**Department of Housing and Urban Development/Veteran Affairs Supportive Housing (HUD-VASH) & Grant and Per Diem (GPD) Collaborative Case Management (CCM)   
Sample Memorandum of Understanding**

***PLEASE NOTE***

* ***Green areas indicate where information needs to be specified in the actual text or are suggestions about what to consider in that section.***
* ***All text is for the purpose of example only and should be carefully reviewed, modified, and/or deleted to fit local circumstances and needs. Please do not complete this document without resolving all areas in green.***
  1. **Purpose**

The [Insert VAMC/VAHCS] HUD-VASH team and the [Insert Organization] GPD grantee will engage in a project to expedite utilization and lease up rates for Veterans who are homeless. GPD Case Management staff from [Insert Grantee Name] will assist [specify number] Veterans eligible for HUD-VASH from the [Insert VAMC/VAHCS Name] to identify, secure, move into, and maintain permanent housing with their HUD-VASH vouchers.

* 1. **Number of HUD-VASH Vouchers for CCM Project Allocation**

[The Medical Center and GPD grantee should decide upon the number of vouchers to allocate to this CCM project that is feasible. This will be a collaborative discussion between the grantee and HUD-VASH leadership.] Click or tap here to enter text.

* 1. **Geographic/Catchment Area**

Click or tap here to enter text.

* 1. **Target population**

Veterans served by this CCM project will meet all eligibility criteria for HUD-VASH and have fewer case management needs than Veterans normally using HUD-VASH services. Veterans will need permanent supportive housing and benefit from case management assistance to obtain and maintain permanent housing. Veterans served by this CCM project will be eligible for HUD-VASH; therefore they do not need to already be permanently housed as written in the original Case Management notice of funding availability.

* 1. **Scope of Services**

Grantee will provide all services necessary to help the Veteran obtain and maintain permanent housing including six months of case management following move-in.

* 1. **Start Date**

Click or tap here to enter text.

* 1. **Staff Roles and Responsibilities**

[The Medical Center and Grantee should delineate the position(s) responsible for the administrative oversight of the CCM project.]

* + 1. **VA Medical Center HUD-VASH Point of Contact (POC):** The HUD-VASH POC’s roles include acting as a resource for information about HUD-VASH including, eligibility, housing, and Public Housing Authority (PHA) processes, and community resources. The HUD-VASH POC is responsible for HUD-VASH HOMES data entry and electronic health record documentation. If there is a Veteran crisis, the HUD-VASH POC will provide support and assistance in transferring the Veteran to a higher level of care when appropriate.
    2. **VA Medical Center GPD Liaison:** The GPD liaison will remain responsible for oversight of the GPD grantee case management processes and for ensuring that Veteran data—including successful housing placements—are entered into applicable data systems (*e.g.,* HMIS repository, GPD discharge note).
    3. **GPD Grantee (Case Manager):** The case manager employed by the GPD grantee should perform pre-housing paperwork, ensure Veteran participation in voucher briefings, work with the local PHA, advocate for Veterans with landlords, and provide other services as needed to obtain permanent housing. The GPD grantee will ensure that the Veteran understands their obligations under the lease and PHA rules. The grantee’s case manager will then follow Veterans placed in HUD-VASH housing for up to six months after placement as defined in the MOU.
  1. **Identification/Referral Processes**

Referrals will be made by the HUD-VASH POC to the grantee POC after determining eligibility for HUD-VASH. GPD grantees, Homeless Outreach, and community agencies involved in the By-Name-List can refer Veterans to the HUD-VASH POC for eligibility determination. Referrals may initially include unhoused Veterans with low acuity from the caseloads of HUD-VASH case managers

* 1. **Admission**

Admission will be determined at a case conference with both HUD-VASH POC and grantee POC to review acuity and appropriateness for the CCM project. The medical and mental health histories of the Veterans will be considered early in the process to assess and anticipate case management needs.

* 1. **Case Conferencing and Ongoing Communication**

Case conferencing including the HUD-VASH POC and grantee POC will occur monthly to review the acuity and progress towards housing of all Veterans involved in the CCM project, especially the steps that the HUD-VASH POC must document in HOMES. Communication will also happen as needed when a Veteran’s acuity increases or if a crisis occurs.

* 1. **Duration of Case Management after Housing**

The GPD grantee will provide case management services for six months following move-in. One month before a standard transfer of case management services back to the [VAMC/VAHCS] HUD-VASH program, a case conference should occur with the Veteran to discuss the transfer. If a Veteran needs a rapid transition to [VAMC/VAHCS] HUD-VASH, a warm hand-off will occur. Whenever possible, that warm hand-off will include the Veteran. If during a case conference it is decided that it is to the Veteran’s benefit for the GPD grantee to continue to provide case management services, services can be extended for an additional three months.

* 1. **Administrative Data Collection and Electronic Medical Record Documentation**

The grantee will continue to work with the GPD liaison to complete all necessary GPD case management data forms (*e.g.* HMIS repository). The HUD-VASH POC is responsible for entering HUD-VASH specific data into HOMES as well as document significant information such as changes in acuity or crises in the electronic health record (EHR).

