

**Supporting Statement for Paperwork Reduction Act Submissions
Evaluation of the Supportive Services Demonstration
(OMB# xxxx-xxxx)**

Appendix B: Initial Questionnaires for Active Control Properties

B.1. Questionnaire for Active Control Properties with a Service Coordinator

Respondent is **service coordinator**. If there are questions that the respondent cannot answer or refuses to answer, we will seek the answer from the property manager (or other site staff identified during the course of the interview). Items in italics are instructions for the interviewer, not to be read aloud. Items in CAPS are response categories that are not read aloud.

Introduction

Thank you very much for taking the time to speak with me. Abt Associates has been contracted by HUD to conduct an evaluation of the HUD Supportive Services Demonstration. The evaluation will help HUD improve programs that provide housing and services for elderly people. We are speaking with service coordinators and property managers at a sample of HUD multifamily properties that applied to be in the demonstration.

Your participation in this interview is voluntary and you are free to skip any questions you do not wish to answer. The questions in the interview have been reviewed by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. Public reporting burden for this information collection is estimated at up to 90 minutes per response, including preparation and follow-up. The OMB control number is XXXX-XXXX, expiring XX-XX-XXXX.

Today's call is the first of several conversations we'll have over the next two years. We expect today's call to take 45 minutes to an hour. The purpose of the call is to gather basic information about supportive services for residents at your property and about your role as service coordinator. In subsequent interviews we will have an opportunity to delve more deeply into the issues we discuss today.

We will make every effort to protect your privacy in this study. The information we collect will be used for research purposes only, not for any audit or compliance purposes. We will be taking notes but will not be recording this call. Only members of the research team will see your individual responses. Our reports to HUD will summarize all the results from the interviews and will not name individuals or properties.

There may be some questions you may not be able to answer or that are more appropriate for other staff. If you are unable to answer a question or would prefer not to answer, just let me know. You are free to skip any question you do not wish to answer.

Do you have any questions about the evaluation or today's discussion before we begin?

Respondent Background

I'd like to start by learning a little bit about your background with this property.

1. When did you start working at this property as service coordinator?

- MONTH/YEAR: _____
- DON'T KNOW
- REFUSED

2. How many hours per week do you work at this property?

- HOURS: _____-
- DON'T KNOW
- REFUSED

3. Did you work as a service coordinator at another property before this one?
- YES
 - NO → SKIP TO Q5
 - DON'T KNOW → SKIP TO Q5
 - REFUSED → SKIP TO Q5
4. For how many years did you work as a service coordinator at that property?
- LESS THAN 1 YEAR
 - 1 YEAR TO UP TO 3 YEARS
 - 3 YEARS TO UP TO 5 YEARS
 - 5 YEARS OR MORE
 - DON'T KNOW
 - REFUSED
5. Does this property have more than one service coordinator? If so, how many other service coordinators?
- NO OTHER SERVICE COORDINATORS
 - ONE ADDITIONAL SERVICE COORDINATOR
 - TWO ADDITIONAL SERVICE COORDINATORS
 - OTHER: _____
 - DON'T KNOW
 - REFUSED

Property Characteristics and Staffing

Next I'd like to learn about the residents of this property, starting with the languages spoken at the property and the level of English proficiency. We plan to conduct focus groups with residents later in the study and we want to plan for whether we will need to hold focus groups in languages other than English.

6. Can you estimate what percent of your residents have limited English proficiency? By limited English proficiency I mean, for example, that they would benefit from having an interpreter for a visit to a doctor who only speaks English or would need written materials translated into English. Would you say . . . (Check one.)
- | | |
|---|---|
| <input type="checkbox"/> Less than 10% have LEP | <input type="checkbox"/> 75% to 90% have LEP |
| <input type="checkbox"/> 10% to 25% have LEP | <input type="checkbox"/> More than 90% have LEP |
| <input type="checkbox"/> 25% to 50% have LEP | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> 50% to 75% have LEP | <input type="checkbox"/> REFUSED |
7. What languages do the residents with limited English proficiency speak? (Check all that apply.)
- | | |
|--|---------------------------------------|
| <input type="checkbox"/> SPANISH | <input type="checkbox"/> TAGALOG |
| <input type="checkbox"/> RUSSIAN | <input type="checkbox"/> VIETNAMESE |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> KOREAN | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> FRENCH CREOLE | <input type="checkbox"/> REFUSED |

8. What is the most common language among the residents with limited English proficiency? (*Check one.*)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> SPANISH | <input type="checkbox"/> TAGALOG |
| <input type="checkbox"/> RUSSIAN | <input type="checkbox"/> VIETNAMESE |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> OTHER:_____ |
| <input type="checkbox"/> KOREAN | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> FRENCH CREOLE | <input type="checkbox"/> REFUSED |

9. How do you accommodate residents with limited English proficiency? Do you... (*Check all that apply.*)

- Have staff on the property who are proficient in the language(s)? If so, which staff and which languages:_____
- Use professional interpreters
- Use family or caregivers to help translate
- Use other residents to help translate
- Translate written materials. If so, which materials and which languages:_____
- Some other method:_____
- DON'T KNOW
- REFUSED

Now I'd like to talk a little bit about the features of the property that may present a challenge to residents' ability to age in place. By aging in place I mean: "The ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level."

