Per Diem Only Models
Recipient Guide

VA Homeless Providers Grant & Per Diem Program
Non-Capital Grants

Dated: 8/24/17
# TABLE OF CONTENT

<table>
<thead>
<tr>
<th>Grants</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
<td>3</td>
</tr>
<tr>
<td><strong>VA Expectations of Grant Recipients</strong></td>
<td>3</td>
</tr>
<tr>
<td>Service Delivery Grant Models</td>
<td>3-7</td>
</tr>
<tr>
<td>GPD Provider Website</td>
<td>8</td>
</tr>
<tr>
<td>Conference Calls</td>
<td>8</td>
</tr>
<tr>
<td>Reporting</td>
<td>8</td>
</tr>
<tr>
<td>Program Changes</td>
<td>8</td>
</tr>
<tr>
<td>Flexing of Beds between Models</td>
<td>9</td>
</tr>
<tr>
<td>Project Costs</td>
<td>9</td>
</tr>
<tr>
<td>Fiscal Reporting</td>
<td>9</td>
</tr>
<tr>
<td><strong>VA Expectations Regarding Per Diem Payments/Processes</strong></td>
<td>9</td>
</tr>
<tr>
<td>Length of Stay &amp; Extensions</td>
<td>10</td>
</tr>
<tr>
<td>Admission Waivers</td>
<td>10</td>
</tr>
<tr>
<td>Participant Eligibility</td>
<td>10</td>
</tr>
<tr>
<td>Key Definitions</td>
<td>11-12</td>
</tr>
<tr>
<td>Funds Allocation</td>
<td>12</td>
</tr>
<tr>
<td>Award Period</td>
<td>13</td>
</tr>
<tr>
<td>Per Diem Action Sheet</td>
<td>13</td>
</tr>
<tr>
<td>Billing / Payment</td>
<td>13</td>
</tr>
<tr>
<td>Retroactive Payments</td>
<td>13</td>
</tr>
<tr>
<td>Participant Absence</td>
<td>13</td>
</tr>
<tr>
<td>Per Diem Payment Voucher</td>
<td>14</td>
</tr>
<tr>
<td><strong>Performance Monitoring and Improvement Activities</strong></td>
<td>14</td>
</tr>
<tr>
<td>Program Metrics</td>
<td>14</td>
</tr>
<tr>
<td>Role of the GPD Liaison</td>
<td>15-16</td>
</tr>
<tr>
<td>Inspections</td>
<td>16-17</td>
</tr>
<tr>
<td>Changes of Scope</td>
<td>17</td>
</tr>
<tr>
<td>Federal Agency Identification Number (FAIN)</td>
<td>17</td>
</tr>
<tr>
<td>Special Reporting Circumstances</td>
<td>18</td>
</tr>
<tr>
<td>Allegations of Impropriety</td>
<td>18</td>
</tr>
<tr>
<td>Corrective Actions / Due Process</td>
<td>18</td>
</tr>
<tr>
<td><strong>GPD Program Contact Information</strong></td>
<td>19</td>
</tr>
</tbody>
</table>
Grants

Overview:

Congratulations on your successful 2017 Per Diem Only application. The following guide has been developed to assist your organization in obtaining per diem payments. The information presented in this guide is to be used as a reference only and not meant to take the place of the Homeless Providers Grant/Per Diem (GPD) Program's regulations or other statute or governing law. Your organization is still required to be cognizant of and in compliance with any federal, state or local laws pertaining to the provision of service for homeless individuals. A copy of the GPD rules and regulations as well as other pertaining regulatory and statutory guidance may be accessed at www.va.gov/homeless/gpd.asp

We hope you will find these guidelines helpful. Our intention is to work closely with your organization to develop the best possible partnership to serve the homeless Veterans of our nation.

VA Expectations of Grant Recipients:

The Veterans we serve together have many concomitant issues and are all at different levels of functioning. We are encouraging you to remain flexible and work with Veterans by reducing barriers to admissions. As together we seek to move GPD to more of a “Housing First” approach through prioritizing appropriate housing for individual Veterans, it is imperative to consider the degree of concomitant issues when assigning housing to ensure the Veteran will have appropriate support systems in place.

