coordinator position.
- QAS/A should maintain, monitor and/or revise the policies and procedures of the service coordinator position with input from SCs, and management, and where appropriate, from residents.

Developing the Successful Management- Service Coordination Team

Introduction

For facilities that have a service coordinator (SC), it is critical that the coordinator be an active and full member of the facility team. Teamwork implies an active collaboration among team members where all are recognized for their particular area of expertise, views are respected and where team members actively listen and learn from each other. The manager, SC and other relevant facility staff should meet together on a regular basis (at least weekly) to jointly consider issues that arise with all receiving relevant written materials, memos, lease violation and eviction notices and facility updates on a periodic basis. This includes any federal notice changes which impact residents, or changes in the resident selection plan or facility rules.

Additionally, it is recommended that whenever possible, managers and SCs attend training and educational events together. It is also beneficial for other facility staff to receive training in aging and related issues appropriate to the resident population of the facility. SCs should be made aware of the responsibilities, rules and regulations surrounding the housing industry and their requirements for management and residents.

Incorporating the SC into this team may require some compromise among team members. On one hand, the SC must recognize that the successful fulfillment of his/her position necessitates maintaining a delicate balance between the needs of residents and the expectations on employees by the management company. On the other hand, since one of the SCs major functions is advocacy on behalf of residents, it is important that management is sensitive to this role even though such advocacy efforts may appear to conflict with the immediate expectations of the management company. The SC must recognize that issues surrounding occupancy and maintenance are the responsibility of the manager. The SC is obligated to direct residents to management when these issues arise.

When a service coordinator program is instituted into a new or existing housing program, the team should recognize the SC as the lead professional within the service coordinator program, just as the manager is the lead professional within the housing program. In sum, resident issues are handled by the SC, while property issues are handled by the manager. However, overlap does and will occur. Identifying who is to take the lead role in problem solving should be determined by whether the issue is resident-related or property-related.

Developing the Successful Management Team with Service Coordination

Successful teams take steps “up front” to avoid future problems later on down the road. To ensure successful teamwork among management and resident SCs, the following steps should be considered.



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Training

- **Review the job descriptions of everyone on the management team.** Identify how resident support has been implemented whether formally or informally, and address the overlaps in job functions and responsibilities to everyone's satisfaction.
- **Clearly define the SC role as separate from property management functions.** A clear definition ensures that staff demands do not conflict or compete with the SC's primary role as resident advocate. This means SCs should not be assigned property management or lease functions such as collecting rents, performing physical inspections, certifying housing eligibility, carrying out lease violations or supervising clerical or maintenance staff. Implementing a memorandum of understanding outlining the role of the manager, SC and other significant property and/or management staff, will support this fundamental principle of the SC program and prevent confusion among residents. Sometimes, property and resident issues can arise that may require jobs to overlap in handling a crisis or other circumstances that require a temporary accommodation of the issue. At no time should residents confuse the manager's role with that of the SC, nor compromise resident confidentiality.
- **Provide an adequate orientation to staff and residents.** The SC should be aware of and understand the policies and procedures which govern residency. The minimum documents that should be provided at the time of hire, include the tenant selection plan; application packet; the lease agreement and related addendums; the tenant handbook/property rules; the policies and procedures which govern the facility (i.e. evictions, work orders, etc.); and the by-laws of the tenant organization. The manager should be involved with training the SC on these matters. Having the SC 'shadow' the manager for a length of time will help the SC understand the responsibilities and pressures on management. Additionally, residents should receive an orientation on the position. Community service providers can also be invited to attend. Whenever possible, the manager and SC should attend resident related training seminars together, at least once a year. Learning together builds confidence, trust and respect. Team training can also contribute to an increase in self-esteem and pride in all staff.
- **Recognize the importance of networking with peers.** The position of an SC is unique and varied. Over time, the SC is likely to facilitate, coordinate, communicate, arbitrate, deliberate, advocate, empower and reach out and listen. A support network is essential for SCs to have opportunities to meet and exchange information with others experiencing like responsibilities, challenges and gaps in the service delivery system. Information acquired locally, statewide and nationally will give SCs expanded knowledge and ideas that can serve management as well as residents. It is *essential* that SCs be provided the appropriate tools and technology (computer and software) which gives them access to information regarding grants, service programs, and other networking opportunities in order to best do their job.
- **Establish clear and appropriate supervisory arrangements.** The SC supervisor plays an important role in promoting a sense of trust, mutual understanding and respect between the SC and other members of the property management team.

He/she must be able to remain objective and supportive if the ethics and underlying principles that guide the SC position clash with those of other property management personnel or with existing residential policies. AASC recommends that the SC be supervised by a qualified third party with a background in professional social service. In circumstances where this is not possible, arrangements should be made for the SC to have access to a social service or service coordination professional (organization or individual) with whom they may address social work issues and address quality assurance systems necessary for the position. This can protect the manager if liability becomes an issue.

- **Recognize complementary roles of the manager and service coordinator during lease violations and reasonable accommodations issues.** The manager and SC assume very different roles when addressing lease violations or interacting with residents in the reasonable accommodation process. The housing manager is responsible for advising residents of lease violations. The SC may be asked to assist residents in addressing issues that threaten their tenancy, but only if the SC referral is made with the residents' concurrence. The SC should never be expected to address a lease violation incident if the housing manager has not notified the resident of the issues involved and suggested assistance by the SC. The same complementary role applies to the reasonable accommodation process in which the manager advises residents that the SC is an available resource for them to access or explore reasonable accommodation options. The SC can help prevent evictions from happening with early intervention.

Management Expectations for the Service Coordinator

- **Have realistic expectations.** The SC should not be expected to “perform miracles” or to solve all resident problems and community issues that arise. Long-standing unresolved issues are not likely to go away overnight, if at all. However, the SC can assist residents in keeping problems at manageable levels or help prevent problems from escalating to crisis proportions.
- **Management must be willing and able to “let go”.** This means willingly transferring responsibility for the provision of supportive services to the SC. This can be difficult for some members of the management team if they have derived their primary job satisfaction from “helping” residents. From the onset however, the willingness to direct resident inquiries and requests for assistance of the SC establishes a clearly defined role for him/her.
- **Management needs to support the confidentiality boundaries of the service coordinator position.** The SC has an ethical and sometimes legal responsibility to safeguard resident confidence. The promise of confidentiality is essential for establishing trust between SCs and residents. Without it, residents may not disclose important information. Management should not expect the SC to divulge specific information about a resident's problems or expect access to SC files without the knowledge and informed consent of the resident. This is also true, if and when the

SC requires information from the manager's files. In situations, where the SC files are to be used in court for any reason, a subpoena is recommended.

- **Management needs to respect the ethics and guiding principles of the service coordinator position.** Failure to clearly recognize and support the SC's values concerning resident autonomy, self-determination, rights to privacy and other professional principles will eventually lead to problems, conflict and dissatisfaction. Problems or conflicts can result particularly if housing management focuses exclusively on the outcomes without understanding the importance of the underlying process involved in working with residents and ensuring they are active participants in the resolution of problems.

Summary

Taking steps to develop a successful management/service coordination team include:

- Reviewing and updating the job descriptions of everyone on the management team
- Defining the SC role as separate from property management functions
- Providing an adequate orientation to staff and residents
- Recognizing clear and appropriate supervisory arrangements
- Recognizing complementary roles of the property manager and the SC on lease violations and reasonable accommodations

Management expectations for the SC should include:

- Having realistic expectations.
- Management should take the opportunity to relinquish responsibility in providing supportive services.
- Management needs to support the confidentiality boundaries of the service coordinator position and respect the ethic and guiding principles of the position.

Training the Service Coordinator

The training of a service coordinator (SC) is an essential component of a truly effective service coordinator program. The quality of services to residents in need is greatly enhanced by the SC's performance and the appropriate use of their knowledge, skills and abilities on behalf of the residents.

The American Association of Service Coordinators (AASC) is strongly committed to the professional development and training of SCs. AASC recommends the concept of lifelong learning and professional development to its membership through substantive and continuous opportunities for training, learning and gaining skills concerning the residents who they serve.

Guidelines for Training

The AASC Professional Service Coordinator Certificate (PSC) Program and Chapter 8 of the HUD Management/Agent Handbook provide a guide to basic content and subject areas that are considered necessary for professional level performance. For SCs funded under certain HUD programs, these training requirements are mandatory. (See Appendix for the description of the AASC PSC modules and the Guidelines listed by the HUD Handbook.)

PSC Core Modules*

- A. *Communication*
- B. *Diverse Lives, Diverse Needs (Cultural Diversity)*
- C. *Documentation*
- D. *Federal Programs*
- E. *Professional Conduct and Ethics*
- F. *Role of the Service Coordinator*
- G. *Substance Abuse: Realities and Hope*
- H. *Supervision & Program Outcomes (Quality Assurance)*

PSC Elective Modules*

- A. Aging, Memory and Alzheimer's Disease
- B. Elder Mistreatment: Defining, Understanding and Responding
- C. Embracing Life's Transitions: Decisions, Choices and Connections
- D. End of Life Care: Perspectives, Decision-Making and Resources
- E. Health Literacy
- F. Life Management for the Service Coordinator
- G. Life's Losses: Bereavement, Grief and Coping
- H. Medication Use and the Older Population
- I. Mental Health Issues: Symptom Recognition, Intervention and Referral
- J. Navigating Medicare
- K. What Is Healthy Aging?



