

Appendix A. Topic Guide for PHA Interviews

This guide presents the topics to be addressed through interviews with the HCV Director, HCV program staff, and other PHA staff as needed. The specific staff to be interviewed will be determined based on the structure of each PHA. In some PHAs, particularly the smaller agencies, we expect that single staff members will perform multiple functions. The interviews are designed to provide information on staff structures, transaction counts (the number of times an HCV-related activity is conducted per year), and to provide detailed information on overhead and other direct costs.

Introductory Script

Thank you very much for taking the time to meet with us. The information we are collecting today is part of the ongoing HUD Housing Choice Voucher (HCV) Program Administrative Fee Study. The goal of the study is to estimate the cost of administering a high-performing voucher program and to use that cost information to inform the development of a new administrative fee formula.

Thank you for your participating in the reconnaissance phase of HUD's HCV Program Administrative Fee Study. We have completed the reconnaissance phase of the study, and are now embarking on a pretest of the methods that will be used in the full cost study. We have selected four high-performing HCV programs to participate in the pretest, of which your agency is one. The purpose of the pretest is to evaluate the feasibility of the approach we have designed for the full national study. Your feedback is extremely important. For the national study we plan to replicate this approach and use it as the basis for developing a new administrative fee formula for the HCV program.

We hope that you will be candid in the information you provide. Nothing we learn will be held against your agency in any HUD performance assessment or funding decisions. In the unlikely event that the study uncovers an area where the program is not being operated according to the regulations, HUD will notify the agency but will not take further action unless the agency continues to operate the program in violation of the regulations.

Do you have any questions before we begin?

Section I. Voucher Allocations and FSS Program

Interviewers will have information on voucher allocations from the reconnaissance phase of the study and from HUD administrative vouchers. The purpose of these questions is to confirm or update the information.

1. Please provide the total vouchers allocated and total vouchers under lease for the following voucher types:

Voucher Type	Number Allocated	Number Under Lease
Tenant-Based HCV		
Project-Based HCV		
Homeownership Vouchers		
Family Unification Program		
HUD-VASH		
Conversion Vouchers		
Vouchers for People with Disabilities		
Welfare to Work Vouchers		
Witness Relocation Vouchers		
Tenant Protection Vouchers		
DHAP Vouchers		
Other:		
Other:		

2. *If PHA operates an FSS program, please confirm:*

Number of FSS slots: _____
 Number of households currently participating in FSS: _____
 Number of FSS completions in past year: _____
 Number of households actively accruing escrow: _____

Section II. HCV Program Staffing

Interviewers will have information on program staffing from the reconnaissance phase of the study. The purpose of these questions is to confirm or update the information.

3. How many full-time staff (or full-time-equivalents) work on the HCV program? Complete the following staffing table:

Position	Number of FTEs (could be less than 1)
Director/Deputy Director	
Administrative Assistant/Secretary	
Manager	
Supervisor/Team Leader	
Technical staff (housing specialists)	
Technical staff (inspectors)	
Clerical staff	
Finance staff	
Quality control	
Customer service/call center	
Hearing officer	
FSS Coordinator	
IT	
Human resources	
Other (describe) _____	
Other (describe) _____	
Other (describe) _____	
Total	

4. How are program tasks assigned?

Activity/Task	Who performs it	Notes/comments
Waiting List/ Selection		
Initial eligibility determinations		
Voucher issuance		
Rent reasonableness		
HQS Inspections		
Informal reviews		
Annual recertifications		
Move processing		
Executing HAP contracts		
Processing HAP payments		
Data entry		
Customer service/complaint resolution		
Landlord outreach		
FSS program		
Voucher homeownership		
Case management		
Clerical functions (if PHA has separate clerical support, what functions do they perform)		

Section III. Transaction Counts

Part 1: Transaction Count Worksheet

Interviewers will work with PHA staff to complete the attached Transaction Count Worksheet based on data from the PHA's system of record or other PHA records. For data that are recorded in the HUD 50058 form, we will attempt to pre-populate the table using PIC data and ask the PHA staff to review the counts.

