

## GRANT AND PER DIEM (GPD) PROGRAM

**1. PURPOSE:** This Veterans Health Administration (VHA) Handbook establishes procedures for the Homeless Providers Grant and Per Diem (GPD) Program and sets forth the national authority for the administration, monitoring, and oversight of GPD-funded community-based programs. **AUTHORITY:** 38 U.S.C. §§ 2011, 2012, 2061, and 2064.

**2. SUMMARY OF MAJOR CHANGES:** This revised VHA Handbook:

- a. Clarifies the duties of those assigned responsibilities under the GPD Program.
- b. Addresses staffing changes associated with implementing and monitoring GPD-funded programs nationally.
- c. Addresses program enhancements as a result of the Government Accountability Office (GAO) and the Department of Veterans Affairs (VA) Office of Inspector General (OIG) reviews.
- d. Reflects Regulatory changes within the GPD program.

**3. RELATED ISSUES:** None.

**4. FOLLOW-UP RESPONSIBILITY:** The Homeless Programs Office (10NC1) is responsible for the contents of this Handbook. Questions may be directed to the National Director, Homeless Programs, VA Central Office, at 202-461-1635.

**5. RESCISSIONS:** VHA Handbook 1162.01, dated August 8, 2007, is rescinded.

**6. RECERTIFICATION:** This VHA Handbook is scheduled for recertification on or before the last working day of July 2018.

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Under Secretary for Health

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## GRANT AND PER DIEM (GPD) PROGRAM

**1. PURPOSE:** This Veterans Health Administration (VHA) Handbook establishes procedures for the Homeless Providers Grant and Per Diem (GPD) Program and sets forth the national authority for the administration, monitoring, and oversight of GPD-funded community-based programs. *NOTE: Specifics included in this Handbook are inspection procedures and included in the Appendices are check sheets and formats for information that is to be completed and submitted as part of the initial and annual inspection process. Additionally, this Handbook describes Department of Veterans Affairs (VA) medical facility support duties, methods to mentor and monitor community-funded programs, and guidance regarding oversight of organizations funded through GPD grants.*

### 2. BACKGROUND:

a. Subject to the availability of appropriations, Title 38, United States Code (U.S.C.) §§ 2011, states that the Secretary of Veterans Affairs must provide grants to assist public or non-profit private organizations in establishing new programs through a competitive process, for up to 65 percent of the cost of acquiring, renovating, or constructing facilities or to purchase vans. Title 38, U.S.C. §§ 2012 states that the Secretary of Veterans Affairs must provide (subject to the availability of appropriations) per diem to grant recipients or entities eligible to receive a grant that provide supportive services and/or supportive housing to homeless Veterans. By statute, VA may also provide grants to assist community providers in meeting the needs of special populations.

b. The GPD Program has been successful in establishing services for homeless Veterans. Since its inception, the program has grown significantly. Grants have been awarded nationally since 1994. Community-based providers funded under the GPD Program exist in all states, the District of Columbia, Guam, and Puerto Rico. These GPD Programs offer communities a way to assist homeless Veterans with housing and services while assisting VA medical facilities in providing housing or services for Veterans. Program designs are diverse, ranging from congregate living transitional housing projects and apartment style transitional housing, to service centers offering outreach and supportive services.

c. Community-based programs are funded through a national competition in response to a Notice of Fund Availability (NOFA) published in the Federal Register according to rules and regulations and any other funding priorities as announced in NOFA. It is imperative that VA recognize these projects as independent and operating based on designs as put forth (and rated) in the proposal. As VA has no authority to instruct or manage programs, it provides guidance and oversight to ensure operations are in compliance with VA inspection standards and that the program offering the services is the same as was described in the original proposal, or as modified through program scope changes.

d. The GPD Program, an essential and critical part of VHA, is vital for providing safe transitional housing and supportive services for homeless Veterans. Community-based programs funded under the GPD Program did not start becoming operational until 1996. At that time, there were a limited number of programs providing services and oversight was achieved through coordination with VA homeless program staff at each medical facility. Since that time, the

number of operational programs has increased dramatically, requiring conformity of inspection and oversight procedures. The increase in operational programs also requires enlisting additional staff assistance and support, as well as delegating additional duties to VA medical facilities. Therefore, this Handbook has been developed.

**3. AUTHORITY:** The statutory authority for VA's Homeless Providers GPD Program is found at 38 U.S.C. §§ 2011, 2012, 2061, and 2064. The implementing regulations are found at Title 38 Code of Federal Regulations (CFR) Part 61.

#### **4. DEFINITIONS:**

a. **Capital Grant.** A capital grant is a grant for construction, renovation, or acquisition of a facility or for acquisition of a van.

b. **Capital Lease.** A capital lease is a lease that will be in effect for the full period in which VA may recover all or portions of the capital grant amount under 38 CFR 61.4.

c. **Extracurricular Fee.** In addition to a participant fee, recipients may charge residents reasonable fees for extracurricular services and activities that participants are not required to receive under the terms of the grant award, are not paid for by VA per diem, or provided by VA. Extracurricular fees must be voluntary on the part of the participant.

d. **Homeless Operation Management and Evaluation System (HOMES).** HOMES refers to the Homeless Operations Management and Evaluation System.

e. **Homeless.** Homeless is categorized by the following:

(1) An individual or family who lacks a fixed, regular, and adequate nighttime 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.

f. **Northeast Program Evaluation Center (NEPEC)**. NEPEC refers to the Northeast Program Evaluation Center.

g. **New Construction**. New construction means the building of a structure where none existed, or an addition to an existing structure that increases the floor area by more than 100 percent.

h. **Non-profit Organization**. A non-profit organization is a private organization that has no part of the net earnings which may inure to the benefit of any member, founder, contributor, or individual. The organization must be recognized as a 501(c)(3) or 501(c)(19) non-profit organization by the United States Internal Revenue Service (IRS), and:

(a) Have a voluntary board;

(b) Have a functioning accounting system that is operated in accordance with generally accepted accounting principles, or must designate an entity that will maintain a functioning accounting system for the organization in accordance with generally accepted accounting principles; and

(c) Practice nondiscrimination in the provision of supportive housing and supportive services assistance.

i. **Operating Costs**. Operating costs are expenses incurred in operating supportive housing, supportive services, or service centers with respect to:

(a) Administration (including staff salaries; costs associated with accounting for the use of grant funds, preparing reports for submission to VA, obtaining program audits, and securing accreditation; and similar costs related to administering the grant after the award);

(b) Maintenance, repair, and security for the supportive housing;

(c) Van costs or building rent (except under capital leases), e.g., fuel, insurance, utilities, furnishings, and equipment;

(d) Conducting on-going assessments of supportive services provided for, and needed by, participants and the availability of such services; and

(e) Other costs associated with operating the supportive housing or service center.

j. **Operational.** Operational means a program for which all VA inspection requirements under 38 CFR part 61 have been met and an activation document has been issued by the VA National GPD Program office.

k. **Outpatient Health Services.** Outpatient health services refers to outpatient health care, outpatient mental health services, outpatient substance abuse services, and case management.

l. **Participant.** A participant is a person receiving services based on a grant or per diem provided under 38 CFR Part 61.

m. **Participant Agreement.** A participant agreement is any written or implied agreement between a grant recipient agency and a program participant that outlines the requirements for program compliance, participant, or service delivery.

n. **Participant Fee.** Each participant of supportive housing may be required to pay a participant fee in an amount determined by the recipient, except that such participant fee may not exceed 30 percent of the participant's monthly income after deducting medical expenses, child care expenses, court-ordered child support payments, or other court-ordered payments; nor may it exceed the program's set maximum rate or the Housing and Urban Development (HUD) Fair Market Rent for that type of housing and its location, whichever is less.