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*Additional core and elective modules are presently under development. Check with the AASC office as to their status.

The HUD handbook has five core areas*. Each area has required and optional subjects.

The Professional Service Coordinator

Required Subjects

- A. *Supportive services for the aging/elder services*
- B. *Supportive service needs of non-elderly people with disabilities*

Optional Subjects

- A. Role of the service coordinator
- B. General case management and identifying service needs and availability
- C. Monitoring and evaluating services, effectiveness, adequacy and need for changes
- D. Networking and local support networks
- E. Creative strategies in service provision
- F. Ethics/confidentiality
- G. Documentation and reporting

Government Programs and Legal Requirements

Required Subjects

- A. *Federal programs and requirements*
- B. *State administered programs and requirements/entitlement programs*
- C. *Legal liability*
- D. *HUD's service coordinator program*
- E. *Locally-administered program requirements*

Community Relations

Optional Subjects

- A. Working with resident organizations
- B. Support networks for residents
- C. Peer networks
- D. Working with volunteers
- E. Working with aides
- F. Working with management agents

Communications

Required Subjects

- A. *Communicating effectively in difficult situations*



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Optional Subjects

- A. Negotiation/brokering
- B. Counseling
- C. Advocacy
- D. Teamwork/consensus-building
- E. Motivation
- F. Outreach strategies

Current Issues

Required Subjects

- A. *An aging population/aging process*
- B. *Medication/substance abuse*
- C. *Mixed populations*
- D. *The disabled population*
- E. *Strategies for dealing with cognitive impairments*

Optional Subjects

- A. Other health problems among the aging
- B. Crime and self-protection
- C. Death and loss
- D. Living wills/trusts
- E. Guardianship/power of attorney
- F. On-line service coordination

*These five areas can also be used as a guide for training of SCs who are funded by HUD public housing funds.

Sources for Training

There are many appropriate sources of training available for the SC. Listed below are some of the sources you can check when looking to complete your required training. Remember to document and track all your training on the appropriate form.

- The American Association of Service Coordinators (AASC) or its state Chapters provide regional training sessions, on-line training on a variety of topics, and an annual National Service Coordinator Conference with sessions designed specifically for SCs. You can also check any of their state affiliated organizations' training, which are listed on the AASC website, www.servicecoordinator.org.
- Your regional and local HUD Office
- State offices on aging

- Any of the area agencies on aging, councils on aging, local senior centers, home health providers, hospices or nursing homes
- National housing organizations (visit AASC website <http://www.servicecoordinator.org/displaycommon.cfm?an=1&subarticlenbr=11>)
- Local hospitals offer education on a wide variety of topics.
- Colleges and universities that have gerontology, social work and rehabilitation counseling departments as well as those that cover social sciences, nursing and medicine.
- National Association of Social Workers (NASW) and any of its state affiliates.
- Disease specific organizations such as those addressing AIDS, heart disease, diabetes, Alzheimer's, alcohol abuse, and mental illnesses

Office Space for Service Coordinators

In order to be an effective service coordinator (SC), it is imperative that the SC have adequate office space that is conducive to serving the residents. (**NOTE:** All buildings will not be able to provide some of these specific criteria. Therefore, flexibility in service coordination operations may be necessary.)

The SC office is recommended to be a private space, only used for the purpose of this position. It is not recommended that the SC share an office with any other staff member in the building, nor should any other staff member be able to gain access to the SC's locked files.

To encourage resident reception and avoid any potential anxiety regarding lack of privacy, the SC's office should:

- Be out of view of others, and be completely set apart from management offices.
- Be a quiet place where you can talk comfortably and confidentially, in person or by phone, with your residents, their families or other staff members.
- Be readily accessible to your residents with no steps or obstacles. Wide doors are necessary to accommodate persons with disabilities.
- Contain your own computer and printer, copier and fax machine (with separate phone line).
- Announce or post your office hours and the times you are available to see residents.
- Identify space in the office for case files and the necessary security equipment to keep files secure and confidential.

If service coordinator services are extended to multiple buildings, it is recommended that the SC have access to private interview rooms and use of a laptop computer and cell phone.

In addition, it is strongly recommended to *a/ways* be aware of your operating budget in terms of the funds available for office supplies, office furniture, printing, postage, travel and training.

Glossary of HUD-Related Terms and Programs

Activities of Daily Living (ADLs)-

ADLs are the daily activities an individual performs for self-care including eating, bathing, grooming, dressing and home management activities. Some individuals may be able to perform these activities on their own but may require some minor assistance.

Adjusted Annual Income-

Annual (gross) income reduced by deductions (or allowances) for dependents, elderly households, medical expenses, disability assistance expenses, and child care. This figure is used to determine the share of rent and the offset amount of subsidy for each resident/applicant family. Annual income is used to determine eligibility for *assisted housing*, while adjusted income is used to determine tenant rent payments. (See *Certification*)

Affordable Housing-

Typically, housing for which the occupant(s) is/are paying no more than 30% of his or her income for gross housing costs, including utilities. It must be noted that some jurisdictions may define affordable housing based on other, locally determined criteria.

Aging-in-Place-

A philosophy whereby seniors are afforded the ability to remain in their independent residence for as long as possible with access to needed supports and services to maintain their independence.

American Association of Homes and Services for the Aging (AAHSA)-

A national association for non-profit aging service providers, AAHSA currently represents over 5,000 not-for-profit facilities providing elderly housing and other living arrangements for the elderly.

Americans with Disabilities Act (ADA)-

Federal law that prohibits discrimination against individuals with physical handicaps, including hiring practices and design of buildings intended to serve the public.

Appropriations-

An *authorization* by an Act of Congress to incur obligations for specified purposes and to make disbursements from the Treasury.

Assisted Housing-

As opposed to assisted living, and sometimes thought synonymous with public housing, *assisted housing* refers to the stock of privately owned and/or operated housing projects. Most assisted housing for the elderly falls under the following programs: *Section 202, Section 221(d)(3), Section 236, Section 231 or Section 232.*

The term “assisted” refers to the portfolio of *HUD* facilities having either *FHA-mortgage insurance*, or a federal mortgage interest subsidy to help to keep rents affordable to *low- or very-low income* persons. The projects receive *project-based rental assistance*.

Assisted Living Conversion Program (ALCP)-

Refers to *Section 202* owners interested in converting facilities or portions of facilities (no less than 5 units) to licensed assisted living. The grant program would cover facility modification and upgrades, including creating of office, common areas and/or dining/kitchen facilities needed to operate the program, but the services component must be paid for by other (non-*HUD*) funds.

At-risk Elderly Person-

This is an individual 62 years of age or older who is unable to perform one or two *ADLs*.

Authorization-

Specific authority in the form of a law that is necessary before a program can be carried out and funds can be appropriated.

Automatic Annual Adjustment Factor (AAF)-

A guaranteed automatic rent increase based on a predetermined calculation regardless of actual funds needed to operate the project and pay debt service. *Section 202/8* projects and some insured or non-insured *Section 8* new construction or substantial rehabilitation projects that received fund reservations in the 1970s receive this benefit. This practice was stopped by Notice in 1995, which limited increases to the local *OCAF* if the current rents were at or below *Fair Market Rents*.

Basic Rent (Section 236)-

One of four possible rent variables used to determine individual tenant rent payments in *Section 236* projects. *Basic rent* is the operating costs of the project, including the mortgage payments at 1% interest and the utility costs for the dwelling unit paid by the owner. (See also, *Fair Market Rent*, *Section 236 Market Rent*, and *Adjusted Annual Income*.)

Budget Authority-

Authority provided by law to enter into obligations that will result in immediate or future outlays of federal funds.

Capital Advance-

Created in 1990 by the *Cranston-Gonzales Act*, this *HUD* program assists private, nonprofit corporations to finance the acquisition, construction or rehabilitation of housing for the elderly (*Section 202/PRAC*) or disabled (*Section 811/PRAC*). It has a 40-year term and does not have to be paid back, provided the project continues to serve the *low-income* population for which it was initially intended.

Certificates-

Section 8 housing assistance payment program administered by local *Public Housing Authorities (PHAs)*. Housing certificates are issued primarily to *very low-income families* and a limited number of *low-income families* with a limit on the amount based on local *Fair Market Rents (FMRs)*. Certificates are also issued to families currently living in projects with *project-based subsidies* where an owner is opting out of participation in the program.

Certification also “Recertification”-

The documentation and verification process required of *HUD* managers in order to determine initial income and eligibility during the application process. The “initial certification” is used for applicants/new tenants to establish the amount of *rental assistance subsidy* which the applicant or tenant is eligible to receive. *Recertification* is required at least once each year or if the household has any significant income changes.

Residents receiving federal rental assistance usually pay 30% of their *annual adjusted income*, and the rental assistance payment (i.e. *Section 8* or *PRAC*) makes up the difference between the resident payment and the unit rent level.

Community Development Block Grant (CDBG)-

Created under the Housing and Community Development Act of 1974, this program provides grant funds to local and state governments to develop viable urban communities by providing decent housing with a suitable living environment and expanding economic opportunities to assist *low-* and *moderate-income* residents.

Community Service Coordination-

Community service coordination is an approach by service coordinators (SCs) which recognizes the need to deliver services to seniors, persons with disabilities and low-income families who reside in affordable rental and resident-owned housing not located in housing developments. SCs who serve these populations are usually based in a housing development agency or a government housing agency or nonprofit/governmental community based service agency.

