

# Grant and Per Diem Operational Call

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Tuesday, January 14, 2020 at 2pm Eastern/11am Pacific

Visuals: <http://va-eerc-ees.adobeconnect.com/gpdbh/>

Audio: 1-800-767-1750 Code: 17663

# Agenda

1. Grant and Per Diem (GPD) Announcements and Updates
2. Office of Business Oversight (OBO) Announcements and Updates
3. Clear2Connect: Hearing Loss and Captioned Telephone Pilot
4. 2019 VA, HUD, and USICH Community Planning Survey Responses
5. Questions and Answers/Dialogue

# GPD Per Diem Only Notice of Funding Availability (NOFA)

- Published on December 30, 2019; Awards would begin October 1, 2020.
- Applications are due by **March 2, 2020 by 4pm Eastern** via the electronic application system (no exceptions).
- Competitive process; funding is not guaranteed. Open to new and existing applicants.
- All per diem only (Bridge, Service Intensive, Hospital to Housing, Low Demand, Clinical Treatment) and Service Center grants expire on **9/30/2020**. Therefore, if an existing per diem only or service center grantee is considering continued funding, they need to re-apply under this NOFA.
- All supporting documents including VAMC and CoC Collaboration/Coordination letters must be attached to the electronic application and cannot be submitted separately.
- Transition in Place (TIP) is a separate NOFA that has not been released yet.

# NOFA Resources on GPD Main Website

## NOFA

[Per Diem Only \(PDO\) NOFA](#)

## Pre-Recorded Webinars

[Webinar Recording - PDO NOFA Overview](#) and [PowerPoint Slides](#)

[Webinar Recording - PDO Model Specific Technical Assistance](#) and [PowerPoint Slides](#)

## GIFTS Application

Applicants are encouraged to view the webinars above prior to accessing the GIFTS application link(s)

[Transitional Housing Application Link](#)

[Service Center Application Link](#)

[GIFTS User Guide and FAQ's](#)

## NOFA Reference Documents:

[NOFA Frequently Asked Questions](#)

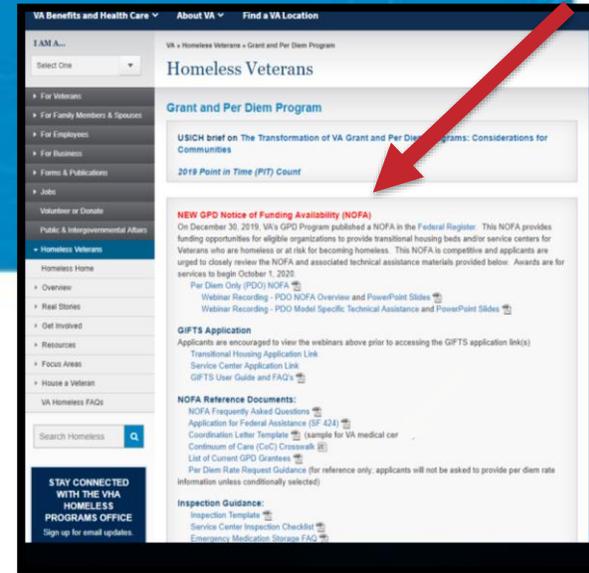
[Application for Federal Assistance \(SF 424\)](#)

[Coordination Letter Template](#) (sample for VA medical centers)

[Continuum of Care \(CoC\) Crosswalk](#)

[List of Current GPD Grantees](#)

[Per Diem Rate Request Guidance](#) (for reference only; applicants will not be asked to provide per diem rate information unless conditionally selected)



# GPD Announcements: Per Diem Rate Request for Per Diem and TIP Grantees

- 11/19 Message sent to GIFTS contacts
- Rate increases are **not** automatic
- If grantees want to request an increase, they must review the instructions in the message and go to:  
[https://www.va.gov/homeless/GPD\\_ProviderRate.asp](https://www.va.gov/homeless/GPD_ProviderRate.asp)
- **Tips**
  - Must submit via GIFTS. Emailed information will not be accepted.
  - Ensure accuracy by double checking work especially when copying the fields from excel to the GIFTS Requirement.
  - Questions: [gpdfiscal@va.gov](mailto:gpdfiscal@va.gov)

Homeless Veterans » Grant and Per Diem Program » Grant and Per Diem Program: Provider Website

## Homeless Veterans

### Grant and Per Diem Program: Provider Website

**Contact GPD Program Staff**

General Program Questions: [GPDInquiry@va.gov](mailto:GPDInquiry@va.gov)  
GPD NOFA Questions: [GPDGrants@va.gov](mailto:GPDGrants@va.gov)  
Fiscal Questions (per diem rates): [GPDFiscal@va.gov](mailto:GPDFiscal@va.gov)  
SF 425 Questions: [GPD425@va.gov](mailto:GPD425@va.gov)

**\*\* GIFTS Grant Portal \*\***

### GPD Regulations and Guides

2018 Recipient Guide  
GPD Regulations (38 CFR Part 61)  
Case Management Regulations (June 2018)  
Final Rule - Veteran Definitions and TIP (November 2017)

### Per Diem Rate Request Information

Current maximum per diem rate is **\$48.50**  
Per Diem Request Worksheet and Instructions  
FAQ Sheet - Tungsten Network for Per Diem Billing (July 2018)

### Grant and Per Diem Program: Per Diem Rate

To ensure timely approval of rate requests, providers should read the Instructions for Requesting a Rate Increase.