At times, specific issues and situations may become overwhelming to the Veteran program participants. VA has established at each VAMC a suicide prevention program. As our partners, we encourage your agency to have in place a suicide prevention component to assist our Veterans in times of crisis. If you need assistance in creating such a component, contact your VA Liaison who will be able to provide you with the necessary medical center contacts and information. The Veterans Crisis Line can provide immediate assistance and can be reached at: 1 (800) 273-8255.

Several types of housing models offer Veterans appropriate transitional housing and support services based on individual needs. The key elements and expectations of each model are listed below.

Bridge Housing

Targeted Population—Homeless Veterans that have been offered and accepted a permanent housing intervention (e.g., Supportive Services for Veterans Families (SSVF), Department of Housing and Urban Development-VA Supportive Housing (HUD–VASH), Housing Coalition/ Continuum of Care (CoC)); and are not able to immediately enter the permanent housing.
**Model Overview**—Bridge housing is intended to be a short-term stay in transitional housing for Veterans with pre-identified permanent housing destinations.

**Characteristics & Standards**—Goals in the Individual Service Plan should be short-term with the focus on the move to permanent housing, rather than the completion of treatment goals. Veterans are expected to receive case management and support, which should be coordinated with the HUD–VASH, SSVF, or other available community based programs. Grantees will assist Veterans with accessing services as needed/requested by the Veteran and must make available to participants a menu of available services. Length of Stay (LOS) will be individually determined based on need, but in general, is not expected to exceed 90 days.

**Admission Criteria**—Veterans must have been offered and accepted a permanent housing intervention prior to admission or within the first 14 days of admission.

**Required Minimum Performance Metrics/Targets**—
- Discharge to permanent housing is 70 percent.
- Negative Exits target is less than 23 percent.
- Negative exits are defined as those exits from a GPD program for a violation of program rules, failure to comply with program requirements, or leaving the program without consulting staff.

**Low Demand**

**Targeted Population**—Chronically homeless Veterans who suffer from mental-health or substance-use problems, or who struggle with maintaining sobriety; and Veterans with multiple treatment failures that may have never received treatment services, or may have been unsuccessful in traditional housing programs. These Veterans may have not yet fully committed to sobriety and treatment.

**Model Overview**—Low-Demand housing is a program design using a low-demand/harm-reduction model to better accommodate chronically homeless Veterans, and Veterans who were unsuccessful in traditional treatment settings. Programming does not require sobriety or compliance with mental health treatment as a condition of admission or continued stay. Overall, demands are kept to a minimum; however, services are available as needed. The goal is to establish permanent housing in the community, while providing for the safety of staff and residents.

**Characteristics & Standards**—Project is small (typically, 20 beds or less); Services must include case management, substance-use, and mental-health treatment; and referrals for benefits are made available as Veterans engage; Must provide the participant an orientation that sets the expectations of performance for the participant; Must have 24/7, on-site staffing at the same location as the location of the
program participant. (Use of resident managers is not allowed); Must have a method to monitor participants and their guests’ comings and goings; Must have a system in place for the management of the introduction of contraband; Must be willing to retain Veterans who commit minor infractions of rules and who cannot and/or will not stop drinking and/or using legal or illegal substances; Must be committed to keeping the Veterans housed and staying continuously engaged with each Veteran and provide services as needed; Must have procedures to ensure safety of staff and residents; and the grantee agency must participate in bi-monthly calls and an annual fidelity assessment process as established by VA.

Required Minimum Performance Metrics/Targets—

- Discharge to permanent housing is 50 percent.
- Negative exits less than 23 percent.
- Negative exits are defined as those exits from a GPD program for a violation of program rules, failure to comply with program requirements, or leaving the program without consulting staff.

Hospital to Housing (Respite Care)

Targeted Population—Homeless Veterans identified and evaluated in emergency departments and inpatient care settings for suitability for direct transfer to a designated GPD Program for transitional housing and supportive care.

Model Overview—Respite care is a medical model to address the housing and recuperative care needs of homeless Veterans who have been hospitalized.

Characteristics & Standards—Housing sites are expected to be in close proximity to the referring medical center, so that ongoing clinical care, including specialty care, can continue to be provided; Have a post-discharge care plan as prerequisite to program placement that addresses ongoing physical, mental health, substance use disorder, and social work needs as well as care management plans to transition the Veteran to permanent housing upon clinical stabilization; The VA Homeless Patient Aligned Care Team (H–PACT), or other appropriate care unit, will facilitate and coordinate the ongoing care needs upon transition.

