

VA HOMELESS PROVIDERS GRANT AND PER DIEM PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive states VHA policy and responsibilities for the Homeless Providers Grant and Per Diem (GPD) Program and for the administration, monitoring and oversight of GPD grantees.

2. SUMMARY OF MAJOR CHANGES: Major changes include:

- a. Clarification of roles and responsibilities (see paragraph 5).
- b. Clarification of the term Veteran for the purposes of GPD admission.

3. RELATED ISSUES: VHA Directive 1501, VHA Homeless Programs, dated October 21, 2016.

4. RESPONSIBLE OFFICE: The Assistant Under Secretary for Health for Clinical Services (11) through the VHA Homeless Program Office (11HPO, formerly 10NC1) is responsible for the contents of this directive. Questions may be directed to the Executive Director, VHA Homeless Programs Office, at: VHA10NC1HAction@va.gov.

5. RESCISSIONS: VHA Handbook 1162.01(1), Grant and Per Diem (GPD) Program, dated July 12, 2013, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of November 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ Kameron Matthews, MD, JD
Assistant Under Secretary for Health
for Clinical Services

NOTE: All references herein to Department of Veterans Affairs (VA) and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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VA HOMELESS PROVIDERS GRANT AND PER DIEM PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) directive maintains policy for the Department of Veterans Affairs (VA) Homeless Providers Grant and Per Diem (GPD) Program and for the administration, monitoring and oversight of GPD grantees.

AUTHORITY: Title 38 United States Code (U.S.C.) § 2002, § 2011, § 2012, § 2061 and § 2064; Title 38 Code of Federal Regulations (C.F.R.) part 61.

2. BACKGROUND

a. The GPD Program provides safe supportive housing and supportive services for homeless Veterans through grants with community-based programs. Since its inception in 1994, the number of community-based programs serving Veterans as GPD grantees has increased dramatically, requiring uniform inspection and oversight procedures, additional staff and increased support from VA medical facilities.

b. Regulations governing the GPD Program are found at 38 C.F.R. part 61. GPD grantees are funded through a national competition in response to a Notice of Fund Availability (NOFA) published in the Federal Register according to rules, regulations and any other funding priorities as announced in the applicable NOFA. VA recognizes these GPD grantees as independent organizations that operate projects based on designs as put forth (and rated) in their grant application and accepted by VA through grant agreements. While VA has no authority to control or manage GPD grantees, VA does provide guidance and oversight to ensure operations are compliant with VA inspection standards.

3. DEFINITIONS

a. **Change of Site.** A change of site is a request submitted by a GPD grantee to change the location where per diem payments are authorized for a specific GPD grant award.

b. **Change of Scope.** A change of scope is a request submitted by a GPD grantee to change specific programming listed in their original grant application. Programming includes but is not limited to services provided, staffing, admission or discharge criteria.

c. **Electronic Health Record.** Electronic health record (EHR) is the digital collection of patient health information resulting from clinical patient care, medical testing and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Record System (CPRS), Veterans Information Systems and Technology Architecture (VistA) and Cerner platforms. ***NOTE: The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.***

d. **Federal Award Identification Number.** Previously known as Project Numbers, Federal Award Identification Numbers (FAINs) are assigned upon receipt of GPD applications in any given funding period. FAINs are included on all correspondence regarding GPD grant awards.

e. **Homeless Operation Management and Evaluation System.** The Homeless Operations, Management and Evaluation System (HOMES) is VA's primary platform for collecting intake, progress and outcome information for homeless Veterans moving throughout VA's system of care.

f. **Homeless.** The term homeless has the meaning given in section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. § 11302(a)-(b)). Homeless as defined in 42 U.S.C. § 11302(a)-(b) is as follows:

(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.

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 must 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) Unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who:

(a) Have experienced a long-term period without living independently in permanent housing.

(b) Have experienced persistent instability as measured by frequent moves over such period.

(c) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability or multiple barriers to employment.