10. I'm going to read a list of features of the units, building, and grounds that could present a challenge for aging in place. For each one, I'd like you to tell me if it is an issue at this property.

	YES	NO	DK	REF
Living spaces too small to navigate with walker or wheelchair				
Inaccessible kitchen cabinets or appliances				
Inadequate or poorly placed electrical outlets in unit				
Accessibility issues in the bathroom				
No peepholes or closed circuit video for identifying visitors, or peepholes not at the right height for people in wheelchairs				
Uneven flooring in the units, halls, or common spaces				
Entryways or halls too small to navigate with walker or wheelchair				
Inadequate lighting in hallways or common spaces				
Not enough inside common spaces or recreational spaces				
Inaccessible or inadequate laundry facilities				
Inaccessible or inadequate elevators				
Inadequate exterior lighting				
Not enough outside common spaces				

11. Are there other features of the units, building, or ground that, in your view, present a challenge to aging in place?

	YES	NO	DK	REF
OTHER: _____				
OTHER: _____				
OTHER: _____				
OTHER: _____				

12. Thinking about the neighborhood or community where this property is located, I'd like to talk about possible features that present a challenge for aging in place. Again, I am going to read a list and you can tell me if you see this as an issue in this community.

	YES	NO	DK	REF
Lack of public transportation options				
No sidewalks or poorly maintained sidewalks				
Lack of safe walking routes				
Lack of access to nutritious food				
Area is isolated (e.g. not close to churches, shopping, etc.)				
Area is difficult for family and friends to get to for visits				
Lack of quality medical facilities in the community				
Lack of social services in the community				

13. Are there other features of the neighborhood or community that, in your view, present a challenge to your residents' aging in place?

	YES	NO	DK	REF
OTHER: _____				
OTHER: _____				
OTHER: _____				
OTHER: _____				

14. Now I'd like to understand a little bit about how the property is staffed, other than you. Can you walk me through the other people who work at the property, including who they work for, what they do, how often they are on site, and how often you meet with them, including informal meetings?
(Complete table with the respondent by walking through each person with them. One row for each person. Add rows as needed. Interviewer will provide the table to respondents in advance.)

Name	Title	Organization	Roles/Responsibilities	Hours per week on site	How often meet with
			<input type="checkbox"/> LEASING <input type="checkbox"/> RENT COLLECTION <input type="checkbox"/> JANITORIAL <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> _____HRS/WK <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> SEVERAL TIMES A MONTH <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED

Name	Title	Organization	Roles/Responsibilities	Hours per week on site	How often meet with
			<input type="checkbox"/> LEASING <input type="checkbox"/> RENT <input type="checkbox"/> COLLECTION <input type="checkbox"/> JANITORIAL <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> ____HRS/WK <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> SEVERAL TIMES A MONTH <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED
			<input type="checkbox"/> LEASING <input type="checkbox"/> RENT <input type="checkbox"/> COLLECTION <input type="checkbox"/> JANITORIAL <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> ____HRS/WK <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> SEVERAL TIMES A MONTH <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED

15. (If not mentioned above) Do you work with a service coordinator supervisor or quality assurance person, either on site or off-site?

- YES
- NO → SKIP TO Q17
- DON'T KNOW → SKIP TO Q17
- REFUSED → SKIP TO Q17

16. What organization does that person work for?

- THE PROPERTY MANAGEMENT OR OWNER ORGANIZATION.
NAME: _____
- OTHER ORGANIZATION: _____
- DON'T KNOW
- REFUSED

Property's History with Service Coordination and Wellness Nurse

17. Did this property have a service coordinator before you came on board?

- YES
- NO → SKIP TO Q19
- DON'T KNOW → SKIP TO Q19
- REFUSED → SKIP TO Q19

18. How long had the service coordinator been working at the property?

- LESS THAN 1 YEAR
- 1 TO 3 YEARS
- 3 TO 5 YEARS
- 5 YEARS OR MORE
- DON'T KNOW
- REFUSED

19. Does the property currently have a nurse or other healthcare practitioner who visits the property?

- YES → SKIP TO Q22
- NO
- DON'T KNOW
- REFUSED

20. Has the property had this type of a nurse or other healthcare practitioner in the past?

- YES
- NO → SKIP TO Q23
- DON'T KNOW → SKIP TO Q23
- REFUSED → SKIP TO Q23

21. Can you tell me the month and year that the property last had a nurse?

- MONTH/YEAR: _____
- DON'T KNOW
- REFUSED

22. Can you tell me what type of healthcare professional this person is [was], who employs [employed] them, how often they come [came] on site, and for what purposes?

Resident Engagement and Assessment

Let's talk a little bit about your work with residents. I'd like to start just by getting a sense from you of the main types of assistance that you provide and then I'll ask about specific types of support that you might provide.