A Memorandum of Understanding must be in place with the local VA medical center that details participation in the Hospital-to-Home (H2H) program. Included in this should be a detailing of acceptance criteria for Veterans being referred from local facility emergency departments and inpatient wards, a detailing of how follow-up care with the medical center is organized, and a commitment to engaging enrolled Veterans in permanent housing as part of program objectives;

Admission Criteria—Individual must be functional, be able to perform independent Activities of Daily Living (ADL); not require acute detox, has no
apparent psychosis; and has a post discharge plan coordinating care with the medical center (e.g., H–PACT Team, Mental Health, Substance Abuse, etc.).

**Required Minimum Performance Metrics/Targets—**

- Discharge to permanent housing is 65 percent and
- Negative exits less than 23 percent.
- Negative exits are defined as those exits from a GPD program for a violation of program rules, failure to comply with program requirements, or leaving the program without consulting staff.

**Clinical Treatment**

**Targeted Population**—Homeless Veterans with a specific diagnosis related to a substance-use disorder and/or mental-health diagnosis; Veteran actively chooses to engage in clinical services.

**Model Overview**—Clinically focused treatment provided in conjunction with services effective in helping homeless Veterans secure permanent housing and increase income through benefits and/or employment.

**Characteristics & Standards**—Although the programming and services have a strong clinical focus, permanent housing and increased income are a required outcome of the program. Treatment programs must incorporate strategies to increase income and housing attainment services; Individualized assessment, services, and treatment plan which are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice; Program stays are to be individualized based upon the individual service plan for the Veteran (not program driven); Staff are to be licensed and/or credentialed for the substance-use disorder (SUD)/mental health (MH) services provided; and treatments services must be provided by the applicant or through contract arrangement (VA staff cannot not be the treatment provider for this model). Veterans are offered a variety of treatment service modalities (e.g., individual and group counseling/therapy, family support groups/family therapy, and psychoeducation)

**Required Minimum Performance Metrics/Targets—**

- Discharge to permanent housing is 65 percent.
- Employment of individuals at discharge is 50 percent.
- Negative exits less than 23 percent.

**Service-Intensive Transitional Housing**

**Targeted Population**—Homeless Veterans who choose a supportive
transitional housing environment providing services prior to entering permanent housing.

**Model Overview**—Provides transitional housing and a milieu of services that facilitate individual stabilization and movement to permanent housing as rapidly as clinically appropriate.

**Characteristics & Standards**—Scope of services should incorporate tactics to increase the Veteran’s income through employment and/or benefits and obtaining permanent housing. Services provided and strategies used by the applicant will vary based on the individualized needs of the Veteran and resources available in the community. Applicant specifies the staffing levels and range of services to be provided.

**Required Minimum Performance Metrics/Targets**—

- Discharge to permanent housing is 65 percent;
- Employment of individuals at discharge is 50 percent; and
- negative exits are less than 23 percent.

**Service Centers**

**Targeted Population**—Homeless Veterans who are seeking assistance with obtaining housing, employment, medical care, or benefits.

**Model Overview**—Provides services and information to engage and aid homeless Veterans obtain housing and services.

**Characteristics & Standards**—Scope of services should incorporate tactics to engage and aid the Veteran. Services provided and strategies used by the applicant will vary based on the individualized needs of the Veteran and resources available in the community. Applicant specifies the staffing levels and range of services to be provided.

**Required Minimum Performance Metrics/Targets**—A service center’s success is based on engagement with the population to be served and the demonstrated ability to provide services that lead to meeting the populations’ needs. As such service centers performance, will be reviewed as follows:

- Serve the homeless Veteran population as described in the application.
- Provide the services as outlined in the application.
- Meet the requirements of 38 CFR 61.80 regarding service centers
- Demonstrate the service center is meeting the number of visits as stated in the application

**General Information**

A *Per Diem Only* recipient is referred to in the regulations as a non-capital grant recipient. There are many expectations for recipients of federal funds. You are required
to follow all the guidelines and laws for receiving federal grants; not only federal law but also state and local laws may apply. Audit requirements as set forth in the OMB Circulars (available on our website), can be cumbersome. Grantees may have written things in their grant application that conflict with GPD regulations; GPD regulations will take precedence. Some common examples are: issues related to program fees (flat payment, security deposits, and exceeding the FMR).