(7) Notwithstanding any other provision of this section, VA must 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. **NOTE:** *The term "homeless" or "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law.*

g. **Suspension.** Suspension means that per diem is not paid until VA determines that the GPD grantee has complied with the terms of the agreement executed by VA and the grantee by correcting all identified deficiencies. Per diem is suspended until a resolution is reached. After resolution is reached, the GPD grantee will not be paid for services rendered during the suspension. Per diem payments may be reinstated on or after the date deficiencies are satisfied.

h. **Veteran.** The term "Veteran" for purposes of GPD 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.

i. **Withholding.** Withholding means that per diem is not paid until such time as VA determines that the GPD grantee has adequately complied with the terms of the agreement executed by VA and the grantee by correcting all identified deficiencies. Payment for any Veterans served by the grantee during a withholding would be reimbursed only if a resolution is reached. Once the deficiency is corrected, VA may pay the withheld funds to the GPD grantee for the services rendered.

4. POLICY

It is VHA policy to monitor the care provided to homeless Veterans served by GPD grantees, where grant payments are authorized.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall compliance with this directive.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive, relevant standards and applicable regulations.

c. **Assistant Under Secretary for Health for Clinical Services.** The Assistant Under Secretary for Health for Clinical Services is responsible for ensuring program office oversight and management under this directive.

d. **Director, Grant and Per Diem National Program Office, VHA Homeless Program Office.** The Director, GPD National Program Office, is responsible for:

(1) Ensuring nonprofit organizations and public entities, as defined in 38 C.F.R. § 61.1, which receive GPD funding are selected and rated according to criteria stated in 38 C.F.R. part 61.

(2) Ensuring funds for acquisition, new construction, rehabilitation, vans, case management grants and special needs grants are distributed to the GPD grantee promptly.

(3) Providing GPD Program guidance and oversight, based on regulation and applicable State and local laws.

(4) Presenting an analysis of collected data (e.g., inspection reports, HOMES data, site visits, documentation review) to VISN Directors and VA medical facilities that ensures:

(a) Operational GPD grantees are maintained and that the programs provide quality services consistent with the terms of the agreement under 38 C.F.R. § 61.61.

(b) GPD grantees operate as stated and designed in the original grant application that was submitted and approved for funding or operate as stated in an approved change of scope.

(5) Receiving, processing and approving or denying change of scope and change of site requests submitted by GPD grantees.

(6) Ensuring funds are distributed from VHA to VA medical facilities for per diem payments.

(7) Ensuring that unique FAIN numbers are assigned to each GPD grant.

(8) Ensuring initial and revised per diem rate requests received from GPD grantees are approved or denied within 30 calendar days of receipt by the GPD National Program Office.

(9) Receiving a copy of the first page of all initial GPD inspection packets for processing of per diem rate determination and site or program activation date from Network Homeless Coordinators (NHCs).

e. **Veterans Integrated Service Network Director.** The VISN Director is responsible for ensuring that:

(1) A NHC is designated to provide regional oversight and to establish methods and procedures to ensure compliance with this directive.

(2) A NHC, or designee, is available for participating in the initial and annual re-inspections of GPD grantees in coordination with the VA medical facility inspection team.

(1) VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

f. **Veterans Integrated Service Network Homeless Coordinator.** The Network Homeless Coordinator (NHC) is responsible for:

(1) Participating in or assigning an appropriate designee to participate in all inspections of GPD grantees in collaboration with the GPD Liaisons in their VISN.

(2) Reviewing reports of all inspections of GPD grantees in the VISN for completeness.

(3) Reviewing VA medical facilities' correction plans that have been developed as a result of inspection deficiencies identified with GPD grantees and tracking follow-up activities associated with the deficiencies to ensure compliance with the procedures in Appendix D. **NOTE:** *This may require facilitating actions to assist in correcting deficiencies.*

(4) Receiving and reviewing completed initial GPD inspection packets from VA medical facility Directors. Once the NHC determines that the inspection packet is complete, the NHC must forward the first page of the initial GPD inspection packet to the GPD National Program Office for site or program activation.

(5) Ensuring that completed annual re-inspections of GPD grantees are submitted by the VA medical facility Director to the NHC on or before December 31st.

(6) Forwarding reports regarding the status of each GPD inspection packet for their VISN to the GPD National Program Office annually on or before January 31st.

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

(8) Providing regional oversight and ensuring compliance with this directive.

g. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Overseeing GPD grantees to ensure nonprofit and public entities provide quality services consistent with 38 C.F.R. part 61, applicable State and local laws, and operate as stated in their original GPD grant application or as stated in an approved change of scope.

(2) Appointing a GPD Liaison for all GPD grantees in the VA medical facility's catchment area and re-designating a GPD Liaison each year by notation on the annual inspection documentation. The Liaison must have experience working with community-based providers, be qualified to provide oversight of a GPD grantee, and be competent to provide care coordination for program participants.