**Transitional Housing (maximum per diem rate is \$48.50)**

[Per Diem Rate Request Instructions](#)  
[Per Diem Rate Request Worksheet](#)

**Service Center (maximum per diem rate is \$6.06)**

[Per Diem Rate Request Instructions](#)  
[Per Diem Rate Request Worksheet](#)

**Transitional In Place (TIP) (maximum per diem rate \$72.75)**

[Per Diem Rate Request Instructions](#)  
[Per Diem Rate Request Worksheet](#)

Questions may be e-mailed to the [VA Grant and Per Diem Program](#).

# GPD Announcements: Case Management Grant Updates

## 1. Caseload Tracking Tool (December Data) due 1/14

- Send old version of spreadsheet; liaison will then transfer data to revised tool, upload, and will send grantee a copy of the revised tool to use going forward

## 2. Case Management Grant Implementation Survey in GIFTS due 1/24

- No wrong answer; goal is to help us understand where grantees are at with implementation and what technical assistance might be needed

## 3. Quarterly Review with GPD Liaison

- Liaison will contact CM grantee to schedule; tool on provider website

## 4. Financial Information Survey in GIFTS due 1/30

- Quarterly reporting on actual costs incurred; grantees will submit this requirement, not a quarterly SF-425.

# Office of Business Oversight

- **First Quarter (FY20) Site Visits**
  - WestCare Nevada, Inc., Las Vegas, NV – January 21-23, 2020
- **Federal Contractors**
- **Indirect Rate Agreements**
- **Training Item of the Month: 10% De minimis Indirect Cost Rate**
- *Who is Eligible?*
  - *Non-federal entities which have **never** held a negotiated rate.*
- The de minimis rate of 10% of modified total direct costs(MTDC):
  - is accepted by the federal agency without any review of actual costs
  - is allowable for use indefinitely
  - must be used **consistently across all federal awards**(unless there is a statutory exception under certain federal programs)
- *2 CFR 200.68 Modified total Direct Cost(MTDC)*
- Grantees must maintain documentation of costs included in their de minimis rate of 10% of modified total direct costs (MTDC) which will be subject to review during monitoring and audits.

# CLEAR **2** CONNECT

**Protecting the right to communicate**

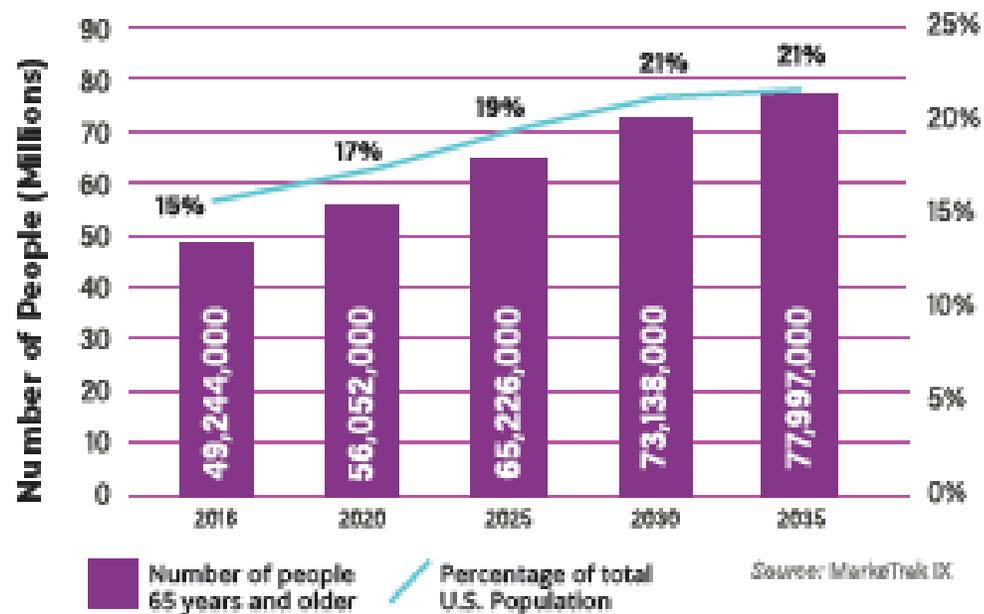
## ***What is the Clear2Connect Coalition?***

A group of organizations from across the U.S. working together to protect the right for Americans with hearing loss to communicate via captioned telephone service – as is their right under the Americans with Disabilities Act (ADA).

