National Grant & Per Diem (GPD)
Notice of Funding Availability (NOFA) 2018
Hospital-to-Housing Bed Model Technical Assistance
November 28, 2017
Overview of Today’s Presentation

• Background
  – Why H2H is Needed
  – How does H2H work?
  – Expectations
• H2H Process Overview
• Application Elements
  – The MOU
• Best Practices
• FAQ
Hospital-to-Housing (H2H): What is it?

• Adaptation of medical respite
• Addresses both medical and psychosocial needs
• Coordinates services: “H2H is good case management”
• Brings together case managers, primary care teams, GPD providers
• Results in shorter hospital stays and leads to permanent housing placements
• Hospitalization as an avenue to housing
H2H: Why is it Important?

• Homeless Veterans have disproportionately high rates of hospitalization
• Homeless Veterans stay in the hospital longer
• Research shows people will seek medical care when they become homeless
• Opportunity to target multiple needs and coordinate across multiple services
• Addresses underlying social needs potentially driving poor health/readmission
H2H: Expectations

• H2H provides **recuperative stays** to homeless Veterans who may otherwise remain in the hospital longer than necessary.

• The expectation is that the Veteran will **receive follow-up care at the partner VA**.

• Veterans should demonstrate **functional ADLs**, **not be actively psychotic**, **not be demonstrating cognitive decline**, **not needing active detox**.

• Veterans should be **permanent housing candidates**.

• It is expected that the Veteran will **make a full recovery** from the condition being treated: H2H is **not a substitute for nursing home** or assisted living care.

• Hospitalizations **can be medical or psychiatric**, depending on the arrangement between VA and GPD.
The Process
H2H: The Process

Example of the process:

• The H2H VA POC identifies a Veteran in the ED or inpatient ward
• The Veteran is assessed for appropriateness and suitability
• A post-discharge plan is developed with Veteran, GPD, and VA case manager input
• A care management plan is developed, including the frequency of follow-up with the VA care team (either on-site at the GPD or at the VA)
H2H: The Process

Example of the process continued:

• With GPD agreement, the Veteran is discharged to the GPD
• On-going follow-up and medical care is provided by VA
• A plan for permanent housing is put in place
VA

- **H2H Process Owner (GPD liaison, etc.):**
  - Assess Veteran
  - Coordinate Care
  - Discharge Plans

- **MOU:**
  - Assessments & Referrals;
  - Expectations;
  - Meeting Frequency;
  - Communication Plan;
  - Discharge Plans;
  - Permanent Housing Plan

- **Discharge Plan:**
  - Follow-Up Frequency; Medical, Psych, SUD plans;
  - Perm Housing Plan

- **Interdisciplinary Team Meetings**

GPD

- **Project Team:**
  - GPD Site, GPD Liaison, Clinical Care Team & Stakeholders

- **Homeless Programs:**
  - HUD-VASH, etc.

- **H2H Bed/Placement + Coordinated Services at the GPD Site or VAMC as applicable**

- **On-going Management of Care Needs**

- **Interdisciplinary Team Meetings**

- **Mental Health & Substance Abuse as needed**

- **H-PACT Medical Team + Specialty Care as needed**
Application Elements
H2H: Elements

- Memorandum of Understanding (MOU)
- Interdisciplinary Team (IDT) Meetings
- Number of beds: Each community will vary; e.g. ~ 5 beds for smaller sites and up to 15 beds in larger areas be carved out for H2H
  - Beds can be flexed with other models if your site meets flexing criteria
- Defined appropriateness of Veteran referrals
- GPDs are expected to rely upon VA for providing medical care (i.e. GPDs are not expected to staff their own on-site medical teams)
H2H: The MOU

• A Memorandum of Understanding (MOU) is *only required for the H2H bed model.*

• The MOU should:
  – Solidify roles, processes, and expectations
    • *Tip: Name actual positions and responsibilities!*
  – Define admission criteria/ADLs
  – Define interdisciplinary team meetings and frequency
H2H: The MOU

• A Memorandum of Understanding (MOU) is *only required for the H2H bed model.*

• The MOU should not:
  – Outline any specifics or responsibilities of other bed models
  – Go beyond the scope of H2H
  – Attempt to negotiate arrangements with partnered Medical Center that do not relate to H2H
H2H: The MOU

• A Memorandum of Understanding (MOU) is only required for the H2H bed model.

• The MOU must:
  – Be completed, signed by all parties, and submitted with the grant application
  – To help ensure you have enough time to get the MOU executed, please refer to this tool: [https://www.va.gov/HOMELESS/docs/GPD/NOLA2018-PDO_Timeline.pdf](https://www.va.gov/HOMELESS/docs/GPD/NOLA2018-PDO_Timeline.pdf)
H2H: The MOU, Questions to Consider

- Who/which teams at VA will be responsible for on-going care management?
- Who is the primary points of contact for both VA and GPD?
- What are patient assessment and referral processes and criteria?
- Who will identify patients and how?
- Who will access the Veterans and make the referral? How will this be done?
- What are suitable referrals for my GPD program?
H2H: The MOU, Questions to Consider

• What will I require for Functional ADLs?
• Meetings between VA team and GPD
  – Which team members should be there?
  – How frequently?
• Define “interdisciplinary:” Which disciplines participate (SW, RN, MD, GPD)?
• Planning for GPD discharge to permanent housing:
  – Which team members are responsible?
H2H: The MOU, Sample

Why It Works

- Articulated goals & purpose
- Clearly defined roles
- Shows clear linkage to VAMC
- Defines admission/referral sources
- Easy to understand
Best Practices
H2H: Best Practices

• Resoundingly, VA teams highly endorsed interdisciplinary team meetings with the GPD provider
  • “Opened lines of communication”
  • “Created seamless transitions”
  • “This project brought us together with the GPD in a meaningful way. I really hope these meetings continue even now that the pilot has ended.”

