

**FR-5900-N-22**  
**Supportive Services Demonstration for Elderly Households in**  
**HUD-Assisted Multifamily Housing**  
**FAQs**

2/29/2016

**1. How is the Demonstration different than the existing Service Coordinator Program?**

There are many differences. The existing Service Coordinator Program and the Demonstration are both intended to address the supportive service needs of elderly residents in HUD-Assisted Multifamily Housing. However, the Service Coordinator Program is a longstanding program - authorized through the National Affordable Housing Act, Section 808 (Public Law 101-625) then later expanded through the 1992 Housing and Community Development Act (HCDA) (Public Law 102-550) - while the Demonstration is a time-limited effort to produce evidence about the impacts of supportive services on aging in place. The following defining features are limited to Demonstration:

- Employment of a part-time Wellness Nurse who will work with the Enhanced Service Coordinator to develop an approach to address resident needs, with technical assistance and guidance from HUD;
- The role of the Enhanced Service Coordinator and the Wellness Nurse will be standardized across **all** properties in the treatment group—the Demonstration will provide technical assistance to ensure uniform implementation;
- An evaluation component that will help the research team assess the impact of supportive services on health outcomes.

This Demonstration will include properties that currently employ a service coordinator as well as properties that currently do not have a service coordinator. Properties that already have service coordinators may receive funds to augment their current programs. So if you are already receiving HUD funds to cover the cost of participating in the Service Coordinator Grant Program, you can still apply to the Notice of Funding Availability (NOFA) and participate in the Demonstration—in fact, we encourage you to apply!

**2. What is an Enhanced Service Coordinator?**

Traditionally, service coordinators provide residents with information and referrals to necessary community based supportive services. To build the evidence for successful aging in place, the Demonstration builds on this model and strives to meet the needs of the residents in a more collaborative and coordinated approach. HUD envisions, for example, that the Enhanced Service Coordinator in coordination with the Wellness Nurse will conduct supportive service needs assessments of residents; identify and coordinate the delivery of services; monitor receipt and follow-through of services, and build and sustain partnerships with service providers. The Enhanced Service Coordinator will be paired with part-time Wellness Nurse and work as part of interdisciplinary team to assess residents' needs and provide social and health service coordination. The roles of the Enhanced Service Coordinator (and Wellness Nurse) will be well- defined so that all

Demonstration properties implement the same model. The implementation of the interdisciplinary team will be supported by outside experts under contract to HUD.

### **3. How will applicants' properties be selected for funding?**

Applicants' properties will be selected based on criteria outlined in the NOFA. Applications that meet the threshold criteria will be eligible for the Demonstration and considered in a two-part process: HUD will first conduct a state-level ranking and then enter properties within selected states into a lottery. This two-prong approach will enable a robust evaluation designed to detect the impacts of the Demonstration on resident health and well-being.

The Demonstration will be targeted to states that have a minimum number of eligible applicants. The states will be ranked and selected according to three factors: (a) availability of data to measure the impact of the program on health outcomes and costs (measured as the rate of Medicare Fee-for-Service enrollment among seniors); (b) availability of state-level health initiatives that are improving care coordination for elderly persons (measured as the number of relevant CMS state-level initiatives in the state); and (c) pool of eligible applicants (measured as the number of eligible applicants in the state). This ranking will ensure that study data used to determine health impacts of supportive services will be comparable, robust, and accessible to the researchers. The purpose of the Demonstration is to produce valid evidence about the impact of supportive services for the elderly on health outcomes, therefore selection of states and properties is determined by the needs of the research design. HUD would prefer to include applicants from all states, but it is not practical to do so and still meet the requirements of a rigorous evaluation.

Properties in selected states will be assigned by lottery to either a treatment or a control group. In practical terms, this means that treatment properties will get funding to implement the model of Enhanced Service Coordination and Wellness Nurse care, while control properties will provide their usual care and receive incentives to collaborate with HUD and the evaluation research team. Both treatment and control properties are necessary for this Demonstration to produce reliable evidence about the impact of the program model on health outcomes. The existence of a valid control group is one big distinction between running a Demonstration, which is aimed at creating evidence, and simply implementing a program.