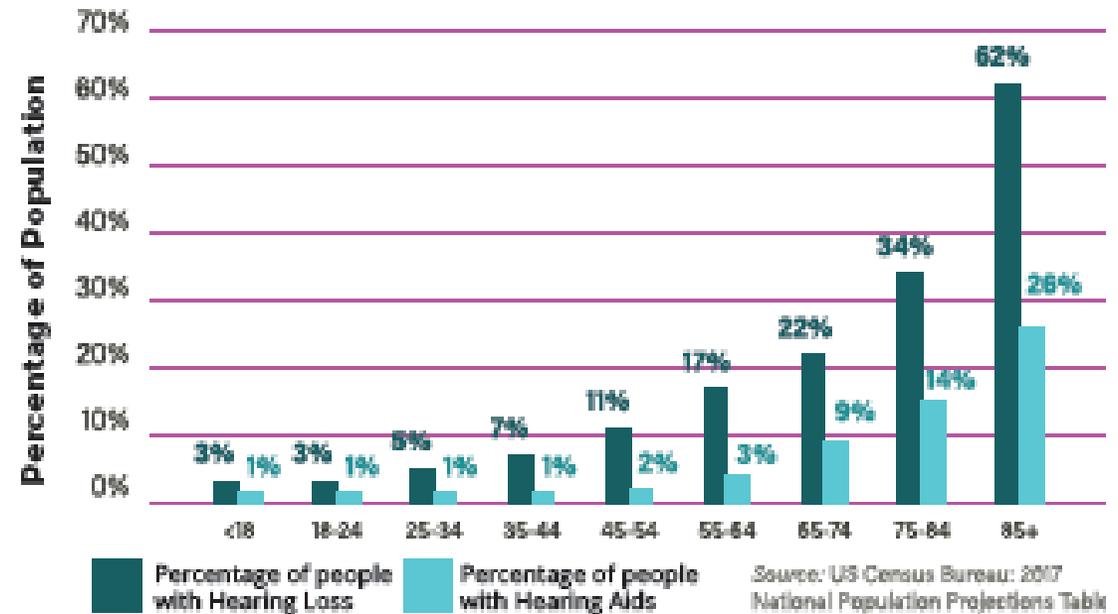
# The Facts About Hearing Loss

- Most captioned phone users are older adults and veterans with hearing loss
- More than 1/3 aged over 80
- Wear 2 hearing aids

## U.S. POPULATION AGE 65 YEARS AND OLDER



## U.S. POPULATION WITH HEARING LOSS & HEARING AIDS BY AGE



# How Hearing Loss Affects Veterans

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- Veterans are 30% more likely than the general population to have a severe hearing loss.
- Loss of hearing can contribute to social isolation and loneliness, which can shorten a person's life dramatically.
- According to the VA's Office of Research & Development, veterans who struggle with tinnitus can be more prone to other mental health issues, such as depression and anxiety.

Our goal with this initiative is to support our veterans by giving them a tool to communicate with doctors, caregivers, friends, family members and others since we know how important it is to be and feel connected to others.

VBA Annual Benefits Report Fiscal Year 2017 (<https://www.benefits.va.gov/REPORTS/abr/>)

Centers for Disease Control and Prevention (CDC). (2011). Severe hearing impairment among military veterans—United States, 2010. *MMWR. Morbidity and mortality weekly report*, 60(28), 955. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21775950>

<https://www.research.va.gov/topics/hearing.cfm#research>

# How Captioned Telephone Service Works

- When someone with hearing loss picks up a captioned telephone to make a call, the call is automatically routed through a call center.
- At the call center, a communications assistant uses advanced technology to provide accurate captioning of everything the other party says and sends this text back to the person's phone in real-time.
- Captioned telephone services are funded through the Telecommunications Relay Service (TRS) established by the ADA.

