

# **VA Grant & Per Diem Program**

## **Grant Recipient Guide**

## TABLE OF CONTENT

<b>Overview</b>	<b>3</b>
<b>VA Expectations of Grant Recipients</b>	<b>3</b>
<b>Payment Information</b>	<b>5</b>
<b>General Oversight and Performance Metrics</b>	<b>7</b>
<b>Appendix A - Model Specific Information from NOFAs</b>	<b>10</b>

## GPD NATIONAL PROGRAM OFFICE

### Contact Information:

General Operational Questions: [GPDgrants@va.gov](mailto:GPDgrants@va.gov)  
Fiscal Questions: [GPDfiscal@va.gov](mailto:GPDfiscal@va.gov)

### GPD Program Staff:

Jeffery Quarles, Director  
Chelsea Watson, Deputy Director  
Amanda Barry, Clinical Program Specialist  
Yvette Green, Auditor  
Coral Baker, Financial Management Specialist  
Sue Sigwart, Administrative Officer  
Sharon Wilkerson, Program Support Assistant

## Overview

Congratulations on your successful 2018 *Per Diem Only and/or Transition in Place* application. The following guide has been developed to assist your organization in obtaining per diem payments. The information presented in this guide is to be used as a reference only and is not meant to take the place of the Homeless Providers Grant and Per Diem (GPD) Program regulations or other statute or governing law. Your organization is still required to be cognizant of and in compliance with any federal, state or local laws pertaining to the provision of service for homeless individuals. A copy of the GPD rules and regulations as well as other pertaining regulatory and statutory guidance may be accessed at [www.va.gov/homeless/gpd.asp](http://www.va.gov/homeless/gpd.asp)

We hope you will find these guidelines helpful. Our intention is for you to work closely with your appointed Department of Veterans Affairs (VA) GPD Liaison to develop the best possible partnership to serve the homeless Veterans of our nation.

## Expectations

### VA Expectations of Grant Recipients:

The Veterans we serve together have many complex and unique needs. We are encouraging you to remain flexible, eliminate barriers to admission, and continually work to engage Veterans in your programing, viewing relapse not as the end of treatment but instead as a part of the recovery process.

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

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

It is also important to review the following items in the GPD regulations, 38 CFR 61:

- 61.1 Definitions:
  - Homeless;
  - Supportive housing;
  - Veteran: For the purposes of eligibility for participation in the Grant and Per Diem Program, Veteran means a person who served in the active military, naval, or air service, regardless of length of service, and who was discharged or released therefrom. Veteran excludes a person who received a dishonorable discharge from the Armed Forces or was discharged or dismissed from the Armed Forces by reason of the sentence of a general court-martial. The length of service restrictions under 38 U.S.C. 5303A do not apply.
- 61.2 Supportive services
- 61.33 payment of per diem
  - (e) Retroactive payments
  - (f) Payments for absent veterans

- (g) Supportive housing limitation
- (h) Veterans receiving supportive housing and services

Community providers funded under the GPD Program are expected to:

1. Provide all staffing and services for which the grant is furnished at locations accessible to homeless Veterans;
2. Maintain referral networks for, and aid homeless Veterans in, establishing eligibility for assistance and obtaining services under available entitlement and assistance programs;
3. Ensure the confidentiality of records maintained on homeless Veterans receiving services under the grant;
4. Establish procedures for accounting with respect to the grant; you are required to follow all guidelines and laws for receiving federal grants; not only federal law but also state and local laws may apply. In addition to audit requirements as set forth in the Office of Management and Budget (OMB) Circulars (available on our website).
5. With respect to service centers, meet specified requirements concerning service hours, space for federal agencies and other organizations, and necessary services, including job training and placement;
6. Seek to employ homeless and formerly homeless Veterans in positions created for purposes of the grant;
7. Help homeless Veterans, primarily those living in places not ordinarily meant for human habitation or in an emergency shelter to: achieve residential stability; increase their skill levels and/or income; and obtain greater self-determination;
8. Check the GPD Provider Website Monthly: To ensure your organization is following the most current procedures and is aware of all available guidance we recommend that providers visit the GPD Provider website monthly ([https://www.va.gov/HOMELESS/GPD\\_ProviderWebsite.asp](https://www.va.gov/HOMELESS/GPD_ProviderWebsite.asp)).
9. Attend Monthly Conference Calls: There are monthly conference calls for all operational grant and per diem recipients. These calls are used to offer you updated information and answer your questions. Unless otherwise communicated these calls occur on the 2<sup>nd</sup> Tuesday of the month at 2 pm Eastern Time. Audio is available via VANTS on 1-800-767-1750 Access Code, 17663#. It is expected that a representative from each awarded organization attend.
10. It is expected that a representative from each low demand grant awarded organization attend the low demand technical assistance call twice per month on the 1<sup>st</sup> and 3<sup>rd</sup> Tuesday of the month.
11. Complete Quarterly Meetings and Grant Related Activities Reports: VA will provide your agency with your FAIN's performance on the VA metrics at least quarterly. You and your VA GPD Liaison should meet to review this data and discuss any program changes or adjustments to meet the established metrics. 38 CFR 61.80(c) directs GPD grantees to provide a grant-related activity report each calendar year quarter including things such as "personnel activity (hiring-training), community orientation/awareness activity, programmatic activity (job development). Also identify administrative and programmatic problems, which may affect performance and proposed solutions. Other pertinent information, including a description of grant-related activities."
12. Report Prior to Any Program Changes: Significant changes in key staff positions require notification in writing to the GPD National Program Office such as a change in the two primary points of contact (e.g. executive director). Programmatic changes require both notification and approval from the GPD National Program Office. Changes in site and scope (program design, staffing, and/or services) need to be reviewed and approved by our office prior to the change being implemented. Unauthorized changes may result in progressive sanctions action due to a lack of grant compliance.