To keep eligibility as broad as possible, we include two pools of properties, those that currently have a service coordinator, and those that do not. This means that you can apply for this NOFA whether or not you currently have a service coordinator. If you do have a service coordinator, the Demonstration will help you *enhance* the level of service coordination—it will standardize and improve the training and service delivery aspects of the position, plus fund a part-time Wellness Nurse. Those without service coordinators will receive funding for an Enhanced Service Coordinator and a part-time Wellness Nurse.

Applications eligible for funding that were not initially selected for the treatment or control groups may be placed on a waiting list. Subject to the availability of funds, these applications could be selected for funding at a later date. To be considered, applicants must indicate their preference to opt-in or opt-out of being placed on a waiting list. If selection from the waiting list is exhausted, this NOFA will allow for the solicitation of new applications through a second- round NOFA process.

**4. How is the package of services provided by the Enhanced Service Coordinator and part-time Wellness Nurse different than Assisted Living Facilities?**

Assisted Living is a licensure category of programs overseen by states and may be known by different names, including residential care, board and care, and congregate care. There are key distinctions. The Enhanced Service Coordinator and Wellness Nurse will not assist directly with activities of daily living such as bathing, dressing, and eating, housekeeping and laundry, and transportation; this type of care would typically be provided at an Assisted Living facility. The function of the Enhanced Service Coordinator plus Wellness Nurse interdisciplinary team is *to identify supportive service needs* and coordinate with *community based providers*, as appropriate, to ensure access to services. The cost of the Enhanced Service Coordinator plus Wellness Nurse team is borne by the property and participation by the tenants is voluntary. **NOTE:** Owners may not require residents, as a condition of admission or occupancy, to accept any supportive services.

**5. What happens if we don't have enough applicants to create a sufficient number of properties participating fully in the research evaluation?**

HUD seeks *at least* 80 participating properties for this Demonstration. If there are not enough applicants of the types needed to fulfill requirements of the research design, HUD will consider extending the application period for an additional 30 days or re-issuing the NOFA in order to provide additional time to secure sufficient participation. HUD will also consider a different evaluation design approach to evaluate the impact of the Demonstration with the number of participating properties.

**6. How will HUD and HHS use the data resulting from the Demonstration?**

HUD and HHS will use aggregated data to consider future policy recommendations to support the successful aging in place of older Americans living in HUD-assisted housing. We expect the results will help our agencies respond to the needs of the growing number of older Americans that are both currently served by assisted housing and are eligible for assisted housing. Additionally, HUD will disseminate widely the results of the Demonstration, including research results, training and assessment tools, and best practice guides.

**7. What happens to the funded properties when the Demonstration is over? Are they guaranteed future funding for the services provided during the Demonstration?**

Awards through this NOFA are for an initial three years of funding with two annual extensions subject to the availability of funds. All annual renewals after year five are subject to appropriations. If you are currently funding a service coordinator via the HUD Service Coordinator Grant Program, you will continue to be eligible for this program and associated renewals after the end of the Demonstration. Participation in the Demonstration does not affect your eligibility for the HUD Service Coordinator Grant Program after the Demonstration ends.

**8. What incentives will be provided to the owners whose properties are selected for the control group?**

The complete incentive package to be awarded to applicants assigned to the control group will be designed to take in to account the time and effort required of the control group. The control group is a critical part of the Demonstration. Information about the incentive package will be provided at the time of applicant enrollment and selection.

**9. What if I want to be part of the Demonstration and evaluation but I provide more services than the intervention being studied, such as already having an onsite Nurse?**

HUD cannot include in this Demonstration properties that provide *more* services than the Demonstration program will provide and so you will not be eligible to apply. However, HUD hopes to study and share other best practice models with these properties in the future.

**10. How can I learn more about this Demonstration?**

Knowing that this NOFA is the first of its kind for Multifamily Housing, many learning opportunities and vehicles for answering your questions will be made available.

