

Department of Veterans Affairs – Grant and Per Diem Program

Procedure for Requesting and Receiving Approval for a Per Diem Rate – Housing

The current GPD rate is \$52.23.

January 5, 2021, the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (HR 7105, Sec 4201) was signed into law and limits the GPD per diem waiver authorized under the CARES Act (P.L. 116-136) to three times the rate authorized for State homes for domiciliary care. The current maximum rate for all transitional housing under the GPD Program is \$156.69, and the maximum service center rate is \$19.59.

Table of Contents

Part I: General Instructions

Part II: Complete the Per Diem Rate Request Worksheet

Part III: Transmit Worksheet

Part IV: Approval

Part I: General Instructions

IMPORTANT: It is recommended all providers visit the provider's website monthly to ensure the most current procedures are followed and the most current forms are used. This will help ensure providers receive their payment requests in a timely manner. Here is a link to the website: http://www.va.gov/HOMELESS/GPD_ProviderWebsite.asp

All providers are required to obtain a working knowledge of all applicable Federal Regulations and OMB Circulars. These are posted on the VA GPD website <http://www.va.gov/HOMELESS/GPD.asp>.

- Read the entire contents contained herein before any forms are submitted to the VA GPD Program Office.
 - Direct any questions via e-mail to GPDFiscal@va.gov. If you would like to discuss via telephone, request a day and time via the same e-mail address. Please be sure to include the FAIN(s) in the subject line of the email.
 - Organizations can submit a Per Diem Rate Request Worksheet at any time.
 - Once an initial Per Diem Rate has been approved there is no annual requirement to submit the Per Diem Rate Request Worksheet. The worksheet should only be submitted if the Provider would like to change their current approved Per Diem Rate.
 - Requests must be based on the accrual basis of accounting and generally accepted accounting principles (GAAP).
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Part II: Complete the Per Diem Rate Request Worksheet

1. Retrieve the Per Diem Rate Request Worksheet from the VA GPD Providers website.
2. Once the document is opened review the Highlighted Fields box. The fields that are required to be completed will be highlighted in blue.
3. Any worksheet that is received with invalid or omitted entries in the required fields will prolong the processing time or result in a denial of the request.

Blocks:

1. Enter the official FAIN number (**Example FAIN:** ABCD222-0999-544-BR-21-0)
2. Enter # of beds for that specific FAIN
3. Recipient Account Number - this is an identifier that the grantee would have created in their own accounting system to segregate the costs related to the project, this is not a GPD issued number
4. Recipient Organization - Official name and address of the recipient
5. Enter the fiscal year you are estimating costs for. You will be required to follow the Federal fiscal year (October – September) for reporting purposes.

When entering numbers in any parts of this Item, do not use any \$ or commas; just enter the numeric digits. For example, on the Sample Attachment 125000 was entered in Item 6a resulting in the default output of \$ 125,000.

Note: Organizations are required to submit OMB SF425 –Federal Financial Report within 90 days from the end of the financial reporting year. Organizations that fail to submit the required SF425 will not be eligible for any per diem rate increases.

6. Project Expenditures

6a. Total Estimated Cost of Veteran Care

This item is automatically calculated and equals 6b + 6C

6b. Total Estimated direct costs of Veteran care

Direct costs are those that can be identified specifically with a particular final cost objective, i.e., a particular award, project, service, or other direct activity of your organization. Your agency's accounting system should properly segregate and allocate costs, per OMB Circular A-122.

This amount represents the allowable direct costs associated with the project number reference in item 2 of this worksheet.

6c. Total Estimated indirect costs of Veteran care

Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. After direct costs have been determined and assigned directly to awards or other work as appropriate, indirect costs are those remaining to be allocated to benefiting cost objectives. This amount represents the allowable indirect costs associated with the project number reference in item 2 of this worksheet.

6d. Approved indirect cost rate (percentage)

The Federal agency with the largest dollar value of awards with an organization will be designated as the cognizant agency for the negotiation and approval of the indirect cost rates. This percentage represents your agreed upon indirect cost rate.

If you don't have an approved indirect cost rate agreement you may elect to charge a de minimis rate of **10 percent** or enter "N/A"

***NOTE: (6d)** These costs must be clearly segregated and defined in your accounting system so that proper program reviews and reconciliations are possible. To charge indirect costs to this project you must have an approved indirect cost rate from your cognizant Federal agency. Your indirect rate agreement must be included with this request.

7. Project Income

7a. Total estimated sources of income

This item is automatically calculated and equals 7b + 7c

7b. Rent and/or fees charged to Veterans

Any fee (including rent) charged to a Veteran under this program must be reported as another source of income and is considered Program Income as defined by the applicable OMB Circulars. Any fee (including rent) charged to a Veteran under this program cannot be used to fund any unallowable costs as defined by the applicable OMB Circulars.