23. First, can you tell me briefly about the different types of assistance and support that you provide to residents? (*Check all that apply. Read list if necessary.*)

- CONDUCT ASSESSMENTS OF RESIDENTS' WELLNESS AND SOCIAL NEEDS
- HELP RESIDENTS IDENTIFY, ACCESS, AND COORDINATE SERVICES
- MONITOR THE RECEIPT AND FOLLOW THROUGH OF SERVICES
- DEVELOP AND ARRANGE WELLNESS AND OTHER EDUCATIONAL PROGRAMS AND SERVICES
- MAINTAIN AND BUILD PARTNERSHIPS WITH COMMUNITY-BASED SERVICE PROVIDERS AND OTHER COMMUNITY STAKEHOLDERS
- MAINTAIN A RESOURCE DIRECTORY WITH LOCAL SERVICE PROVIDERS.
- OTHER: _____
- DON'T KNOW
- REFUSED

24. Can you estimate how many residents you provide this type / these types of assistance to?

- NUMBER: _____
- OTHER: _____
- DON'T KNOW
- REFUSED

25. Is most of your work with residents one-on-one, in groups, or a combination of the two? (*Interviewer should use the comment field to elaborate as needed.*)

- ONE-ON-ONE
- GROUPS
- COMBINATION
- DON'T KNOW
- REFUSED

COMMENTS:

26. I'm interested in whether you collect information on residents' health and wellness on a regular basis. Do you go through some type of assessment process with residents when you first start working with them?

- YES → SKIP TO Q28
- NO
- DON'T KNOW
- REFUSED

27. Does someone else do assessments for your residents? If yes, who? [*Interviewer can insert comments as needed to explain the arrangement.*]

- YES (NAME/ORGANIZATION: _____)
- NO → SKIP TO Q32
- DON'T KNOW → SKIP TO Q32
- REFUSED → SKIP TO Q32

COMMENTS:

28. I'm going to walk through a list of topics for which you might collect information from residents. For each topic, please let me know if collect this information for some or all the residents you work with.

	Collected for some or all residents	Not collected	NOTES
Demographic information			
Medical insurance information			
Emergency contacts and advance directives			
Health care providers			
Supportive service agencies			
Social supports and network			
Physical health conditions			
Cognitive conditions			
Mental health conditions			
Ability to complete activities of daily living and instrumental activities of daily living ¹			

¹ Activities of daily living (ADLs) are basic skills needed to take care of ourselves including walking, feeding, bathing, dressing, and grooming. Instrumental activities of daily living (IADLs) are more complex self-care skills such as managing medications, doing housework, and buying groceries.

	Collected for some or all residents	Not collected	NOTES
Health care needs			
Needs for supportive services or special equipment			
Need or eligibility for benefits			
OTHER: _____			
OTHER: _____			
OTHER: _____			

29. Do you collect this information using a standard form, or some other method?

- STANDARD FORM
- OTHER METHOD: _____
- DON'T KNOW
- REFUSED

30. For what share of the residents you work with do collect this information? Would you say you collect the information for...?

- 90% or more
- 75% to 89%
- 50% to 74%
- 25% to 49%
- 10% to 24%
- Fewer than 10%
- DON'T KNOW
- REFUSED

31. How often do you update the information?

- QUARTERLY
- TWICE A YEAR
- ANNUALLY
- ON DEMAND / AS NEEDED
- NOT UPDATED
- OTHER: _____
- DON'T KNOW
- REFUSED

32. Do you complete service plans or individual action plans with residents? These are plans that identify residents' needs and provide action steps to addressing those needs such as service referrals and applying for benefits.

- YES → SKIP TO Q34
- NO
- DON'T KNOW
- REFUSED

33. Does someone else do service plans for your residents? If yes, who? [*Interviewer can insert comments as needed to explain the arrangement.*]

- YES (NAME/ORGANIZATION: _____)
- NO → SKIP TO Q37
- DON'T KNOW → SKIP TO Q37
- REFUSED → SKIP TO Q37

COMMENTS:

34. Can you tell me a little bit about the components of these plans?

- DESCRIPTION: _____
- DON'T KNOW
- REFUSED

35. Do you do service plans for all residents or just certain residents? If certain residents, which ones?

- ALL RESIDENTS
- CERTAIN RESIDENTS (WHICH: _____)
- DON'T KNOW
- REFUSED

36. How often do you update the plans?

- QUARTERLY
- TWICE A YEAR
- ANNUALLY
- ON DEMAND / AS NEEDED
- NOT UPDATED
- OTHER: _____
- DON'T KNOW
- REFUSED

37. Have you or a partner completed a property-wide profile of residents? (A property-wide profile is a document that summarizes the needs and interests of residents in the building and that can be used to develop educational, wellness, and other programs for the residents in line with those needs and interests.)