It is very important that if no one in your agency has the expertise in complying with these requirements, you secure the services of a professional in that capacity. In addition to the administrative requirements mentioned above, VA's expectations of your organization include:

**GPD Provider Website:** In order to help ensure timely and efficient administration of VA Grants, the GPD Program continually assesses the effectiveness of current procedures. To ensure your organization is following the most current procedures and is aware of all available guidance we recommend that providers visit the Grant/Per Diem Provider website on a monthly basis (https://www.va.gov/HOMELESS/GPD_ProviderWebsite.asp).

**Conference Calls:** There are monthly conference calls for all operational grant and per diem recipients. These calls are used to offer you updated information, answer your questions, and provide a forum for discussion. Our office will notify you of when these calls will occur (usually by fax) and facilitate these calls. It is expected that a representative from each awarded organization attend. If your agency is not receiving the fax notifications please contact the GPD Program office at 1-877-332-0334.

**Reporting:** VA will provide your agency with its status regarding performance metrics as needed, but no less than each quarter. You and your VA Liaison should review this data and discuss any program changes or adjustments to meet the established metrics. VA may request, by regulation, additional information on the progress of the project. We will request only basic information that assists our office in budgeting and planning. Generally, this would occur only to clarify information or plans you have already provided, and you may respond in the format of normal business correspondence, and will be kept as short and concise as possible.

**Program Changes:** We expect that there may be changes in the projects as progress. Significant changes require notification to our office such as an executive director change; others more programmatic require both notification and approval by our office. Changes in site, scope (program design), or services, all need to be reviewed and approved by our office. If you have a significant change in the project, and VA does not approve it, you may not pass inspection and per diem payment could be delayed or stopped.

**Flexing of Beds between Models:** For those agencies funded for multiple models. VA will allow without a change of scope, a flex of beds between the agency's models at the same VAMC. This flex will be up to five (5) beds or 15 percent of the total awarded bed limit the agency has, per medical center, whichever is greater. If an
agency seeks a greater number of flex beds than what is allowed above the agency must receive prior written approval from the National GPD Program Office.

**Project Costs:** It is your organization's responsibility to ensure that all operational costs assigned to the grant are allowable and charged in accordance with GPD Program Regulations and the applicable OMB Circulars. Approval of per diem payments does not constitute approval of individual costs charged as part of the payment. If VA subsequently determines through a fiscal review or audit that costs were not charged appropriately, VA may issue a Letter or Indebtedness to collect for the over-billing. Submission of budgets or other information as part of your grant application or through subsequent changes of scope does not constitute approval for charges that violate program regulations or OMB Circulars.

Your agency must track costs by each FAIN. Each FAIN will have its own per diem rate. In addition, your agency is advised it must meet the requirements of 38 CFR 61.66 *Financial Management.*

**Fiscal Reporting and Debt:** Fiscal reporting will be based on the Federal Fiscal year; October 1st to September 30th. All Providers are required to complete the SF 425 Federal Financial Report (FFR) on an annual basis for each activity. Annual FFR's are due no later than 90 days after the end of the Federal Fiscal Year (September 30th). If for some reason your agency withdraws from the grant or is terminated a final FFR will be due. The final FFR is due no later than 90 days after the date of withdrawal or termination. The FFR should be sent to the VA National Grant and Per Diem Program Office.

If you find that you have overages **DO NOT** include a check with that amount with your FFR. If the FFR indicates funding is due to be returned our office will initiate a formal Notice of Indebtedness with instructions on how and where to send payment or request waivers of debt.

**Per Diem**

**VA Expectations of Programs Receiving Per Diem Payments:**

Your agency may locate instructions on how to calculate and request a per diem rate on the GPD Provider website.

We have summarized the law and regulations for your review regarding the expectations of operating programs. Please keep the following in mind as your project operates.

Community providers funded under the Grant and Per Diem Program will:

1. Provide services for which the grant is furnished at locations accessible to homeless Veterans;
2. Maintain referral networks for, and aid such Veterans in, establishing eligibility for assistance and obtaining services under available entitlement and assistance programs;

3. Ensure the confidentiality of records maintained on homeless Veterans receiving services under the grant;

4. Establish procedures for accounting with respect to the grant;

5. With respect to service centers, meet specified requirements concerning service hours, space for federal agencies and other organizations, and necessary services, including job training and placement;

6. Seek to employ homeless and formerly homeless Veterans in positions created for purposes of the grant; and

7. Help homeless Veterans, primarily those living in places not ordinarily meant for human habitation or in an emergency shelter to: achieve residential stability; increase their skill levels and/or income; and obtain greater self-determination.