(3) Collaborating with the GPD Liaison Supervisor on:

(a) Ensuring that GPD Liaisons are provided with sufficient time to complete the responsibilities delineated in this directive.

(b) Designating the appropriate Decision Support System (DSS) identifiers used to collect workload for services provided by the GPD Liaison.

(4) Designating a replacement, no later than 30 calendar days after a GPD Liaison leaves the VA medical facility or is assigned other duties. Under no circumstance should a GPD grantee go unmonitored for any period of time; a coverage plan for absences must be developed by the VA medical facility.

(5) Ensuring that names of designated GPD Liaisons are forwarded by the VA medical facility to Regional Counsel to facilitate initial and annual completion of 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 GPD grantee (see 5 C.F.R. § 2634(I)).

(6) Ensuring that any allegations of impropriety at the GPD grant site by GPD grantees, their employees, VA employees or the program participants are addressed immediately and documented through use of the appropriate VA mechanism, (i.e., VA Patient Representative, Quality Management, Board of Inquiry or Office of Inspector General (OIG)).

(7) Ensuring that funds sent to the VA medical facility each quarter by the Director, GPD National Program Office are not used for anything other than the intended FAIN, without prior written approval of the Director, GPD National Program Office.

(8) Ensuring that initial and annual re-inspections of operational GPD grantees are completed, signed and forwarded to the NHC by December 31st of each year to avoid disruptions in service for homeless Veterans.

(9) Appointing VA medical facility staff with the appropriate knowledge to serve on GPD inspection teams.

(10) Ensuring that VA staff are available for conducting initial and annual inspections of all GPD grantees in the VA medical facility's catchment area. The GPD inspection team must include VA medical facility staff with the appropriate backgrounds, education and experience necessary to review and inspect programs under the applicable inspection area. This will likely include VA medical facility representatives from Social Work Service or Mental Health and Behavioral Sciences Service, Nutrition and Food Service, Pharmacy or Nursing Service, Facilities Management, Safety or Engineering, VA Police Service, and as appropriate or necessary, Infection Prevention and Control.

(11) Reviewing all inspections of GPD grantees and making a determination for approval (evidenced by VA medical facility Director signature) of continued per diem payments based on the program passing all inspection criteria laid out in the applicable GPD inspection packet. Any items that are identified as deficient on the GPD inspection packet must be fully resolved prior to the approval of continued per diem payments. See Appendix D for steps regarding how to request correction of deficiencies. **NOTE:** *Inspections can also provide suggestions to GPD grantees that are "best practices" as a means to improve service delivery. These items do not require correction, but can be offered as consultation to the grantees.*

(12) Forwarding copies of all annual inspection documents to the NHC annually by December 31st.

(13) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

h. **Grant and Per Diem Liaison Supervisor.** The GPD Liaison Supervisor is responsible for:

(1) Providing GPD Liaisons with sufficient time to complete the responsibilities delineated in this directive. **NOTE:** *GPD Liaison positions will likely generate less Relative Value Units than other community environment of care positions whose*

primary task is case management. The following criteria should be taken into consideration when determining staffing allocation of GPD Liaison positions:

- (a) The number of grants supervised.*
- (b) Complexity of the grant(s).*
- (c) Skill level and staffing of the GPD grantee(s).*
- (d) Proximity to the VA medical facility.*
- (e) Size of the grant(s).*

(2) Designating the appropriate DSS Identifiers, which are (504) Grant and Per Diem Group and (511) Grant and Per Diem Individual, to collect workload for services provided by the GPD Liaison. **NOTE:** For detailed information on stop codes and definitions please refer to Managerial Cost Accounting Office Stop Codes at http://vawww.dss.med.va.gov/programdocs/pd_oident.asp. This is an internal VA website that is not available to the public.

(3) Ensuring regular reviews of GPD Liaisons, clinical and administrative documentation and GPD inspection packets to ensure compliance with this directive and resolution of deficiencies when needed.

(4) Reviewing waiver and extension requests to ensure that they are completed in accordance with this directive. See Appendix A paragraphs 2 and 4.

i. **Grant and Per Diem Liaison.** The GPD Liaison is responsible for:

(1) Complying, as part of the initial designation and annual re-designation, with the provisions of “Confidential Filer” regulations and submitting 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 GPD grantee (see 5 C.F.R. § 2634 Subpart (I)).