Congregate Housing-

Apartments or cottages in which residents pay a monthly fee that includes rent, utilities, one to three congregate meals daily; one or more of housekeeping/chore services; 24-hour emergency response; and essential transportation. Personal care services are individually contracted between residents and private vendors.

Congregate Housing Services Program (CHSP)-

Begun in 1981, CHSP is a program designed to provide meals, expanded services and funding for retrofit and certain modernization activities in housing projects for the frail elderly and non-elderly disabled. Congress renews CHSP existing grantees annually. New competitive grants have not been funded by 1995.

Consolidated Plan-

A requisite for the *Community Development Block Grant (CDBG)*, the Consolidated Plan is a revolving 5-year plan identifying community needs and funding expenditure priorities that is conducted at the state and/or local level in consultation with local residents and agencies. The goal of the *Consolidated Plan* is to coordinate the use and distribution of various federal funds allocated to a specific jurisdiction. (See also *Community Development Block Grant*)

Cranston-Gonzalez Act-

See *National Affordable Housing Act of 1990*

Deep Subsidy-

Programs narrowly targeted to serve those most in need, such as the later *Section 202* programs, serving *very low-income* persons (as opposed to *low-income* persons or a mix of income groups). This kind of targeting required a deeper level of assistance for eligible applicants than programs that serve people who have greater income and need less federal financial assistance.

Department of Housing and Urban Development (HUD)-

Part of the President's Cabinet-level Administration, *HUD* has responsibility for all federal housing policies and programs. Senior housing projects have been developed under a number of programs (e.g. *Sections 202, 221 and 236*). The *Section 202/PRAC Supportive Housing for the Elderly* is the only program currently funding new construction.

Disabled Family-

A family whose head, spouse, or sole member is a *person with disabilities*; or two or more persons with disabilities living together, or one or more *persons with disabilities* living with one or more *live-in aides*.

Elderly Household-

A household comprised of one or more persons at least one of whom is 62 years of age or more at the time of initial occupancy.

Elderly Housing-

A class of facilities which are exempt from the familial status provisions of the *Fair Housing Amendments Act* and is not to be confused with the statutory term of "*Housing for Older Persons*." *Elderly housing* is a loose term indicating intended target group for which the sponsor developed the housing.

Elderly Person-

HUD defines an elderly person as an individual who is at least 62 years of age.

Enhanced Vouchers-

Vouchers given to *low-income* residents who elect to remain living at a property that was previously a *Section 8* project-based property. This occurs when a for-profit owner elects to not renew an expiring *project-based rental assistance* contract and convert the property to market rate, oftentimes raising the rent beyond the means of the current *low-income* tenants. A *tenant-based* voucher is given to the resident to remain at the current location and *enhanced vouchers* are issued to make up the difference between previously subsidized and new *market rent* levels.

Enterprise Zones (EZ)-

Designated areas for which governments provide special incentives to encourage job creation and entrepreneurship in distressed inner cities and rural areas. Enterprise zones were authorized at the Federal level by the Housing and Community Development Act of 1987.

Excess Rental Income (or Excess Rents) (in Section 236 Projects)-

A HUD term applied to *Section 236* projects. Excess income or excess rent refers to the amount paid by residents which is more than the *Section 236 basic rent* but less than the *market rent*.

Extremely Low (or very low) Income-

A household whose income is no higher than 30% of the area median income – the *Quality Work and Housing Responsibility Act (QWHRA)* of 1998 (implemented in April 2000) requires that no less than 40% of new *Section 8* assisted unit leases each year is to be targeted to *extremely low income* families.

Fair Housing Act and Fair Housing Amendments Act (FHAA)-

FHA is a national policy to protect against violations of housing rights. It prohibits discrimination in housing and lending based on race, color, religion, sex, national origin, handicap or familial status (including children under 18 living with their parents or legal custodians; pregnant women and people securing custody of children under 18). Some states include three additional protected classes to the above; age, sexual orientation and marital status.

For further and specific reference, visit HUD's website, www.hud.gov/fairhousing.

Fair Housing and Equal Opportunity (FHEO)-

The Department of Housing and Urban Development's (*HUD*) Office of Fair Housing and Equal Opportunity (FHEO). The Assistant Secretary for FHEO supervises *HUD's* housing and community development activities to promote fair housing and equal opportunity for all, regardless of race, religion, sex or national origin. He or she also promotes equal opportunity for disabled people and families with children.

Fair Market Rents (FMR)-

Primarily used to determine payment standard amounts for the *Housing Choice Voucher (HCV) program*, to determine initial renewal rents for some expiring project-based *Section 8* contracts, to determine initial rents for *housing assistance payment (HAP) contracts* in the Moderate Rehabilitation Single Room Occupancy program, and to serve as a rent ceiling in the *HOME rental assistance program*.

Familial Status-

Familial status means one or more individuals (who have not attained the age of 18 years) being domiciled with: a parent or other person having legal custody of such individual(s); or the designee of such parent or other person having such custody. Also applies to any person who is pregnant or is in the process of securing legal custody of any individual who has not attained the age of 18 years. (see *Fair Housing Amendments Act*)

Family Self-Sufficiency Program (FSS)-

Promotes the development of local strategies to coordinate public and private resources that help *Housing Choice Voucher (HCV) program* participants and *public housing* tenants obtain employment that will enable participating families to achieve economic independence. The Family Self-Sufficiency (FSS) program is administered by *public housing agencies (PHAs)* with the help of program coordinating committees (PCCs).

Farmers Home Administration (FmHA)-

The Farmers Home Administration is the part of the U.S. Department of Agriculture whose purpose is to administer loans, grants and related assistance for housing and community facilities for low-income rural persons and their communities. Many *FmHA* programs come under these *Section 515* projects.

Within the last few years, *Rural housing* programs, such as *Section 515*, were placed under the jurisdiction of the *Rural Housing Service (RHS)*, but the name and acronym of Farmers Home is still well-known.

Federal Housing Administration (FHA)-

A division of the *Department of Housing and Urban Development (HUD)*, *FHA*'s main purpose is to issue mortgage insurance on mortgages made by private lenders.

Federal Housing Administration (FHA) Mortgage-

A mortgage made by a private lender according to the underwriting guidelines of *FHA*, which then issues insurance to protect the lender from default by the borrower.

Federal Preferences-

With the *Quality Work Housing Responsibility Act (QWHRA)* of 1998, the requirement to recognize the three main federal preferences (for person(s) who are: homeless/living in substandard housing; paying more than half of their income for rent; involuntarily displaced) was permanently eliminated. Owners still have the option to use any one or combination of the three.

Federal Register-

Published by the Office of the Federal Register, National Archives and Records Administration (NARA), the Federal Register is the official daily publication for rules, proposed rules, and notices of federal agencies and organizations, as well as executive orders and other presidential documents.

Flexible Subsidy-

The Flexible Subsidy (or Flex Sub) program was designed to maintain the use of the property for *low-* and *moderate-income* people. It provides assistance for troubled *multifamily* projects, as well as capital improvements for both troubled and stable projects. While there are properties with Flex-sub loans or grants, from 1998-2000 grants were made to *Section 202* projects only and no awards have been made under this program since 2001.

Frail Elderly Person-

This is an individual 62 years of age or older who is unable to perform at least three *ADLs*.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)-

HIPAA covers three areas: insurance portability, fraud enforcement and administration simplification. The oversight of HIPAA comes from the Office for Civil Rights, Department of Health and Human Services.

Home Program (HOME Investment Partnerships Program)-

Provides formula grants to states and localities that communities use — often in partnership with local nonprofit groups — to fund a wide range of activities that build, buy, and/or rehabilitate affordable housing for rent or homeownership, or to provide direct rental assistance to low-income people.

Homeownership Voucher Assistance-

Help for voucher families buying homes. A *public housing agency* (PHA), at its option, may provide monthly assistance to families that have been admitted to the *Section 8 Housing Choice Voucher program* in accordance with *HUD* regulations, that meet certain criteria, and that are purchasing homes in an amount that would otherwise have been provided to that family as *tenant-based* voucher assistance.

Household-

One or more persons occupying a housing unit.

Housing Assistance Payment (HAP) Program/Contracts-

The payment made by the *Section 8* contract administrator to the owner of an assisted unit provided in the contract. This includes either the difference between the gross rent and the total tenant payment or the difference between a payment standard and 30% of the family's monthly adjusted income (voucher program).

Housing Choice Voucher Program (HCV)-

A tenant-based voucher assistance program that provides rental subsidies for standard-quality units that are chosen by the tenant in the private market. The following is a short list of key features:

- Targeting and Eligibility. Seventy-five percent of newly available vouchers at a public housing agency (PHA) must go to families with incomes below 30% of the area median income. In general, eligibility for the new vouchers is limited to:
 - *Very low-income* families;
 - *Low-income* families previously assisted under the *public housing*, Section 23, or *Section 8* project-based housing programs;
 - *Low-income* families that are non-purchasing tenants of certain homeownership programs;
 - *Low-income* tenants displaced from certain *Section 221* and *236* projects; or
 - *Low-income* families that meet *PHA*-specified eligibility criteria

Housing for Older Persons-

The term "Housing for Older Persons" is a legal one used for the purpose of claiming an exemption from the familial status provisions of the *Fair Housing Amendments Act*. The three categories include *HUD* Secretary designated state or federally assisted elderly housing programs; housing exclusively for persons 62 or older; and, 55 and over (depending on the housing assistance program).