o. **Project.** Project means all activities that define the parameters of the purpose of the grant.

p. **Public Entity.** Public entity includes:

(a) A county, municipality, city, town, township, local public authority (including any public and Indian housing agency under the United States Housing Act of 1937), school district, special district, intrastate district, council of governments (whether or not incorporated as a nonprofit corporation under state law), any other regional or interstate government entity, or any agency or instrumentality of a local government; and

(b) The governing body or a governmental agency of any Indian tribe, band, nation, or other organized group or community (including any Native village as defined in section 3 of the

Alaska Native Claims Settlement Act, Public Law 92-203) certified by the Secretary of the Interior as eligible for the special programs and services provided by the Bureau of Indian Affairs.

q. **Rehabilitation.** Rehabilitation means the improvement or repair of an existing structure.  
*NOTE: Rehabilitation does not include minor or routine repairs.*

r. **State.** State refers to any of the several states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a state exclusive of local governments. The term does not include any public and Indian housing agency under the United States Housing Act of 1937.

s. **Supportive Housing.** Supportive housing means housing with supportive services for homeless Veterans that:

(a) 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

(b) Is designed to either:

(a) Facilitate the movement of homeless Veterans to permanent housing within a period that is not less than 90 days and does not exceed 24 months, subject to 38 CFR 61.80; or

(b) Provide 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.

t. **Supportive Services.** Supportive services refers to 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 do include:

(a) Outreach activities;

(b) Providing food, nutritional advice, counseling, health care, mental health treatment, alcohol and other substance abuse services, and case management services;

(c) Establishing and operating child care services for dependents of homeless Veterans;

(d) Providing supervision and the security arrangements necessary for the protection of residents of supportive housing and for homeless Veterans using supportive housing or services;

(e) Providing assistance in obtaining permanent housing;

(f) Providing education, employment counseling and assistance, and job training;

(g) 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

(h) Providing housing assistance, legal assistance, advocacy, transportation, and other services essential for achieving and maintaining independent living.

u. **Veteran.** Veteran means a person who has served in the active military, naval, or air service who was discharged or released under conditions other than dishonorable.

## 5. SCOPE:

a. The GPD National Program Office has the delegated authority to provide VA medical facilities the information necessary to properly inspect, collect required information, and submit the required documents to closeout a grant and process, or continue, per diem payments for non-profit, state, or local government providers funded under VA's Homeless Providers GPD Program.

b. In addition, the GPD National Program Office has the delegated authority for working with community-based providers awarded grants and/or per diem funds under the GPD Program.

## 6. RESPONSIBILITIES:

a. **Homeless Programs Office.** The VHA Homeless Programs Office (10NC1), GPD National Program Office, is responsible for:

(1) Ensuring non-profit organizations, Indian Tribal governments, and state and local governments selected for GPD funding are selected according to public law criteria and rated according to criteria stated in 38 CFR Part 61.

(2) Ensuring funds for acquisition, new construction, rehabilitation, vans, and special needs grants are distributed to the GPD-funded program expeditiously and in a manner consistent with public law authorizing the GPD Program and VA regulations.

(3) Providing guidance, based on relevant laws, rules, and regulations, and analysis of collected data, is provided to Veterans Integrated Service Network (VISNs) and VA medical facilities to ensure that:

(a) Operational GPD-funded community-based programs are maintained and that the programs provide quality services that are in compliance with existing laws and regulations; and

(b) GPD-funded community-based programs are operating as stated and designed in the original proposal that was submitted and approved for funding (or operating as stated in an approved Change of Scope (see paragraph 12f).

(4) Ensuring funds are distributed from VHA to the medical facility for per diem payments.

(5) Ensuring initial and revised per diem rate requests received from awardees are approved, or denied, within 30 days of receipt by the GPD Office.

b. **Veterans Integrated Services Network (VISN) Director.** Each VISN Director is responsible for ensuring that:

(1) A Network Homeless Coordinator is designated to provide regional oversight and to establish methods and procedures to ensure that GPD is conducted in accordance with this Handbook.

(2) The Network Homeless Coordinator, or designee, is available for participating in the initial and yearly re-inspections of programs funded under the GPD Program, in coordination with the VA medical facility inspection team; and

c. **VA Medical Facility Director.** Each medical facility Director is responsible for:

(1) Providing and maintaining oversight of operational GPD-funded community-based programs to ensure the programs provide quality services that are in compliance with existing laws and regulations.

(2) Providing and maintaining oversight of GPD-funded community providers to ensure they are operating the program as designed in the original GPD proposal that was submitted and approved for funding, or operating as stated in an approved Change of Scope (see paragraph 12f).

(3) Designating a VA medical facility liaison for each GPD-funded community-based program in the medical facility's catchment area and re-designating a GPD Liaison each year. If the GPD Liaison position is vacated, the Director must, within 30 days, designate a new GPD Liaison and forward that person's name through the Network Homeless Coordinator to the GPD Office.

(4) Ensuring that the GPD Liaison is aware of, and takes part in, required VA ethics training. *NOTE: Special emphasis must be given to avoid conflict of interest (see paragraph 9).*

(5) Ensuring regular reviews of GPD Liaison clinical and administrative documentation to ensure compliance with GPD policies and procedures.

(6) Ensuring GPD Liaison follow-up of GPD-funded program clinical care and administrative issues.

(7) Ensuring that the appropriate Decision Support System (DSS) Identifiers (ID) are used to collect workload for services provided by the GPD Liaison, they are:

(a) **DSS ID (504) - Grant and Per Diem Group.** This records patient visits for group evaluation, consultation, follow-up, treatment, case management, skills development, etc. provided by VA clinical staff of GPD Programs to homeless Veterans or family members of such Veterans. This code is restricted to GPD Programs approved and activated by the VA National GPD Program Office; and includes provider and support services.

(b) **DSS ID (511) - Grant and Per Diem Individual.** This records individual patient visits provided by VA staff to Homeless Veterans or family members of such Veterans who are receiving services from GPD Programs. It includes provider and support services. This stop code is restricted to GPD programs approved and activated by the VA National GPD Program Office.

(8) Ensuring that initial and yearly re-inspections of operational GPD-funded community-based programs are completed in a timely manner. Delays in completion of inspections can lead to disruptions in service for homeless Veterans.

(9) Reviewing yearly inspections of GPD-funded programs and making a determination for approval of continued per diem payments based on the program meeting requirements and standards as set forth in this Handbook. Reviewing the yearly inspections includes signing the Memorandum of Agreement with the GPD-funded community-based program. **NOTE:** *If this authority is delegated to another staff, the medical facility Director must provide in writing such designation to the GPD National Program Office.*

(10) Establishing a plan of correction for deficiencies noted in inspection reports, establishing reasonable timeframes for programs to address deficiencies, and tracking that progress to ensure that deficiencies are corrected. **NOTE:** *Plans of corrections for deficiencies noted in inspection reports are established through correspondence from the medical facility Director to the GPD-funded program.*

(11) Signing the Memorandum of Agreement (MOA) for completed inspections, or by written delegation of authority, assign personnel to sign the MOA.

(12) Forwarding copies of all inspection documents and deficiencies noted to the Network Homeless Coordinator annually by March 31. **NOTE:** *Failure to submit inspections, or not submit in the prescribed format, may result in funds being withheld.*

(13) Ensuring that VA medical facility personnel are available for conducting Pre-Disbursement Reviews, including an initial and an annual inspection of each community-based program funded under the GPD Program that is operational in the medical facility's catchment area. It is imperative that inspections are performed in a timely manner to ensure the quality and availability of services for homeless Veterans. Inspections must include a team review of the GPD-funded program's general operation including, but not limited to:

(a) Fire and Safety Compliance. Ensuring that the project complies with fire and safety codes relevant to operations and the level of care provided.