• Articulated and Agreed Upon Care Plan at Time of Discharge
• Cultivating a good rapport with the Medical Center teams
H2H: Best Practices

- Designated “Process Owner”
  - Examples: The H2H primary POC (GPD liaison, H-PACT Social Worker, HCHV Social Worker, RN Case Manager) serves as the coordinating hub between services and as the primary POC for the Veteran; H-PACT PCP/SW agrees to temporarily oversee transitional care for Veterans in H2H, all of whom have multiple PCPs

- Clear Communication with Care Team and Plan to Provide Follow-Up Care

- VA-provided on-site clinical care to GPD

- Meet with patients at GPD to understand their care needs and goals.
FAQs
H2H FAQ Themes

1. The Referral Process & Outpatients
2. Post-Discharge Care & Follow-Up
3. Non-VA Care
4. Other: Bed Numbers & Flexing; “Dom” Referrals; Palliative Care
H2H: Frequently Asked Questions

1. The Referral Process & Outpatients Questions

• I have a Veteran with a lot of medical needs but he’s not inpatient. His care team thinks that the stability of the GPD program would go a long way to stabilizing his chronic medical conditions. Can I place him in an H2H bed?
• Do I have to send Veterans to the ED or get them admitted so they can qualify for an H2H bed?
• If H2H beds are full and a Veteran is discharged to a shelter, can I still consider him for H2H when a bed opens up?
• If a Veteran is hospitalized with a medical care after plan, but then discharges one night to emergency shelter or one night to the streets, does he/she remain eligible for GPD? For example, a Veteran discharges from the hospital or ED late on 10/31 but spends the night in the streets on 10/31. Can he enter H2H on 11/1?
1. The Referral Process & Outpatients Guidance

- Direct discharge from an inpatient ward or emergency department is not always necessary. Under no circumstances is it okay to initiate a visit to the ED or an inpatient stay for the purposes of securing an H2H bed. Medically complex, homeless Veterans who need intensive follow-up for medical conditions can be considered. The closer you partner with your VA care teams and other homeless programs (e.g. HCHV), the more seamless these transitions will be.

- **Key Point**: ED and inpatient resources should not be used only to qualify Veterans for H2H beds. Outpatient referrals made by VA care teams should be considered.
H2H: Frequently Asked Questions

2. Post-Discharge Care & Follow-Up

How do I order supplies like gauze and bandages for my H2H Veterans?

- GPD providers will not order or be provided supplies. The supplies are given to or ordered for the Veteran by the care team at the time of discharge, much like when a Veteran is discharged to their home. A good linkage with the GPD liaison and VA care team is important here to ensure that the Veteran is being appropriately followed for post-discharge care.

- **Key Point:** GPD providers are not expected to stock special supplies or provide medical care. Strong communication with VA teams post-discharge is critical.
Is H2H just for Veterans getting VA care?
Can I only refer Veterans from VA inpatient settings?

• In some circumstances, Veterans who have robust community-based outpatient care may be considered for H2H. Some VA facilities do not have inpatient wards. In this case, we highly recommended that you convene an interdisciplinary team meeting (GPD provider, liaisons, and VA care team) to discuss how to identify Veterans in community hospitals and outline who will outreach to them for H2H appropriateness and participation.
If medical symptoms stabilize, and it’s clinically indicated, could we transfer a Vet to another model? This agency has H2H, SITH, Bridge, and LD beds. With an LOS of up to 24 months and having only 10 beds, I’m concerned about the lack of turnover.

- The movement of Veterans between programs is discouraged unless clinically necessary for the Veteran. Movement between GPD projects or models will negatively impact the grantees performance on the exits to permanent housing measure. The option to flex beds between models is available if those beds are at the same agency (EIN) under the same VAMC.
Can Veterans being discharged from MH RRTP programs be considered for H2H beds?

- No. Any services under the MH RRTP umbrella may not be considered referral sources. See: https://www.va.gov/HOMELESS/docs/DCHV_Definitions_of_MHRRTPs.pdf
H2H: Frequently Asked Questions

4. Other: Bed Numbers & Flexing; “Dom” Referrals; Palliative Care

*We have a terminally ill Veteran. He is ambulatory and caring for himself now, but was told he only has six months to live. Can we take him in H2H?*

- This Veteran can be considered for H2H at your discretion. When appropriate, a hospice referral should be considered when the Veteran is no longer able to care for his/herself.
Questions?

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