Instructions for completing the Transaction Count Worksheet:

- **Column B:** For each product or activity identified in column A, please provide information on the number of times the transaction has been conducted over the two-month time measurement period (or is expected to be conducted over the two-month time measurement period if data collection is occurring before time measurement).
- **Column C:** If the PHA is not able to provide the counts for the two month period but has counts for some other period of time, such as the past year, please specify the period of time for which the count has been provided.
- **Column D:** Please note the source of information, such as the PHA's system of record.
- **Column E:** Please identify whether separate counts are available for any (or all) of the following household types:
 - Formerly/Currently Homeless
 - Elderly
 - Non-Elderly Disabled
 - Non-Disabled Family (1-5 members)
 - Non-Disabled Family (6+ members)

If separate counts are available by household type, provide counts for each household type as well as the overall count.

- **Column F:** Please identify whether separate counts are available for any (or all) of the following program types, in addition to the regular HCV program:
 - Project-Based Vouchers
 - Homeownership Vouchers
 - HUD-VASH
 - Family Unification Program (FUP)
 - Mainstream Vouchers (vouchers for people with disabilities)
 - Non-Elderly Disabled Vouchers (NED)
 - Tenant Protection Vouchers (Public housing demolition/disposition or multifamily conversion)
 - Disaster Voucher Program (DVP)

If separate counts are available by household type, provide counts for each household type as well as the overall count. If separate counts are not available, indicate which programs are included in the transaction counts provided.

- **Column G:** Indicates whether there is a field in the HUD 50058 that could be used to generate the transaction count.

Part 2: Interview Questions on Transaction Counts

After completing the transaction count worksheet, the interviewers will ask the following questions to identify whether there is anything unusual about the transaction counts reported.

1. Do you anticipate that the two-month time measurement data collection period will be unusual in any way that will affect transaction counts, staff productivity, or the portion of staff time spent on different activities? Examples include:
 - Intensive leasing effort
 - Short term opening of waiting list
 - High number of recent new hires still in training
 - New system of record or other ancillary software
 - Working to meet deadline for submission of applications for grants
 - Recent office move, expansion or preparation for move or expansion
 - Implementing new and dramatically different policy (e.g., reduce payment standards)
 - Transitioning some work to a contractor or new contractor
 - Responding to public relations crisis
 - Other
2. If any of these or other situations will exist during the two-month time measurement data collection period, can you identify how the data collected will be different from a “normal” two-month period for your agency:
 - Different transaction counts – In what areas? How would the counts be different?
 - Different level of staff productivity – What types of staff? What would be different?
 - Staff spending more time of one or more activities than usual – Time diverted from what activities and re-directed to what tasks? How many staff does this affect?

Transaction Count Worksheet

A Product/ Activity	B Number of Times over Time Measurement Period	C Number of Times per [other time period: SPECIFY]	D Source(s) of Information	E Is count available by household type?	F Is count available by program type?	G Relevant field in HUD-50058
Applications accepted and processed from waiting list						
Number of changes and updates to waiting list (regularly scheduled bulk updates as well as preference changes)						
Number of new admissions interviews conducted						
Number of applicants for which eligibility determination is conducted (includes verification of income, assets, criminal background reports, calculation of annual income)						2h: Date of admission to program; 2a: Type of Action = (1) New Admission
Number of applicants determined to be ineligible						
Number of new admissions issuance briefings conducted (including preparation)						2a: Type of Action = (1) New Admission presumably all have briefings for new admissions but does not take into consideration group briefings
Number of RFTAs processed (all movers - new and transfers)						Line 17n(2): The date the family submitted a request for lease approval (RFLA) to the PHA.

A	B	C	D	E	F	G
Product/ Activity	Number of Times over Time Measurement Period	Number of Times per [other time period: SPECIFY]	Source(s) of Information	Is count available by household type?	Is count available by program type?	Relevant field in HUD-50058
Number of new admissions extension requests processed						
Number of new unit inspections conducted (including re-inspections)						5h: Date unit last passed HQS inspection and 2a: Type of Action = (1) New Admission
Number of rent reasonableness tests conducted (all movers – new and transfers)						
Number of HAP contracts executed						
Number of informal reviews requested						
Number of informal reviews conducted						
Number of community meetings held						
Number of incoming ports processed (all activities from incoming request through initial billing/absorption)						2a: Type of Action = (4) Portability Move-in
Number of outgoing ports processed (all activities from request through initial billing)						2a: Type of Action = (5) Portability Move-out
Number of ongoing portability “billings” processed						
Annual recertification packages mailed						
Annual recertification interviews conducted						
Annual recertifications completed						2a: Type of Action = (2) Annual Reexamination