- YES
- NO → SKIP TO Q39
- OTHER: _____
- DON'T KNOW → SKIP TO Q39
- REFUSED → SKIP TO Q39

38. What do you use the profile [*or other terminology as used by respondent*] for?

- TO DECIDE WHAT PROGRAMMING TO OFFER
- TO SHARE WITH PARTNERS
- FOR REPORTING TO FUNDERS
- OTHER: _____
- DON'T KNOW
- REFUSED

39. Does the property have a supportive services plan? *(If respondent asks what that is: A supportive services plan is required for all Section 202 properties but may be something the property owner has done.)*
- YES
 - NO
 - DON'T KNOW
 - REFUSED

Client Management Software

40. Do you use some type of software or electronic system to track resident data or service participation?
- YES
 - NO → SKIP TO Q44
 - DON'T KNOW → SKIP TO Q44
 - REFUSED → SKIP TO Q44

41. What is the name of the system or software that you use?
- AASC ONLINE
 - SERVICE POINT
 - PHL
 - OTHER: _____
 - DON'T KNOW
 - REFUSED

42. What data do you use track/enter in the system? Do you enter... *(Read list and check all that apply.)*

- | | |
|---|---|
| <input type="checkbox"/> Resident assessment data | <input type="checkbox"/> Meetings and other interactions with residents |
| <input type="checkbox"/> Resident service plans | <input type="checkbox"/> Hospitalizations and nursing home stays |
| <input type="checkbox"/> Referrals to services | <input type="checkbox"/> OTHER (SPECIFY): _____ |
| <input type="checkbox"/> Resident use of services | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> If resident refuses to use referred services | <input type="checkbox"/> REFUSED |

43. How often do you go into the system, either to enter data into the system or to look up information on a resident?
- DAILY
 - A FEW TIMES A WEEK
 - WEEKLY
 - A FEW TIMES A MONTH
 - MONTHLY
 - NEVER
 - OTHER (SPECIFY): _____
 - DON'T KNOW
 - REFUSED

Programs for Residents

44. I'd like to develop a list of the programs or services offered to residents at the property to support the health and wellness of residents aged 62 and older. Please tell me about the different programs offered to residents, including programs and services that may be offered by outside partners. I'd like to know the program's name, generally what it does, who provides the program, whether it is

provided on the property or in the community, and when you started offering the program. (Interviewer will provide the table to respondents in advance of the interview.)

Note to interviewer: Allow the interviewee to list programs first then probe for programs in the following areas (if not mentioned): vital signs clinics, nutrition, fitness, fall risk, medication management, mental health, cognitive health, support groups, transportation. Add more rows as needed.

Program Name	Brief Description	Who Provides	Where Provided	When Started

- DON'T KNOW
- REFUSED

Partnerships

Now I'd like to get a list of the organizations you partner with to help address residents' needs. Some of them might be the same organizations we just discussed who provide the programming and services. My goal today is just to get a list of the organizations that you see as partners, and how long they have been partners. We'll spend more time talking about these partnerships when we meet with you again next year.

45. Please tell me about your partners, including the name of the partner, a very brief description of what the partner does, and when the partnership started. (Interviewer will provide the table to respondents in advance of the interview.)

Note to interviewer: Allow the interviewee to list partners first then probe for the following types of partners (if not mentioned):

- Do you have any partnerships with hospitals, nursing homes, inpatient rehab facilities, or other healthcare facilities?
- Do you have any partnerships with independent physicians or group practices or other community-based care providers?

Partner Name	Brief description of what partner does	When did the partnership start? (MONTH/YEAR)

- DON'T KNOW
- REFUSED

46. Do individual volunteers play any role in delivering programming or services to residents? (If asked: This can include resident volunteers as well as volunteers from the community.)

- YES
- NO → SKIP TO Q49
- DON'T KNOW → SKIP TO Q49
- REFUSED → SKIP TO Q49

47. What role do the volunteers play in programming or services?

- ROLE 1: _____
- ROLE 2: _____
- ROLE 3: _____
- DON'T KNOW
- REFUSED

48. Where do the individual volunteers come from? From a partner organization, a local church or synagogue, or something else?

- PARTNER ORGANIZATION (NAME; _____)
- CHURCH/SYNAGOGUE/FAITH COMMUNITY
- RESIDENTS
- OTHER: _____
- DON'T KNOW
- REFUSED

Challenges Supporting Residents as They Age in Place

49. Which part(s) or your job do you find most rewarding? (Do not read list. Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> GETTING TO KNOW RESIDENTS | <input type="checkbox"/> FORMING COMMUNITY PARTNERSHIPS |
| <input type="checkbox"/> DOING NEEDS ASSESSMENTS | <input type="checkbox"/> WORKING WITH PROPERTY MGT. |
| <input type="checkbox"/> OTHER WORK WITH RESIDENTS | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> WORKING WITH THE NURSE | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> BRINGING IN PROGRAMMING | <input type="checkbox"/> REFUSED |

50. What would you say has been your biggest challenge in your role as service coordinator? (Do not read list. Check one.)