Housing Opportunities for Persons With AIDS (HOPWA)-

HUD program that provides housing assistance and supportive services to *low-income* people with HIV/AIDS and their families. HOPWA funds may also be used for health care and mental health services, chemical dependency treatment, nutritional services, case management, assistance with daily living, and other supportive services.

Income Targeting-

With the Quality Work and Housing Responsibility Act (QWHRA) of 1998, (as implemented in April 2000), it is required that no less than 40% of new *Section 8* assisted unit leases each year are to be targeted to *extremely low income families*.

Independent Housing for the Elderly-

Communities that provide a secure residential environment for *elderly* individuals who do not need or want the higher levels of care and supervision found in sub-acute care facilities, such as nursing homes. The *elderly* residents of housing communities have their own apartments, each providing maximum privacy and independence.

Interest Reduction Subsidies-

The monthly payments or discounts made by *HUD* on behalf of *Section 236* and Below-Market Interest Rates (BMIR) projects to reduce the debt service payments and, as a result, the rents necessary to sustain project operation.

Interim Rule-

When an interim rule is published, it is in effect until comments are taken in and a final rule is published. A *proposed rule*, on the other hand, is suggestive language up for comment that is not effective until interim or final language is published.

Layered Subsidy-

Refers to programs/projects that have more than one type of assistance, for example a 221(d)(3) mortgage insurance program and a *Section 8* rental assistance subsidy.

From a Congressional and administrative point of view, subsidy layering can be problematic when funding for project development or programming comes from more than one source and may have overlapping or contradictory use restrictions. Developers must be vigilant in subsidy layering so that total project/programming finances do not exceed total project need.

Live-in Aide-

A person who resides with one or more *elderly* or *disabled persons* who is determined to be essential to the care and well-being of the person(s); she/he is not obligated for their support; and would not be living in the unit except to provide the necessary supportive services.

Loan Management Set Aside (LMSA) Program-

The goal of the LMSA program was to provide assistance to existing *HUD* insured or *HUD*-held projects with immediate or potentially serious financial difficulties. *HUD* enters into *Housing Assistance Payment (HAP)* contracts directly with the owners of the projects. By attaching *Section 8* assistance to the projects, defaults under the *FHA insurance program* can be minimized and, therefore, outlays can be reduced.

Logic Model –

A diagram or document that describes the key relationships among program elements and the results. Therefore, the measurements of success are defined and identified.

Low Income-

A *household* whose income does not exceed 80% of the median income for the area, as determined by *HUD*, with adjustments for smaller or larger families. *HUD* may establish income ceilings higher or lower than 80% of the median for the area median on the basis of *HUD*'s findings that such variations are necessary because of prevailing levels of construction costs or *fair market rents*, or unusually high or low family incomes.

Low-Income Housing Preservation and Resident Homeownership Act (LIHPRH)-

LIHPRH was established as a permanent, comprehensive preservation program for the *new development* or *substantial rehabilitation* of multifamily dwellings to house *low-income* and *moderate-income* residents. Owners receive an interest rate reduction on their mortgage loans in return for making the rental-housing units available to *low-* and *moderate-income* residents through the term of a 20-year mortgage. After 20 years, for-profit owners can pay the balance of the mortgage.

There has been no funding for this program since 1995.

Low Income Housing Tax Credit (LIHTC)-

A tax incentive intended to increase the availability of *low-income housing*. The program provides an income tax credit to owners of newly constructed or substantially rehabilitated *low-income* rental housing projects.

Managed Care-

A concept in which an organization negotiates with a limited or select group of health care and other providers of service for preferred or set charges for services and care. Managed care emphasizes prevention, risk/reward sharing and appropriate utilization of services based on consumer and community needs for an outcome of maximum health and well-being at lower overall costs.

Market Rate Rent-

The prevailing monthly cost for rental housing. It is set by the landlord without restrictions.

Median Income-

This is a statistical number set at the level where half of all households have income above it and half below it. The *HUD* Regional Economist calculates and publishes this median income data annually in the *Federal Register*.

Minimum Rent-

A minimum amount residents of *HUD* housing are required to pay per month. Currently, the policy for *public housing* allows for a minimum of up to \$50 to be set by the local *PHA*. In *assisted housing*, a determination was made that all persons would pay a \$25 minimum, unless they fall under one of the exemptions including head of household, spouse or co-head being over the age of 62 or disabled. (See also, *Total Tenant Payment (TTP)*)

Moderate Income-

Households whose incomes are between 8% and 95% of the median income for the area, as determined by *HUD*, with adjustments for smaller or larger families.

Moderate Rehabilitation-

The purpose of the Moderate Rehabilitation program, administered by *Public Housing* was to upgrade substandard rental housing and to provide rental subsidies for *low-income* families that occupy the rehabilitated units. This program is inactive, but facilities still exist which were funded under this program.

Monthly Insurance Premium (MIP)-

For properties that have *FHA insurance*, borrowers pay a monthly insurance premium as part of the monthly mortgage payment to the mortgagee, which in turn forwards that insurance premium to *HUD* to create a reserve fund. This fund is used to pay a mortgagee should a default occur and the mortgagee exercises its option to assign the mortgage to the department and request reimbursement of the outstanding mortgage principal.

Mortgage Insurance Programs-

FHA Mortgage Insurance is a credit enhancement tool that insures mortgage lenders against default. A mortgagee must be approved for participation in the mortgage insurance programs. The mortgagee files an application with the *HUD* office for mortgage insurance on behalf of a for-profit or nonprofit borrower, or mortgagor. In exchange for the insurance, a mortgagee can offer a reduced interest rate to the borrower. The owners of properties insured through an *FHA mortgage* insurance program are responsible for maintaining the habitability of the property and adhering to prescribed *HUD* requirements. Mortgage insurance programs are most often used to finance *elderly housing* include *Section 221(d)(3) Below Market Interest Rate* and *Section 236*.

Multifamily Housing, Office of-

The Office of Multifamily Housing administers a variety of *HUD* financing programs such as the *202 elderly housing program*, the *811 program for the disabled*, the *236* and *221(d)(3)* mortgage financing programs and the *Project-based Section 8* subsidy program. The Deputy Assistant Secretary for Multifamily Housing is responsible for the production and management of *multifamily housing* communities that are built privately owned and insured under the *National Housing Act* or assisted with *Section 8* or *PRAC* funds.

National Affordable Housing Act of 1990-

Also known as the "*The Cranston-Gonzalez Act*." It changed *Section 202* from a direct loan to a *capital advance program* with a 40 year term, created a new subsidy known as the *project rental assistance contract (PRAC)*, and restricted eligibility for *202/PRAC*'s to households in which the head of the *household* or spouse is at least 62 (creating an *811/PRAC* program for *person with disabilities*.)

National Affordable Housing Management Association (NAHMA)-

NAHMA is a national organization that advocates on behalf of multifamily property owners and managers. NAHMA's mission is to support legislative and regulatory policy that promotes the development and preservation of decent and safe affordable housing.

National Association of Housing and Redevelopment Officials (NAHRO)-

NAHRO is a national organization that advocates for the provision of adequate and affordable housing and strong, viable communities for all Americans—particularly those with *low-* and *moderate-incomes*. Their members administer HUD programs such as *Public Housing, Section 8, CDBG* and *HOME*.

National Council of State Housing Agencies (NCSHA)-

NCSHA is a national organization that advocates on behalf of state housing finance agencies (HFAs). NCSHA's members are the HFAs of every state as well as affiliate member companies that work in the affordable housing field.

Naturally Occurring Retirement Community (NORC)-

A naturally occurring retirement community, or NORC, is a community of a large concentration of older adults, be it a senior housing complex or neighborhood where older adults have chosen to remain as they have aged. Some NORCs have simply evolved, complete with nearby grocery stores, pharmacies, recreation and social services. Other NORCs have benefited from a more planned approach that integrates older adult housing with transportation, medical services, shopping, recreation, and in-home services.

The major benefit of a NORC is the access it gives older persons to an integrated continuum of care that they need to *age in place* successfully in the neighborhood in which they live, however "neighborhood" is defined. While NORCs are not new, what is innovative is the trend toward public/private partnerships that is developing to build capacity for the kinds of communities that sustain quality of life, well being, dignity, and independence.

New Construction and Substantial Rehabilitation-

Authority for the various Section 8 new construction and substantial rehabilitation programs was repealed by the Housing and Urban-Rural Recovery Act of 1983, except in connection with the old *Section 202* direct loan program (for elderly and handicapped) and projects in the *pipeline*.

Nonprofit Housing-

Nonprofit housing is developed by nonprofit corporations with a community board of directors and mission. Most housing developed by nonprofit housing developers is affordable with rents or prices below *market-rate*. Income generated from the housing is put back into the mission of the organization, rather than being distributed to stockholders or individual investors as would be the case in for-profit housing.

Notice of Funding Availability (NOFA)-

NOFA's are *HUD* announcements posted in the *Federal Register* announcing the availability and funding amounts for several *HUD* programs.

Olmstead Decision-

A July 1999 Supreme Court decision that challenges federal, state and local governments to develop more opportunities for individuals with disabilities through more accessible systems of cost-effective community-based services. The Olmstead decision interpreted Title II of the *Americans with Disabilities Act (ADA)* and its implementing regulation, requiring states to administer their services, programs and activities “in the most integrated setting appropriate to the needs of qualified individuals with disabilities.”

