Grant & Per Diem National Program
Operational Grantee Call

June 14, 2022

Recording Link:
https://veteransaffairs.webex.com/recordingservice/sites/veteransaffairs/recording/playback/cce6e8ecce39103abdef00505681c1bb
Recording Password: Homeless1!
This call will be recorded

The webinar will last approximately 60 minutes

Please make sure your audio is muted as you enter

Questions can be submitted using the Chat function

Select the Chat icon on the tool bar at the bottom of the screen.

Select if you would like to send your message to Everyone or to a specific individual. If you select a specific individual, this will send the message privately so no one else in the meeting will see it.
AGENDA

• Announcements
• Office of Business Oversight (OBO)
  o Omar Ochoa
• Homeless Veterans Dental Program
  o Elizabeth Nunez
• Homeless Programs Telehealth
  o Jennifer Nemeth
• Eligibility for GPD Services
• Summary of Pandemic Related Changes
• Program Model Snapshots
  o Service-Intensive Transitional Housing
Congratulations
Erin Johnson
Deputy Director, GPD National Program

Option Year Grant Agreements
In Q4 (July/Aug), option year grant agreements will be sent to PDO grantees

July Operational Call is Canceled
We will return August 9th at 2pm EDT
VA’s Office of Business Oversight

Omar A. Ochoa
Senior Auditor
OFFICE OF BUSINESS OVERSIGHT

- **Federal Contractors:**
  - Trilogy, BDO, RMA & Associates

- **Upcoming Fiscal Reviews:**
  - Handup Community Resource Center – June 20-22, 2022
  - Maryland Center for Veterans Education and Training, Inc. – June 20-22, 2022
  - Good Samaritan Shelter – June 21-23, 2022
  - New Hope CORPS Inc. – July 11-12, 2022
  - St. Francis House, Inc. – July 11-13, 2022
  - Altamont Program, Inc. – July 25-27, 2022
  - HELP Las Vegas Housing Corporation – July 25-27, 2022
  - Family Form, Inc. – July 26-28

- **Training items of the month:**
  - Unobligated Funds
  - Budget monitoring
  - Unallowable purchases

- **OBO Annual Training – How to Prepare for a GPD Review**
  - July 18-19, 2022
  - Topics
    - Financial system requirements for organizations receiving Federal grant funds
    - Segregation of Duties/Internal Controls
    - Importance for reconciling the general ledger to the SF-425
    - Best practices for tracking and allocating costs and reviewing general ledger categories
    - Document Retention
    - Corrective Action and Closeout Process
HVDP Informational Pamphlet for Veterans for GPD Grantees Call

Honor America’s Veterans by contributing to their whole health through the provision of exceptional oral health care.
June 14, 2022
HVDP Update-Informational Pamphlet

**HOMELESS VETERANS DENTAL PROGRAM (HVDP)**

**ELIGIBILITY CRITERIA**
- Veterans must be eligible for, and enrolled in, VA healthcare.
- Veterans must be enrolled in one of the residential programs listed here for at least 60 days.
- Veterans are eligible for one course of treatment (or episode) of limited dental care, which may include examinations, x-rays, cleanings, oral hygiene instructions, fillings, extractions and partial or full dentures.
- Once the entire episode of dental care is complete, the Veteran is responsible for maintaining continued dental care at their own cost. However, if a Veteran re-enrolls in an eligible program in the future, they may receive another episode of dental care.
- Veterans who are 100% service connected (or paid at the 100% rate) are eligible for comprehensive dental care regardless of their enrollment in eligible programs.

**6 BENEFITS OF DENTAL CARE**
- Healthy Mouth
- Confident Smile
- Higher rate of veterans completing a rehabilitation program
- Higher rate of employment after completing program
- Higher rate of financial stability after completing program
- Higher rate of maintaining permanent housing after completing program