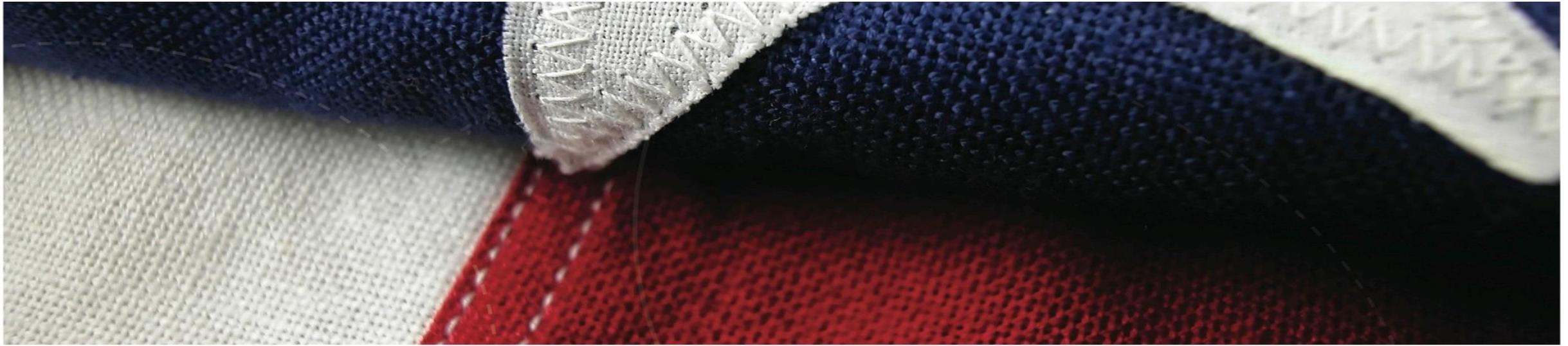


# Captioned Telephone Pilot Program

Provided through CaptionCall



- CaptionCall will provide phones and install them in 5 locations.
- CaptionCall will provide monthly service to the phones.
- CaptionCall won't bill the TRS fund for minutes of use provided on these phones since there is no provision in the rules for "public devices".
- A telephone line and Internet connection is required.



# FY19 HUD, VA, USICH Community Planning Survey Results

Lindsay Hill

Program Analyst

VHA Homeless Program Office, Office of Analytics and Operational Intelligence (OAOI)

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# Survey Completion

- Questions were streamlined.
  - Focus on Coordinated Entry, Follow Up Questions from Prior Surveys, and Additional Clarification on Partnerships
- VA received data from 369 Continuums of Care (CoCs).
  - 366 CoCs were included for analysis (92% response rate).
- Obtained data from CoCs in all 50 states and Washington DC, Guam, Puerto Rico, and the Virgin Islands.
- Survey completed with support from:
  - CoC Governing Body/Collaborative Applicant: 95%
  - VA Medical Center(s): 88%
- Survey included 70+ items. Not all data represented in this slide deck.



# Survey Purpose

- Collect information on progress in ending Veteran homelessness.