- | | |
|--|--|
| <input type="checkbox"/> TOO HIGH CASELOAD | <input type="checkbox"/> PAPERWORK / MEETING FUNDER REQUIREMENTS |
| <input type="checkbox"/> TOO MANY RESPONSIBILITIES | <input type="checkbox"/> WORKING WITH PROPERTY MGT. |
| <input type="checkbox"/> MOTIVATING RESIDENTS | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> DEVELOPING COMMUNITY PARTNERSHIPS | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> DEVELOPING PROGRAMMING | <input type="checkbox"/> REFUSED |

51. What other challenges have you experienced as service coordinator? (Do not read list. Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> TOO HIGH CASELOAD | <input type="checkbox"/> PAPERWORK / MEETING FUNDER REQUIREMENTS |
| <input type="checkbox"/> TOO MANY RESPONSIBILITIES | <input type="checkbox"/> WORKING WITH PROPERTY MGT. |
| <input type="checkbox"/> MOTIVATING RESIDENTS | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> DEVELOPING COMMUNITY PARTNERSHIPS | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> DEVELOPING PROGRAMMING | <input type="checkbox"/> REFUSED |

Thank you very much for your time today. We are looking forward to speaking with you again next year. We will be back in touch with you in early 2019 to make those arrangements. Before we end, do you have any final comments or questions for me?

Thank you again for your time.

B.2. Initial Questionnaire for Active Control Properties with No Service Coordinator

*Respondent is **property manager**. If there are questions that the respondent cannot or refuses to answer, we will seek the answer from the property owner or another site staff identified during the course of the interview. Items in italics are instructions for the interviewer, not to be read aloud. Items in CAPS are response categories that are not read aloud.*

Introduction

Thank you very much for taking the time to speak with me. Abt Associates has been contracted by HUD to conduct an evaluation of the HUD Supportive Services Demonstration. The evaluation will help HUD improve programs that provide housing and services for elderly people. We are speaking with service coordinators and property managers at a sample of HUD multifamily properties that applied to be in the demonstration.

Your participation in this interview is voluntary and you are free to skip any questions you do not wish to answer. The questions in this interview have been reviewed by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. Public reporting burden for this information collection is estimated at up to 90 minutes per response, including preparation and follow-up. The OMB control number is XXXX-XXXX, expiring XX-XX-XXXX.

Today's call is the first of several conversations we'll have over the next two years. We expect today's call to take 45 minutes to an hour. The purpose is to learn about your property and your residents. In subsequent interviews, we will have an opportunity to delve more deeply into the issues we discuss today.

We will make every effort to protect your privacy in this study. The information we collect will be used for research purposes only, not for any audit or compliance purposes. We will be taking notes but will not be recording this call. Only members of the research team will see your individual responses. Our reports to HUD will summarize all the results from the interviews and will not name individuals or properties.

There may be some questions you may not be able to answer or that are more appropriate for other staff. If you are unable to answer a question or would prefer not to answer, just let me know. You are free to skip any question you do not wish to answer.

Do you have any questions about the evaluation or today's discussion before we begin?

Respondent Background

I'd like to start by learning a little bit about your background with this property.

1. When did you start working at this property as the property manager?

- MONTH/YEAR: _____
- DON'T KNOW
- REFUSED

2. How many hours per week do you work at this property?

- HOURS PER WEEK: _____
- OTHER: _____
- DON'T KNOW
- REFUSED

3. What are your main responsibilities?
- LEASING
 - RENT COLLECTION
 - JANITORIAL
 - MAINTENANCE
 - SUPERVISOR
 - OTHER: _____
 - DON'T KNOW
 - REFUSED
4. Did you work as a property manager at another property before this one?
- YES
 - NO → SKIP TO Q6
 - DON'T KNOW → SKIP TO Q6
 - REFUSED → SKIP TO Q6
5. For how many years did you work as a property manager at that property?
- LESS THAN 1 YEAR
 - 1 YEAR TO UP TO 3 YEARS
 - 3 YEARS TO UP TO 5 YEARS
 - 5 YEARS OR MORE
 - DON'T KNOW
 - REFUSED

Property Characteristics and Staffing

Next I'd like to learn about the residents of this property, starting with the languages spoken at the property and the level of English proficiency. We plan to conduct focus groups with residents later in the study and we want to plan for whether we will need to hold focus groups in languages other than English.

6. Can you estimate what percent of your residents have limited English proficiency? By limited English proficiency I mean, for example, that they would benefit from having an interpreter for a visit to a doctor who only speaks English or would need written materials translated into English. Would you say . . . *(Check one.)*
- | | |
|---|---|
| <input type="checkbox"/> Less than 10% have LEP | <input type="checkbox"/> 75% to 90% have LEP |
| <input type="checkbox"/> 10% to 25% have LEP | <input type="checkbox"/> More than 90% have LEP |
| <input type="checkbox"/> 25% to 50% have LEP | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> 50% to 75% have LEP | <input type="checkbox"/> REFUSED |
7. What languages do the residents with limited English proficiency speak? *(Check all that apply.)*
- | | |
|--|---------------------------------------|
| <input type="checkbox"/> SPANISH | <input type="checkbox"/> TAGALOG |
| <input type="checkbox"/> RUSSIAN | <input type="checkbox"/> VIETNAMESE |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> KOREAN | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> FRENCH CREOLE | <input type="checkbox"/> REFUSED |

8. What is the most common language among the residents with limited English proficiency? (*Check one.*)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> SPANISH | <input type="checkbox"/> TAGALOG |
| <input type="checkbox"/> RUSSIAN | <input type="checkbox"/> VIETNAMESE |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> KOREAN | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> FRENCH CREOLE | <input type="checkbox"/> REFUSED |

9. How do you accommodate residents with limited English proficiency? Do you... (*Check all that apply.*)

- Have staff on the property who are proficient in the language(s)? If so, which staff and which languages: _____
- Use professional interpreters
- Use family or caregivers to help translate
- Use other residents to help translate
- Translate written materials. If so, which materials and which languages: _____
- Some other method: _____
- DON'T KNOW
- REFUSED

Now I'd like to talk a little bit about the features of the property that may present a challenge to residents' ability to age in place. By aging in place I mean: "The ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level."