**COMMON ORAL HEALTH CONCERNS**
- Poor oral health can cause pain, infection, tooth loss, difficulty eating, and decreased self-confidence.
- Tooth decay is the destruction of the hard layers of your teeth causing holes or cavities. When you eat or drink foods containing sugars, the bacteria in the mouth can produce acids that attack tooth enamel.
- The bacteria live in plaque—the soft, sticky film that builds up on the teeth. Plaque buildup also leads to the inflammation of the gums. This inflammation, called gingivitis, can lead to advanced gum disease (periodontitis).
- If you have swollen gums or bleeding while brushing and flossing, you may have gum disease. Other symptoms include persistent bad breath, loose teeth, and gums pulling away from the teeth, causing the teeth to look longer than before.
- If plaque is not removed regularly by tooth brushing and flossing, it hardens to create calculus (also known as tartar). Calculus cannot be removed with a toothbrush or floss; only a dental professional can remove it during an oral cleaning.
- Tobacco and vaping increase the risk of gum disease and oral cancer. If you use tobacco, seek help to stop. Talk to your doctor or call a help line. 1-800-QUIT- NOW is a good resource.
- Many medications can cause dry mouth, which increases your risk of cavities and gum disease. You can increase saliva production by using sugarless gum or candy or using saliva simulating products. Drinking water and using saliva substitutes can also help maintain a moist mouth.
- Diet and nutrition affect the tissues in the mouth; and the health of the mouth affects how well nutrients are used by the body. A nutritious, balanced diet helps keep the mouth healthy.

**HOW TO CARE FOR YOUR TEETH**
- BRUSH TWICE A DAY
- With a soft toothbrush and fluoride toothpaste
- FLOSS DAILY
- FOR FRESH BREATH AND EXTRA CAVITY PROTECTION
- Tell your dental team about any concerns or questions you might have about your oral health.

**A healthy smile will improve your chances of success. MAKE YOUR DENTAL HEALTH A PRIORITY!**

**CONTACT US:**
- Persons wishing to obtain information regarding the Homeless Veterans Dental Program in their area should contact their nearest VA hospital and ask for the homeless coordinator’s office.
- Phone: 1-877-444-VET (1-877-444-8383)
- Email: Homelessvets@va.gov
- Web: https://www.va.gov/homeless/dental.asp
Recommendations

- **Share with staff** to improve awareness of the HVDP and importance of dental care as part of the rehabilitation process
  - Can be e-mailed, posted and/or printed
    - If printed – 1 page, double sided
- **Share with Veterans** as they are entering program
- Encourage/assist with keeping dental appointments
- Direct Link to Pamphlet:
  - [Homeless Veterans Dental Program Info Pamphlet 508 compliant](https://dvagov.sharepoint.com/sites/VHAVACODental/PH/HVDP-FAQs.pdf)
- Direct Link to HVDP eligibility and FAQs:
Questions and Feedback

Elizabeth.Nunez@va.gov
Illica.Weissberg@va.gov
VHA HOMELESS PROGRAMS OFFICE (11HPO)
OFFICE OF BUSINESS INTELLIGENCE (BI)

HOMELESS PROGRAMS TELEHEALTH

JENNIFER NEMETH,
BUSINESS OPERATIONS & STAFFING COORDINATOR, TELEHEALTH CO-LEAD
• Homeless Programs Telehealth Overview
• Telehealth Equipment
• Homeless Programs Case Management & the Evolution of Technology
A growing part of the Veterans Health Administration’s (VHA) strategy to care for veterans has focused on using modern technology to provide health care beyond traditional doctors’ office visits.

Telehealth supports a veteran’s choice to obtain quality health care from anywhere, including in the home. VA Video Connect (VVC) is the mechanism VA developed to allow veterans to meet with their VA healthcare providers in a virtual medical room using encrypted video to ensure the session is secure and private.

Technology provides a crucial mechanism for Homeless, at-risk, and justice involved Veterans to remain engaged with Department of Veteran Affairs (VA) Homeless Program providers to monitor safety and wellbeing, participate in preventative healthcare, attend virtual groups and recovery programs, as well as conduct virtual housing and job searches in accordance with their treatment goals.
## Communication Modalities in Homeless Programs

<table>
<thead>
<tr>
<th>Face to Face (In Person)</th>
<th>VA Video Connect (VVC)</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is encouraged to perform safe face to face (in person) visits with Veterans, when safe and clinically indicated.</td>
<td>VVC is the next option if face to face visits are not possible, or is clinically indicated, and the Veteran is technologically capable of connecting with the provider via smartphone, tablet or computer.</td>
<td>Telephone contacts are used if face to face and VVC are not an option for the Veteran encounter.</td>
</tr>
</tbody>
</table>
VA Homeless Programs Telehealth Equipment
**Equipment:**

- iPads are available for grantee locations, should they be needed to support Veteran access to VAMC telehealth appointments and GPD Liaison assessments.
- Discussions and collaborations should be had between the grantee and the VAMC Homeless Supervisors/GPD Liaisons, to review the telehealth understanding and request a device.