A	B	C	D	E	F	G
Product/ Activity	Number of Times over Time Measurement Period	Number of Times per [other time period: SPECIFY]	Source(s) of Information	Is count available by household type?	Is count available by program type?	Relevant field in HUD-50058
Move requests processed						5a. Unit address compared to previous year's 5a. Unit address
Move briefings (issuance)						
Extensions requested and processed						
Reasonable accommodation requests received and processed						
Terminations of assistance						2a: Type of Action =(6) End Participation
Informal hearing requested						
Informal hearings conducted						
Interim recertification requests						
Interim recertifications completed						2a: Type of Action =(3) Interim Examination
File corrections processed						2c: Correction? (Y or N)
Landlord meetings/ workshops						
Annual inspections conducted including re-inspections						5i: Date of last annual HQS inspection
Complaint inspections conducted including re-inspections						
Emergency inspections conducted including re-inspections						
Quality control inspections conducted including re-inspections						
Abatements placed						
Abatements lifted						

A	B	C	D	E	F	G
Product/ Activity	Number of Times over Time Measurement Period	Number of Times per [other time period: SPECIFY]	Source(s) of Information	Is count available by household type?	Is count available by program type?	Relevant field in HUD-50058
FSS households enrolled						2k: FSS participation now or in last year? (Y or N)
FSS households exited (successful or terminations)						17m. FSS exit information (1) Did family complete contract of participation? (Y or N)
HCV homeownership households enrolled						
HCV homeownership closings						
Quality control file reviews conducted						
Number of other quality reviews conducted						
PIC submission, error monitoring and correction						
VMS submission and reconciliation						
EIV required report monitoring						
EIV debts owed update activity						
Check run review /HAP authorization process						
Number of cases reviewed for fraud or program violations						
Number of repayment agreements executed						
Number of cases of recapture of overpaid HAP						

Section IV. Program Costs and Overhead Costs

Introductory Script

Thank you very much for taking the time to meet with us. We'd like to talk to you today in detail about the costs of running your HCV program. Our goal is to understand the complete costs of running the program, even if some costs are currently not being "charged" to the program. We want to get as accurate and complete information on program costs as possible so that we can compare cost structures appropriately across the PHAs in the study and so that the fee formula that results from this study is based on the full cost of running the program. Nothing we learn today will be attributed to your agency in any reports we make to HUD. In the unlikely event that the study uncovers an area where the program is not being operated according to the regulations, HUD will notify the agency but will not take further action unless the agency continues to operate the program in violation of the regulations.

Do you have any questions about the study before we begin?

Background Information

Note to Interviewers: Fill in the following information if you have the data available before the interview but confirm during the interview.

1. Cities/Counties Served by PHA: _____
2. Jurisdiction Square Miles: _____
3. HCV-Only or Combined Program: _____
4. Two-Bedroom FMR: _____
5. Two-Bedroom FMR Percentile in Nation: _____
6. Payment Standard %: _____
7. Number of Vouchers Allocated and Under Lease:

Voucher Type	Number Allocated	Number/Percent Under Lease
Regular tenant-based HCV		
Conversion vouchers		
Family Unification Program (FUP)		
Homeownership vouchers		
Project-based vouchers		
HUD-VASH		
Vouchers for people with disabilities		

8. Number of FSS slots: _____

9. Number of Current FSS participants: _____

10. Voucher Utilization Rate: _____

11. Budget Utilization %: _____

12. Software System: _____

13. Interviewee # 1 Name/Title: _____

14. Interviewee #2 Name/Title: _____

PERSONNEL COSTS CHART

PERSONNEL COSTS CHART							Salary Assignment				
Employee Name/ID	Position	Salary (without benefits)	Benefits	Total Compensation (w/benefits)	Hours per Week	Percent of Time Spent on HCV Program	HCV	COCC	Low Rent Projects	Other Programs	Other PHAs
	Executive Director										
	Deputy Director										
	Supervisor/Team Leader										
	Housing Specialist										
	Inspector										
	Clerical Staff										
	Finance Staff										
	Quality Control										
	Customer Service/Call Center										
	Hearing Officer										
	FSS Coordinator										
	IT										
	Human Resources										
	Other: _____										

1. What employee benefit types are provided by the PHA that are included in the benefits amount in the table (e.g., health, retirement, life insurance, etc.)?
 - a. What percent of the health insurance premium is covered by the PHA for employees? For dependents?
 - b. Are there other employee benefit costs associated with the HCV program that are not reflected in the benefit amounts in the table, such as post employment benefits for employees that are no longer active? If so what are the employee benefit costs associated with the HCV program are reported in the table?