* 1. **Emergency Management and Clinical Oversight**

The GPD grantee must inform the HUD-VASH POC within 24 hours of any adverse or sentinel events when they come to their attention. The HUD-VASH POC is responsible for entering this information into the EHR. A rapid case conference with the grantee and HUD-VASH POCs will be held to discuss the Veteran’s status, management of the Veteran’s needs, and whether transfer to a higher level of care and/or transition back to [VAMC/VAHCS] HUD-VASH case management is warranted.

* + 1. Sentinel/adverse events include:
       - Death
       - Fire
       - Drug/police raid
       - Suicide/suicide attempt
       - 911 call to police, fire, paramedics, or other
       - Severe medical illness/emergency
       - Severe psychiatric illness emergency
       - Sexual assault
       - Act of violence by Veteran against others
       - Abusive behavior by Veteran against staff
       - Acts of violence by others against Veteran
       - Abusive behavior by staff against Veteran
       - Accident
       - Medication problems or adverse drug reactions
  1. **Transfer of Care to HUD-VASH Staff**

When GPD grantee case management services are ending with a planned transfer to HUD-VASH staff, a warm hand-off will include a case conference discussion at least one month in advance. When transfers need to happen unexpectedly due to increase in acuity beyond what the grantee can manage, the HUD-VASH POC will be notified and there will be a warm hand-off to HUD-VASH staff as soon as possible. Transfer discussions should include the Veteran whenever feasible.

* 1. **Requesting Additional Vouchers**

If the GPD grantee is successful in fulfilling all vouchers allocated to this CCM project, discussions about expanding the scope of the project will be considered based on the needs of the community and Veteran outcomes.

* 1. **Program Evaluation**

Program results will be assessed at least every six months, including the following measures:

* + 1. Percentage of vouchers under lease
    2. Percentage of Veterans housed within 90 days of admission
    3. Number of Veterans who are transferred to standard HUD-VASH case management
  1. **Confidentiality**

The parties are responsible for ensuring that any service provided pursuant to this MOU complies with all pertinent provisions of the HUD-VASH Operating Requirements, and all federal, state, and local statutes, rules, and regulations, including confidentiality laws, and that all necessary approvals hereunder have been obtained.

* 1. **Portability**

Porting under the pilot will operate as outlined in the HUD-VASH Operating Requirements. HUD-VASH households, including those in the CCM project, may reside only in those jurisdictional areas that have HUD-VASH case management services available. If a participant would like to port to a jurisdiction outside of that served by the CCM project, the participant must port to a PHA that is participating in HUD-VASH and has case management services available (as determined by [VAMC] HUD-VASH POC).

* 1. **Notices**

Whenever notice is to be provided by one party to another, such notice shall be in writing directed to the points of contact listed under Points of Contact below. Notice shall be considered delivered within 15 working days after being posted in the U.S. mail.

* 1. **Modification**

The parties agree that this MOU is the complete expression of the understandings between the parties and any oral or written representations or understandings not incorporated herein are excluded. This MOU may only be modified through the mutual written agreement of the parties.

* 1. **Entire Agreement**

This MOU contains all the terms and conditions agreed upon by the parties hereto, and no other agreement, oral or otherwise, regarding the subject matter of this MOU shall be deemed to exist or to bind any of the parties hereto, or to vary any of the terms contained herein.

* 1. **Assurances**

The parties signing this MOU represent for themselves and for their respective organizations that they are duly authorized to sign this MOU, and that upon such signing their respective organizations intend to follow its provisions. Roles and responsibilities as noted above will remain in place for the duration of this MOU, including any extensions, unless changes are made by mutual consent.

* 1. **Points of Contact**

**GPD Grantee**

**GPD Agency Legal Name**: Click or tap here to enter text.  
FAIN: Click or tap here to enter text.  
Point of Contact Name: Click or tap here to enter text.  
Title/Role: Click or tap here to enter text.  
Phone Number: Click or tap here to enter text.  
Email Address: Click or tap here to enter text.

**VA Medical Center**

**VA HUD-VASH POC Name**: Click or tap here to enter text.  
Title/Role: Click or tap here to enter text.  
Phone Number Click or tap here to enter text.  
Email Address: Click or tap here to enter text.

**VA GPD Liaison Name**: Click or tap here to enter text.  
Title/Role: Click or tap here to enter text.  
Phone Number: Click or tap here to enter text.  
Email Address: Click or tap here to enter text.

* 1. **Amendment, Duration, Review, and Termination**

This agreement is effective when signed by both parties and will remain in effect until terminated by either party. This agreement may be amended by written agreement between the VAMC/VAHCS and grantee. This agreement will be reviewed annually for compliance and effectiveness. Either party may terminate this agreement upon written notice to the other party not less than 60 days. Mutual consent of both parties may waive this requirement.

* 1. **Approvals**

**GPD Grantee**



Name: Click or tap here to enter text.  
Title: Click or tap here to enter text.  
GPD Provider Agency Legal Name: Click or tap here to enter text.

**VA Medical Center/Health Care System Director**



Name: Click or tap here to enter text.  
Title: Click or tap here to enter text.  
VAMC/VAHCS name: Click or tap here to enter text.  
Station Number: Click or tap here to enter text.