**Veteran Equipment:**

- **Disposable Smartphones** - Requested through the local Homeless Program Supervisor/Phones POC.
- **iPads** - Requested through the Digital Divide Consult, after consultation with the Veteran.
  - **Digital Divide Consult** - The Digital Divide Consult is used to screen Veterans without a video-capable device for eligibility to participate in the Lifeline program or to receive a VA-loaned iPad to access telehealth services in their home or location of choice.
Overview of the VA Homeless Programs iPad Initiative

To better assist VA Homeless Program staff and its community partners with telehealth efforts, the Homeless Program Office (HPO), with support from the Office of Connected Care (OCC) has established the **Homeless Programs iPad Initiative**.

- Over 1,100 iPads, with unlimited data plans, have been distributed throughout the homeless system of care.
- These devices are intended to be used by VA providers or community partners to provide telehealth services through VVC or other approved platforms, to our Veterans.
- Data plans renew each year through HPO.
- HPO is responsible for national management and dissemination of the devices.
- VAMC Homeless Program POC/Liaisons are responsible for local device management and oversight.
- iPad inventory reviews occur bi-annually.
Overview of the VA Homeless Programs Disposable Smartphone Initiative

• Early in the COVID-19 pandemic, VA’s homeless programs rapidly mobilized resources and strategies to move Veterans into independent, permanent housing and hotels/motels to promote physical distancing. It became extensively clear that additional technology resources would be needed to support VA’s homeless programs as it was vital to preventing vulnerable Veterans from socially isolating and missing critical healthcare appointments, which may trigger or exacerbate mental health symptoms.

• In April 2020, the Veteran Health Administration (VHA) obtained authority for the Homeless Program Office (HPO) to procure disposable smartphones, that included a case, charger and time limited prepaid data plan to support homeless and at-risk Veterans with remaining engaged and active with VA and other homeless services.

• Based on the transient nature of the homeless population, disposable phones with a time limited pre-paid service plan, were the best option to ensure services and engagement continued with our vulnerable Veteran population.
These smartphones are prioritized for homeless or at-risk Veterans engaged in VA’s homeless programs, and/or engaged in other homeless services. These smartphones are utilized as a resource for Veterans to stay connected with caregivers, resources and support, especially during the current COVID-19 pandemic.

**Devices are supporting the following VA programs:**

- Supportive Services for Veteran Families (SSVF)
- Health Care for Homeless Veterans (HCHV)
- Grant & Per Diem (GPD)
- Housing and Urban Development – VA Supportive Housing (HUD-VASH)
- Veterans Justice Programs (VJP)
- Homeless Veterans Community Employment Services (HVCES)

Once eligibility determination has been made, Veterans review and sign a VHA Homeless Program Smartphone User Agreement to ensure that the terms of responsibility and use of the device are clear. The local VAMC Homeless Program Phone point of contact (POC) or designee, then issue a disposable smartphone to the Veteran.

*Once the phone is given to the Veteran, it becomes the Veteran’s property and does not need to be returned to VA.*
HOMELESS TELEHEALTH DATA

• Currently 68,704 smartphones have been allocated to VA Homeless Programs across the VA system of care, for distribution to Homeless or at-risk Veterans, with over 74% of those devices in the hands of Veterans with an assessed need.

• Homeless programs across the country are working hard to adapt to telehealth services, such as VA Video Connect (VVC), by using these phones and other resources with our Homeless Veterans, as a way to protect both Veterans and staff.

• Notably, there has been a significant increase in telehealth and virtual service provisions for Veterans in homeless programs since the start of this initiative.