2. How do you determine the overhead charges made to the HCV program (select one):
 - through a fee-for-service (COCC) arrangement as allowed by HUD under Asset Management? (*Go to Q3*)
 - through a cost allocation system as directed by HUD under the rules of asset management? (*Go to Q4*) OR
 - through a cost allocation system but not using the requirement of HUD's allocated overhead as required under asset management? (*Go to Q5*)

3. If overhead costs are charged through a fee for service (COCC) method, how is the fee rate determined?
 - a. For a HCV management fee, HUD allows a maximum rate of \$12.00 per leased voucher or 20% of HUD's administrative fee.
 - What option and rate is the PHA using? _____
 - How/why did the PHA choose this option and rate? _____
 - What was the latest annual HCV management fee that was charged to the HCV program? _____

- b. For a HCV bookkeeping fee, HUD allows a maximum rate of \$7.50 per leased voucher.
 - Is the HCV program charged a bookkeeping fee and at what rate? _____
 - How/why did the PHA choose this rate? _____
 - What was the latest annual HCV bookkeeping fee that was charged to the HCV program? _____
 - c. Is this management / bookkeeping fee more than, lower than, or about the same of the overhead costs charged to the HCV program prior to the establishment of a COCC?
 - d. Is the PHA's COCC producing a net income or net loss?
 - e. Can you please provide last year's COCC balance sheet and income statements and the current COCC budget to actual income statement?
4. If overhead costs are charged through a cost allocation system (allocated overhead FDS Line 91810) as directed by HUD under the rules of asset management:
- a. How does your agency determine the amount of costs charged to the HCV program?
 - b. What costs are included in the cost pool that is allocated? Are these costs compliant with HUD's guidance as to the establishment of what constitutes front-line vs. fee expenses?
 - c. When your agency reports its financial data to HUD (FASS_PH submission) does the PHA report its overhead on the allocated overhead FDS line item?
 - d. Can you provide a report that shows the detailed costs associated with the cost pool prior to the amount being allocated out to the different programs?
 - e. Are there costs in the cost pool that are being allocated to the HCV program that should not (for example new MIS software upgrade that is for public housing)?
 - f. Can you provide a copy of your current cost allocation plan?

- b. What are these services or how much direct funding is provided?
- c. For the direct funding, is it for a specific purpose or purposes, or to generally provide more funding for program administration? If for a specific purpose, what is that purpose?

8. Other than your independent auditor, software vendor, or office supply vendors, **do you use other contractors, consultants, or other PHAs to provide services for the direct operation of the HCV program?** If so, for what services do you contract? Please check the services that apply and provide a description of the services that are provided and whether the service is provided by a contractor/consultant or another PHA. Please describe the billing arrangements and provide the actual costs incurred for those services in the reporting period.

Service	Service(s) Provided and Provider(s) of Services	Billing Arrangement (for Services Provided by Other PHAs)	Total Cost Charged to HCV Program [Reporting Period]
<input type="checkbox"/> Computer system maintenance			
<input type="checkbox"/> Computer training or support to help PHA staff better use office or program software			
<input type="checkbox"/> Inspections (if so, is it for all inspections or a portion of inspections?)			
<input type="checkbox"/> Activities related to opening the waiting list and receiving and inputting applications.			
<input type="checkbox"/> Maintaining the rent reasonable database.			
<input type="checkbox"/> Fee accountant (not auditor) to supplement PHA accounting staff.			
<input type="checkbox"/> Legal counsel			
<input type="checkbox"/> Transportation services			
<input type="checkbox"/> HR or payroll services			
<input type="checkbox"/> Technical expertise (HCV Program)			
<input type="checkbox"/> Preparing the PHA plan or 5-year administrative plan			
<input type="checkbox"/> Preparing the 50058 submission			
<input type="checkbox"/> Printing or mailing recertification packages			
<input type="checkbox"/> Printing or mailing inspection letters			
<input type="checkbox"/> Translation services			

Service	Service(s) Provided and Provider(s) of Services	Billing Arrangement (for Services Provided by Other PHAs)	Total Cost Charged to HCV Program [Reporting Period]
<input type="checkbox"/> Criminal background checks			

a. If any of the contracts listed above were also for other programs besides the HCV program, please specify the contract and how the cost charged to the HCV program was determined.

9. Does any staff of your PHA, from the Executive Director down, provide any services to other PHAs or other entities? Check all that apply. For each service checked who is receiving the service? How is your PHA reimbursed for the service that is provided (e.g., flat fee, unit price, other in-kind services etc.)? Provide the actual amount earned for the provision of these services for the reporting period.