(b) Facility Adequacy. The facility must be adequate to ensure that the services offered by the GPD-funded program can be accommodated by the building acquired, constructed, or renovated by grant funds.

(c) Facility Completeness. Ensuring that the facility has been purchased, constructed, and/or renovated in accordance with plans submitted and approved by the Office of Construction and Facilities Management (OOCFM).

(d) Clinical Care. Clinical care must be provided to ensure:

1. The care provided to residents meets the standards prescribed by local codes (as applicable) and is within the framework of professional health care delivery standards, and operational and/or clinical authority;

2. The program activities and/or supportive services are implemented and conducted as designated in the grant application;

3. The record keeping and participant files are compliant with GPD Program regulations; and

4. The clinical care being provided is appropriate for the population being served.

(e) Nutrition. Food and Nutrition Service must ensure that:

1. Food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner;

2. If meals are served as part of the community-based program design, the meals are prepared in a sanitary manner, are nutritionally balanced, and appropriate for the program participants.

3. The nutritional needs of homeless Veterans are met so that homeless Veterans have access to nutritional meals 3 times a day, 7 days a week.

(f) Nursing. Nursing must ensure that there is safe and secure storage of medications for Veterans participating in the GPD Program (see paragraph 13).

(g) Grant Compliance. Grant compliance means that all activities put forth in the entity's original application are carried out as prescribed in the proposal and any addendums (change of scope) to the application are implemented as prescribed in the addendum documentation.

*NOTE: The "Project Plan Section" of the proposal includes the GPD-funded program's goals and objectives. These goals and objectives delineate program participant activities and serve as an evaluation tool to assess the program's achievement level, as well as compliance with the grant.*

(h) Security. Issues pertaining to security and law enforcement must be appropriately addressed.

(i) Staff. VA medical facility staff must have the appropriate backgrounds, education, and experience necessary to review and inspect community-based programs under the preceding categories.

(j) Operation. Successful operation is accomplished by:

1. Ensuring that the approved GPD Grant Agreement template is used for assisting with the implementation, administration, and oversight of the GPD-funded program. *NOTE: Contracts are not appropriate instruments to use to establish oversight.*

2. Ensuring that the entity receiving GPD funding has implemented and is operating the project as put forth in the original GPD proposal (or as modified by program addendums).

3. Ensuring that all program services are being provided and that the goals and objectives stated in the proposal are being met.

(k) Billing.

1. Monthly billing for per diem payments must be accurate regarding:

a. Veteran eligibility,

b. The number of bed days of care, and

c. Costs associated with operational costs of the community-based program.

2. This is accomplished by:

a. Ensuring that the GPD Liaison reviews the accuracy of the billing and that GPD vouchers are submitted to the GPD Office,

b. Ensuring that the system of billing is standardized to conform to medical facility business practices, and

c. Ensuring that billing is paid in a timely manner and GPD-funded community providers are informed about the payment process including the electronic invoicing system.

(l) Data Collection. Program participant data must be collected as per program evaluation procedures developed by the VA Northeast Program Evaluation Center (NEPEC).

(m) Payment. The medical facility Director makes the final determination for monthly per diem payments for services rendered by the community provider.

(n) System of Records. A system of records must be established for documents related to initial and annual program inspections, as well as records of per diem reimbursement.

d. **Network Homeless Coordinator.** Each Network Homeless Coordinator has VISN-level responsibility for oversight and monitoring of the GPD programs in their VISN. Each VISN Homeless Coordinator is responsible for:

(1) Participating or assigning an appropriate designee to participate in the initial and annual inspections of GPD-funded programs (see paragraphs 10a through 10i) using this Handbook and GPD Program regulations (see 38 CFR Part 61) as guidelines.

(2) Reviewing copies of the completed initial and annual re-inspections of GPD-funded programs in the VISN, and ensuring completeness.

(3) Reviewing the medical facilities' plans of correction that have been developed as a result of inspection deficiencies noted in GPD-funded programs and tracking follow-up activities associated with the deficiencies. **NOTE:** *This may require facilitating actions to assist in correcting deficiencies.*

(4) Ensuring the annual re-inspections of GPD-funded programs are submitted timely and in the proper format according to this Handbook and are reviewed and approved by the VA medical facility Director (see Appendix A).

(5) Forwarding reports regarding the status of each inspection package for their VISN, as requested by the GPD Office.

(6) Forwarding a copy of the inspection packages to the GPD Office once all inspections for the VISN are complete.

(7) Ensuring GPD-funded community programs are monitored and evaluated as prescribed by established protocols.

(8) Working with GPD liaisons and medical facility Quality Management staff to develop risk management and reporting systems for GPD-funded programs.

(9) Reviewing GPD critical incidents and initiating appropriate investigation and follow-up activities in collaboration with the medical facility.

(10) Providing support, guidance, and advice to GPD liaisons through regular communications, including site visits to facilitate mentoring, problem solving, and compliance issues.

e. **GDP Liaison.** Each VA GPD Liaison is responsible for:

(1) Providing services to, and oversight of, the GPD-funded community-based programs as outlined in this Handbook and the GPD regulations.

(2) Verifying the Veteran status and eligibility of program participants. *NOTE: For purposes of eligibility for participation in GPD-funded programs, "Veteran" is defined as a person who served in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable.*

(3) Verifying admission and discharge dates of program participants for billing purposes,

(4) Collecting and submitting GPD-funded program participant data as outlined by Homeless Operations Management and Evaluation System (HOMES) procedures.

(5) Complying with criminal conflict of interest laws and Executive Branch Standards of Conduct to avoid conflicts of interest in carrying out liaison duties. *NOTE: GPD liaisons must avoid being employees, Directors, trustees, general partners, or officers of the grantee(s) for which they have oversight (see paragraph 9).*

(6) Ensuring the coordination of care for homeless Veterans involved in GPD-funded programs. This coordination of care is shown through assessment, planning, monitoring advocacy, and referral activities by both the GPD Liaison and the GPD-funded provider to assist the Veteran in their transition from being homeless to becoming housed. Practices that support coordination of care include, but are not limited to:

- (a) Coordinated screening and referral processes,
  - (b) Regular service and/or treatment planning which includes the Veteran, the GPD-funded program, and the GPD Liaison.
  - (c) Service and/or treatment plans which clearly delineate the roles of those responsible for the service provision to reduce duplication of services,
  - (d) Regular case discussions with the Veteran, GPD Liaison, and GPD-funded program to discuss progress and plan revisions.
- (7) Providing oversight of GPD-funded program participants' care and, case management as necessary of those participants at sites where organizations are receiving per diem payments. Case management is defined as the provision of services by VA clinical staff to homeless Veterans, which includes:
- (a) Monitoring the care in, and assessing the compliance of the program receiving per diem as outlined in the recipient's original grant application, or approved Change of Scope.
  - (b) Intervening to facilitate compliance, or correction of the program, when appropriate.
  - (c) Arranging, when necessary, and coordinating the care. **NOTE:** *The term "when necessary" (see paragraphs 6e(6)(c) through 6e(6)(e)) could mean: when determined by the GPD Liaison that the provider does not offer particular services needed by the Veteran; when requested by the Veteran; when requested by the GPD-funded program (on a case-by-case basis); or when determined necessary by the GPD Liaison from admission screening.*
  - (d) Linking, when necessary, and referring to VA medical facilities, VA Regional Offices, and/or community agencies.
  - (e) Intervening, when necessary, and advocating on behalf of the Veteran to fill gaps in the delivery of services. **NOTE:** *The organization in receipt of per diem funding has primary responsibility for the Veteran's transitional housing and supportive services as described in their original grant application and/or an approved change of scope. The per diem recipient organization must provide care as prescribed in the original grant proposal. The preceding services in paragraphs 6e(6)(c) through 6e(6)(e) must be accomplished through a goal-oriented approach.*
- (8) Ensuring that the clinical documentation is in compliance with local VA medical facility policy and procedures and including on all Veterans in the clinical record the following information:
- (a) An admission note that describes a plan of care, which includes:
    - 1. The reason for referral (including justification for any readmissions);
    - 2. The program to which the Veteran is admitted;

3. All pertinent past treatment history; and
4. The preliminary treatment or service plan.

(b) Progress notes as clinically indicated should document progress toward achievement of the Veterans goals and/or objectives, note significant events or changes the life of the Veteran, noting any changes in the frequency of services and/or results specific interventions.