(2) Acting as the primary resource for GPD program information for both the GPD grantee and the VA medical facility staff.

(3) Mentoring the GPD grantee and providing training as needed regarding appropriate supportive service practices to assist homeless Veterans.

(4) Providing GPD grantees with necessary technical assistance, when and where appropriate. Reading the grant and administrative file for any GPD grants that the GPD Liaison is assigned.

(5) Working with each GPD grantee to establish a coordinated screening and referral process for admissions. The process must include a review of the GPD grantee’s

outreach plan, criteria for admission, screening processes and communication systems that ensure timely notification to the GPD Liaison regarding admissions.

(6) Authorizing per diem payments in compliance with the procedures outlined in Appendix A.

(7) Reviewing and approving extension requests based on the clinical evidence and in accordance with the Veteran's treatment plan.

(8) Providing clinical oversight and care coordination for all Veterans admitted to GPD programs with the following requirements:

(a) Although it is important that GPD Liaisons do not duplicate services already provided by the GPD grantee, it is as equally important that GPD Liaisons closely oversee Veterans' care at the GPD grant site. The GPD Liaison must ensure that any gaps in services or in the clinical abilities of the GPD grantee's staff are provided or appropriately referred to another service provider by the GPD Liaison, when necessary.

NOTE: *The term "when necessary" means: when determined by the VA medical facility GPD Liaison that the GPD grantee does not offer particular services needed by the Veteran; when requested by the Veteran; when requested by the GPD grantee (on a case-by-case basis); or when determined necessary by the GPD Liaison from admission screening.*

(b) GPD grantees often employ paraprofessional staff while providing supportive housing and services for homeless Veterans who suffer from significant mental health or substance use disorders. The clinical knowledge and expertise of the GPD Liaison is critical to the overall success of the Veteran's treatment. Therefore, GPD Liaisons must at a minimum:

1. Meet with each Veteran admitted to GPD programming within 7 calendar days of initial admission to ensure the completion of an intake assessment and service plan.

2. Meet with each Veteran participating in GPD programming at least once every 90 calendar days to assess progress towards the Veteran's goals. This meeting is critical to assess if and how the GPD grantee is assisting the Veteran in successfully transitioning from homelessness to becoming permanently housed.

3. Meeting with any Veteran on an extension at least every 30 days to ensure speedy move to permanent housing and documenting the extension in EHR.

4. Where possible, all meetings should occur in person and include GPD grantee staff involved in the Veteran's care to support collaborative treatment planning and avoid duplication. The Veteran's record in the EHR must be consistent with the information contained in the GPD grantee's clinical record. In situations where GPD grantee staff and Veterans are not available at the same time to complete either an initial admission assessment or a quarterly progress review, these meetings may occur separately; however, information provided by the GPD grantee staff must be verified by

the GPD Liaison with the Veteran prior to inclusion in the Veteran's record within the EHR.

(9) Establishing an accurate billing system with the GPD grantee to ensure accurate per diem payments are made as outlined in Appendix B.

(10) Collaborating with other VA programs and local community agencies. If there is a delay in the availability for supportive housing for a homeless Veteran or per diem payments are not clinically indicated, then the GPD Liaisons must work cooperatively with other VA homeless programs and community providers to ensure a placement plan for the Veteran. The plan must take into consideration the clinical and safety needs for the homeless Veteran and if applicable, the Veteran's family.

(11) Ensuring all HOMES documentation is completed accurately and in a timely manner.

(12) Collecting and submitting GPD participant data as outlined in HOMES. For every per diem payment, the GPD Liaison must ensure that matching documentation exists in HOMES.

(13) Maintaining administrative documentation to adequately provide grant oversight for each GPD grant which the GPD Liaison is assigned using an administrative file. This file must be complete and available for review by the GPD Liaison Supervisor; the NHC; or the Director, GPD National Program Office at any time. 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) Documentation of significant incidents.

(d) Twice a year nutrition and food service reviews (i.e. the twice a year unannounced reviews which are in addition to the nutrition reviews included in the initial inspection and annual inspections).

(e) Completed inspection packets.

(f) Minutes from administrative meetings between VA and GPD grantees.

(g) Compliance review memorandum.

(h) Other administrative correspondence, including emails and requests for corrective action.

(14) Performing and coordinating inspections of GPD grantees in compliance with the procedures outlined in Appendix C for the following:

(a) Initial inspections.