10. I'm going to read a list of features of the units, building, and grounds that could present a challenge for aging in place. For each one, I'd like you to tell me if it is an issue at this property.

	YES	NO	DK	REF
Living spaces too small to navigate with walker or wheelchair				
Inaccessible kitchen cabinets or appliances				
Inadequate or poorly placed electrical outlets in unit				
Accessibility issues in the bathroom				
No peepholes or closed circuit video for identifying visitors, or peepholes not at the right height for people in wheelchairs				
Uneven flooring in the units, halls, or common spaces				
Entryways or halls too small to navigate with walker or wheelchair				
Inadequate lighting in hallways or common spaces				
Not enough inside common spaces or recreational spaces				
Inaccessible or inadequate laundry facilities				
Inaccessible or inadequate elevators				
Inadequate exterior lighting				
Not enough outside common spaces				

11. Are there other features of the units, building, or ground that, in your view, present a challenge to aging in place?

	YES	NO	DK	REF
OTHER: _____				
OTHER: _____				
OTHER: _____				
OTHER: _____				

12. Thinking about the neighborhood or community where this property is located, I'd like to talk about possible features that present a challenge for aging in place. Again, I am going to read a list and you can tell me if you see this as an issue in this community.

	YES	NO	DK	REF
Lack of public transportation options				
No sidewalks or poorly maintained sidewalks				
Lack of safe walking routes				
Lack of access to nutritious food				
Area is isolated (e.g. not close to churches, shopping, etc.)				
Area is difficult for family and friends to get to for visits				
Lack of quality medical facilities in the community				
Lack of social services in the community				

13. Are there other features of the neighborhood or community that, in your view, present a challenge to your residents' aging in place?

	YES	NO	DK	REF
OTHER: _____				
OTHER: _____				
OTHER: _____				
OTHER: _____				

14. Now I'd like to understand a little bit about how the property is staffed, other than you. Can you walk me through the other people who work at the property, including who they work for, what they do, how often they are on site, and how often you meet with them, including informal meetings?
(Complete table with the respondent by walking through each person with them. One row for each person. Add rows as needed. Interviewer will provide table to respondents in advance.)

Name	Title	Organization	Roles/Responsibilities	Hours per week on site	How often meet with
			<input type="checkbox"/> LEASING <input type="checkbox"/> RENT COLLECTION <input type="checkbox"/> JANITORIAL <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> _____ HRS/WK <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> SEVERAL TIMES A MONTH <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED
			<input type="checkbox"/> LEASING <input type="checkbox"/> RENT COLLECTION <input type="checkbox"/> JANITORIAL <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> _____ HRS/WK <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> SEVERAL TIMES A MONTH <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED
			<input type="checkbox"/> LEASING <input type="checkbox"/> RENT COLLECTION <input type="checkbox"/> JANITORIAL <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> _____ HRS/WK <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> SEVERAL TIMES A MONTH <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED

Property's History with Service Coordination and Wellness Nurse

Now we'd like to collect some more detailed information about supportive services at your property.

15. Has the property ever had a service coordinator? By service coordinator, I mean a person who is paid to assist your elderly residents in obtaining the supportive services they need to continue to live independently in their homes.

- YES
- NO → SKIP TO Q20
- DON'T KNOW → SKIP TO Q20
- REFUSED → SKIP TO Q20

16. When did the property last have a service coordinator?

- MONTH: _____
- YEAR: _____
- DON'T KNOW
- REFUSED

17. Why does the property no longer have a service coordinator?
- FUNDING RAN OUT
 - NOT ABLE TO FILL THE POSITION
 - PROPERTY OWNER OR MANAGEMENT COMPANY DOES NOT SEE THE NEED FOR A SERVICE COORDINATOR
 - RESIDENTS DO NOT WANT HELP FROM A SERVICE COORDINATOR
 - OTHER: _____
 - DON'T KNOW
 - REFUSED

18. How many hours per week was the service coordinator on site?
- HOURS PER WEEK: _____
 - DON'T KNOW
 - REFUSED

19. Who employed the service coordinator?
- OWNER ORGANIZATION
 - PROPERTY MANAGEMENT ORGANIZATION
 - THIRD PARTY CONTRACTOR
 - OTHER: _____
 - DON'T KNOW
 - REFUSED

20. Does the property currently have a nurse or other healthcare practitioner who visits the property?
- YES → SKIP TO Q23
 - NO
 - DON'T KNOW
 - REFUSED

21. Has the property had this type of a nurse or other healthcare practitioner in the past?
- YES
 - NO → SKIP TO Q24
 - DON'T KNOW → SKIP TO Q24
 - REFUSED → SKIP TO Q24

22. Can you tell me the month and year that the property last had a nurse?
- MONTH/YEAR: _____
 - DON'T KNOW
 - REFUSED

23. Can you tell me what type of healthcare professional this person is [was], who employs [employed] them, how often they come [came] on site, and for what purposes?