(c) A discharge note, which needs to correlate to the information on HOMES exit form, and include a:

1. Summary of service, and
2. Description of aftercare plans. Interdisciplinary planning must be considered if clinically indicated and if staffing is available.

## **7. GPD LIAISON DESIGNATION:**

a. The GPD Liaison designated by the VA medical facility Director must have experience working with community-based providers and be qualified to provide oversight of each program and provide case management for program participants. ***NOTE:** When possible, to ensure the continuity of care, it is essential that the liaisons that are serving as case managers in this program be the same clinicians that have provided care in the past for VHA's homeless Veterans.*

b. Those liaisons that were hired for the position and funded through centrally-directed funds to perform liaison duties must not be assigned other tasks that would interfere with GPD responsibilities.

c. The Deputy Under Secretary for Health generates the initial request for designation of the VA liaison for each community-based program funded by the GPD Program, through a request for appointment sent to the VA medical facility Director through the VISN Director. There is a 30-day response time to this request.

d. Should the designated GPD Liaison leave VA service or be assigned other duties, the medical facility Director is responsible for designating a replacement and notifying the GPD National Program Office in writing within 30 days. Under no circumstance should a GPD-funded community provider go unmonitored for any period of time, a coverage plan for absences must be developed by the local VA medical facility. This ensures continued access to quality services for homeless Veterans and timely payment to GPD-funded community providers. The GPD National Program Office and NEPEC should be notified of any staff vacancy or extended leave, as well as the coverage plan for the GPD-funded projects impacted.

e. Annual re-designation of the GPD Liaison must be accomplished by the VA medical facility Director and must be noted on the inspection documentation.

**8. GPD LIAISON TRAINING AND DUTIES:** The GPD Liaison is the key point of contact between the GPD-funded program and the GPD National Program Office. The success of

individual programs depends greatly on the rapport and collaborative efforts established between the liaison and the community provider. *NOTE: Each of the grant recipient programs were chosen because they reflected a solution to a need in the community and, as such, may not necessarily fit into what would be considered a traditional model. At times, the GPD Liaison may be challenged to meet the requirements of the medical facility, the GPD Office, the GPD-funded program, and the Veteran.*

a. **GPD Training.** Each liaison is required to contact the GPD National Program Office within 30 days of their appointment to schedule new GPD Liaison orientation. Additional training for GPD Liaisons must be coordinated by the GPD National Program Office to include; webinars, phone conferences and face-to-face conferences. Liaisons must complete their training in one of the following formats: online Web-based training, face-to-face conference, or phone conference with GPD staff.

b. **NEPEC Training.** Additional training from NEPEC is required for the liaison regarding the HOMES program evaluation. The liaison contacts NEPEC after GPD-funded program activation to schedule an appointment for this training, or in the case of a new GPD Liaison with an operational project should contact NEPEC within 30 days of their appointment to the liaison position.

c. **Expectations of the GPD Liaison.** The duties listed in paragraph 10 are the GPD Liaison responsibilities. The following are the expectations of the GPD Liaison, deemed necessary to carry out those responsibilities and ensure program oversight, and are not to be viewed as inclusive or limited. Additionally, liaisons are under the direction of the medical facility Director, therefore, the following expectations may be expanded, or limited, based on medical facility policies, protocols, standards, position descriptions, staffing levels, etc.

(1) The liaison is expected to:

(a) Assemble a team of subject-matter experts to participate in inspections and/or re-inspections.

(b) Coordinate inspections and/or re-inspections in a timely fashion.

(c) Forward the findings, of the complete inspection and/or re-inspection requirements to the required offices.

(d) Establish an accurate system of billing with fiscal service and compliant with the business practices of the medical facility.

(e) Forward, on a monthly basis, copies of per diem payment vouchers to the GPD Office.

(f) Act as the primary resource for GPD Program information between the GPD-funded program and VA.

(g) Inform GPD-funded community providers about the expectation to participate in their local Continuum of Care's Homeless Management Information System.

(h) Monitor the provider, at least quarterly, throughout the year for compliance to ensure the GPD-funded program is being administered as outlined in the grant proposal.

1. This monitoring must include performance reviews.

2. At a minimum, the liaison must use NEPEC data, as well as the goals and objectives put forth by the provider in the grant application, as benchmarks for grant recipient program performance.

3. The performance reviews must be documented in the GPD Liaison's administrative file on the GPD provider (see paragraph 12q).

4. The program improvement actions, based on these reviews, must be implemented by the GPD provider.

(i) Ensure all HOMES documentation is completed accurately and in a timely manner.

(j) Attend the monthly national GPD Liaison conference calls.

(k) Ensure proper program monitoring and mentoring (see paragraph 12).

(2) When on-site at a GPD Program, it is expected that the GPD Liaison will perform a cursory environmental review and identify any obvious hazards or other deficiencies, which need to be corrected. This includes:

(a) If a significant hazard and/or deficiency is noted, the GPD Liaison must notify the provider and appropriate local VA personnel for inspection and follow-up.

(b) Any hazards and/or deficiencies noted must be documented in the GPD Liaison's administrative file on the GPD provider.

(c) The GPD Liaison coordinating a plan with the VA Nutrition inspection team member to coordinate periodic unannounced reviews of the GPD-funded program's nutrition/food services to ensure the consistency and quality of these services. These unannounced reviews should occur at least bi-annually in addition to the annual re-inspection of the GPD-funded program. The periodic unannounced visits should vary to encompass different mealtimes. Any deficiencies noted during this review require corrections as described in the Corrective Action Process (see Section 16o). The GPD Liaison should orient the GPD-funded-program to this purpose of this particular process in order to support a cooperative relationship.

**9. CONFLICT OF INTEREST:** As part of the initial designation and annual re-designation, the GPD Liaison is required to comply with the provisions of "Confidential Filer" regulations and submit to the Office of General Counsel (OGC) OGE Form 450, Confidential Financial Disclosure Report, to ensure there is no actual or apparent conflict of interest between the GPD Liaison and the provider organization (see 5 CFR Part 2634 Subpart I). Names of designated liaisons must be forwarded by VA medical facilities to Regional Counsels. *NOTE: The GPD Office may assist Regional Counsel in identifying liaisons.*

**10. PROGRAM INSPECTIONS:**

a. **Authority.** Program rules set forth in 38 CFR Section 61.65 state: “VA may inspect the facility and records of any applicant or recipient when necessary to determine compliance with this part or an agreement under § 61.61. The authority to inspect does not authorize VA to manage or control the applicant or recipient.”