7c. All other sources of income (cash and in-kind)

Enter the Recipient's most current and accurate estimate of the other sources of income that are used to fund the total estimated cost of Veteran care entered on Item 6a. (Excluding items listed under 7b)

Other sources of income are defined under 35 CFR § 61.33(d)(1)(i) as "payments and grants from other departments and agencies of the United States, from departments of State and local

governments, from private entities or organizations, and from program participants used to fund the total cost of Veteran care.

VA GPD per diem funding should **NOT** be included as another source of income. Private donations restricted to be used exclusively for Veterans under this program and/or restricted to be used for services or goods received by Veterans under this program must be reported as another source of income.

8. Total Cost of Project

8a. Total Estimated VA GPD project costs

This item is automatically calculated and equals Items 6a - 7a.

IMPORTANT – If Item 8a divided by Item 9c is greater than the current maximum per diem rate, then Item 10b will default to zero. To correct this, an adjustment to Item 6, 7, or 9c will be necessary.

If Item 6 or 7 are adjusted, you must tab thru the rest of the schedule to refresh the calculations in Items 10. These estimated costs must exclude any unallowable costs as defined by the applicable OMB Circulars.

9. GPD Beds

9a. Total Number of GPD beds under this EIN

This item is automatically calculated and equals the sum of beds shown in Block 2.

9b. Maximum Annual Bed Days that may be billed annually

This item is automatically calculated and equals Item 9a times 365 days.

9c. Estimated Number of bed days to be provided annually

Enter the most current and accurate number of bed days the Recipient expects to provide during the 12-month period budgeted under Item 6a. Example: If you have a 20 bed project and expect to be at 100% occupancy you would enter (20*365) **7300**

9d. Estimated Occupancy Rate

This item is automatically calculated and equals 9c divided by 9b (Percentage)

10. HMIS Costs

10a. Total allowable and allocable HMIS expenses

Enter your total HMIS costs. This number should be included in the amounts under 6b and/or 6c.

10b. Maximum possible billing at projected utilization rate

This number is auto calculated. It is the calculation of the maximum per diem rate by your estimated occupancy.

10c. Portion of allowable and allocable HMIS expenses not covered under 10b

It is the calculation of your total GPD project costs (8a) minus your maximum possible billing (9d). This number may not exceed \$10,000 or the amount listed in 10a, whichever is less.

-If 10c is positive, does not exceed \$10,000 and does not exceed 10a, your new per diem rate is automatically calculated

-If 10c is positive and exceeds \$10,000 or exceeds 10a, you would need to either decrease your expenses (section 6) or increase your income (section 7)

-If 10c is a negative number or equal to zero (e.g., (\$2,000)) that means that all of your agency's reported HMIS costs are covered under the base per diem rate; no supplement needed.

11. Per Diem Rate

11a. Supplemental HMIS per diem

This number is auto calculated. It is the calculation of your HMIS approved costs by your estimated occupancy.

11b. Base Per Diem Rate (not to exceed current maximum)

This number is auto calculated. This is your per diem rate without any additional HMIS costs. If this cell turns **red**, then you have overstated your estimated budget and exceeded the maximum per diem rate. Go back to review 6, 7 and 9c to identify the corrective action required.

11c. Requested per diem rate (base + supplemental HMIS)

This number is auto calculated. This is your Supplemental HMIS rate (if applicable) plus your base per diem rate.

12. Certification

12a. Typed/Printed Name and Title of Authorized Certifying Official

This official must be an Executive Level employee.

12b. Title of Authorized Certifying Official

This official must be an Executive Level employee

12c. Email

Enter the email address of the individual listed in 11a.

12d. Date Request Submitted

This date should reflect the actual date submitted to GPD office.

11e. Requested Effective Date

This date should reflect the date you are requesting this per diem rate to take effect. The soonest effective date is the 1st of the following month the request is submitted.

Part III: Transmit Worksheet

Submit the completed worksheet in the [Grants Management System](#) (eGMS). There is a How-to on our [GPD Provider Website](#).

Part IV: Approval

In general, all request determinations will occur within 30 days of receipt of the Per Diem Rate Request Worksheet. If it is expected to take longer than 30 days, the VA GPD Program Office will contact the Recipient Authorized Certifying Official via e-mail specifying the expected date of determination.

Once a determination is made, the Recipient Authorized Certifying Official will be notified via email. If the request is approved, at a minimum, the per diem rate and its effective date will be specified. If the request is denied, the reason(s) for denying the request will be specified.

Per diem rate requests will be automatically denied for any one of the following reasons:

- Any item on the form is omitted or determined to be inaccurate.
- The organizations per diem payments are being withheld or suspended.
- The organization has an outstanding debt to the VA.
- The organization has not submitted the SF 425 Fiscal Financial Report for the preceding fiscal years.