Service	Who is the service provided to?	Billing Arrangement	Total Fee Earned by the HCV Program [Reporting Period]
<input type="checkbox"/> Computer system maintenance			
<input type="checkbox"/> Computer training or support to help PHA staff better use office or program software			
<input type="checkbox"/> Inspections (if so, is it for all inspections or a portion of inspections?)			
<input type="checkbox"/> Activities related to opening the waiting list and receiving and inputting applications.			
<input type="checkbox"/> Maintaining the rent reasonable database.			
<input type="checkbox"/> Accounting/finance (not auditor) to supplement PHA accounting staff.			
<input type="checkbox"/> Legal counsel			
<input type="checkbox"/> Transportation services			
<input type="checkbox"/> HR or payroll services			
<input type="checkbox"/> Technical expertise (HCV Program)			
<input type="checkbox"/> Preparing the PHA plan or 5-year administrative plan			
<input type="checkbox"/> Preparing the 50058 submission			
<input type="checkbox"/> Printing or mailing recertification packages			

Service	Who is the service provided to?	Billing Arrangement	Total Fee Earned by the HCV Program [Reporting Period]
<input type="checkbox"/> Printing or mailing inspection letters			
<input type="checkbox"/> Translation services			
<input type="checkbox"/> Criminal background checks			

- a. If any of the services provided above were also for other programs besides the HCV program, please specify the service and how the cost charged to the HCV program was determined?
- 10. Do you receive any administrative fee revenue for portability billing to other PHAs? Do you pay a portion of your administrative fee to other PHAs who administer any port-outs from your PHA?
- 11. Had you carried out any cost saving measures in the HCV program in the past three years, prior to the recent administrative fee cut? If so, describe the cost saving measures, when they took place, and the savings that resulted from them.

Direct Costs of the HCV Program Other than Personnel Costs

Office Building Costs

- 12. What is the approximate square footage of space used by the HCV program, including file storage?
- 13. Does the HCV program own its own building or does it rent space?
- 14. If the HCV program OWNS the building:
 - a. If the PHA owns its own building purchased through debt, what is the annual principal and interest payment?

- b. Does the HCV program pay PILOT on this building and if so how much is the annual PILOT payment?
 - c. If the HCV program owns its own building does it rent out space to other PHA programs or other outside entities? If so, what is the rent charged?
 - d. If the HCV program owns its own building, does the building have extra capacity that is not being leased to other programs or outside entities?
15. If the HCV program RENTS the building, how much is the annual rent charged?
16. What utility types (i.e., water, sewer, electric, gas) are charged to the HCV program?
17. What is the annual cost for each utility type and how are these costs determined?

Building Maintenance and Upkeep

18. How is the HCV program charged for maintenance and upkeep costs (building/office repairs, maintenance expenses, grounds, janitorial services, garbage, etc) that are associated with the building?
19. What are the average annual costs associated with capital expenses of the building and grounds that are charged to the HCV program?
20. How are these initial capital outlays paid for and how does the HCV program get charged or contribute to funding these costs?

21. What if any was the cost of retrofitting office access security due to EIV compliance requirements?

Security Costs

22. Are costs charged to the HCV program for security for the PHA office?
23. Who provides the security (PHA employees or contract) and what security service are provided?
24. What is the annual cost of security charged to the HCV program and how are these costs determined?

Vehicle Costs

25. Does the HCV program have any automobile and trucks? If so how many vehicles are in the fleet used by the HCV program?
26. Who uses the vehicles and for what purpose(s)?
27. Does the HCV program own or lease/rents these vehicles?
28. If the HCV program leases/rents the vehicles what is the annual lease payment?
29. If the HCV program purchases its vehicles, what is the typical cost (at purchase) of a vehicle?

30. If the HCV program purchases its vehicles, how many years on average does the HCV program keep the vehicle?
31. How are gas and insurance costs for these vehicles charged to the HCV program?
32. How are maintenance costs associated with these vehicles charged to the HCV program?
33. What are the annual costs associated with the HCV vehicle fleet?

Insurance Costs

34. What insurance costs are billed directly to the HCV program?

- Property Insurance
- Liability Insurance
- Worker's Compensation
- Other Insurance (1) _____
- Other Insurance (2) _____
- Other Insurance (3) _____

- a. How are the insurance costs charged against the HCV program determined?