(1) Inspections are to ensure grant compliance. Primarily, inspections function to ensure all activities put forth in the GPD-funded program’s original application are carried out as prescribed in the proposal. It is imperative that VA medical facility staff, with the appropriate backgrounds, education, and experience, is a part of the inspection team reviewing the specific categories in community-based programs.

(a) Anything that does not conform to GPD regulations, items on the inspection checklist or services described in the grant application that are not being provided are considered deficiencies and must be corrected by the GPD-funded provider before the inspection can be approved. Corrected actions must be included within the inspection documentation.

(b) Inspections can also provide suggestions to GPD-funded providers that are “best practices” as a means to improve service delivery. These items do not require correction, but are offered as consultation to the organization.

(2) To establish the formal relationship between the medical facility and the community provider, an appropriate instrument (i.e., MOA, MOU), that meets with the standard practices of the particular VA medical facility and the VISN, must be used for assisting with the implementation, administration, and oversight of the community-provider program. Particular attention must be paid to security arrangements with GPD-funded programs that are leasing buildings on VA medical facility grounds. **NOTE:** *Contracts are not appropriate instruments to use to establish oversight.*

b. **Pre-Disbursement Review (capital projects only).** The Pre-Disbursement Review is a required procedure that consists of a timely site visit conducted by the VA medical facility to provide the GPD-funded provider feedback regarding the plans for their facility during the capital development phase.

(1) The purpose of the feedback is to increase the likelihood that project has sufficient space to serve the Veterans proposed in the application, and to meet the Life Safety Code (LSC) and the Americans with Disabilities Act accessibility requirements at the time of the initial inspection. It is important to note that the GPD Program rules and regulations require that projects adhere to the LSC of the National Fire Protection Association, as well as applicable local or state codes and laws.

(2) The following issues must be considered by VA staff during any Pre-Disbursement review:

(a) Does the facility have sufficient space to house the number of Veterans being proposed by the agency?

(b) Does the building require a sprinkler system to meet LSC of the National Fire Protection Association; or does the agency have plans that ensure this code will be met?

(c) Does the agency have plans that lead the facility to conform to the Americans with Disabilities Act Accessibility Guidelines?

(d) The agency should be provided feedback regarding the aforementioned issues in writing following the Pre-Disbursement review. The Pre-Disbursement Review does not replace the function of the initial inspection, but does offer the GPD-funded provider and opportunity to address potential concerns early in the capital development process. A copy of the Pre-Disbursement Review should be sent to the GPD National Program Office and a copy should be retained in the GPD liaison's administrative file of the project.

c. **Initial Inspection.** The initial inspection procedure is a comprehensive review guided by this Handbook and the GPD Program regulations. Initial inspections of GPD-funded programs must be conducted at the completion of the grant phase, prior to per diem being awarded. These initial inspections must be reviewed and approved by the medical facility Director in coordination with the VISN Homeless Coordinator and the GPD Office.

(1) Initial inspections place special emphasis on ensuring that the provision of supportive services is delivered, as per the original grant, by including in the inspection team VA staff with clinical backgrounds and experience working with homeless Veterans.

(2) The GPD Liaison should review the GPD-funded program's objectives as stated in their grant application as well as review the services that are to be provided to Veterans noted in the application with GPD-funded program as part of the initial inspection.

(3) The GPD Liaison must submit the completed initial inspection package, which has been signed by the medical facility Director, to the VISN Homeless Coordinator for review. Once the VISN Homeless Coordinator determines that the inspection package is complete, the VISN Homeless Coordinator forwards the package to the GPD Office for per diem rate determination, program activation date, and final inspection approval.

d. **Annual Re-inspection.** Recurring inspections are to occur annually between the months of October through March. Annual re-inspections of the community providers receiving per diem are to be conducted in the same manner as the initial inspection to ensure that the services are still being delivered. Review and approval of the continuation of the GPD-funded program (or determination of needed corrective actions), based on re-inspection results, is the responsibility of the medical facility Director. Once completed, the re-inspection package must be forwarded to the Network Homeless Coordinator for review and tracking by no later than April 1. Documentation of completed inspections must be reported by the Network Homeless Coordinator to the GPD National Program Office annually, no later than May 1.

e. **All Inspections.**

(1) The inspection team should include the Network Homeless Coordinator, or their designee, the GPD Liaison, and other VA medical facility personnel typically responsible for inspections of community-based care facilities including representatives from Social Work

Service, Nutrition and Food Service Nursing Service, Facilities Management or Engineering, Mental Health and Behavioral Sciences Service, VA Police Service, and Infection Control as appropriate, as necessary, based on the scope of the awardees' original grant application.

(2) Prior to any inspection the GPD Liaison should review the original grant application and any approved changes in scope. During the inspection the grant information should be used to determine:

(a) The services described in the original grant application and/or approved changes of scope are being provided.

(b) The services that are being provided are clinically appropriate for the populations being served.

(3) All inspection team members should ask homeless Veterans about their overall satisfaction with the GPD-funded program (see inspection checklist in Appendix A). This information must be incorporated in the inspection report as feedback to the GPD-funded provider, as well as to identify potential concerns related to grant compliance.

(4) The GPD Liaison is responsible for ensuring that a copy of any final inspection report is given to the GPD provider.

f. **Clinical Care Inspections.** Clinical care inspections must ensure that:

(1) Care provided to residents meets the standards prescribed by local codes and is within the framework of professional health care delivery standards and operational and/or clinical authority.

(2) The program activities and/or supportive services are implemented and conducted as designated in the grant application.

(3) Record keeping and participant files conform to the grant recipients' written policies and procedures and/or applicable state or local guidelines and/or applicable accrediting bodies (e.g., Commission on Accreditation of Rehabilitation Facilities (CARF), The Joint Commission). Minimally, the documentation must meet the standards set in 38 CFR 61.80(q).

(4) The clinical care being provided is appropriate for the population being served.

(5) The clinical care review checklist (see Appendix A) is completed.

g. **Facilities Management Inspections.** Facilities Management Inspections must ensure:

(1) **Facility Adequacy (Capital grant only).** The facility constructed, acquired, or renovated can accommodate the services offered by the community organization as put forth in the grant proposal.

(2) **Facility Completeness (Capital grant only).** The facility has been purchased, constructed, and/or renovated in accordance with plans submitted to, and approved by, the Office

of Construction and Facilities Management (00CFM), VA Central Office. **NOTE:** *Initial inspections require that the medical facility review the original project plans and ensure that the grantee has acquired or built what was agreed to in order to obtain the grant award. The Office of Construction and Facilities Management (00CFM), VA Central Office, can provide copies of project plans, drawings, etc.*

(3) **Fire and Safety Compliance.** The facility must comply with codes relevant to operations and level of care provided. Recipients of grants and recipients of per diem must comply with the LSC and all applicable state and local housing codes, licensing requirements, fire and safety requirements, and any other requirements in the jurisdiction in which the project is located regarding the condition of the structure and the operation of the supportive housing or service center.