13. **Ensure Accurate and Timely Reporting of Allowable Grant Costs:** It is your organizations responsibility to ensure that all operational costs assigned to the grant are allowable and charged in accordance with GPD Program Regulations and the applicable OMB Circulars. Approval of per diem payments does not constitute approval of individual costs charged as part of the payment. If VA subsequently determines through a fiscal review or audit that costs were not charged appropriately, VA may issue a Letter of Indebtedness to collect for the over-billing. Submission of budgets or other information as part of your grant application or through subsequent changes of scope does not constitute approval for charges that violate program regulations or OMB Circulars. Your agency must track costs by each FAIN. Each FAIN will have its own per diem rate. In addition, your agency is advised it must meet the requirements of 38 CFR 61.66 Financial Management.
14. **Ensure Accurate and Timely Completion of the SF 425 Federal Financial Report (FFR):** Fiscal reporting will be based on the Federal Fiscal year; October 1<sup>st</sup> to September 30<sup>th</sup>. All Providers are required to complete the SF 425 FFR on an annual basis for each FAIN. Annual FFR's are due no later than 90 days after the end of the Federal Fiscal Year (September 30<sup>th</sup>). If for some reason your agency withdraws from the grant or is terminated a final FFR will be due. The final FFR is due no later than 90 days after the date of withdrawal or termination. If you find that you have overages DO NOT include a check for that amount with your FFR. If the FFR indicates funding is due to be returned, our office will initiate a formal Notice of Indebtedness with instructions on how and where to send payment or request waivers of debt.

**Please Note:** It is very important that if no one in your agency has the expertise in complying with these requirements, you secure the services of a professional in that capacity.

### **Payment Information**

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

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

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

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

### **Billing/Payment:**

The GPD National Program Office will notify your agency of the proper system in which to submit billing. Billing will be for services rendered and Grantee's may draw funds monthly. Draw requests will be verified by the local VAMC Liaison and finally approved for payment by the business rules at the local VAMC.

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

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

**Retroactive Payments:** Retroactive payment of per diem is limited to not more than 3 days before VA approval of participant eligibility is determined.

**Per Diem Payment Voucher:** The awardee will summarize the billing information using the Per Diem Payment Voucher Form and submit it with their detailed daily census to the local VA Liaison for verification and signature. These invoices for services rendered must be accurate and supporting evidence of Veterans served daily must be made available for GPD Liaison review.

**Transition in Place Per Diem Payment Voucher:** The awardee will summarize the billing information using the Transition in Place Per Diem Payment Voucher Form and submit it with their detailed daily census to the local VA Liaison for verification and signature. These invoices for services rendered must be accurate and supporting evidence of Veterans served daily must be made available for GPD Liaison review.

**Special Needs Payments:** The awardee will summarize the billing information using the SF270 Request for Reimbursement form and submit it to the GPD National Program Office for review.

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

The FAIN for each application is broken into 6 parts which uniquely identify your award. Below is an example FAIN to better understand the numbering convention.

Example FAIN: ABCD222-0999-544-BR-19				
Unique Agency Identifier	Project Number	VA Station Number	Housing Model (Bridge)	Year of Initial Award
ABCD222	0999	544	BR	19

**Flexing of Beds between Models:** For those agencies funded for multiple models. VA will allow without a change of scope, a flex of beds between the agency's models at the same VAMC. This flex will be up to 5 beds or 15% of the total awarded bed limit the agency has, per medical center,

whichever is greater. If an agency seeks a greater number of flex beds than what is allowed above the agency must receive prior written approval from the GPD National Program Office.