(b) Annual re-inspections.

(c) Twice a year nutrition and food services reviews (i.e. the twice a year unannounced reviews which are in addition to the nutrition reviews included in the initial inspection and annual inspections).

(d) Environmental reviews.

(e) Quarterly compliance reviews.

(15) Ensuring any deficiencies identified during an inspection or review are addressed using the process outlined in Appendix D.

(16) Immediately addressing and documenting any allegations of impropriety at the GPD grant site by GPD grantees, their employees, VA medical facility employees or the GPD program participants through use of the appropriate VA mechanism, (i.e., VA Patient Representative, Quality Management, Board of Inquiry or Office of Inspector General (OIG)).

6. TRAINING

GPD training is mandatory for GPD Liaisons and includes:

a. Completing new GPD Liaison orientation trainings within 30 calendar days of appointment. **NOTE:** *Orientation materials are available at <https://dvagov.sharepoint.com/sites/vhanational-grant-per-diem-group>. This is an internal VA website that is not available to the public. VA employees should select "Request access" for access to this site.*

b. Attending national GPD Liaison conference calls and trainings.

7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

8. REFERENCES

a. 31 U.S.C. § 3321.

b. 38 U.S.C. § 2002, § 2011, § 2012, § 2061 and § 2064.

c. 38 U.S.C. § 5303 and § 5303A.

d. 42 U.S.C. § 11302.

e. 2 C.F.R. § 200.53.

f. 5 C.F.R. § 2634(I).

g. 38 C.F.R. part 61.

h. 38 C.F.R. § 61.61.

i. VHA Directive 1501, VHA Homeless Programs, dated October 21, 2016.

j. GPD Inspection Packet and Example Corrective Action Letter. <https://dvagov.sharepoint.com/sites/vhanational-grant-per-diem-group>.

NOTE: *This is an internal VA website that is not available to the public.*

k. Managerial Cost Accounting Office Stop Codes.

http://vaww.dss.med.va.gov/programdocs/pd_oident.asp. **NOTE:** *This is an internal VA website that is not available to the public.*

l. OGC OGE Form 450, Confidential Financial Disclosure Report.

AUTHORIZING PER DIEM PAYMENTS

1. ELIGIBILITY VERIFICATION

The Department of Veterans Affairs (VA) will pay per diem to grant recipients for those homeless Veterans whom VA referred to the recipient or whom VA authorized the provision of supportive housing or supportive service.

VA medical facility Grant and Per Diem (GPD) Liaisons must verify that the prospective participant:

a. Is a Veteran as defined in this directive.

b. Is homeless as defined in this directive.

c. Is clinically appropriate for GPD admission, i.e., the Veteran has a desire and need for GPD services to successfully transition at the time of exit from the GPD program to permanent housing, and the Veteran would clinically benefit from the supportive housing offered by the GPD grantee.

d. Meets any specific criteria for the model of GPD programming to which the Veteran desires to be admitted.

2. EPISODE OF CARE WAIVER REQUESTS

VA will not pay per diem for supportive 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 Code of Federal Regulations (C.F.R.) § 61.33(g)). The Veteran may receive housing and services from the GPD grantee, if the GPD grantee so chooses to offer them without per diem payment. VA may waive this limitation if the services offered are different from those previously provided and may lead to a successful outcome (see 38 C.F.R. § 61.33(g)). GPD Liaisons must review, and approve or deny episode of care waiver requests based on their best clinical assessment of the individual case. Documentation of the waiver should be completed by the GPD Liaison in the electronic health record.

3. OVERLAPPING PAYMENTS ARE NOT ALLOWED

VA will not pay per diem for both supportive housing and supportive services provided to the same veteran by the same per diem recipient (see 38 C.F.R. § 61.33(h)).

4. REQUESTS FOR EXTENSION

Under normal circumstances, Veterans should not remain in GPD grantee supportive housing more than 24 months. However, the GPD grantee may request an

extension if the Veteran needs more time to prepare for independent living or to find permanent housing. VA medical facility GPD liaisons must review and approve or deny extension requests based on the clinical evidence and in accordance with the Veteran's treatment plan. At any given time, no more than one-half of the Veterans in GPD grantee supportive housing facilities may have resided at the supportive housing facility for periods longer than 24 months (see 38 C.F.R. § 61.80(d)). The GPD Liaison must meet with any Veteran on an extension at least once every 30 days to ensure a speedy move to permanent housing. Documentation of the extension must be completed by the GPD Liaison in the electronic health record.