- Provides an opportunity for VAMC staff, CoCs, and community partners to collectively reflect at the community level on areas of strengths and areas for development.
- Assist Federal Partners (VA, HUD, and USICH) with understanding successes and challenges to tailor training and technical assistance to effectively address local needs.



# Expectations

- SSVF grantees asked to facilitate submissions including data entry.
- SSVF grantees asked **not** to submit responses in isolation.
- This survey was not meant to be an evaluation.
  - No impact on funding, awards, or compliance.
  - Open and honest responses needed.
- Balance of States (BOS):
  - Prepare a collective response as one (1) submission.



# High-level Summary

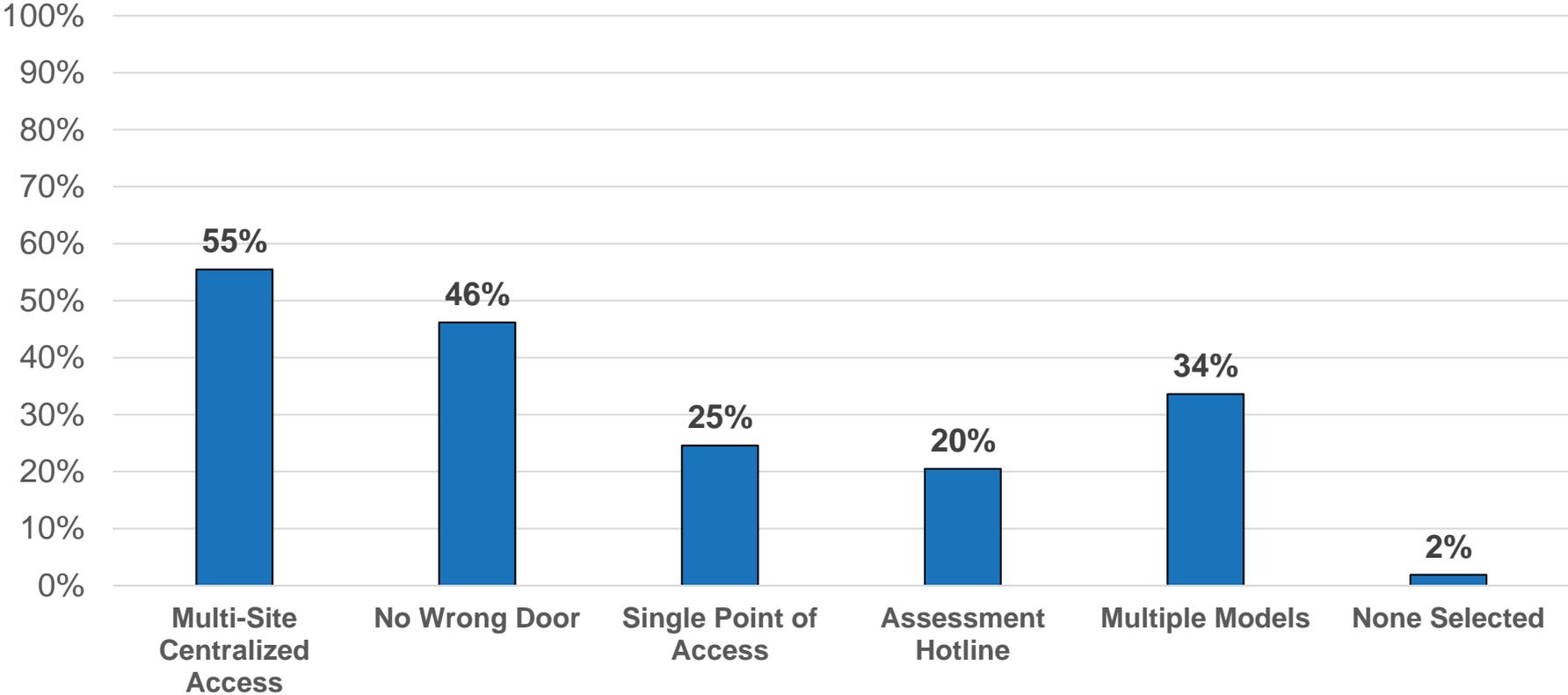
- Veteran Workgroup/committee tasked with community planning to end Veteran homelessness (87%).
- Support from Mayor's Office/Public Official.
  - 90% of communities have some level of engagement.
- Participation in federal initiatives.
  - 66% of communities pursuing the Federal Criteria and Benchmarks (FCB)\*.
- Estimated time to FCB submission.
  - 55% require 1 year or longer to submit.
  - ~3% approved but difficulty sustaining.
  - ~3% are pursuing but have no plans to submit a claim/unattainable.
- By-Name/Active/Master Lists (90%).
- Regular case conferencing
  - 90% are meeting at least monthly.