**Length of Stay & Extensions:** Lengths of stay in GPD programs should be clinically driven based on the individual needs of the Veteran. GPD programs should move Veterans from homelessness to permanent housing as quickly as clinically appropriate. The maximum length of stay in a GPD program is limited to 24 months. However, individual participants may be extended past their 24-months, “if permanent housing for the Veteran has not been located or if the Veteran requires additional time to prepare for independent living” (38 CFR 61.80(d)). Requests for extensions should be given to your VA Liaison, who is responsible for approval or denial of the extension request.

**Admission Waivers:** VA will not pay per diem for supportive housing for any homeless Veteran who has had three of more episodes (admission and discharge for each episode) of supportive housing services paid for by the Grant and Per Diem Program without a waiver. VA may waive the episode requirement if the services offered are different from those previously provided and/or may lead to a successful outcome. Requests for waivers should be given to your VA Liaison, who is responsible for approval or denial of the waiver request.

**Participant Eligibility:** VA is able to pay per diem to the recipient for those homeless Veterans for whom VA authorized the provision of supportive housing or supportive services.

**Definition of Veteran:** For the purposes of eligibility for participation in the Grant and Per Diem Program, Veteran means a person who served in the active military, naval, or air service, regardless of length of service, and who was discharged or released
therefrom. Veteran excludes a person who received a dishonorable discharge from the Armed Forces or was discharged or dismissed from the Armed Forces by reason of the sentence of a general court-martial. The length of service restrictions under 38 U.S.C. 5303A do not apply.

**Definition of Homeless:** For the purposes of eligibility for participation in the Grant and Per Diem Program Homeless is defined as:

1. An individual or family who lacks a fixed, regular, and adequate night time residence;
2. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
3. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, state, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
4. An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where the individual temporarily resided;
5. An individual or family who:
   a. Will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, state, or local government programs for low-income individuals or by charitable organizations, as evidenced by:
      1. A court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days;
      2. The individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or
      3. Credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause;
   b. Has no subsequent residence identified.
   c. Lacks the resources or support networks needed to obtain other permanent housing.
6. Notwithstanding any other provision of this paragraph, VA shall consider to be homeless any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.
**Definition of Supportive Housing:** For the purposes of eligibility for participation in the Grant and Per Diem Program Supportive housing is defined as: housing with supportive services for homeless Veterans that:

1. Is not shelter care, or other emergent housing, or housing designed to be permanent or long term (more than 24 months), with no requirement to move; and
2. Is designed to either:
   a. Facilitate the movement of homeless Veterans to permanent housing as soon as possible but no later than 24 months, subject to 38 CFR 61.80; or
   b. Provide Bridge Housing or specific medical treatment, such as: detoxification, respite, or hospice treatments that are used as a step-up or step-down program within that specific project's continuum.

**Definition of Supportive Services:** For the purposes of eligibility for participation in the Grant and Per Diem Program supportive services are defined as: services, which may be designed by the recipient or program participants, that address the needs of homeless Veterans. Supportive services do not include inpatient acute hospital care, but does include:

1. Outreach activities;
2. Providing food, nutritional advice, counseling, health care, mental health treatment, alcohol and other substance abuse services, and case management services;
3. Establishing and operating child care services for dependents of homeless Veterans;
4. Providing supervision and the security arrangements necessary for the protection of residents of supportive housing and for homeless Veterans using supportive housing or services;
5. Providing assistance in obtaining permanent housing;
6. Providing education, employment counseling and assistance, and job training;
7. Providing assistance in obtaining other Federal, state, and local assistance available for such residents including: mental health benefits, employment counseling and assistance, Veterans’ benefits, medical assistance, and income support assistance; and
8. Providing housing assistance, legal assistance, advocacy, transportation, and other services essential for achieving and maintaining independent living.

**Funds Allocation:** Per diem funds for the awardees’ projects will be paid to the appropriate vendor account associated with the EIN and DUNS indicated by the applicant on their Application for Federal Assistance (SF-424).