(4) **LSC.** The items required by GPD regulations are delineated in the Facilities Management Checklist (see Appendix A). It is expected that Office of Construction and Facilities Management team members supplement this checklist with the appropriate section of the LSC as it pertains to the awarded project. **NOTE:** *In addition to the checklist, the GPD-funded program must provide each Office of Construction and Facilities Management team member a copy of the Certificate of Occupancy (CO) on the initial inspection for the site to be included in the inspection package. The CO, or a letter as to why a CO is not needed, must come from the governing entity (city, county, township) and must have a statement to the effect that the facility can operate and provide services and/or transitional housing for the purpose intended.*

(5) **Disaster Plan.** GPD regulations include a requirement that GPD-funded projects have a written disaster plan that has been coordinated with the emergency management entity responsible for the locality in which the project resides. The plan encompasses natural and manmade disasters. **NOTE:** *It is not the intent of this regulation to require a certification from a local emergency management entity rather that GPD-funded projects access and utilize information from local emergency management to develop such plans (i.e., hurricane evacuation zones, disaster preparedness).*

(a) Disaster Plans for GPD-funded Projects in General. GPD projects have a variety of program designs resulting in a variety of housing settings, staffing or service supports, and Veteran living situations. These range from congregate living settings with the GPD-funded program staff on site, to Veterans residing in an apartment while receiving supportive services with no staff onsite. The purpose of the plan is to ensure that there are procedures that promote safety during emergency situations. The plan must prepare GPD staff and Veterans as to how to respond during a disaster. The review of the plan should take into consideration the setting of the program (i.e., apartment with supportive services versus congregate site with program staff on site). **NOTE:** *GPD-funded programs should be encouraged to consult with local emergency management organizations within their community as a resource for planning purposes.*

(b) Community-based Programs with the Veteran Living in Housing in Which no Staff is on Site. The disaster plan should document how the GPD-funded program educates Veterans as to how to respond during a disaster, including emergency contact numbers for the Veteran with local emergency responders and contact procedures with GPD-funded program staff.

(c) GPD-funded Programs that have Facility-based Programming and Staff. The disaster plan should include planned responses to various types of disasters (i.e. hurricane, earthquake, and power outages) and evacuation procedures (if required) for Veterans and staff, procedures to communicate with GPD-funded program leadership. The process should also include a communication procedure with the local VA medical facility to provide status updates and/or to request assistance with coordinating Veteran placement if needed.

h. **Law Enforcement Inspections.** Law Enforcement inspections ensure that issues pertaining to security and law enforcement are appropriately addressed. This includes, but is not limited to, the facility Chief, Police Service, or designee, participating in the planning of programs located on medical facility property (to include a comprehensive risk assessment of each program and on-going monitoring) and coordinating with GPD-funded programs for the purpose of conducting a comprehensive risk assessment of each program. In performing a risk assessment of community-based providers, VA Police are acting as part of the health care team overseeing those entities. *NOTE: The law enforcement inspections checklist is in Appendix A.* Particular attention must be paid to security arrangements with GPD-funded programs that are leasing buildings on VA medical facility grounds. Security surveys and inspections of GPD-funded programs must be consistent with existing VA policy requirements (38 CFR 1.218, VA Handbook and Directive 0730). *NOTE: Security inspections of GPD-funded programs need to include a review of those pertinent items that are addressed on the vulnerability assessment instrument of VHA outpatient activities.*

i. **Nutrition Inspections.** Nutrition inspections ensure that:

(1) Food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.

(2) Meals are served as part of the community-based program design.

(3) Meals are prepared in a sanitary manner, are nutritionally balanced, and appropriate for the program participants.

(4) Arrangements are made to ensure Veterans have access 3 meals a day, 7 days a week.

(5) Processes are developed to ensure Veterans can be provided or referred for nutritional counseling as needed. *NOTE: The nutrition inspection checklist is in Appendix A.*

j. **Medication Review Inspections.** Medication review inspections ensure that the GPD-funded provider has a system for Veterans to safely store medications, as well as appropriate procedures for disposal of medications. The medication review inspections ensure that: *NOTE: The medication review inspection checklist is in Appendix A.*

(1) The GPD-funded provider has a locked storage system for Veterans to individually store their medication or that controlled central storage is provided; and

(2) The appropriate procedures for disposal of medications are established.

k. **Van Inspections.** Some GPD-funded programs, as part of the initial grant award, received funding to purchase vans to provide outreach to and/or transportation for homeless Veterans. If an entity received funding for this purpose, the inspection team must review van usage to ensure activities associated with the van are as designated in the original proposal. The inspection team must complete the van usage section in VA Form 10-0316c (see Appendix A).

## 11. FISCAL:

### a. **Per Diem Rate Requests.**

(1) The GPD National Program Office approves or denies all per diem rate requests within 30 days of receipt of all required submission documents. Providers submit this information directly to the GPD Program Office.

(2) If approved, the effective date of per diem rate(s) is the date established by the GPD National Program Office.

(3) If denied, subsequent submission documents must be the basis for determining the effective date.

(4) Providers are required to request a per diem rate upon initial activation of the per diem portion of the grant. Any subsequent requests are required only if the provider wants to increase or decrease the rate or upon request to the GPD Program.

(5) On an annual basis, providers must report to the GPD Program their actual cost incurred based on their financial reporting fiscal year. The required submission documents for providers and the instructions for completing these documents are posted and available on the GPD Provider Web site at: [www.va.gov/homeless/GPD\\_ProviderWebSite.asp](http://www.va.gov/homeless/GPD_ProviderWebSite.asp).

b. **Oversight.** Oversight and audit of providers are conducted in accordance with VA and Federal Guidelines. All fiscal procedures conducted by the GPD Office are controls to help detect over billings by awardees, and thus minimize or prevent material over payments.

### c. **Forms and Instructions.**

(1) All fiscal forms and documents, including instructions for completion, are available on the GPD Provider Web site at [www.va.gov/homeless/GPD\\_ProviderWebSite.asp](http://www.va.gov/homeless/GPD_ProviderWebSite.asp).

(2) Failure of a provider to submit any required fiscal document, or any other fiscal document requested by VA, may result in withholding, suspension, and/or termination of funding to that awardee.

## 12. PROGRAM MONITORING AND MENTORING:

a. **Project Numbers.** Project numbers are assigned to GPD applications as they arrive in any given funding period. The first two numbers denote the year of funding, the second set of numbers denotes the sequence the application was received, and the third set consists of characters representing the state in which the project exists. These project numbers are assigned

by the GPD Office. All correspondence regarding GPD-funded programs must include the project numbers as reference.

b. **Case Management.** Liaisons are expected to provide case management, when necessary, at sites where organizations are receiving per diem payments. For these purposes, case management is defined as provision of services by VA professional staff to homeless Veterans (see paragraph 6e(6)). The level of intensity of case management or service provision to homeless Veterans is determined by the assessed needs of the Veteran. As case management services exist within GPD-funded programs, there is coordination between the GPD liaison and the GPD-funded program to facilitate continuity in service provision and to reduce duplication.

c. **Special Reporting Circumstances.** At times, situations occur that require additional reporting actions. The guidance for these types of occurrences and the required reports currently exists in VA policies, Directives, and regulations. Consultation in this regard is to be with the VA medical facility's Compliance Officer, Clinical Administrative Officer, Police Service, or Chief of Staff. Medical facilities must incorporate GPD-funded programs into a critical incident reporting procedure. Policies and procedures must be consistent with VHA Handbook 1050.01, VHA National Patient Safety Improvement.

d. **Allegations of Impropriety.** Any and all allegations of impropriety at the GPD-funded program site by GPD-funded program employees, VA employees, or the program participants must be addressed immediately and documented through use of the appropriate VA mechanism, (i.e., VA Patient Representative, Quality Management, Board of Inquiry, Office of Inspector General (OIG)).

(1) Information about actual or possible violations of criminal laws related to VA programs, operations, facilities, or involving VA employees, where the violation of criminal law occurs on VA premises, must be reported by VA management officials to the VA police component with responsibility for the VA station or facility in question. If there is no VA police component with jurisdiction over the offense, the information must be reported to Federal, state, or local law enforcement officials, as appropriate.