- We first ask that you Read HUD's Notice of Funding Availability (NOFA) in its entirety
- Connect to the February 2, 2016, webcast that will be streamed at 1:00 pm EST via [www.HUD.gov](http://www.HUD.gov)

*Note: Registration is not required and clicking on the link will bring you directly to the desired page. Also, the Webcast will be archived for later viewing*

- Email all questions to the [MFSC@Hud.gov](mailto:MFSC@Hud.gov) mailbox
- Read the FAQs routinely. The FAQs will be regularly updated and posted on the Funds Available page at HUD.gov at <http://portal.hud.gov/hudportal/documents/huddoc?id=ssdemonofa-faq.pdf>

- In early March, participate in any of the live regional webinars. *The schedule for the regional webinars will be posted shortly.* Click to view the schedule and other information

## **11. How does a participating property benefit from the Demonstration?**

Participation supports a national effort to build evidence on the value of supportive services for low-income seniors and low-income senior properties. Participating properties will be the first to find out what the Demonstration is teaching us about how to implement supportive services to achieve goals of improved health and decreased health care expenditures. More specific benefits to properties depend upon whether the property is included in the treatment or the control group.

Benefits for properties in the treatment group include:

- Financial support to provide the services of a wellness nurse and service coordinator to the property’s residents
- Technical assistance for the implementation of a rich supportive services model
- Delivery of more effective supportive services to the property’s residents
- Reduction of burden on property managers due to service coordinator and wellness nurse addressing needs for social and healthcare services
- Potential for lower tenant turnover and higher tenant satisfaction

Benefits for properties in the control group include:

- Monetary incentives for properties to participate in data collection—up to \$5,000 per property
- Receive materials used by service coordinators and nurses (library of evidence-based practices, assessment tools, etc.) at the end of the Demonstration

## **12. We need clarification on how to determine the number of service coordinators and wellness nurse hours to apply for.**

In the application, applicants should budget for and apply for funding for the number of service coordinators and wellness nurse hours required to achieve the staffing ratio of one full-time service coordinator and one part-time wellness nurse per 50-100 residents. For example, in the case of a 200-unit property, the applicant should apply for funds for 2 full-time service coordinators and one full-time nurse. HUD will review applications to determine if they are reasonable. HUD retains the option of working with property owners to accommodate the needs of individual properties.

## **13. What is included under “augmenting” a current service coordinator program? Are owners only allowed to bring a part-time service coordinator up to full-time status or can they add an additional service coordinator?**

Any service coordinator operating at a property in the treatment group is expected to function at the level of the enhanced service coordinator. If the number of residents supports additional enhanced service coordinators (say, if the property is very large), the current service coordinator could be brought up to the enhanced level and an additional enhanced service coordinator could be employed.

Only the properties selected to the treatment group will be able to augment an existing service coordinator program. An existing service coordinator program may be augmented as follows:

- Enhancing an existing program to deliver enhanced service coordination as defined by the Demonstration, which may include training for an existing coordinator as well as increased hours
- Increasing the hours of the service coordinator
- Adding an enhanced service coordinator to achieve desired staffing ratio of one full-time service coordinator per 50-100 residents

**14. Should we budget for quality assurance funds solely for the purposes of maintaining compliance with the Demonstration program?**

Applicants should not budget for quality assurance under the Demonstration, because HUD is in the process of hiring a firm that will support the implementation of this Demonstration and provide training, technical assistance, and other quality assurance activities that will ensure compliance with the Demonstration model.

**15. Have the state-level rankings already been completed?**

HUD issued this NOFA as a national competition and chose not to target specific states at the outset. However, because there are limited resources, the Demonstration has to be limited in geographic scope to facilitate the implementation and evaluation. Because HUD had no way of knowing who would apply from which states ahead of time, the decision was made to rank states after all the applications came in.

**16. Are properties that house both elderly and non-elderly disabled residents eligible for funding under this NOFA?**

This NOFA is open to properties that are designed (the words designated, restricted or reserved may be used to substitute the word designed) for occupancy by elderly persons - be it statutory or owner-adopted. As such, project-based section 8 properties that serve no more than 10% of nonelderly, near-elderly and/or disabled families are eligible to apply for funding under this NOFA.

The primary HUD program that provides housing for low-income elderly households is the Section 202 Supportive Housing for the Elderly program. Established in 1959, it is the only HUD program that currently provides housing exclusively for elderly residents. The eligible tenant population for the Section 202 program changed in 1964 when non-elderly “handicapped” individuals and families were added to the definition of “elderly families” as part of the Housing Act of 1964 (P.L. 88-560). Between 1965 and 1992, Section 202 housing was developed for both elderly and disabled households. HUD imposed a requirement that at least 10% of the units developed under the 202 program be accessible to the handicapped — such units could be made available to non-elderly handicapped persons who had need for the accessibility features of the unit.