Medicaid can be an important resource to assist states in meeting these goals. However, the scope of the *ADA* and the Olmstead decision are not limited to Medicaid beneficiaries or to services financed by the Medicaid program. The *ADA* and the Olmstead decision apply to all qualified individuals with disabilities regardless of age.

Operating Subsidies-

Payments authorized by the U.S. Housing Act of 1937 for operating costs of low-rent *public housing* projects to assure the *low-income* character of the projects involved.

Outcome-

A change in attitudes, behaviors, knowledge, skills, status or levels of functioning expected as a result of programs or services.

Outcome Measure-

Used to measure the success of a system or program. Outcome measures should be easily understood; quantifiably measurable, meaning that the data can be collected, analyzed and reported.

Performance measure-

An indicator to determine whether services or programs are reaching the desired results.

Person(s) with Disabilities-

Includes the term “disabled person” and means a person who: (a) has a disability as defined in Section 23 of the Social Security Act; (b) has a physical, mental, or emotional impairment that (1) is expected to be of long-continued and indefinite duration; (2) substantially impedes his or her ability to live independently; and (3) is of such a nature that such ability could be improved by more suitable housing conditions; OR (c) has a developmental disability.

“Pipeline”-

Projects “in the pipeline” are currently in the process somewhere between application and final funding. This term also refers to specific projects where proposals were submitted under authority of one program and do not reach final closing until after that program has expired and/or a new program has begun. “Pipeline” projects may assume a slightly different nature than projects that are clearly within one specific program.

Portfolio Reengineering/Mark to Market-

A concept with the general intent to make individual facilities less or non-reliant on federal forms of assistance or subsidy. For *FHA-insured* properties with rents in excess of comparable rents in their area, the owner must elect to either opt out or mark rents down to meet those comparables.

Prepayment-

Several of HUD's multifamily *mortgage insurance programs* provide subsidies to projects so that units will be affordable by *low-* and *moderate-income* families. These programs include the *Section 221(d)(3)* Below Market Interest Rate (BMIR) program, the *Section 236 program*, and, when combined with *Section 8* or rent supplement assistance, the *Section 221(d)(3)* Market Rate program. Regulations applicable to these programs generally provide that the mortgage may be prepaid during the first 20 years of the mortgage with HUD's consent and, after that, without HUD's consent.

Pre- or Post- (1990) Universe-

This terminology is used only when referring to *Section 8* and *PRAC* projects. These "universes" are the result of legislation passed in 1990 that divided *Section 8* programs based on the original *HAP* contract date. Those *HAP contracts* effective before October 1, 1990 are considered "pre-universe" and those effective on or after October 1, 1990 are considered "post-universe."

Pre-universe rules limit the admission of *low-income* tenants to 25 percent of the units under contract at the specified date. However, no project-by-project limitation on admissions has been imposed.

Post-universe rules limit new admissions to only *very low-income* applicants, unless HUD approves an exception.

Project Based Rental Assistance-

Payments made to owners of private housing on behalf of qualified *low- and very low-income* tenants, generally through project-based *Section 8* or *PRAC*.

Project Rental Assistance Contract (PRAC)-

The *PRAC* is the contract entered into by the owner and HUD setting forth the rights and duties of the parties with respect to the project and the payments under the *PRAC*. *PRACs* operate very similarly to *Section 8*. The 1995 Rescission Act changed the term of the subsidy from 20 years to 5 years. (see *Section 202/PRAC*)

Property Disposition (PD)-

The purpose of the PD program is to provide *Section 8* assistance in connection with the disposition of HUD-owned *multifamily projects*, in order to maintain the amount of decent, safe, and sanitary housing affordable by *low-income* families and to minimize displacement. This program is open only to those projects already in decent, safe, and sanitary condition, and to those needing *moderate rehabilitation*.

Proposed Rule-

A proposed rule is suggestive language up for comment that is not effective until final language is published. On the other hand, when an *interim rule* is published, it is in effect until comments are taken in and a final rule is published.

Public Housing-

Public housing is housing owned and operated by the local *public housing authority (PHA)* to provide affordable shelter for *low-income* families comprised of citizens or eligible immigrants. *Public housing* serves mostly *very low-income* tenants who pay no more than 30% of their adjusted income for rent.

Public Housing Authority (PHA)-

An entity that owns and manages low income housing.

Public Housing Operating Fund-

The annual subsidy to *public housing agencies (PHAs)* for operations and management. *HUD* provides operating subsidies to *PHAs* to help them meet operating and management expenses.

Reasonable Accommodation-

“A reasonable accommodation is any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions. Reasonable accommodation also includes adjustments to assure that a qualified individual with a disability has rights and privileges in employment equal to those of employees without disabilities.” (U.S. Department of Justice)

Recertification-

The documentation and verification process required to be performed with adult residents on the lease by *HUD* managers at least annually. (See also *Certification*.)

Rental Subsidy-

Housing assistance payment usually equal to the difference between the tenants' share of the rent and the rent charged by the owner.

The tenant rent contribution is generally the highest of: a) 30% of adjusted monthly income; b) 10% of the person's monthly income; or c) the welfare assistance payment adjusted for or designated as housing cost.

Rent Supplement Program-

Supplemental payments to owners of private housing on behalf of qualified *low-income* tenants, authorized by Section 101 of the Housing and Urban Development Act of 1965. A fixed amount that does not change over the years was allocated as available. At the discretion of the owner, it can be spread thinly to assist greater numbers of residents or applied in greater amounts, which results in assisting fewer residents. New contracts are not available and have been replaced generally by the *Section 8 program*. There are less than 200 projects nationwide remaining with Rent Supplement Assistance.

Rescission-

Administration request for Congressional action to withdraw *budget authority* that would otherwise become available to continue to be available.

Residual Receipts-

Amounts received by the project through subsidy payments that total more than the cost of operating the project during any fiscal year. These amounts historically are the property of *HUD*. Certain projects are required to routinely turn these back to *HUD* for redistribution to other programs. Some project types keep these amounts in separate accounts and may be authorized to access them for *HUD* approved expenditures which may include funding for *CNA's*, *service coordinators*, or benefits to the tenants, etc.

Reserves for Replacement / Replacement Reserve-

A fund into which a specified deposit is made each month by the owner and from which withdrawals are used to pay for capital improvements during the life of the property.

Resident Opportunity and Self-Sufficiency (ROSS) Program-

This program works to promote the development of local strategies to coordinate the use of assistance under the *Public Housing* program with public and private resources, for supportive services and resident empowerment activities. These services should enable participating families to increase earned income, reduce or eliminate the need for welfare assistance, make progress toward achieving economic independence and housing self sufficiency, or, in the case of *elderly* or disabled residents, help improve living conditions and enable residents to age-in-place.

In the past, the ROSS grant has included programs such as ROSS-Family & Homeownership and ROSS-Elderly/Persons with Disabilities. Currently, these programs have been combined into one ROSS-Service Coordinators program.

The ROSS program also funds the Public Housing Family Self-Sufficiency (PH FSS) program. This funding is provided on a competitive basis for *PHAs* (ONLY) to hire an *FSS* program coordinator for one year.

Rural Housing-

Rural housing programs, such as *Section 515*, that were placed under the jurisdiction of the *Rural Housing Service (RHS)*. The name and acronym of *Farmers Home* may be better associated with these programs. The housing is found in areas that typically have a population between 1-10,000 and are defined as an area not part of or associated with an urban area.

Rural Housing Service-

Formerly the *Farmers Home Administration (FmHA)*, the *RHS* is the part of the U.S. Department of Agriculture, which administers loans, grants and related assistance for housing and community facilities for *low-income* rural persons and their communities.

Section 3 Program-

Fosters local economic development, job opportunities, and self-sufficiency. Section 3 of the Housing and Urban Development Act of 1968 promotes local economic development, neighborhood economic improvement, job training and opportunities, and individual self-sufficiency. Section 3 requires that recipients of certain *HUD* assistance (*PHAs*, nonprofit organizations, and state and local governments depending upon the assistance), to the greatest extent feasible, provide job training and employment, and contracting opportunities for *low- and very low-income* residents in connection with projects and activities undertaken with the *HUD* assistance.

Section 8-

Section 8 is a rental assistance subsidy. The subsidy may be paid either directly to the owners as a *project-based rental assistance* subsidy or to the program participant/tenant as a *tenant-based rental assistance* subsidy.

Section 202 (1959-1969)-

Loans for the construction or rehabilitation of housing for the *elderly* and handicapped, authorized by the Housing Act of 1959. This program has been modified several times of the years. It was originally designed as a direct loan for the construction/development of housing for the *elderly*. These are sometimes referred to as “old 202” projects. In 1964, the program was amended to add physically handicapped. The program was suspended in 1969, with the creation of the *Section 236* program.

Section 202, Direct Loans for Housing for the Elderly or Handicapped (1974-1990)-

In 1974, the *Section 202* program was revived, revised to include *Section 8* funds for 100 percent of project units, and extended to cover chronically mentally ill persons.

Section 202/8-

This program provides loans for the construction or rehabilitation of housing for the *elderly* (and handicapped/disabled) which is linked with a *Section 8 HAP* contract. The loan was a 40-year loan with a 20-year rental subsidy attached when the contract is signed.