(2) Criminal matters involving felonies must be immediately referred to OIG, Office of Investigations. VA management officials with information about possible criminal matters involving felonies must ensure, and be responsible for, prompt referrals to the OIG. Examples of felonies include, but are not limited to: theft of government property over \$1000, false claims, false statements, drug offenses, crimes involving information technology systems, and serious crimes against a person, i.e., homicides, armed robbery, rape, aggravated assault, and physical abuse of a VA patient.

e. **Length of Stay and Extensions.** Length of stay in transitional housing programs 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" (see 38 CFR 61.80(d)). Liaisons must review and approve requests for extension. The GPD Liaison reviews the nature of the request and ensures that the request and the subsequent extension is in keeping with the Veteran's course of treatment plan. Documentation of the extension should be completed by the GPD Liaison in the

Veteran's computerized patient record system (CPRS). In addition, notifications of any extensions are to be forwarded to NEPEC for program evaluation purposes.

f. **Change of Scope.** The GPD Office must approve any change to the original application. Program changes include: services provided, staffing, admission and/or discharge criteria, etc. These changes must be conducted through the GPD Office with input from the liaison. Requests for such changes must originate with the GPD-funded program, sent through the liaison to the GPD National Program Office for final approval or denial. Copies of requests for any change(s) must be sent to the Network Homeless Coordinator. ***NOTE:** The GPD-funded program is responsible for providing all aspects and levels of care as written in the original grant proposal, unless there is an approved change on record in the GPD National Program Office.*

g. **Change of Site.** Site changes are reviewed and approved or denied through the GPD Office. Requests for such changes must originate with the GPD-funded program, sent through the GPD Liaison (for medical facility input) to the GPD National Program Office. Requests for changes in site must originate with the GPD-funded program and be forwarded to the GPD Office.

h. **Participant Eligibility.** For the purposes of eligibility for participation in a GPD-funded program, "Veteran" is defined as: "a person who served in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable" (see 38 CFR 61.1). ***NOTE:** To be considered a Veterans, the active military duty would be for purposes other than training(38 U.S.C Section 101, Paragraph 21(A)).*

i. **Episodes of Care.** VA will not pay per diem for transitional housing for any homeless Veteran who has had three or more episodes (admission and discharge for each episode) of care without a waiver (see 38 CFR 61.33). The Veteran may receive housing and services from the provider, if the provider so chooses to offer them without per diem payment. VA may waive the episode requirement, if the services offered are different from those previously provided and/or may lead to a successful outcome. The GPD liaisons must review and approve or deny the waiver based on their best clinical assessment of the individual case. A memorandum for the record, stating that a waiver has been granted, must be forwarded to the GPD Office, and placed in the Veteran's CPRS.

j. **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. Payment is made for day(s) in and not day(s) out. A Veteran who is absent without approval from the GPD-funded community provider with no expectation of return must be discharged after 24 hours and the appropriate exit form in the HOMES must be completed. 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 and the appropriate exit form in HOMES must be completed (consult NEPEC for program evaluation guidelines for HOMES).

k. **Billing and/or Payment.** The GPD Liaison must establish an accurate system of billing with the GPD-funded program for the purpose of per diem payment.

(1) **System of Billing.** The system of billing must be accurate in regard to Veteran eligibility for GPD services and number of bed days of care. Establishing the billing system is to be done with the medical facility Fiscal Service to ensure that all medical facility business rules are met. Transitional housing billing is based on bed days of care multiplied by the established per diem rate for the specific program; for service centers, it is based on the number of hours served (not to exceed 8 hours in any given day) multiplied by the hourly rate established for the specific program.

(2) **Billing Documentation.** Per diem payment is for services and housing by day. Therefore, the GPD-funded programs must, at a minimum, provide to the medical facility an invoice that reflects Veterans that are receiving services daily; in the case of service centers, it is hourly. Additional documentation needed for billing depends upon the medical facility's business rules and the level of the record-keeping system. Generally, GPD-funded programs provide a listing by the month of Veterans by name and personal identification number, and the days present, adjusted by daily absences. For service centers, it can be a list with the Veteran's name, permanent identification number, services received, and for how long (use hourly rate). Periodically, it is recommended that liaisons verify invoices by asking to see the supporting documentation for the invoice, (i.e., daily sign-in log, or other documentation showing that the Veteran was present and receiving services on that day). Per diem payments are made to the same organization that is the recipient of the capital grant award (or in cases of Per Diem Only, the organization that was initially awarded the Per Diem Only grant). Any changes in the organizations to receive per diem payments, from the original awardee, must be made through the GPD Office.

l. **Retroactive Payments.** Retroactive payment of per diem is limited to not more than 3 days prior to VA approval of the Veteran participant's eligibility.

m. **Per Diem Payment Voucher.** In addition to medical facility billing requirements, the GPD-funded programs must summarize the billing information using the Per Diem Payment Voucher (see Appendix B) and submit it with their daily census to the GPD Liaison. Daily census documents must be retained by the medical facility and must not be forwarded with this one-page voucher. The GPD Liaison reviews, approves, and forwards the voucher to the GPD Office. The completion and submission of the voucher is essential, as it determines the amount of funding that will be allocated to the medical facility for the project. ***NOTE: Failure to submit the voucher, or not submitting the voucher in the prescribed format, may result in funds being withheld.***

n. **Funds Allocation.** Funds are sent to the VA medical facility each quarter. The funds are project-specific with the notation containing the project number. A typical notation would be: HCHV Grant Per Diem 00-66-KS. Without prior approval by the GPD Office, this funding cannot be used for anything other than the intended project.

o. **Corrective Actions and Due Process.** The following procedure must be followed for any items that are identified as problematic or in non-compliance during an initial inspection, annual re-inspection, or a scheduled or unscheduled site visit to a GPD-funded program:

(1) A “Need for Corrective Actions” letter from the VA medical facility Director, with a copy to the GPD Office and to the VISN Homeless Coordinator, must be forwarded to the GPD-funded program designating the program or facility items that are unsatisfactory. This correspondence must specify a date of expected response.

(2) The VA medical facility Director reviews the response from the GPD-funded program for adequacy, and may, if necessary, request additional information or more specifics. If the response is adequate, per diem continues to be paid by VA for services. **NOTE:** *Parties may negotiate the corrective actions, as long as corrective actions meet relevant law and regulations. Any major departure from the original grant application requires a “Change of Scope.”*

(3) If the response is not adequate, the medical facility Director may withhold per diem payment and/or stop any new admissions to the program until the situation is adequately rectified.

(a) The GPD-funded program must be notified in writing of the intent to withhold or suspend per diem payments and it must be given 30 days to respond as to why withholding or suspension should not occur. For health or safety issues, withholding may take place immediately as VA does not, by regulation, pay for sub-standard care. The withholding of per diem payment can only be done in consultation with the GPD Office.

(b) If the response is not sufficient within 30 days of the intent to withhold per diem has been issued, the medical facility Director can issue a letter notifying the GDP-funded program that its per diem is withheld with an intent to suspend per diem. For more severe infractions, a suspension of per diem payment can be issued; suspensions are conducted in consultation with the GPD National Program Office.

(4) If funds are withheld, and once the situation is corrected, the GPD-funded program may be paid the withheld funds for the services rendered. However, if funds are suspended, even though the situation is corrected, the GPD-funded program will not be paid for those services rendered during the suspension. Per diem payments may be reinstated from the date of satisfactory correction.