<table>
<thead>
<tr>
<th>VHA Homeless Programs</th>
<th>Fiscal Year</th>
<th>Telephone Encounters</th>
<th>Telephone Uniques</th>
<th>VVC Encounters</th>
<th>VVC Uniques</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY 2019</td>
<td>666,275</td>
<td>150,013</td>
<td>2,722</td>
<td>1,098</td>
</tr>
<tr>
<td></td>
<td>FY 2020</td>
<td>↑1,284,335</td>
<td>↑176,709</td>
<td>↑57,887</td>
<td>↑16,968</td>
</tr>
<tr>
<td></td>
<td>FY 2021</td>
<td>↑1,418,297</td>
<td>↑190,674</td>
<td>↑164,320</td>
<td>↑35,452</td>
</tr>
<tr>
<td></td>
<td>FYTD 2022 (as of 2/28/22)</td>
<td>469,110</td>
<td>119,989</td>
<td>62,602</td>
<td>20,847</td>
</tr>
</tbody>
</table>
VA HOMELESS PROGRAM TELEHEALTH GOALS

• Increase access to telehealth for Veterans experiencing or at-risk of homelessness and support virtual service delivery to Veterans in order to promote their health and safety, especially during the COVID-19 national health emergency.

• Provide a mechanism for Veterans to stay connected with their health care providers, caregivers, families and other support services, especially during the COVID-19 national health emergency. This is especially important for those in congregate settings and for those that have been placed in quarantine or in hotel/motels due to outbreaks impacting access to shelters and transitional housing options.

• Provide resources and education to increase Veteran skills and knowledge with today’s technology, particularly with the use of smartphones for such things as, VA telehealth services, utilizing phone applications (apps), email service, voicemail, and job and housing searches. Such skills and abilities are paramount to functioning successfully in today’s environment.
How can VA staff and Community Partners help build confidence?

- Complete VA trainings to remain relevant with VVC.
- Review the Veteran’s ability to utilize telehealth technology during a face-to-face visit.
- Determine if adding a goal to “build technology confidence” in Veterans’ treatment plans could provide long-term benefits to treatment and success.
- Check in with the Veteran regularly to ensure confidence in utilizing the device.
- Model the effective use of technology in your interactions with the Veteran, regularly using VVC or connect using other approved virtual modalities.
- Provide group sessions to support smartphone or tablet education and independence.

**Reserve time during an encounter to provide technology support, such as:**
- Guide Veteran to appropriate resources and links to education/trainings on the device.
- Show the Veteran how to download an app or write an email.
- Provide the basics on how to use a rideshare app.
- Facilitate FaceTime with family and caregivers.
- Practice a VVC encounter to ensure they know how to utilize the platform for future success.
The goal of case management is to foster independence. Technology is an evolving necessity for successful integration into today’s society and increasing a Veteran’s social connectedness is often a goal of case management.

Some benefits to technology confidence with our Veterans:

– Applying for employment
– Applying for benefits or other needed resources
– Driving/walking directions
– Using rideshare apps
– Being able to quickly find answers to questions
– Connecting virtually (FaceTime/Google Meets) or by phone with caregivers and loved ones
– Attending virtual group sessions to achieve treatment goals
– Engaging in VA health care services through VA-Video Connect (VVC)

All of these are all made easier with appropriate technology, and our Veterans deserve and need every tool we can provide them to be successful in today’s society.
It’s important to support Veterans with their training needs when implementing telehealth. It is always best to offer one-to-one support; however, there are several resources that can support training efforts.

In addition to Apple and Android tutorials, the VA Office of Connected Care has several great resources Veterans can utilize to support them with their newly issued disposable smartphone.

- YouTube – Apple Support
- YouTube – Android Support
- VA Video Connect Training Resources for Veterans
QUESTIONS
GPD Eligibility Guidance
GRANT & PER DIEM VETERAN ELIGIBILITY GUIDANCE

• Updated guidance
  o 3 pages
  o Focused on clarification, no major changes
  o Available on the GPD Provider Website in the
    Transitional Housing Grant Recipient Guide pp. 9-11

From VA Grant & Per Diem Transitional Housing Grant Recipient Guide Version 5/20/2022:

Veteran Eligibility

GPD grantees may receive per diem payments for homeless Veterans for whom VA authorized the provision of PDO, SN, and TIP supportive housing or supportive services. The local VAMC health care eligibility and enrollment team will make the ultimate determination on a Veteran’s eligibility for GPD services, even if a grantee has used SQUARES (a.k.a. Status Query and Response Exchange System) to initially confirm Veteran status. The GPD National Program Office recommends that GPD liaisons share the following framework with their local VA enrollment office when trying to determine eligibility. The GPD National Program Office cannot determine Veteran eligibility.