**Award Period:** The award period is as stated in your agency’s grant agreement.

**Per Diem Action Sheet:** The Grant and Per Diem Program Office will issue a Per Diem Action Sheet notifying your organization and your liaison of your projects date.
of activation and/or of any approved per diem rate changes. The *Per Diem Action Sheet* will indicate the activation date of the project, approved per diem rate and approved number of beds. Your organization may choose to place Veterans prior to the issuance of the *Per Diem Action Sheet* but there is no guarantee of reimbursement by VA.

**Billing / Payment:** The National Grant and Per Diem Program office will notify your agency of the proper system in which to submit billing. Billing will be for services rendered and Grantee’s may draw funds monthly. Draw requests will be verified by the local VAMC Liaison and finally approved for payment by the business rules at the local VAMC.

For transitional housing, billing will be based on bed days of care multiplied by the established per diem rate for this specific program. Per diem payment is for services and housing by day so you must, at a minimum, provide an invoice that reflects who is receiving services daily. Additional documentation needed for billing will depend upon your agency’s business rules and the sophistication of your record keeping system. Generally, awardees provide a monthly listing of Veterans by individual, an identifier, and the days present, adjusted daily for any absence. Periodically, liaisons should verify invoices by asking to see the supporting documentation, (i.e., daily sign-in log, or other documentation showing that the Veteran was present and receiving services on that day).

For service centers, billing will be based on each hour of service provided. Grantees must maintain documentation on the Veteran served, the time period services were rendered, and generally what services were provided. This daily sign-in log is to be provided to your VA liaison as supporting documentation for your monthly per diem billings.

**Retroactive Payments:** Retroactive payment of per diem is limited to not more than three days before VA approval of participant eligibility is determined.

**Participant Absence:** VA will not pay per diem for any additional days of absence when a Veteran has already been absent for more than 72 hours consecutively. GPD-funded community providers can maintain a homeless Veteran within their program beyond the approved 72-hour absence at their discretion. However, the Veteran must be discharged after a 14-day absence.

Any absence or pass from the GPD Program must be clinically appropriate and ultimately assist in the facilitation of the movement of the Veteran to permanent housing. A Veteran who is absent without approval from the GPD-funded community provider with no expectation of return must be discharged after 24 hours.

**Per Diem Payment Voucher:** The awardee will summarize the billing information using the Per Diem Payment Voucher Form and submit it with their detailed daily census to the local VA Liaison for verification and signature. The liaison will fax a copy of just the voucher to the GPD Program Office. In addition to serving as the
voucher for per diem payment, the completion and submission of the voucher is essential as it determines the amount of funding that is being requested for this particular draw.

Performance Monitoring and Improvement Activities:

VA has established performance metrics for the various GPD transitional housing models (see housing model descriptions for the targets for each model pages 3-7). GPD liaisons will have access to VA performance metric information on a monthly basis will be sharing this outcome information with per diem recipients each month. At least quarterly the recipient and the GPD liaison will assess the performance of the project based on these metric results.

Program Metrics: The following information provides the technical description of each of the previously mentioned performance metrics. Please consult your GPD Liaison if you have questions about the metrics. The success of per diem recipients will be measured on one or more of the following performance measures as outlined in the NOFA for the specific model.

Discharges to Permanent Housing- Percentage of Veterans exiting your program to permanent housing

Inclusions- Veterans who exit directly to permanent housing upon leaving the program.

Exclusions- Veterans will be excluded from this measure under any of the following circumstances:

- Veteran has a Length of Stay (LOS) of seven days or less
- Veteran is ineligible for VA health care
- Veteran is deceased at discharge
- Veteran is placed into a hospital or other residential non-psychiatric medical facility, long-term care facility or nursing home, or psychiatric hospital or other psychiatric facility
- Veterans who have been discharged from GPD programming due to threatened/actual violence to self or others
- Veteran is transferred to another residential program due to the temporary or permanent suspension of program operations. This exclusion will be entered manually after consultation with the GPD National Program Office.

Negative Exits - Negative exits are defined as those exits from a GPD program for a violation of program rules, failure to comply with program requirements, or leaving the program without consulting staff.

Inclusions- Number of exits from GPD programming in which the Veteran was asked to leave because of violation of program rules.
Exclusions - Veterans will be excluded from the measure under any of the following circumstances:

- Veteran has a Length of Stay (LOS) of seven days or less.
- Veteran is ineligible for VA health care.
- Veteran is deceased at discharge
- Veterans who have been discharged from GPD programming due to threatened/actual violence to self or others.