(5) As a final alternative, the project can be terminated. The GPD National Office has primary responsibility for the termination of a GPD award. The VA medical facility Director must contact the GPD National Program Office in writing to recommend termination. The recommendation for termination must document reasons for recommendation and actions taken in the corrective actions process.

p. **Program Management.**

(1) Each GPD-funded provider must conduct an ongoing assessment of the supportive services needed by the residents of the project and the availability of such services, and make adjustments as appropriate. The recipient must provide evidence of this ongoing assessment to VA regarding the plan described in their grant application to include meeting their performance goals. This information must be incorporated into the annual inspection. Each quarter by regulation, the GPD-funded program is required to provide a technical performance report of how they have met the goals and objectives as stated in the original grant proposal (see 38 CFR

61.80(c)). A quarterly report must be filed once during each quarter and no later than January 30, April 30, July 30, and October 30. The report may be in any acceptable business format and must include the following information;

(a) A comparison of actual accomplishments to established goals for the reporting period and response to any findings related to monitoring efforts. This comparison must be on the same level of detail as specified in the program approved in the grant document.

(b) If established goals have not been met, provide a detailed narrative explanation and an explanation of the corrective action(s) which must be taken, as well as a timetable for accomplishment of the corrective action(s).

(c) Other pertinent information, including a description of grant-related activities occurring during the report period. This may include personnel activity (hiring-training), community orientation/awareness activity, programmatic activity (job development). Also identification of administrative and programmatic problems, which may affect performance and proposed solutions.

(d) The quarterly technical performance report must be submitted to the GPD Liaison assigned to the project, with each quarterly report being a cumulative report for the entire calendar year. All pages of the reporting documents should have the appropriate grant number and signature, where appropriate. GPD liaisons must file the report and corrective actions in the administrative file for the grant.

(e) Between scheduled reporting dates, the GPD-funded program must also immediately inform the GPD Program Liaison of any significant developments affecting the recipient's ability to accomplish the work. GPD liaisons must provide grantees with necessary technical assistance, when and where appropriate, as problems arise.

(f) For each goal or objective listed in the grant application, grantees will be allowed a 15 percent deviation of each goal or objective. If the deviation is greater than 15 percent in any one goal or objective, a corrective action plan must be submitted to the VA National GPD Program Liaison. Failure to meet goals and objectives may result in withholding of placement, withholding of payment, suspension of payment and termination as outlined in this part or other applicable Federal statutes if the goal or objective would impact the program's ability to provide a successful outcome for Veterans.

(2) As new programs are awarded, copies of the original grant proposals are sent to the GPD Liaison. It is the liaisons' responsibility to contact the GPD Office if they do not have all proposals of programs for which they provide oversight. *NOTE: The GPD Liaison must determine if a GPD-funded program is meeting its goals and objectives. The method of recording, reviewing, and providing oversight of these activities is contained within the inspection forms. If activities are not being performed, or goals and objectives are not being met in the program, corrective action procedures are warranted and must be initiated (see subpar. 16o.).*

q. **Administrative Files.** The GPD Liaison must maintain adequate administrative documentation to adequately provide oversight for grant administration. The GPD Liaison must

maintain an administrative file for each GPD-funded program that can be reviewed by the VISN Homeless Coordinator or the GPD Office.

(1) Items in the Administrative File must include, but are not limited to:

- (a) A copy of the grant,
- (b) Changes in site or scope,
- (c) Critical incidents,
- (d) Inspection reports,
- (e) Environmental reviews,
- (f) Minutes from meetings,
- (g) Any quarterly reviews of the technical reports, and
- (h) Other administrative correspondence.

(2) GPD record retention requires that files relating to applicants who were awarded capital and/or per diem payments be retained for at least 10 years beyond the last payment (see Records Control Schedule (RCS) 10-1, Ch. 17, Sect. XII, Item 116-4).

**13. MEDICATION STORAGE:** GPD-funded programs are expected to provide appropriate space and security for homeless Veterans and their belongings, including the storage of medications. This is of particular concern when the setting involves congregate living (multiple unrelated persons within the same residence). GPD-funded programs that are providing transitional housing in congregate living settings must ensure there are appropriate policies and procedures for the safe storage of medications for Veteran residents. Resident-locked storage, or central storage for the Veteran to secure their medications, is to be provided by the GPD-funded program.

a. The agency has written procedures that address storage, providing access to medications and safe disposal of medications and syringes. Veterans residing in the program should be educated about these procedures and the importance of safely storing their medications.

b. The agency has safe storage of medications (see Appendix A, the Nursing Service portion of the GPD Inspection checklist for further details).

#### **14. SERVICES FOR WOMEN:**

a. Special attention needs to be given to meeting the unique needs of women Veterans, especially in the areas Serious Mental Illness (SMI), sexual trauma, homelessness, eating disorders, and interpersonal violence.

b. Women Veterans must have access to a female clinical staff (whether from the GPD-funded organization, the VA or other community partner) for additional individual treatment and or supportive services as needed.

c. GPD-funded programs that have been approved to serve women must maintain and adjust environments to support the safety, security, privacy and services for women Veterans. Special emphasis on privacy and security must be noted in mixed-gender facilities. The living environments of GPD transitional housing must include:

- (1) Separate and secure sleeping arrangements (unit or wing) for women Veterans,
- (2) Separate and secure bathroom arrangements,
- (3) Screening procedures and criteria for sex offenders (mixed gender facility), and
- (4) Common areas (lounges, laundry rooms, group rooms) with appropriate security arrangements.

#### **15. REFERRAL PROCESSES:**

a. The GPD Liaison must work with GPD-funded organizations to establish a referral process. The process should include a review of the GPD-funded organization's outreach plan, criteria for admission, screening processes, and communication systems that ensure timely notification of the GPD Liaison of admissions.

b. As GPD is one available program in the homeless continuum of care, close collaboration with HCHV outreach, other VA homeless programs, VA inpatient and outpatient services, and local community agencies is essential.

c. If there is a delay in the availability for transitional housing for a homeless Veteran, it is imperative that GPD liaisons work cooperatively with other VA homeless programs and community providers to ensure an interim referral placement plan for the Veteran. The plan should take into consideration the clinical and safety needs for the homeless Veteran, and, if applicable, the Veteran's family. *NOTE: The minimal clinical requirements for VA homeless services, including requirements to ensure appropriate placements for homeless and Veterans at-risk for homelessness is delineated in VHA Handbook 1160.01(Uniform Mental Health Services in VA Medical Facilities and Clinics).*

#### **16. NORTHEAST PROGRAM EVALUATION CENTER (NEPEC) PROGRAM**

**EVALUATION:** NEPEC is the office of primary responsibility for any questions concerning program evaluation. Monitoring protocols and training are available from NEPEC to assist GPD liaisons in these efforts.

#### **17. REFERENCES:**

- a. Title 38 U.S.C. Sections 2011, 2012, 2061, and 2064.
- b. Title 38 CFR part 61.

**VA FORM 10-0361C, VA HOMELESS PROVIDERS GRANT AND PER DIEM  
PROGRAM**

Following is an embedded copy of Department of Veterans Affairs (VA) Form 10-0361c, VA Homeless Providers Grant and Per Diem Program. The fillable version of VA Form 10-0361c can be found on the Veterans Health Administration (VHA) Forms website at: <http://www.va.gov/vaforms>.

The latest version of Adobe Acrobat Reader must be used to view this form.



10-0361c-fill  
8-15-2013.pdf

**VA FORM 10-0361D, VA HOMELESS PROVIDERS PER DIEM PAYMENT VOUCHER**

The following is an embedded copy of Department of Veterans Affairs (VA) Form 10-0361d, VA Homeless Providers Per Diem Payment Voucher. The fillable version of VA Form 10-0361d can be found on the Veterans Health Administration (VHA) Forms website at: <http://www.va.gov/vaforms>.

The latest version of Adobe Acrobat Reader must be used in order to view this form.



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