Section 202/PRAC (Also known as Supportive Housing for the Elderly)-

This program provides federal financial assistance to private nonprofit organizations for the purpose of providing supportive housing for the *elderly*, to finance site acquisition, the construction, reconstruction or rehabilitation of structures for housing for the *elderly*. The *Section 202* Program was modified by Congress in 1990 to provide housing assistance for the elderly only. Projects may provide the necessary services for the occupants from a range of services which may include, but are not limited to, meals, health, continuing education, welfare, counseling, homemaking, recreational, informational and transportation services.

Section 221 (d) (3)-

A mortgage insurance program available to nonprofit and profit motivated mortgagors for the financing of construction or rehabilitation of rental or cooperative structures for housing for *low-* and *moderate-income* families. Facilities may be designed for occupancy wholly or partially for the *elderly*, and the mobility impaired of any age.

In return for the mortgage insurance, owners are to make these rental-housing units available to *low-* and *moderate-income* residents through the term of a 40-year mortgage.

Section 231-

Program that provides federal mortgage insurance to finance the construction or rehabilitation of rental housing for the *elderly* or handicapped established in 1959. *Section 231* communities usually consist of a mix of units. At least 50% of the units must be set-aside for *elderly* families, and *disabled families* are to receive a preference for the remainder of the units. This program is no longer in use, but projects financed under this program exist today and are obligated by the contract terms agreed at the time.

Section 232-

Program which authorizes the *Federal Housing Administration (FHA)* to insure mortgages for up to 90 percent of value for the new construction or substantial rehabilitation of nursing homes, board and care homes, and assisted living facilities, as well as combinations of these types of projects. Facilities must serve 20 or more patients who require skilled nursing care and related medical services or need minimum, continuous care by skilled personnel.

Section 236-

Begun in 1969, this was a program linking mortgage insurance and mortgage interest reduction, and sometimes operating subsidies, to create housing opportunities for lower income households. The program was designed to assist private owners to build and operate rental housing, which may be wholly or partially for the *elderly* with usually 10% of the units designated for persons with mobility impairments. (see also, "prepayment")

The *Section 236* program was eliminated in 1973 and there are less than 350 projects remaining nation-wide with insurance under this program.

Section 236 Market Rent-

One of four possible rent variables used to determine individual tenant rent payments - for *Section 236* projects only. *Section 236 market rent* is budget-based and determined using the mortgage payments at the market interest rate, the mortgage insurance premiums paid by the owner, and the owner's share of utility costs paid for the unit. (See also, *Basic Rent*, *Fair Market Rent*, and *Adjusted Annual Income*.)

Section 515-

Created as part of the Housing Act of 1949, this program provides 50-year, one-percent mortgage loans for the construction of *moderate-* and *low-income rural* family housing. The *elderly* occupy approximately 40 percent of *Section 515* units. The *Rural Housing Service* (RHS) under the U.S. Department of Agriculture (USDA), formerly known as the *Farmers Home Administration (FmHA)*, administers this program.

Section 811 – Supportive Housing for Persons with Disabilities (also known as 811/PRAC)-

The purpose of the *Section 811* program is to enable *persons with disabilities* to live with dignity and independence within their communities by expanding the supply of housing that provides supportive services which address the individual health, mental health and other needs of the residents and is designed to accommodate these special needs. Direct federal *capital advances* are provided to assist private, nonprofit corporations to finance the acquisition, with or without rehabilitation (group homes), the construction or rehabilitation of housing, and may include real property acquisition, site improvement, conversion, demolition, relocation, and other expenses of supportive housing for *persons with disabilities*. The disability categories are Chronic Mental Illness (CMI), Developmental Disability (DD), and Physical Disability. Funding for the *Section 811* program is made through a competitive process once a year.

Service Coordination-

Service coordination in affordable housing settings is the activity of linking a resident to needed benefits, programs and supportive or medical services that may be provided by community service providers or agencies. Service coordination can also entail linking a resident to needed federal, state and/or local benefits to which the resident may be entitled. Additionally, the term may cover case management in which the service coordinator assesses service needs of the residents to determine their potential eligibility for public services. Service coordinators do not duplicate existing case management systems available in the community. However, in areas where those case management systems are limited or do not exist, the service coordinator may perform these activities.

State Housing Finance Agencies (HFAs)-

HFAs are state-chartered authorities established to help meet the *affordable housing* needs of the residents of their states. Although they vary widely in characteristics such as their relationship to state government, most *HFAs* are independent entities that operate under the direction of a board of directors appointed by each state's governor. They administer a wide range of *affordable housing* and community development programs.

Subsidized Housing-

A generic term covering all federal, state or local government programs that reduce the cost of housing for *low-* and *moderate-income* residents. Housing can be subsidized in numerous ways—giving tenants a rent voucher, helping homebuyers with down payment assistance, reducing the interest on a mortgage, providing deferred loans to help developers acquire and develop property, giving tax credits to encourage investment in *low-* and *moderate-income* housing, authorizing tax-exempt bond authority to finance the housing, providing ongoing assistance to reduce the operating costs of housing and others. *Public housing*, project-based *Section 8*, *Section 8* vouchers, tax credits and the State Housing Trust Fund are all examples of subsidized housing. Subsidized housing can range from apartments for families to senior housing high-rises. Subsidized simply means that rents are reduced because of a particular government program. It has nothing to do with the quality, location or type of housing.

Supportive Housing-

Housing, including housing units and group quarters that have a supportive environment and includes a planned service component.

Tenant Assistance Payment-

The monthly amount *HUD* pays toward the tenant's rent and utility cost includes the *Rent Supplement*, *RAP* and *Section 8* regular monthly payments.

Tenant-Based Rental Assistance-

Payments made to qualified *low-* and *very-low income* persons which is not tied to a facility, but is portable (stays with the qualified person) in the form of a *Section 8* certificate or voucher.

Total Tenant Payment (TTP)-

The term often used in contract and rent adjustment language referring to the amount which a resident pays based on 30% of *annual adjusted income*. In cases where utilities are not covered in project expenses, and tenant has extremely low adjusted income; the TTP may be a negative amount. A negative TTP results in the project paying a certain amount to the resident for the specific purpose of helping to pay utilities. (See also, *Minimum Rent*)

Utility Allowance-

An amount used when calculating the payment required by the tenant under certain *Section 8* programs when the cost of utilities is not included in the contract rent.

Very Low-Income-

Households whose incomes do not exceed 50% of the median area income for the area, as determined by *HUD*, with adjustments for smaller and larger families and for areas with unusually high or low incomes.

Note: Italics indicate that the italicized word is defined elsewhere in the glossary

The HUD website provides several glossaries on various HUD terms. Below is a list of some of the glossaries to reference for further information regarding the various HUD programs.

<http://www.hud.gov/offices/hsg/omhar/readingrm/appendix/apda-904.pdf>

<http://www.huduser.org/glossary/glossary.html>

<http://www.hud.gov/offices/cpd/library/glossary/>

<http://www.huduser.org/publications/affhsg/worstcase/appendixb.html>



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Service Coordinator Job Description Elderly Facilities (Sample)

General Description

The service coordinator (SC) is a service facilitator to residents. They may provide: limited or general case management; information and referral; plan educational programs, and coordinate volunteer opportunities. The SC links with outside service agencies and negotiates affordable services as needed. The SC educates residents on available services and develops a network of contacts with service providers and agencies for resident referrals. The SC also monitors the provision of services to residents.

The SC works in conjunction with the housing manager(s) and other management staff of the facility to empower residents to age in place and remain as independent and self-reliant as possible.

General Assignments

- Assists and educates residents and families of the services which may be necessary to maintain a self-reliant lifestyle;
- Promotes wellness activities for all residents;
- Educates residents, families and staff on available community resources;
- Assists residents in building informal support networks among themselves and with family members;
- Acts as a liaison between community agencies, service providers and residents;
- Works as a team member with facility manager and other housing management staff in serving residents/clients;
- Encourages residents to be proactive in meeting their social, psychological and physical needs;
- Facilitates meeting of needs when necessary, but avoids the creation of unhealthy dependence;
- Uses the least restrictive intervention necessary to alleviate a problem situation;
- May assist residents or coordinate training for residents in understanding lease and tenancy obligations; and
- Does not perform any duties or functions that are duly assigned to management or are associated with management responsibilities.

Specific Assignments

- Monitors the delivery of services to residents to ensure they are appropriate, timely and satisfactory;
- Performs service management function for all residents needing assistance;



- Provides general or limited case management (i.e., evaluation of social, psychological and physical needs and the development of a service plan) for a resident when such service is not being provided by the larger service community;
- Educates residents on service availability, application procedures, residents rights, etc. both individually and as a group;
- Reports all suspected abuse situations to the appropriate agency;
- Sets up volunteer support programs with service organizations in the community
- Advocates and may negotiate on behalf of residents for adequate, timely and cost effective provision of services;
- Meets with service providers as needed and appropriate;
- Assembles a directory of community services and makes it available to residents, families and management; and
- Assists management in identifying residents who need assistance.
- (Note): The SC is NOT to provide continuous support services directly (direct service) or assist with other administrative work normally associated with the property's operations. Additionally, their role is NOT one of an activity director.

Administrative

- Documents contact with residents, providers and families;
- Maintains individual files on residents which will contain at least the following: intake information, assessment, service termination information, quarterly review and follow-up, human or civil rights abuse and resident/family meeting notes;
- Resident files to be kept in a secure area to insure confidentiality;
- Completes reports with copies given to the site manager, quality assurance administrator, manager and government agency (where applicable) in an accurate and timely manner or according to governing regulations;
- Pursues avenues for additional services through private, local, state and federal sources; and
- Creates service management plan as appropriate.