5. PARTICIPANT ABSENCE

a. 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 Homeless Operations, Management and Evaluation System (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 Office of Analytics and Organizational Intelligence for program evaluation guidelines for HOMES).

b. Bed Hold. Unless otherwise stated above, GPD grantees may hold a bed for an absent Veteran without payment for up to 14 days. No later than the fourteenth day, the GPD Liaison must complete an exit form in HOMES closing out the Veterans episode of GPD care.

ACCURATE SYSTEM OF BILLING

An accurate system of billing is accomplished by:

a. Ensuring the accuracy of the billing in regard to Veteran eligibility for Grant and Per Diem (GPD) services and number of bed days of care. Supportive 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.

b. Reviewing and retaining the Per Diem Payment Voucher and the detailed daily census provided by the GPD grantee for completeness and accuracy.

c. Signing the Per Diem Payment Voucher indicating concurrence with the amount requested.

d. Forwarding a copy of the Per Diem Payment Voucher to the GPD National Program Office by the 10th day of the following month.

e. Ensuring that payment requests are reviewed and approved in conformance with the requirements (see 31 United States Code (U.S.C.) § 3321).

f. Ensuring that per diem is only paid retroactively for services provided not more than 3 days before Department of Veterans Affairs (VA) approval is given or where, through no fault of the recipient, per diem payments should have been made but were not made.

g. Ensuring that the system of billing is standardized to conform to VA medical facility business practices.

h. Ensuring that billing is paid in a timely manner, and GPD grantees are informed about the payment process including the electronic invoicing system.

GRANT AND PER DIEM INSPECTIONS AND QUARTERLY COMPLIANCE REVIEWS

1. GENERAL INSPECTION PROCEDURES

When conducting inspections and quarterly compliance reviews the Department of Veterans Affairs (VA) medical facility Grant and Per Diem (GPD) Liaison must ensure that:

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

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

c. The services are provided at a site listed in the original grant application or approved change of site.

d. All items on the GPD inspection packet are marked compliant, and all inspectors approve the placement of Veterans. Any deficient items must be fully compliant prior to inspection completion. Deficiencies should be addressed using the steps provided in Appendix D. **NOTE:** *The GPD inspection packet is available at: <https://dvagov.sharepoint.com/sites/vhanational-grant-per-diem-group>. This is an internal VA website that is not available to the public. VA employees should select "Request access" for access to this site.*

e. Current program participant feedback, regarding overall satisfaction with the GPD grantee, is included in any inspection of a GPD grant site.

f. A copy of any final inspection packet is given to the GPD grantee.

g. Requests for correction of any deficiencies noted are completed according to Appendix D.

2. INITIAL INSPECTIONS

Initial inspections of all GPD grantees must be conducted after the grant award is made but prior to per diem being authorized. The GPD liaison must submit the completed initial inspection packet, which has been signed by the VA medical facility Director, to the Network Homeless Coordinator (NHC) for review.

3. ANNUAL RE-INSPECTIONS

Annual re-inspections must occur for each and every GPD Federal Award Identification Number (FAIN) yearly between October 1st and December 31st. Once completed, the re-inspection packet must be forwarded to the VA medical facility

Director for signature and submission to the NHC for review and tracking by no later than December 31st.

4. TWICE A YEAR UNANNOUNCED NUTRITION AND FOOD SERVICE REVIEWS

The GPD Liaison must coordinate a plan with the Nutrition and Food Service representative on the GPD inspection team to ensure periodic unannounced reviews of the GPD grantee's nutrition and food services to verify the consistency and quality of these services. These unannounced reviews must occur at least twice a year in addition to the annual re-inspection of the GPD grantee. For grantees using centralized preparation, the periodic unannounced visits should vary to encompass different mealtimes. The GPD Liaison should orient the GPD grantee to the purpose of this process in order to support a cooperative relationship.

5. SCHEDULED OR UNSCHEDULED SITE VISITS TO GPD GRANT SITES

When on-location at a GPD grant site, a cursory environmental review must be conducted, and hazards or other deficiencies which need to be corrected must be identified, including but not limited to the following:

- a. If a significant hazard or deficiency is noted, the GPD Liaison must notify the GPD grantee and appropriate local VA medical facility personnel for inspection and follow-up.
- b. Any hazards and deficiencies noted must be documented in the GPD Liaison's administrative file on the GPD grantee.