*\*Includes communities that have declared.*



# Coordinated Entry

- Type of Coordinated Entry (CE) access model(s) and common assessment tools used.



# Coordinated Entry

Question	Percent
<b>CE Common Assessment Tool</b>	
VI-SPDAT	71%
Developed Own Local Tool	16%
Other*	11%
Acuity Assessment	1%
Sufficiency Matrix or Variation with Life Domains	<1%
<b>Are CE assessment results recorded in HMIS?</b>	<b>85%</b>
<b>Prevention resources available to Veterans through CES? **</b>	<b>62%</b>
<b>Diversion and/or Rapid Resolution a component of CES?</b>	<b>63%</b>
If yes, is Diversion/Rapid Resolution happening prior to entry to your homeless system? ***	93%

\*Majority of these are modified VI-SPDATs.

\*\*Additional 20% in progress.

\*\*\*Based on 229 CoCs.

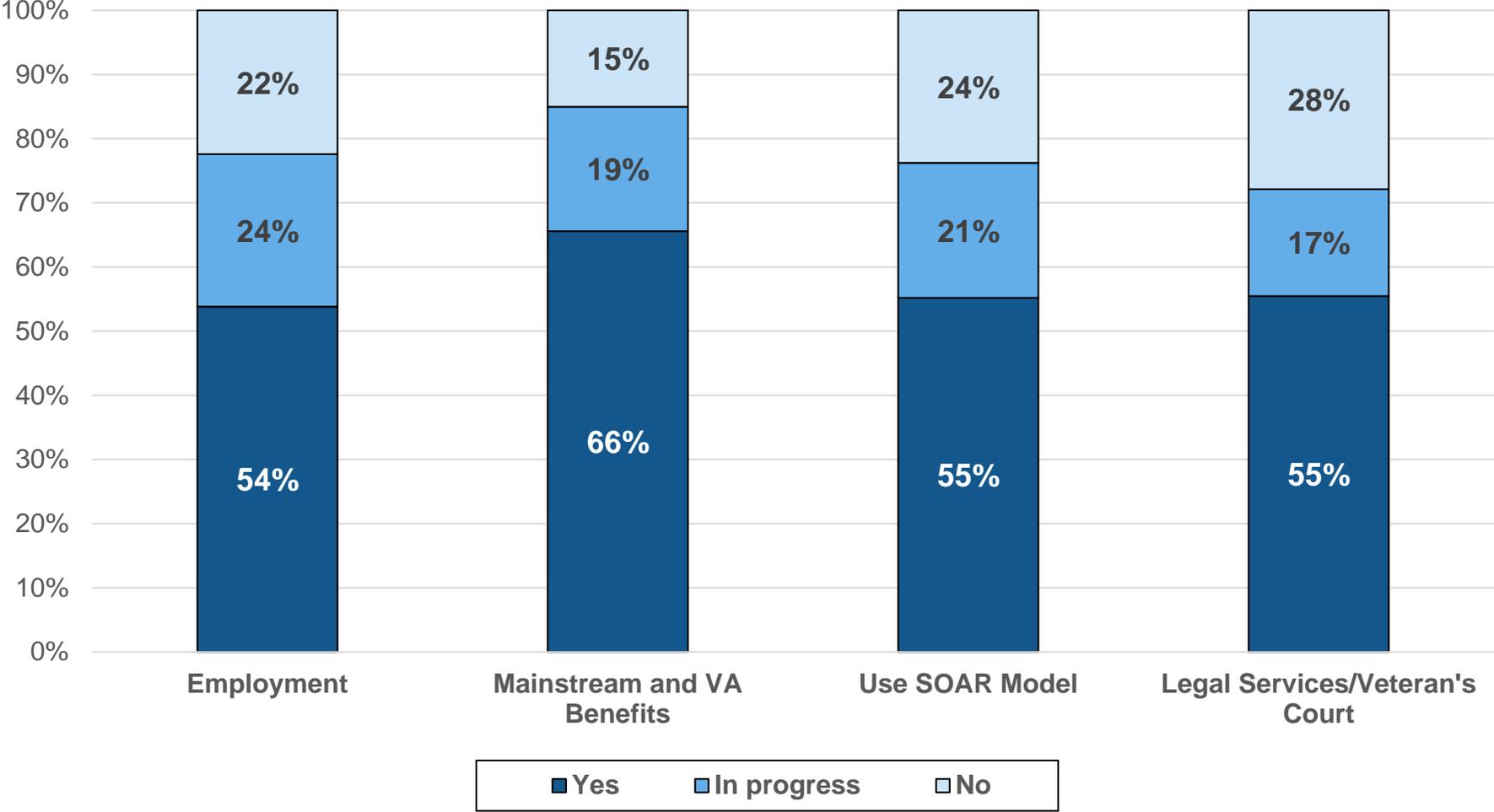


# Strengths of Coordinated Entry System

Strength	Percent
Common assessment tool	83%
Effective case conferencing that prioritizes most vulnerable	74%
Coordinated outreach across Continuum of Care	72%
Continuum of Care prioritization of resources for Veterans	65%
VAMC(s) involved in system planning efforts	60%
Real-time referrals from BNL/Master List	58%
VA resources are integrated into Coordinated Entry	52%
Provider access to BNL through HMIS	48%
VAMC has HMIS Read-Only access	20%
Layered assessment process utilizing multiple assessment tools	19%
VAMC enters into HMIS	18%
Other	6%
<b>Multiple Selections</b>	<b>98%</b>