Qualifications

A Bachelor of Social Work or degree in Gerontology, Psychology or Counseling is preferable; a college degree is fully acceptable. However, individuals without a degree, but with appropriate work experience may be hired. (Per HUD's Management Agent Handbook chapter 8 on service coordination)

- Demonstrated working knowledge of community services in the region with particular knowledge of services that are provided for the population living within the facility;
- Proven experience in service management or facilitation, including organizing, problem-solving and advocating;



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- Trained in the aging process, elder services, disability services, drug, alcohol and medication abuse and mental health issues;
- Knowledge of eligibility for and applications procedures of federal and state entitlement programs;
- Knowledge of legal liability issues related to providing service coordination;
- Good communication, writing, problem solving and organizational skills in addition to strong advocacy capabilities; and
- Possession of the appropriate professional license where applicable.

Recommended Qualifications and Sample Job Description Quality Assurance Supervisor/Administrator

The qualifications of a quality assurance supervisor/administrator (QAS/A) for a service coordinator program will be quite different than a typical healthcare or social service supervisor. The reason is that the service coordinator position in its design has very specific requirements that may be unfamiliar to professionals in other social service industries.

Basic job requirements should include the '*maximum*' requirements for a practicing service coordinator (SC) as noted by HUD in the *Management Agent Handbook 4381.5 Rev 2, Chapter 8*:

- A Bachelor of Social Work or degree in Gerontology, Psychology or Counseling is preferable; a college degree is fully acceptable;
- Supervisory experience;
- Training in the aging process, elder services, family & children services, disability services, and other issues specific to understanding the population that the position serves;
- 2-3 years experience in social service delivery;
- Demonstrated working knowledge of supportive services and other resources in the area served by the project; and
- Demonstrated ability to advocate, organize, problem solve and provide results.

Additional Options:

- Two-year associate's degree or long distance learning program in a related field and 4-5 years experience as an SC;
- Graduate of the Professional Service Coordinator certificate (PSC) program and 2-3 years experience as an SC

These are the minimum job requirements of a QAS/A, and anyone in this position should have this basic experience. However, to adequately conduct quality assurance activities for a service coordinator program, the American Association of Service Coordinators (AASC) believes there are other attributes and qualifications that should be obtained.

1. Social Work Experience
 - Standards of practice
 - Knowledge of ethical practices and professional boundaries
 - Skills in documentation, technical, clinical knowledge
2. Management Experience
 - Leadership qualities
 - Communication & interpersonal skills
 - Organizational skills



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3. Knowledge of Outcome-Based Measurement Tools
 - Reporting skills
 - Understanding of risk management/liability issues
 - Objective in reviews; focus on statistical reporting
 - Skills in data and information collection, analysis, and presentation
4. Knowledge of Affordable Housing Programs and the Industries that Regulate the Practices of Service Coordinators
 - U.S. Department of Housing & Urban Development (Section 202; Mgmt Agent Handbook 4381.5 Rev 2, Ch. 8; HUD SC Grant Program / NOFA process)
 - State tax credit programs (support service plans)
 - Fair Housing /ADA Laws
 - State housing authorities and housing finance agencies
5. Computer Skills
 - Ability to collect, analyze and share data
 - Strong understanding of Excel and other data base tools
 - Internet programs for education and for day-to-day service coordinator utilization.

Many property management companies and owners may prefer their quality assurance program staff to have licenses or certifications in a social service field, as well as advanced degrees. This position has the responsibility of sharing with SCs in the field whether they are: 1) compliant with government regulations concerning their standards of practice; 2) practice in an ethical manner assuring to protect resident confidentiality; 3) practice with methodologies that provide positive outcomes to the residents they serve; and 4) compare their performance measures against other service coordinator programs throughout the country.

It is imperative that high standards are set for this oversight position. The standards will be the direction and guide to the future of the service coordinator profession.

SAMPLE JOB DESCRIPTION

JOB TITLE: Quality Assurance Administrator for Service Coordination

SUMMARY: Develop and monitor the service coordination program in senior housing facilities through training, coaching, developing, guiding and evaluating the actual service coordinators (SCs) of the program.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following:

- Develop and monitor the service coordination program activities.
- Provides guidance and models of effective leadership skills to service coordination team.
- Network with other community providers of services in order to promote program services, and referrals of resident clients.
- Represent the service coordination program in conferences, meetings, presentations and groups.
- Participate in recruiting, hiring, orienting, training and evaluation of program staff.
- Participate in conducting evaluation of program effectiveness including process and outcome measures and standards of practice.
- Responsible for reports as required by the agency, HUD and housing management team in a timely and thorough manner.
- Participate in program budget development and management.
- Responsible for assuring program staff maintains accurate clients' records and files.
- Responsible for overseeing the use of program materials, forms, and service agreement documents for the service coordination program.
- Responsible for supervising and evaluating the provision of services to clients from outside service providers.
- Responsible for assuring that complaints and issues related to service coordination are followed up and addressed in a timely fashion.
- Be knowledgeable about HUD administrative policies and current industry developments.
- Participate in public speaking related to aging issues and service coordination in public forums.

QUALIFICATION REQUIREMENTS

EDUCATION AND/OR EXPERIENCE:

- Bachelor's degree - master's preferred - in social service or related field
- Five years experience in social services or related field with at least one year with supervisory experience. Experience with service coordination in low-income senior housing preferred.
- Possess the American Association of Service Coordinators Professional Service Coordinator (PSC) Certificate
- Strong leadership and networking skills



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- Commitment to working with diverse populations
- Thorough knowledge of community services and the older adult targeted population

OTHER SKILLS AND ABILITIES:

- Pass law enforcement background screening
- Excellent communication and listening skills
- Knowledge of local community resources
- Computer literate
- Ability to work as a team member
- Ability to generate and maintain comprehensive reports and documentation
- Ability to adjust schedule to meet client and agency needs in terms of evening and/or weekend services, as required
- Valid driver's license

**American Association of Service Coordinators'
Professional Service Coordinator Certificate Program**

Core Modules

Communication

4.0 Continuing Education Credits

Communication whether it's written, by phone or e-mail, with a resident or a community partner, when navigating the health care system, or in the courtroom, builds relationships and enhances advocacy success. This module will help participants identify verbal and non-verbal active listening skills, and outline the barriers and enhancements that make a good communicator.

Diverse Lives, Diverse Needs

2.5 Continuing Education Credits

The cultural diversity module will allow participants to gain knowledge to better meet the needs of a diverse population by comparing and contrasting the cultural orientations of a variety of cultures; identifying the principles of culturally competent advocacy; stressing the importance of health literacy; and assisting in understanding the implications of one's own cultural background (religion, ethnicity, race, etc.) on the coordination of services.

Documentation

1.75 Continuing Education Credits

Appropriate documentation of HUD mandated reporting, resident interactions, referral actions, management policies, emergency medical wishes and actions, and move-in and move-out activity are essential to responsive service coordination. Strategies and guidelines are provided in this module.

Federal Programs

3.0 Continuing Education Credits

This module will enhance the participant's understanding of web-based means to access information on key federal programs to assist older persons and others with special needs. Particular emphasis will be on linkages of community-based services and health care for low and moderate-income older adults and persons with disabilities residing in public and federally assisted housing. In addition to strategies for navigating the federal program system to locate information and implement referrals within the appropriate network, participants will gain an understanding of the federal funding process through Congress and the Administration, including HUD and HHS.

Professional Conduct and Ethics

1.75 Continuing Education Credits

The Professional Conduct and Ethics Module addresses ethical standards such as establishing professional boundaries and conduct, commitment to resident/client, self-determination, privacy and confidentiality, informed consent, respect, commitment to employer, the importance of complete communication (considering disabilities, ethnicity, and religion), and considers the dimension and scope of family caregiver involvement.

Role of the Service Coordinator

1.5 Continuing Education Credits

This module provides in-depth training regarding the service coordinator/manager relationship, service coordinator/resident relationship, case management, enabling vs. empowering, decision-making, professional conduct, strategies for leading and educating, resident advocacy, and more.

Substance Abuse: Realities and Hope

2.5 Continuing Education Credits

Participants in this module will be given an overview of how chemical dependency impacts people of all ages and socioeconomic backgrounds, with the main focus on the impact of chemical dependency upon older adults. Participants will also gain insight into the impact of the disease upon the person's ability to successfully carry out activities of daily living; engage in satisfying interpersonal relationships; health and sense of well being; and the reluctance to seek and/or accept treatment. We will also look at traditional models of intervention and treatment and their utility with older adults, as well as have an opportunity to learn about "evidence based" models of intervention and treatment that have proven successful.

Supervision & Program Outcomes: (Quality Assurance)

2.0 Continuing Education Credits

This module will define the duties of the quality assurance supervisor to insure the effective implementation of service coordination, and will cover topics such as evaluation, establishing measurable outcomes, logic model, total quality management, documentation, management meetings/issues, file reviews, resident interviews, monitor HUD regulatory changes, and more.

Elective Modules

Aging, Memory and Alzheimer's Disease

2.0 Continuing Education Credits

This module will recognize that dementia in the young or older population presents



communication, referral and advocacy challenges. As a service coordinator and advocate for your residents, you will have an opportunity to understand the difference between normal memory decline and the diseases related to cognitive function; learn how to recognize and respond to changing behaviors and address resident safety issues; and understand caregiver issues, including appropriate support group and health care resources.