For the purpose of GPD eligibility, “Veteran” is defined as “a person who served in the active military, naval, or air service, regardless of length of service, and who was discharged or released therefrom,” excluding anyone 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. 38 U.S.C. § 202(b).

An Other than Honorable or Bad Conduct discharge can result from a general court-martial or a special court-martial. A person with an Other than Honorable or Bad Conduct discharge from a general court-martial is not a “Veteran” as defined in 38 USC § 202(b) and is thus ineligible to participate based on that period of service. A person with an Other than Honorable or Bad Conduct discharge from a special court-martial is a “Veteran” as defined in 38 USC § 202(b) and thus is eligible to participate.

Character of Discharge

The following is a summary of eligibility for participation based on discharge type:

Eligible for GPD
  • Honorable Discharge
  • General Under Honorable Conditions Discharge
  • Other than Honorable Discharge (in lieu of court-martial or determined from a special court-martial)
  • Bad Conduct Discharge (from a special court-martial)
  • Uncharacterized (entry level separation)
  • Undesirable (from a special court-martial or other administrative proceedings)

Ineligible for GPD
  • Dishonorable Discharge
  • Other than Honorable Discharge (from a general court-martial)
  • Bad Conduct Discharge (from a general court-martial)
Character of Discharge

**Eligible for GPD**
- Honorable Discharge
- General Under Honorable Conditions Discharge
- Other than Honorable Discharge (in lieu of court-martial or determined from a special court-martial)
- Bad Conduct Discharge (from a special court-martial)
- Uncharacterized (entry level separation)
- Undesirable (from a special court-martial or other administrative proceedings)

**Ineligible for GPD**
- Dishonorable Discharge
- Other than Honorable Discharge (from a general court-martial)
- Bad Conduct Discharge (from a general court-martial)
- Uncharacterized (from a general court-martial)
- Undesirable (from a general court-martial)
Types of Service Separation

GPD eligibility is based on the Veteran’s character of discharge from the military. Minimum duty requirements do not apply. Former National Guard and Reserves members with federal active-duty service or a service-connected disability who meet the Character of Discharge noted previously may be eligible for GPD.

In general, the following types of service separation are eligible/ineligible for GPD:

<table>
<thead>
<tr>
<th>Service</th>
<th>Eligible</th>
<th>Not Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Active military, naval, or air service (Army, Navy, Air Force, Coast Guard, Marine Corps, and Space Force)</strong></td>
<td>Eligible regardless of length of service</td>
<td></td>
</tr>
<tr>
<td><strong>Boot camp/basic combat training</strong></td>
<td>Eligible only if in the active service</td>
<td></td>
</tr>
<tr>
<td><strong>Reserves</strong></td>
<td>Eligible if served in active-duty, active-duty training, or have a service-connected disability</td>
<td>Not eligible if there is no active-duty service or active-duty training</td>
</tr>
<tr>
<td><strong>National Guard</strong></td>
<td>Eligible if there is federal active-duty service (serving under Title 10), or have a service-connected disability</td>
<td>Not eligible if there is no federal active-duty service</td>
</tr>
</tbody>
</table>
How to Determine GPD Eligibility:

The best way to determine GPD eligibility is to work through the assigned GPD liaison who will interface with the local VA Medical Center health care eligibility team. Both the Character of Discharge and Type of Service Separation must determine the Veteran to be eligible. Additionally, a GPD grantee may preliminarily verify Veteran eligibility for GPD services by utilizing SQUARES.

Tips:

• A Veteran determined eligible for HUD-VASH will be considered eligible for GPD services as the programs share the same statutory eligibility definition.

• The GPD grantee may preliminarily verify Veteran eligibility for the GPD Program by utilizing SQUARES, however the GPD Liaison should always verify eligibility with the Health Eligibility Center (HEC)/local eligibility office.
Grantees and VA GPD field staff have expressed concerns over negative exits when Veterans leave the project without consulting program staff but return within a relatively short period of time. The Office of Business Intelligence has confirmed the following:

*If a Veteran leaves the GPD project without consulting staff and is discharged per regulations, the GPD grantee should make attempts to locate and re-engage the Veteran. If the grantee can re-engage the Veteran in the GPD project within a relatively short period of time, the GPD liaison should enter a Help Desk ticket requesting to remove the exit form that was completed at the time of discharge. This creates a continuous episode of care and does not result in a negative exit. Please note that this flexibility does not extend to billing; [GPD CARES Act Guidance](#) applies for billing purposes.*