The requirement that 10% of units in certain project-based section 8 properties be reserved for the nonelderly disabled is a feature of the Elderly Preference under Title VI, Subtitle D of the HCD Act of 1992 as codified through 24 CFR 880.612a (for projects that are subject to Part 880, 881, or 883) and via 24 CFR 884.223a (for projects subject to Part 884).

If an owner exercised the Elderly Preference (which owners indicate on Addendum B to Form HUD-9834, which is completed during a Management and Occupancy Review), then the Owner must reserve a statutorily prescribed minimum number of units for occupancy by the nonelderly disabled. As explained in 880.612a(c), that number can be (but doesn't have to be) 10% of the units in the project. If the Owner of a project who is eligible to exercise the preference but decides not to, the law provides that the project must be leased according to the pre-1992 definition of "elderly" (which generally allowed for a greater number of disabled families). A preference for elderly allowed for a limit of the number of nonelderly disabled families served. For more on the Elderly Preference, see 24 CFR 880.612a and Housing Handbook 4350.3, sections 3-18 and 3-19.

Since HUD recognizes that certain properties serve a combination of elderly and the nonelderly disabled, those properties where no more than 10% of the total units are occupied by nonelderly, near-elderly and/or disabled families - assuming that the other eligibility requirements are satisfied - may submit an application for funding consideration under this NOFA. Properties that serve more than 10% of said occupants will not be considered for funding.

**17. Can you choose not to participate as a control group or opt out of being in the control group?**

Research is always voluntary and property owners in the Control Group cannot be forced to collaborate with the evaluation. However, the Control Group is critical to produce rigorous evidence about the impact of the Demonstration. HUD will offer incentives to the Control Group to encourage property owners and staff to answer questions and complete surveys for the evaluation. We strongly urge properties to apply for this NOFA and hope properties that do apply will agree to participate regardless of the group they are randomly assigned to— in the long run, the results from this Demonstration and evaluation can benefit all supportive housing providers!

**18. How much time and administrative work will be required of properties that are assigned to the Control Group? What information will be collected and for how long?**

The evaluation is expected to require a minimal and reasonable amount of time from you and your staff if your property is assigned to the Control Group, whether you currently have or do not have a service coordinator. The evaluation design has not been developed yet, but HUD expects that the evaluation team will conduct one telephone survey or interview and two site visits to Control properties during the course of the Demonstration. In these telephone interviews and site visits, the evaluators are expected to interview property owner and staff to learn about any services and supports provided at the property. The evaluation might include one to two small focus groups with residents in a small sample of Control properties, if authorized by the property

owner, however, any cost associated with holding the focus group would be borne by HUD or its study contractor.

**19. If a property gets selected for the NOFA are they obligated to implement the program or can they choose to opt out prior to the commencement?**

We hope properties that apply will agree to participate and sign cooperative agreements with HUD to implement the Demonstration. We believe we have a supportive services model that can make an impact on your residents and provide evidence for future funding of supportive housing for elderly. The work of the service coordinator will be improved and his or her role will be enhanced with the presence of the wellness nurse, but we don't anticipate the Demonstration to be a burden to property owners and managers. If you are selected for the Treatment Group, you will have the assistance of a technical assistance provider to walk you through the entire implementation process. Finally, it is important to note that properties that apply and drop out of the Demonstration after the lottery compromise the rigor of the evaluation.

**20. Can you give us a better sense of the data tracking requirements — such as data points, frequency, and system used — that will be required from properties in the Treatment Group as part of the demonstration?**

Once the enhanced service coordinator and wellness nurse are contracted and trained in Treatment properties, they will be expected to use the Demonstration web-based platform to enroll residents in the program, assess their needs, and plan the coordination of services and supports according to those needs. A technical assistance provider contracted by HUD will support the service coordinator and wellness nurse throughout this process and will assist with their submission of semi-annual performance reports to HUD.

The evaluation design has not been developed yet, but HUD expects that the evaluation team will conduct one telephone survey or interview and two site visits to Treatment properties during the course of the Demonstration. In these telephone interviews and site visits, the evaluators are expected to interview the property owner and staff to learn about the services and supports provided at the property. The evaluation might include one to two small focus groups with residents in a small sample of Treatment properties.