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

## **General Oversight Information**

### **Performance Metrics:**

VA has established performance metrics for the various GPD transitional housing models (see Appendix A for the targets for each model). GPD liaisons will have access to VA performance metric information monthly and will be sharing this outcome information with GPD grantees. At least quarterly the recipient and the GPD liaison will assess the performance of the project based on these metric results.

The following information provides the technical description of each of the GPD performance metrics. Please consult your GPD Liaison if you have questions about the metrics. The success of GPD grantees will be measured on one or more of the following performance measures as outlined in the applicable Notice of Funding Availability (NOFA).

**GPD Metric 1: Discharges to Permanent Housing** - Percentage of Veterans exiting GPD to permanent housing

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

**Exclusions for GPD Metric's 1, 2, & 3-** Veterans will be excluded from these measure under any of the following circumstances:

- Veteran has a Length of Stay (LOS) of 7 days or less;
- Veteran is ineligible for VA health care (an official application for Veterans Health Administration health care must be processed for this exclusion to occur)
- Veteran is deceased at discharge;
- Veteran is placed into a hospital or other residential non-psychiatric medical facility, long-term care facility or nursing home, or psychiatric hospital or other psychiatric facility (this does not include other residential treatment programs);
- Veterans who have been discharged from GPD programming due to threatened/actual violence to self or others; and
- Veteran is transferred to another residential program due to the temporary or permanent suspension of program operations. This exclusion will be entered manually after consultation with the GPD National Program Office.

**GPD Metric 2: Negative Exits** – Percentage of Veterans being asked to leave the GPD or leaving without consulting staff.

**Inclusions-** Number of exits from GPD programming for a violation of program rules, failure to comply with program requirements, or leaving the program without consulting staff.

**Exclusions** -Veterans will be excluded from the measure if:

- Any of the above exclusions

**GPD Metric 3: Employment at Exit** - Percentage of Veterans exiting GPD with competitive employment.

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

**Exclusions** -Veterans will be excluded from the measure if:

- Any of the above exclusions, and
- Veterans who are disabled/retired, students, or indicate exit to an unpaid volunteer position are excluded from the denominator.

### **Role of the GPD Liaison:**

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

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

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

### **Inspections:**

The inspection procedures are comprehensive reviews guided by the program regulations. Generally, before grantees can admit Veterans for the first time an initial inspection of the project is required. If the project has a recent inspection (within 90 days) the initial inspection is not needed; only a review of the new services or sites as appropriate. Recurring annual inspections are to occur yearly thereafter between October 1<sup>st</sup> and December 31<sup>st</sup>. For inspection criteria please review 38 CFR 61.80

The team for all inspections will include: The Network Homeless Coordinator or his/her designee, the VA GPD Liaison, and personnel from the local VAMC, including subject matter experts from Social Work Service, Nutrition and Food Service, Contracting Service, Nursing, Facilities Management/Engineering, Mental Health and Behavioral Sciences, and VA Security Service.

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



All community providers will be inspected at least annually as discussed above and outcomes of reports will be recorded, deficiencies will be noted and recorded, and follow-up corrective actions will be monitored by the VA medical facility.

Upon the completion of your initial inspection and annual re-inspections you will receive a copy of your inspection report.

The GPD National Program Office or VA GPD Liaison may conduct unannounced site visits of GPD grantees at any time.

### **Grant Compliance:**

Grantees may have written statements in their grant application that conflict with GPD regulations; GPD regulations will take precedence. (Example; a program fee noted in a grant application that conflicts with GPD regulations). If such cases occur the grantee would be required to follow the regulatory requirements regardless of any statements in the grant application.

### **Special Reporting Circumstances:**

At times, situations occur that will require additional reporting actions to the VA GPD Liaison. Some examples include Veteran injury, medication overdose, or death. Please ensure you have both an internal incident reporting system and that these incident reports are provided to your GPD Liaison within 24 hours of the critical incident.

### **Allegations of Impropriety:**

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

### **Correcting Deficient Items:**

Any items that are identified as deficient during an inspection or a site visit to a GPD grant site will be addressed both verbally and likely in writing by your overseeing VA Medical Facility Director. **Health and Safety Issues must be addressed immediately other deficiencies may allow 30 days for you to respond with an acceptable corrective action plan.**

Should you fail to provide an acceptable corrective action plan. A letter withholding and then suspending per diem payments may be issued by your overseeing VA Medical Facility Director. If funds are withheld, and the situation is corrected, the awardee may be paid the funds withheld for the services rendered. However, if funds are suspended, even though the situation is corrected, the awardee will not be paid for those services rendered during the suspension period. Per diem may be reinstated from the date of satisfactory correction. As a last resort, projects can be terminated. The GPD National Program Office is the office of primary responsibility for the termination of a GPD award. When termination occurs, VA will conduct a complete audit to determine if any funds are due the government.