HCV Program Audit Costs

35. What was total cost of PHA's last audit?
36. What was the cost of the audit charged to the HCV program?
37. How was this cost determined?

Other Costs

38. What are the annual costs associated with offices supplies and expenses to the HCV program? How are these costs determined?

39. What are the annual costs of office equipment, including new purchases, maintenance contracts on copiers, printers, and fax machines, etc and how are these costs determined?

40. What are the annual costs of telephones, blackberries, cells phones and other communication devices, including new purchases and maintenance contracts, etc and how are these costs determined?

41. What are the annual costs of servers, computers, software, software licensing, internet access, and other like costs and how are these costs determined?

42. What are the annual postage and other mailing costs associated with the HCV program and how are these costs determined?

43. What, if any, are the annual costs, if any associated with Limited English Proficiency (LEP), 504 compliance, fair housing laws, translation of documents, and interpretation services?

44. What, if any are the annual banking fees for the HCV program, including cost associated with services such as direct deposits, costs of check runs (both to property owners and utility reimbursement checks to eligible tenants)? How many check runs are done each month on average?

45. What, if any are the off-site storage costs for archiving and retrieval of records?

46. What, if any are the costs of shredding sensitive records containing social security or other sensitive information?

47. What if any are the annual costs of training / conferences / professional association affiliation; publications and administrative expenses associated with pertinent training, conferences and membership in affiliated associations for HCV staff? This cost should also include any amounts associated with travel costs.

Impact of the Recent Reduction in HCV Program Administrative Fees

1. Do you have any admin fee reserves (unrestricted net assets, UNA)?
 - a. If so, what is the balance?
 - b. If so, when will the reserves run out?
 - c. Will your UNA increase or decrease this year?
 - d. Are you using UNA to cover HCV admin expenses?
2. Have you had to take any actions as a result of the reduced administrative fee for 2011?
3. *If actions were taken*, what actions were taken in response to the 2011 fee cuts?
 - a. If staff were laid off or staff hours reduced:
 - Which staff?
 - How much savings did you realize?
 - What has been the impact on program operations?
4. *If actions were taken*, did the actions you took result in you having to stop or limit services or change procedures (e.g., not processing interim increases in income or requesting that owners not request a rent increase)?
 - a. If yes, describe the changes.
 - b. How will the actions affect next year's administrative fee funding, if at all?
 - c. How will the actions affect next year's HAP funding, if at all?
 - d. If the actions did not result in changes to services or procedures, why not?
5. What do you project the impact to be in 2012 if admin fees are maintained at the FY2011 rate?
 - a. Will you need to lay off staff or reduce staff hours?
 - If so, which staff?
 - b. Will you need to stop or limit services?
 - If yes, which services? (see examples)
 - Limit annual inspections
 - Limit annual re-certs
 - Limit current participant moves
 - Limit rent increases
 - Not process interim increases in income
 - Limit portability
 - Others?

- c. How will these actions affect your administrative fee funding, if at all?
 - d. How will these actions affect your HAP funding, if at all?
 - e. How will these actions affect program compliance? Will these actions affect your SEMAP score?
6. If you have UNA available, will you need to use it in 2012?
 7. What do you project the impact to be in 2012 if admin fees are reduced even further to a 70 percent or less proration?
 - a. More staff layoffs or hours reduction? Which staff?
 - b. Even less leasing?
 - c. Even less services? Which services would be stopped or limited?
 8. What will happen to program operations and compliance when the admin fee reserves run out and/or admin fee are continued to be reduced?
 9. How will customer service be affected?
 10. Will special programs that you operate be affected? If so, how?

Section V. Debrief on RMS Data Collection

1. Overall, how did you feel about participating in the RMS (smart phone) data collection?
2. What did you find most burdensome or frustrating?
 - a. What could the device (or team) have done better to address these issues?
3. Do you think that over the two-month period, the smart phone captured all the types of work that you do on the HCV program? If no, explain.
 - a. Were there any tasks that RMS missed?
 - b. Were there any tasks that you feel were underrepresented?
 - c. Were there any parts of your work day (e.g., work after hours) that you feel was not adequately captured?
4. How well prepared were you to use the smart phone at the start of data collection?
 - a. How could the training be improved?
 - b. Was the “cheat sheet” helpful?
 - c. What other types of support could be provided?
5. We are planning to do the same data collection at up to 55 other agencies. Do you have any recommendations for how we can do it better or things you think we should keep in mind?