Service Coordination Functions

Ask the questions in this section only if the property has no service coordinator.

Let's talk a little bit about your work with residents.

24. Do you provide any types of assistance to residents to help them obtain the supportive services they need to continue to live independently in their homes?

- YES
- NO → SKIP TO Q28
- DON'T KNOW → SKIP TO Q28
- REFUSED → SKIP TO Q28

25. Can you tell me briefly about the different types of assistance and support that you provide to residents? (*Check all that apply. Read list if necessary.*)

- CONDUCT ASSESSMENTS OF RESIDENTS' WELLNESS AND SOCIAL NEEDS
- HELP RESIDENTS IDENTIFY, ACCESS, AND COORDINATE SERVICES
- MONITOR THE RECEIPT AND FOLLOW THROUGH OF SERVICES
- DEVELOP AND ARRANGE WELLNESS AND OTHER EDUCATIONAL PROGRAMS AND SERVICES
- MAINTAIN AND BUILD PARTNERSHIPS WITH COMMUNITY-BASED SERVICE PROVIDERS AND OTHER COMMUNITY STAKEHOLDERS
- MAINTAIN A RESOURCE DIRECTORY WITH LOCAL SERVICE PROVIDERS.
- OTHER: _____-
- DON'T KNOW
- REFUSED

26. Can you estimate how many residents you provide this type / these types of assistance to?

- NUMBER: _____
- OTHER: _____
- DON'T KNOW
- REFUSED

27. Is most of your work with residents one-on-one, in groups, or a combination of the two? (*Interviewer should use the comment field to elaborate as needed.*)

- ONE-ON-ONE
- GROUPS
- COMBINATION
- DON'T KNOW
- REFUSED

COMMENT:

28. I'm interested in whether you or a partner collects information on residents' health and wellness on a regular basis. Do residents receive this type of needs assessment?

- YES, DONE BY RESPONDENT
- YES, DONE BY A PARTNER (NAME/ORGANIZATION: _____)
- NO, NOT DONE → SKIP TO Q32
- DON'T KNOW → SKIP TO Q32
- REFUSED → SKIP TO Q32

29. I'm going to walk through a list of topics for which you (or the partner) might collect information from residents. For each topic, please let me know if collect this information for some or all the residents you work with.

	Collected for some or all residents	Not collected	NOTES
Demographic information			
Medical insurance information			
Emergency contacts and advance directives			
Health care providers			
Supportive service agencies			
Social supports and network			
Physical health conditions			
Cognitive conditions			
Mental health conditions			
Ability to complete activities of daily living and instrumental activities of daily living			
Health care needs			
Needs for supportive services or special equipment			
Need or eligibility for benefits			
OTHER: _____			
OTHER: _____			
OTHER: _____			

- DON'T KNOW
- REFUSED

30. Do you (or the partner) collect this information using a standard form, or some other method?

- STANDARD FORM
- OTHER METHOD: _____
- DON'T KNOW
- REFUSED

31. How often is the information updated?

- QUARTERLY
- TWICE A YEAR
- ANNUALLY
- ON DEMAND / AS NEEDED
- NOT UPDATED
- OTHER: _____
- DON'T KNOW
- REFUSED

32. Do you complete service plans or individual action plans with residents, or do you have a partner who does that? (These are plans that identify residents' needs and provide action steps to addressing those needs such as service referrals and applying for benefits.)

- YES, DONE BY RESPONDENT
- YES, DONE BY A PARTNER (NAME: _____)
- NO, NOT DONE → SKIP TO Q36
- DON'T KNOW → SKIP TO Q36
- REFUSED → SKIP TO Q36

33. Can you tell me a little bit about what the components are of these plans?

- DESCRIPTION: _____
- DON'T KNOW
- REFUSED

34. Are service plans done for all residents or just certain residents? If certain residents, which ones?

- ALL RESIDENTS
- CERTAIN RESIDENTS (EXPLAIN: _____)
- DON'T KNOW
- REFUSED

35. How often are the plans updated?

- QUARTERLY
- TWICE A YEAR
- ANNUALLY
- ON DEMAND / AS NEEDED
- NOT UPDATED
- OTHER: _____
- DON'T KNOW
- REFUSED

36. Have you or a partner completed a property-wide profile of residents? (A property-wide profile is a document that summarizes the needs and interests of residents in the building and that can be used to develop educational, wellness, and other programs for the residents in line with those needs and interests.)