Employment at exit - Percentage of Veterans exiting your program with competitive employment.

Inclusions - Number of exits in which the Veteran indicated a positive employment status.

Exclusions - Veterans will be excluded from the measure under any of the following circumstances:

- Veteran has a Length of Stay (LOS) of seven days or less.
- Veteran is ineligible for VA health care.
- Veteran is deceased at discharge
- Veteran is placed into a hospital or other residential non-psychiatric medical facility, long-term care facility or nursing home, or psychiatric hospital or other psychiatric facility.
- Veterans who have been discharged from GPD programming due to threatened/actual violence to self or others.
- Veteran is transferred to another residential program due to the temporary or permanent suspension of program operations. This exclusion will be entered manually after consultation with the GPD National Program Office.
- Veterans who are disabled/retired, students, or indicate exit to an unpaid volunteer position are excluded from the denominator.

Role of the GPD Liaison:

A local VA medical center liaison will be assigned to your project. The GPD Liaison is the key point of contact between your agency and the GPD Office. Your liaison will facilitate the initial inspection and be responsible for the medical center oversight of the project. At a minimum this oversight will include the following:

1. Facilitating initial and yearly re-inspections;
2. Verifying the Veteran status and eligibility of program participants;
3. Verifying admission and discharge dates of program participants for billing purposes;
4. Collecting and submitting GPD-funded program participant data as outlined by program evaluation procedures;
5. Providing oversight of GPD-funded program participants’ care;
6. Monitoring the care in, and assessing the compliance of the program receiving per diem as outlined in the recipient’s original grant application; and
7. Intervening to facilitate compliance, or correction, of the program, when appropriate.

NOTE: Your agency has the primary responsibility for the Veteran’s care. Your organization must provide care as prescribed in the original grant proposal or as authorized through any change of scope approvals.

Inspections:

The inspection procedures are comprehensive reviews guided by the program regulations. Generally, before grantees can admit Veterans for the first time an initial inspection of the project is required. If the project has a recent inspection (within 90 days) the initial inspection is not needed; only a review of the new services or sites as appropriate. Recurring inspections are to occur annually thereafter between the months of January through March. The initial inspection will place special emphasis on ensuring that the provision of supportive services will be delivered as per the original grant and facility compliance with the Life Safety Code by including in the inspection team VA staff with clinical backgrounds and experience working with homeless Veterans, as well as fire and safety personnel.

The team for all inspections will include: the Network Homeless Coordinator or his/her designee, the VA Liaison, and personnel from the local VA medical center. Medical center personnel to be included in the inspection will be those personnel typically responsible for inspections of community-based care facilities including representatives from Social Work Service, Nutrition and Food Service, Contracting Service, Nursing, and Facilities Management/Engineering, Mental Health and Behavioral Sciences, and VA Security Service as necessary, based on the scope of the awardee’s original grant application.

The annual re-inspection of community providers receiving per diem will be conducted in the same manner as the initial inspection ensuring that the services are still being delivered as described in the original proposal. Scheduling of initial inspections and re-inspections will be coordinated locally between the awardee and VA medical center.

Inspection reports will be reviewed by the local VA medical center and approved or disapproved by the VA Medical Center Director. Originals will be maintained by the VAMC and copies will be sent to the Network Homeless Coordinator (NHC) for review. If the inspection is an initial inspection the NHC will forwarded it to the GPD Program Office to establish a per diem start date. Re-inspections The Network Homeless Coordinator should receive re-inspections not later than March 30th of each year. Programs that are not inspected or do not pass their inspection may have funding withheld until the required inspections are completed.
All community providers will be inspected at least annually as discussed above and outcomes of reports will be recorded, deficiencies will be noted and recorded, and follow-up corrective actions will be monitored by the VA medical center.

Areas of concern raised by the inspection team will be reviewed by the VA medical center in consultation with the Network Homeless Coordinator and the GPD Program Office to determine consequences of noted deficiencies. If corrective action is necessary the VA medical center will coordinate these actions and dates for completion. Upon the completion of your initial inspection and annual re-inspections you will receive a copy of your inspection report.

The Grant/Per Diem Program Office or VA Liaison may conduct unannounced site visits of community providers currently receiving per diem. Network Homeless Coordinators will be asked to be available on an as needed basis to accompany the GPD staff to inspections when necessary.