6. QUARTERLY COMPLIANCE REVIEWS

A compliance review of each FAIN must occur at least once per fiscal quarter. The findings of this compliance review must be documented in a memorandum for the record with a copy provided to the GPD grantee. This review must include:

- a. A cursory environmental review of the GPD facility. If the GPD Liaison identifies any areas of concern, they must consult with a subject matter expert to ensure that the item meets inspection criteria.
- b. A random review of the GPD grantee's clinical charts to ensure grant and regulatory compliance.
- c. Documentation of the GPD Liaison's quarterly review with the GPD grantee of the grantee's performance on the applicable VA performance metrics. For any items that are failing the metrics, the GPD Liaison must formulate a corrective action plan.

ADDRESSING OPERATIONAL DEFICIENCIES IN GRANT AND PER DIEM PROGRAMS: REQUESTING CORRECTIVE ACTION AND PROVIDING GPD GRANTEES DUE PROCESS

The following procedure must be followed for any items that are identified as problematic or in non-compliance, in other words are identified as deficient, during an initial inspection, annual re-inspection, quarterly compliance review or a scheduled or unscheduled site visit to a Grant and Per Diem (GPD) grantee.

a. To ensure clarity and adequate communication, findings must be discussed verbally via a debriefing, or similar process, immediately following the inspection or site visit. The GPD grantee must be notified in writing of the deficiency and provided with the opportunity for correction. If the GPD grantee disagrees that a deficiency exists or does not expeditiously plan to resolve the deficiency, then a request for corrective action letter must be sent to the grantee. For issues involving patient safety, it is acceptable to remove the Veteran from the GPD grantee's care immediately before a formal letter can be drafted.

b. A request for corrective action letter originates with the Department of Veterans Affairs (VA) medical facility Director and is addressed to the GPD grantee. This letter must detail the deficiencies along with the date the deficiencies were identified. A copy of this letter must be forwarded to the GPD National Program Office and the Network Homeless Coordinator (NHC). This correspondence must specify a date of expected response. In addition to requesting corrective action this letter may include progressive enforcement actions including:

(1) Step One. Intent to withhold per diem payments. Adequate notice must be provided prior to withholding per diem payments. The request for corrective action letter must include notice of the intent to withhold per diem funds and provide 30 calendar days from the date of the letter for the grantee to respond. This letter must also include the definition of withholding.

(2) Step Two. Withholding and intent to suspend per diem payments. The request for corrective action letter must state the date that per diem payments are being withheld. This letter must include notice of the intent to suspend per diem funds and provide 30 calendar days from the date of the letter for the GPD grantee to respond. This letter must also include the definition of suspension.

(3) Step Three. Suspension of per diem payments and intent to recommend termination. The request for corrective action letter must state the date that per diem payments are being suspended. This letter must include notice of the intent to recommend termination and provide 30 calendar days from the date of the letter for the grantee to respond.

(4) Step Four. The VA medical facility Director submits a recommendation of termination of the GPD grant to the GPD National Program Office. The GPD National

Program Office has primary responsibility for the termination of a GPD grant. The VA medical facility Director must contact the GPD National Program Office in writing to recommend termination. The recommendation for termination must document the reasons for the recommendation and include documentation of all actions taken in the request for corrective action process.

(5) Step Five. Intent to Terminate. This document originates with the GPD National Program Office and provides 30 calendar days from the date of the letter for a response. **NOTE:** *An example corrective action letter is available at: <https://dvagov.sharepoint.com/sites/vhanational-grant-per-diem-group>. This is an internal VA website that is not available to the public. VA employees should select "Request access" for access to this site.*

c. When a corrective action plan is submitted by the GPD grantee, the VA medical facility Director reviews the response from the GPD grantee for adequacy and may request additional information or more specifics. If at any time in this process a resolution is reached, then the process ends with a letter from the VA medical facility Director accepting the plan of correction or noting the resolution of the deficiency.

d. If needed to ensure the safe operation of the GPD grant, the VA medical facility Director may in combination with any of the above steps include a halt to any new admissions to the GPD grant. This would mean that per diem is not authorized for any new admissions to the GPD grant until a resolution is reached.

e. Consultation with the GPD National Program Office must occur prior to any deviation from this process. Imminent danger to the Veterans in the project is the only acceptable reason to either go out of sequence or to expedite the request for corrective action process.