# Coordinated Entry

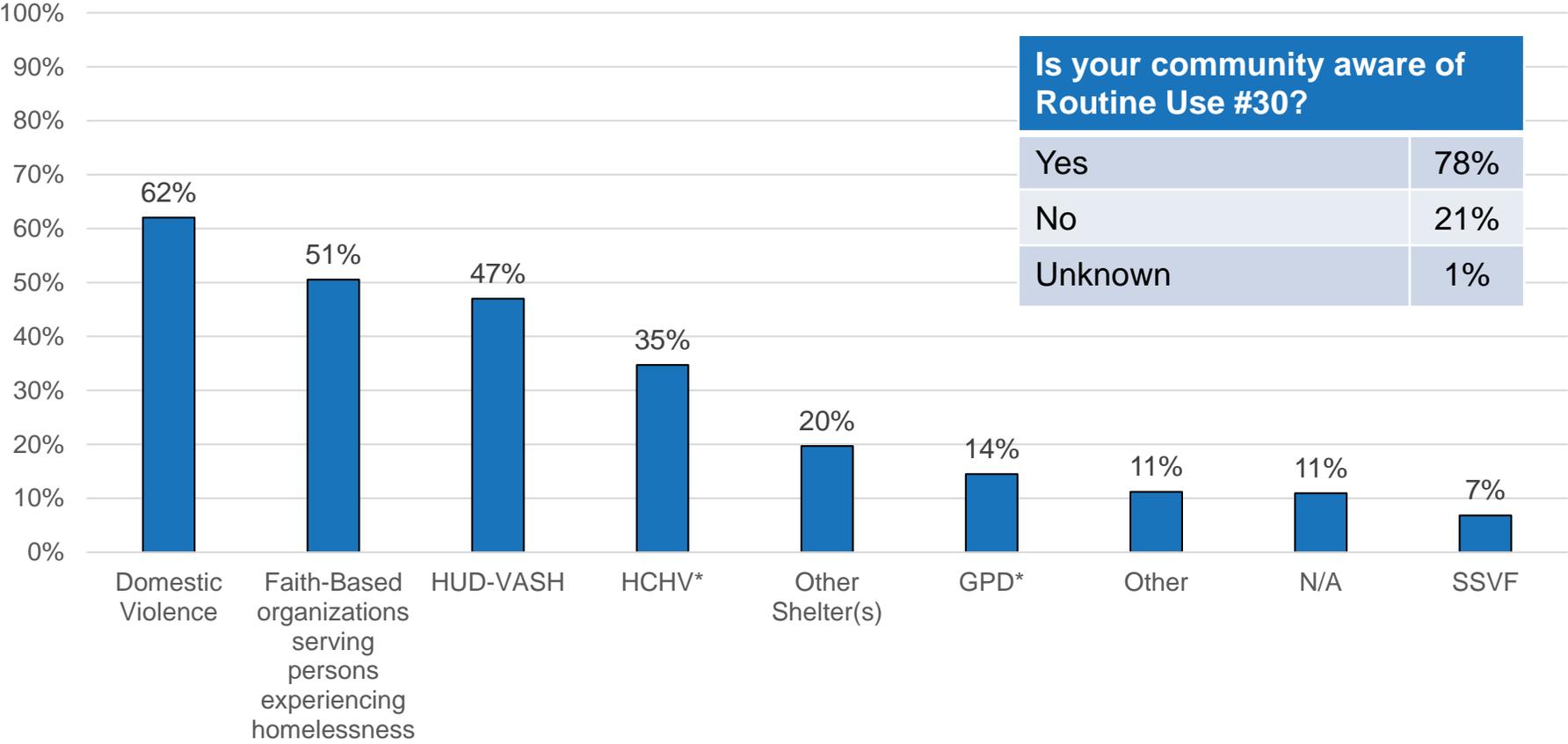


Mainstream benefits include: TANF, SNAP, Medicaid, Child Care Subsidy, etc.



# Data Sharing

- Are there any programs in your community that are not contributing data into HMIS?



\*GPD and HCHV projects are not located in every HUD CoC.



# Permanent Housing

Question	Percent
<b>Do you have enough permanent housing (PH) available to place every Veteran experiencing homeless in 90 days or less after being identified?</b>	<b>38%</b>
Is the existing PH currently available affordable?*	41%
<b>If no, what is the average rent burden for extremely low income households in your state? **</b>	
Above 50%	77%
Between 40-49%	8%
Between 31-39%	11%
<b>Do you have a municipal/regional housing strategy to sustain and increase affordable housing options?</b>	<b>27%</b>
<b>Are you working with your apartment association(s)?</b>	<b>37%</b>
<b>Do you have a community landlord incentive/contingency/risk mitigation fund?</b>	<b>20%</b>

\*Based on 140 communities answering “yes” to having enough PH.

\*\*Based on 222 communities answering “no” to having enough PH.



# Technical Assistance

- **Top 10 areas for technical assistance:**

Technical Assistance Area	Percent
Diversion/Rapid Resolution	43%
Shared housing strategies	32%
Data sharing and/or data best practices	30%
By Name/Master List	25%
System-wide progressive engagement	24%
Quality improvement/sustainability	24%
Data analysis/analytics	23%
Coordinated Entry	23%
Case conferencing strategies	22%
Prioritization strategies	22%



# Qualitative Responses

- **CoC Capacity**
  - Smaller CoCs, volunteer staff and boards, staff transitions.
  - Balance of States and Rural Areas.
- **Communication Across Federal Partners**
  - Seeing partners working together and sharing examples.
- **Coordination**
  - Need enhanced coordination between GPD, SSVF, and HUD-VASH with a focus on GPD integration into CES and community planning.
  - VA participation in CES (VA CE Specialists and Memo) and HMIS have made a difference.
- **Training and Technical Assistance**
  - Rapid Resolution has been helpful with building capacity especially around training across CoCs.
  - Streamline eligibility for programs through CE.
  - Master List/By Name List Management in Large Geographic Areas.
  - Past TA to support coordination efforts was helpful; wish available again.
  - Additional guidance with progressive assistance/progressive engagement.
  - Need for dynamic prioritization training.



# Qualitative Responses (Cont'd.)

- **Affordable Housing Challenges**
  - Guides or resources on how to work more effectively with PHAs.
  - Tight Housing Markets.
- **Working with Medicaid**
- **Impact of Natural Disasters**
- **Data**
  - VA and HMIS.
- **Survey Process and Feedback**
  - Send survey early and allow more time for completion.
  - Survey as catalyst in bringing community together to have a comprehensive discussions around needs and strategies.
  - Survey as tool/reminder to track items that community might not be tracking presently.
  - Add to HUD NOFA or HUD Reporting (data questions).