**Changes in Scope:** The GPD Program Office must approve any changes in scope. This includes any changes to the original application such as services provided, staffing, admission and/or discharge criteria, etc. You will be responsible to operate the program as stated in the original proposal and if changes are not submitted and approved by the GPD Program Office, inspections could be deficient. Changes in scope are also reviewed by your VA Liaison and they should inform the GPD Program Office of their concurrence or non-concurrence with your request.

**Federal Agency Identification Number (FAIN):** FAINS are assigned to the applications as they arrive in any given funding period. **It is essential that all correspondence and documents contain the FAIN!** This is required even when the correspondence is e-mail.

The FAIN for each application is broken into six parts which uniquely identify your award. Below is an example FAIN to better understand the numbering convention.

<table>
<thead>
<tr>
<th>Unique Agency Identifier</th>
<th>Project Number</th>
<th>VA Station Number</th>
<th>Housing Model (Bridge)</th>
<th>Year of Initial Award</th>
<th>Supplemental Renewal</th>
</tr>
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<tr>
<td>ABCD222</td>
<td>0999</td>
<td>544</td>
<td>BR</td>
<td>18</td>
<td>0</td>
</tr>
</tbody>
</table>

**Special Reporting Circumstances:** At times, situations occur that will require additional reporting actions. Community providers may not be aware of what must be reported to the VA. Some examples may be injury, medication overdose, and death. The guidance for these types of occurrences and the required reports currently exists in
VA policies, directives, and regulations. Consult your VA Liaison, who in turn will consult with the VA medical center’s Quality Management Department, Compliance Officer, and HIPPA Officer to establish the proper procedures. Establishing this requirement when projects are initiated and reestablishing it annually will alleviate many “after the fact” situations.

**Allegations of Impropriety:** All allegations of impropriety at the provider site by your employees, by VA employees, or by program participants will be immediately addressed and documented through use of the appropriate VA mechanism, (i.e., VA Patient Representative, Quality Management, Board of Inquiry, Office of the Inspector General). This is paramount for the health and safety of the Veterans served. As a condition of your grant, you are required to cooperate with these inquires.

**Corrective Actions / Due Process:** Any items that are identified on an inspection or a visit to an awardee project by VA that are not in compliance or have become problematic will be addressed in writing to the awardee and include a specific response date (generally 30 days after issuance of notice for non-health or safety issues). **Health and Safety Issues must be addressed immediately.** This becomes the first level in a sequence of due process. A specific plan of corrective actions that address the item(s) should be returned to the liaison for review with a follow-up scheduled. The parties may negotiate the corrective actions so long as corrective actions meet governing law and regulations. Any major departure from the original grant application will require a change of scope.

Should negotiation fail, VA may withhold per diem payment until the situation is adequately rectified. For more severe infractions the VA medical center may issue a suspension of per diem payment. The awardee will be notified in writing of the intent to withhold or suspend per diem and be given 30 days to respond as to why withholding or suspension should not occur for non-health or safety issues. For health or safety issues withholding may take place immediately as VA will not, by regulation, pay for substandard care.

If funds are withheld, and the situation is corrected, the awardee may be paid the funds withheld for the services rendered. However, if funds are suspended, even though the situation is corrected, the awardee will not be paid for those services rendered during the suspension period. Per diem may be reinstated from the date of satisfactory correction. As a last resort, projects can be terminated. The Grant and Per Diem Program Office is the office of primary responsibility for the termination of a GPD award. When termination occurs, VA will conduct a complete audit to determine if any funds are due the government.
Contact Information:

GPD Program Staff: | Phone: (toll-free) 1-877-332-0334  
| Fax: (toll-free) 1-877-332-0335  
| E-mail: vhatamgrantandperdiem@va.gov

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeffery Quarles, Director</td>
<td>Amanda Barry, Clinical Program Specialist</td>
</tr>
<tr>
<td>Chelsea Watson, Deputy Director</td>
<td>Susan Langer, Clinical Program Specialist</td>
</tr>
<tr>
<td>Guy Liedke, Program Analyst</td>
<td>Yvette Green, Auditor</td>
</tr>
<tr>
<td>Sue Sigwart, Administrative Officer</td>
<td>Coral Baker, Financial Management Specialist</td>
</tr>
<tr>
<td>Sharon Wilkerson, Program Supt. Asst.</td>
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</tbody>
</table>

Appendix

- Agency Contact Information Sheet