## Appendix A

### Model Specific Information from NOFA's

#### **Bridge Housing:**

*Targeted Population*—Homeless Veterans that have been offered and accepted a permanent housing intervention (e.g., Supportive Services for Veterans Families (SSVF), Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH), Housing Coalition/ Continuum of Care (CoC)); and are not able to immediately enter the permanent housing.

*Model Overview*—Bridge housing is intended to be a short-term stay in transitional housing for Veterans with pre-identified permanent housing destinations.

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

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

#### *Required Minimum Performance Metrics/Targets*—

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

#### **Low Demand:**

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

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

*Characteristics & Standards*—Project is small (typically, 20 beds or less); Services must include case management, substance-use, and mental-health treatment; and referrals for benefits are made available as Veterans engage; Must provide the participant an orientation that sets the expectations of performance for the participant; Must have 24/7, on-site staffing at the same location as the location of the program participant. (Use of resident managers is not allowed); Must have a method to monitor

participants and their guests' comings and goings; Must have a system in place for the management of the introduction of contraband; Must be willing to retain Veterans who commit minor infractions of rules and who cannot and/or will not stop drinking and/or using legal or illegal substances; Must be committed to keeping the Veterans housed and staying continuously engaged with each Veteran and provide services as needed; Must have procedures to ensure safety of staff and residents; and the grantee agency must participate in bi-monthly calls and an annual fidelity assessment process as established by VA.

#### Required Minimum Performance Metrics/Targets

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

#### **Hospital to Housing (Respite Care):**

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

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

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

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

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

#### Required Minimum Performance Metrics/Targets

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

## **Clinical Treatment:**

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

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

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

### **Required Minimum Performance Metrics/Targets**

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

## **Service-Intensive Transitional Housing:**

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

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

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

### **Required Minimum Performance Metrics/Targets**

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

## **Service Centers:**

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

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

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

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

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

**Transition in Place (TIP):**

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

Model Overview – Provides transitional housing and a milieu of services that facilitate individual stabilization and movement of the Veteran to permanent housing in the residence as rapidly as clinically appropriate.

Characteristics & Standards - The TIP housing model offers Veteran residents housing in which support services transition out of the residence over time, rather than the resident. This leaves the resident in place at the residence and not forced to find other housing while stabilizing. It is expected that Veterans will transition in place in approximately 6 to 12 months. Extensions may be granted after 12 months but not to exceed 24 months. This model does not support discharge planning that would have the Veteran transition to HUD–VASH as the HUD–VASH Program targets a Veteran population in need of specialized case management. Scope of services should incorporate tactics to increase the Veteran’s income through employment and/or benefits and securing the permanent housing in the Veteran’s name. Services provided and strategies utilized by the applicant will vary based on the individualized needs of the Veteran and resources available in the community. Applicant specifies the staffing levels and range of services to be provided. Applicants identify or convert existing suitable apartment-style housing where homeless Veteran participants would receive time-limited, supportive services optimally for a period of 6–12 months, but not to exceed 24 months. Upon completion, the Veteran must be able to “transition in place” by assuming the lease or other long-term agreement which enables the unit in which he or she resides to be considered the Veteran’s permanent housing. Grantees are expected to replace units as they are converted to permanent housing to maintain the average number of bed days as stated in the application during the entire grant period. Once the Veteran assumes the lease or other long-term agreement, VA will no longer provide funding for the unit under this NOFA. For example, each time a Veteran assumes the lease or other long-term agreement for the apartment, the grantee must identify a new unit in which to place another Veteran. By program design, transition to permanent housing should occur as rapidly as possible, and grantees should continually be acquiring and coordinating with VA on the inspection of new units to maintain a steady number of Veterans served. Applicants applying under this NOFA must own or lease apartments intended as permanent housing for an individual or single family. Apartments must meet the inspection standards outlined at title 38 Code of Federal Regulations (CFR) 61.80, and have the following

characteristics: 1. Private access without unauthorized passage through another dwelling unit or private property; 2. Sanitary facilities within the unit; 3. Basic furnishings; and 4. Suitable space and equipment within the unit to store, prepare, and serve food in a sanitary manner (including, at a minimum, a refrigerator, freezer, sink, and stove). Note: Microwave ovens, hot plates, or similar items are not suitable substitutes for an operational stove.

*Required Minimum Performance Metrics/Targets*

- Discharge to permanent housing is 75 percent;
- Employment of individuals at discharge is 50 percent; and
- Negative exits are less than 23 percent.