- YES, DONE BY RESPONDENT
- YES, DONE BY A PARTNER (NAME: _____)
- NO, NOT DONE → SKIP TO Q38
- DON'T KNOW → SKIP TO Q38
- REFUSED → SKIP TO Q38

37. What do you use the profile for?

- TO DECIDE WHAT PROGRAMMING TO OFFER
- TO SHARE WITH PARTNERS
- FOR REPORTING TO FUNDERS
- OTHER: _____
- DON'T KNOW
- REFUSED

Client Management Software

38. Do you or a partner use some type of software or system to track resident data and service participation?
- YES, RESPONDENT
 - YES, PARTNER (NAME: _____)
 - NO → SKIP TO Q41
 - DON'T KNOW → SKIP TO Q41
 - REFUSED → SKIP TO Q41
39. What is the name of the system or software?
- AASC ONLINE
 - SERVICE POINT
 - PHL
 - OTHER: _____
 - DON'T KNOW
 - REFUSED
40. What data is tracked in the system? Do you enter: *(Read list and check all that apply.)*
- Resident assessment data
 - Resident service plans
 - Referrals to services
 - Resident use of services
 - If resident refuses to use referred services
 - Meetings and other interactions with residents
 - Hospitalizations and nursing home stays
 - OTHER (SPECIFY): _____
 - DON'T KNOW
 - REFUSED
41. How often do you go into the system, either to enter data into the system or to look up information on a resident?
- DAILY
 - A FEW TIMES A WEEK
 - WEEKLY
 - A FEW TIMES A MONTH
 - MONTHLY
 - NEVER
 - OTHER (SPECIFY): _____
 - DON'T KNOW
 - REFUSED

Programs for Residents

42. I'd like to develop a list of the programs or services offered to residents at the property to support the health and wellness of residents aged 62 and older. Please tell me about the different programs offered to residents, including programs and services that may be offered by outside partners. I'd like to know the program's name, generally what it does, who provides the program, whether it is provided on the property or in the community, and when you started offering the program. *(Interviewer will provide the table to respondents in advance of the interview.)*

Note to interviewer: Allow the interviewee to list programs first then probe for programs in the following areas (if not mentioned): vital signs clinics, nutrition, fitness, fall risk, medication management, mental health, cognitive health, support groups, transportation. Add more rows as needed.

Program Name	Brief Description	Who Provides	Where Provided	When Started

- DON'T KNOW
- REFUSED

Partnerships

Now I'd like to get a list of the organizations you partner with to help address residents' needs. Some of them might be the same organizations we just discussed who provide the programming and services. My goal today is just to get a list of the organizations that you see as partners, and how long they have been partners. We'll spend more time talking about these partnerships when we meet with you again next year.

43. Please tell me about your partners, including the name of the partner, a very brief description of what the partner does, and when the partnership started. (Interviewer will provide the table to respondents in advance of the interview.)

Note to interviewer: Allow the interviewee to list partners first then probe for the following types of partners (if not mentioned):

- Do you have any partnerships with hospitals, nursing homes, inpatient rehab facilities, or other healthcare facilities?
- Do you have any partnerships with independent physicians or group practices or other community-based care providers?

Partner Name	Brief description of what partner does	When did the partnership start? (MONTH/YEAR)

- DON'T KNOW
- REFUSED

44. Do individual volunteers play any role in delivering programming or services to residents? (If asked: This can include resident volunteers as well as volunteers from the community.)

- YES
- NO → SKIP TO Q46
- DON'T KNOW → SKIP TO Q46
- REFUSED → SKIP TO Q46

45. What role do the volunteers play in programming or services?

- ROLE 1: _____
- ROLE 2: _____
- ROLE 3: _____
- DON'T KNOW
- REFUSED

46. Where do the individual volunteers come from? From a partner organization, a local church or synagogue, or something else?

- PARTNER ORGANIZATION (NAME; _____)
- CHURCH/SYNAGOGUE/FAITH COMMUNITY
- RESIDENTS
- OTHER: _____
- DON'T KNOW
- REFUSED

Challenges Supporting Residents as They Age in Place

47. What are the biggest challenges that you face in supporting residents as they age?

- | | |
|--|--|
| <input type="checkbox"/> HELPING RESIDENTS ACCESS THE HEALTH CARE SUPPORT THEY NEED | <input type="checkbox"/> HELPING RESIDENTS ACCESS A HIGHER LEVEL OF CARE WHEN THEY NEED IT |
| <input type="checkbox"/> HELPING RESIDENTS ACCESS THE MENTAL HEALTH SUPPORT THEY NEED | <input type="checkbox"/> ADDRESSING HOUSEKEEPING ISSUES |
| <input type="checkbox"/> HELPING RESIDENTS ACCESS HELP WITH ACTIVITIES OF DAILY LIVING | <input type="checkbox"/> HELPING RESIDENTS WITH SOCIAL ISOLATION |
| <input type="checkbox"/> RECOGNIZING WHEN RESIDENTS NEED A HIGHER LEVEL OF CARE | <input type="checkbox"/> ADDRESSING CONFLICTS BETWEEN RESIDENTS |
| | <input type="checkbox"/> OTHER: _____ |
| | <input type="checkbox"/> DON'T KNOW |
| | <input type="checkbox"/> REFUSED |

Thank you very much for your time today. We are looking forward to speaking with you again next year. We will be back in touch with you in early 2019 to make those arrangements. Before we end, do you have any final comments or questions for me?

Thank you again for your time.