# Snapshot: Grant and Per Diem (GPD)

- **Engagement**
  - 121 of the 140 VAMCs (86%) have GPD; not every CoC has GPD.
- **Coordination**
  - **47%** of CoCs state that they have coordination or enhanced coordination with GPD.
  - This compares to **94% with SSVF, 77% with HUD-VASH, and 69% HCHV**. SSVF has additional coverage and was supporting data entry for the survey. HUD-VASH has become a standard resource in communities, and the Coordinated Entry Specialists have become key players for communities.
  - We want to learn from our VA homeless program partners.
  - GPD includes both grantees and liaisons so we have a large number of stakeholders (800 grantees and approximately 300 VA staff).
- **GPD participation in HMIS**
  - Supported updates to GPD in HUD HMIS Data Standards.
  - Recent survey sent to approximately 800 GPD grantees in November to understand their work with HMIS to explore future options.



# Grant and Per Diem (GPD)

**If your community has GPD, are the models that are currently in place aligning with community needs?**

Response	N	Percent
Yes	117	32%
In Progress	36	10%
No	73	20%
Resource Does Not Exist	136	37%
Missing	4	1%

\*366 total responses



# Grant and Per Diem (GPD)

**Has the Continuum of Care worked to integrate GPD programs and the new models into Coordinated Entry System with the support of the VA Medical Center?**

Response	N	Percent
Yes	121	33%
In Progress	79	22%
No	43	12%
Resource Does Not Exist	119	33%
Missing	4	1%

\*366 total responses



# GPD: Transforming Programs & Communities

## Needs

- Overall Coordination with Communities
- HMIS
- GPD Models and Alignment with Community Needs
- Coordinated Entry

## Next Steps

- National webinars; plans for grantee curriculum including CoC 101 and working with partners.
- Survey on HMIS use in November, eligible expense with GPD Case Management Grant, and training.
- USICH and GPD Transformation Brief, FCB Updates, Strategic Planning with NOFA on grantee and liaison calls since April, Presentations at NCHV and all 3 SSVF & HUD-VASH Permanent Housing Conferences and GPD Liaison Conference-Oct 2019, Partnership with HUD in understanding TH-RRH Joint Component, Joining USICH webinar on December 12<sup>th</sup> around ML and Benchmark Generation Tool, Release of GPD NOFA and CoC and VAMC Coordination Letters for Applicants
- GPD and Coordinated Entry and Rapid Resolution FAQ, Future VA Innovative Practices Paper on GPD and Coordinated Entry.
- GPD National Liaison Conference in October 2019 (History and Vision of GPD, sessions on CE, RR, and FCB, working with communities.



# Where Do We Want to Go From Here?



- Are there any key take-aways that you had as a SSVF grantee or GPD grantee?
- How can you share the information with your partners?
- How can you use this information for planning purposes?
- What questions do you have?





# Let's Make Everyone Count!

Upcoming: PIT and  
HIC

## Point in Time Count (PIT) and Housing Inventory Count (HIC)

- Thanks in advance for your participation
- *Additional Resources from HUD:*
- <https://www.hudexchange.info/news/2020-pit-count-announcement-and-additional-pit-count-resources/>

# Cross Learning Opportunities

## **Connecting Research to Practice: Helping Veterans Experiencing Homelessness Manage their Money: A Guide for Case Managers**

- Tuesday, Jan. 21, , 1:00-2:00 pm Eastern/10-11am Pacific
- Presenters: Eric Elbogen, PhD, ABPP ; Allison Bond, LCSW; Janine Griggs, MSW, LICSW; Jesse Vazzano, LICSW
- *Audio:* 1-800-767-1750 Passcode: 92715#
- *Registration Non-VA Staff:*  
[https://www.train.org/vha/course/1088730/live\\_event?utm\\_medium=email&utm\\_source=govdelivery](https://www.train.org/vha/course/1088730/live_event?utm_medium=email&utm_source=govdelivery)

## **Homeless Evidence Research Synthesis (HERS) Roundtable**

### **Housing for Veterans with a Sex Offender History: Policy and Programmatic Solutions to Address Barriers for a High Need Population**

- Tuesday, January 28, 1:00-2:30 pm Eastern/10am-11:30 Pacific
- Presenters: Thomas Byrne, PhD; Sean Clark, JD; Anne Dunn, RN; Jennifer Knapp; Megan Owens, MPA; Jesse Vazzano, LICSW
- *Audio:* 1-800-767-1750 Passcode: 70207#
- *Visuals:* <https://va-eerc-ees.adobeconnect.com/a1089657440/hers/?launcher=false>

# Closing

## **National GPD Operational Grantee Call**

- *All Grantee Call-Tuesday, February 11<sup>th</sup> at 2pm Eastern/11am Pacific*
- **GPD Questions?**
  - 1<sup>st</sup> : Review Grant Materials and Training
  - 2<sup>nd</sup> : Connect with your Supervisor
  - 3<sup>rd</sup> : Contact your GPD Liaison (Include FAIN)
  - 4<sup>th</sup> : Contact the GPD Program Office at [gpdgrants@va.gov](mailto:gpdgrants@va.gov) (Include FAIN) & Cc GPD Liaison