Elder Mistreatment: Defining, Understanding and Responding

2.0 Continuing Education Credits

The Elder Mistreatment Module is designed to orient Service Coordinators to elder mistreatment, which by definition includes abuse, neglect and exploitation. The Module will provide direction on how to identify, assess and report elder mistreatment situations. It also provides guidelines on where and how to access services for the benefit of identified elder abuse cases. A discussion on theories of causation for elder mistreatment, definition, and a brief historical background is also included to help understand the context in which elder mistreatment occurs.

Embracing Life's Transitions: Decisions, Choices & Connections

1.75 Continuing Education Credits

Life is a series of transitions. Children move away from home, finances change, marriages bring new relationships, divorces alter relationships and living arrangements, and on and on. With age, achieving independent living and possible relocation to smaller quarters, or to be closer to family, additional challenges and opportunities occur. The demographic trends, the advantages and disadvantages of moving, the psychological and emotional attachment to possessions, how to downsize one's life, and the complex decisions and emotions of a move to long-term care will be examined. We will pay particular attention to friendship formation and relationship development upon moving to a new environment, as well as understanding how relocation can impact health and well-being from a holistic perspective.

End of Life Care: Perspectives, Decision-Making, and Resources

2.0 Continuing Education Credits

The realities of death are complex and often difficult, either for ourselves, family, friends, or residents. Yet, working in the community continually challenges us to understand and be skillful in communicating about end of life issues and needs. This module will examine this topic from a broad perspective, including past, current and future delivery systems for end of life care; insights about our own beliefs and experiences that may act as barriers to working effectively with others who need end of life care; recognizing and discussing the need for end of life care with residents and families; and connecting those in need with end of life resources.

Health Literacy

2.0 Continuing Education Credits

Attaining and maintaining optimal health is a challenge that everyone faces. Advances in knowledge in many fields - medicine, nutrition, activity and exercise, pharmacology, biology and the other life sciences, and even communication sciences - are being made at unprecedented rates. In order to navigate this complex network of information and make good choices, what has come to be called health literacy, is a "must". In this module you will explore the meaning of health literacy and its ramifications for individuals, families, and communities. You will identify the barriers that people confront in attaining a functional level of health literacy and consider the implications of our increasingly culturally diverse society on aspects of attaining and maintaining health literacy. You will identify the entities in society that can contribute to facilitating health literacy - including Service Coordinators.

Life Management for the Service Coordinator

1.5 Continuing Education Credits

As we accommodate an ever-changing environment at home and work, this module will provide approaches to managing stress; finding balance between work and home; addressing burnout; and recognizing the importance of the physical, mental, social, emotional and spiritual balance that leads to meaningful relationships and a manageable lifestyle.

Life's Losses: Bereavement, Grief and Coping

2.5 Continuing Education Credits

This module discusses bereavement, myths about grieving, cultural variations, and basic skills. It also briefly reviews complicated grief reactions, such as chronic mourning. Emphasis is placed on how the context and circumstances of bereavement, such as the location of death, extent of caregiving, and whether a death was sudden or prolonged, impact people's grief reactions.

Low Literacy: It's Time To Take It Seriously!

2.0 Continuing Education Credits

This module provides an overview of literacy. Included in the discussion is the meaning of low literacy, the results of the 2003 National Assessment of Adult Literacy (NAAL), populations at risk for low literacy, the impact of limited literacy on a person's life activities, the reading levels of informational materials written for the public, and the mismatch between the reading ability of most Americans and the difficulty of these materials.



Medication Use And The Older Population

1.0 Continuing Education Credits

Participants in this module gain a better understanding of the prevalence of use and misuse of medications by the older population, gain insight into the medical terms of "care vs. cure", learn to recognize the potential for medication interactions and side effect in the older population, learn strategies for safe medication use, and more.

Mental Health Issues: Symptom Recognition, Intervention and Referral

1.5 Continuing Education Credits

Service Coordinators are likely to encounter residents who display symptoms of, or who are being treated for, a wide range of mental illnesses, which may include depression, anxiety, MRDD, hostility and aggression, and other mental health issues. This module will emphasize strategies designed for recognizing symptoms, intervening in crises, and making appropriate referrals for treatment.

Navigating Medicare

2.0 Continuing Education Credits

Understanding all the ins and outs of Medicare can be an overwhelming and daunting task. You will learn a brief history of Medicare and its early beginnings. The goal of the Navigating Medicare Module is to give you a basic understanding of Medicare and the essential components of the program. You should also gain insight into helpful resources, and learn ways to get current and accurate information.

What is Healthy Aging?

3.0 Continuing Education Credits

Advancing age doesn't have to be about death, disease, and disability. Increasingly, the focus of gerontology and those who work with older adults has moved away from the "problems of aging and the old" to "facilitating optimal health and well-being well into advanced age". There are a lot of erroneous assumptions or myths "out there" about old age and older people. In this module we explore some of those myths and suggest strategies that older adults, and their families and friends can employ to optimize health and the highest level of function possible.

You Can't Tell By Looking!: Communicating With Persons With Low Literacy Skills

1.75 Continuing Education Credits

Ever wonder how you would know if someone you work with, or maybe a family member, has a literacy problem? You can't tell by looking! This module will provide insight into the indicators. Tools for testing reading ability will be described, as well as observations and issues surrounding testing and literacy levels.

Future Modules (To Be Developed)

Legal Issues (Elective)

Topics such as risk management, liabilities (providing direct service, assessment), evictions, living wills, fair housing, Americans with Disabilities Act, advance directives, resident rights and responsibilities, HIPPA, and other legal issues will be provided in this module.

Local Network of Support (Elective)

Connecting with the local network of support is instrumental in effective coordination of services, and this module will provide training in relationship building, the role of the advocate, the concepts of interdisciplinary teams and resident-centered relationships, referral protocols, confidentiality, client rights/privileges, and more.

Physical Disabilities (Elective)

What constitutes a disability? When do chronic physical conditions become a disability? This module will offer opportunities to explore common physical disabilities. Participants will learn how to recognize disabilities, create awareness and understanding within the living environment, address safety and security issues, respond to family and professional caregiver needs, as well as gain guidance regarding appropriate referrals, accommodations, and involvement with social programs for the disabled community.

Program Funding (Elective)

The Program Funding Module will address important oversight protocols for daily operations budgeting; strategies for attracting funding for special projects and programmatic initiatives; provide an understanding of federal, state and local funding streams and various subsidy programs; and review accountability responsibilities of the service coordinator.

Social Change (Elective)

Learn how service coordinators can anticipate and embrace the implications of social change, such as when grandparents are raising grandchildren, when gay/lesbian families are living in traditional family settings, when persons with disabilities strive to maintain autonomy, when sexuality issues are addressed in the senior population, AIDS, among other topics.

Historical Timeline of Service Coordination Program

- 1985 Demonstration Program: Robert Wood Johnson Foundation.
- 1989 Living At Home Program: Supportive Services in Senior Housing program.
- 1990 Some local HUD offices allow service coordinators in operating budget.
- 1990 HUD promotes service coordination across Assisted Housing Inventory.
- 1990 Congress authorizes limited authority for service coordinators in Section 202 projects in the National Affordable Housing Act.
- 1991 HUD has statutory authority to provide service coordinators in Section 202 Projects.
- 1991 Congress broadens service coordinator authorization to all multifamily assisted housing projects and public housing through the Housing and Community Development Act of 1992; HUD funds service coordinators in Section 202 projects.
- 1993 Congress appropriates funds, allowing HUD to extend subsidy awards to Section 8, 221(d)(3) below-market interest rate (BMIR) and 236 projects.
- 1995 HUD awards service coordinator grants for public housing.
- 1997 HUD issues Management Agent Handbook guidance on Service Coordinator program in multifamily housing. Provides explicit authority for projects to include service coordinators in operating budgets and to be funded by residual receipts.
- 1998 HUD publishes Notice of Funding Availability (NOFA) and establishes lottery process for application selection for new grants. HUD begins one-year extensions of expiring service coordinator grants and subsidy awards, (both in Housing and Public Housing).
- 1999 AASC launched at annual National Service Coordinator Conference in Cleveland, Ohio. Gains 100 members in its first year.
- 2000 Fiscal Year 2000, Congress appropriates a separate budget line item for service coordinators in multifamily housing. Amount appropriated is \$50 million. In 1999, the amount received by the Office of Multifamily Housing was \$15 million.
- 2002 About 1,500 HUD SC grants awarded in Public and Assisted Housing, 500 coordinators funded in HUD developments through operating budgets or third parties



- 2002 AASC Standards of Practice and Code of Ethics developed
- 2004 AASC Online technology resource tool developed in collaboration with Pangea Foundation.
- 2004 The Professional Service Coordinator (PSC) Certificate Program developed in collaboration with the Ohio State University Office of Geriatrics and Gerontology.
- 2006 Alabama becomes AASC's first official state chapter
- 2007 Ohio becomes AASC's second official state chapter
- 2008 Tennessee becomes AASC's third official state chapter
- 2009 AASC celebrates its 10th anniversary with over 2,100 members

As of January 2009, approximately 3,744 multifamily assisted housing properties have a HUD funded service coordinator which represents only 31% of eligible assisted housing properties (12,228). Of these, there are less than 1,544 funded thru grants with the remaining 2,200 funded thru operating budgets, residual receipts or excess income.



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