**Takeaways:**
- If a Veteran leaves without consulting staff, attempt to locate the Veteran and re-engage in the program.
- Inform your GPD liaison so that a HOMES correction can be made in a timely manner.
Summary of Pandemic-Related Operational Changes (and Changes Occurring During the Pandemic)
• The following information is current as of June 13, 2022
• These slides include columns for practices before, during, and beyond the public health emergency
• Use this grid to reorient to program evolutions since 2020
• Public health emergency status is affirmed by the Secretary of Health and Human Services (HHS)
• The public health emergency is still declared and might end in July, but the decision for its continuation comes from HHS
• Areas highlighted in yellow are the guidance/policy we are following today
• Changes to current guidance/policy around the public health emergency should be expected, and please check the GPD website for updates
• Legislative changes can always change overall GPD policies
# Updates to Directives, Statutes, and Regulations During but Not Always Tied to the Pandemic

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116-315): Minor Dependents</td>
<td>01/2021</td>
<td>None</td>
<td>Not tied to CARES Act; however, ability to pay per diem for Veterans caring for minor dependents is <strong>active and per diem rates will fluctuate based on CARES Act flexibilities</strong></td>
<td>Ability to pay per diem for minors in the care of a Veteran continues; however, per diem rate will revert to 115% State Home rate maximum (Special Need not included)</td>
<td>GPD Provider Webpage</td>
</tr>
<tr>
<td>P.L. 116-315: HMIS Participation Costs</td>
<td>01/2021</td>
<td>None</td>
<td>Not tied to CARES Act. <strong>Effective now and ongoing</strong></td>
<td>Through a per diem rate request, providers may seek reasonable costs associated with HMIS participation</td>
<td>GPD Provider Webpage, Transitional Housing Grant Recipient Guide</td>
</tr>
<tr>
<td>P.L. 116-315: Safety &amp; Survival</td>
<td>01/2021</td>
<td>None</td>
<td>Not tied to CARES Act, but tied to emergency declaration</td>
<td>No longer in effect or available</td>
<td>GPD Provider Webpage, Safety and Survival</td>
</tr>
</tbody>
</table>
## EVOLUTION OF PER DIEM RATES IN RESPONSE TO THE PANDEMIC & CHANGES IN STATUTES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-March 2020</td>
<td>March 2020 – until end of emergency</td>
<td>As of January 2021 (currently superseded by CARES Act)</td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Per Diem Only</strong></td>
<td>Maximum of the annual State Home for Domiciliary Care Rate</td>
<td>Maximum of three times the State Home rate</td>
<td>Maximum of 115% of the State Home rate</td>
<td>Maximum of 115% of the State Home rate</td>
</tr>
<tr>
<td><strong>Transition-in-Place</strong></td>
<td>Maximum of 150% of State Home rate</td>
<td>Maximum of three times the State Home rate</td>
<td>No change</td>
<td>Maximum of 150% of the State Home rate</td>
</tr>
<tr>
<td><strong>Service Center</strong></td>
<td>Hourly, based on State Home rate, no more than eight hours a day/Veteran</td>
<td>Maximum of three times the State Home rate</td>
<td>Maximum of 115% of the State Home rate</td>
<td>Maximum of 115% of the State Home rate</td>
</tr>
<tr>
<td><strong>Special Need</strong> (see also 38 CFR 61.44)</td>
<td>Maximum of twice the State Home rate</td>
<td>Maximum of three times the State Home rate</td>
<td>No change</td>
<td>Maximum of twice the State Home rate</td>
</tr>
</tbody>
</table>
## Hotel Use in Response to the Pandemic

**Reference:** GPD CARES Act Implementation Guidance, 04/07/2020

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-March 2020</strong></td>
<td><strong>March 2020 – until end of the emergency</strong></td>
<td><strong>TBD</strong></td>
</tr>
<tr>
<td><strong>Hotel Use/Quarantining</strong></td>
<td><strong>Hotel use for any reason (to include quarantine) allowed, which may be supported by enhanced per diem under CARES Act</strong></td>
<td><strong>Allowable cost, but limited to the maximum amount of per diem after the public health emergency ends (see per diem changes)</strong> Must be discussed and arranged via your GPD liaison</td>
</tr>
</tbody>
</table>
Per Diem Only Transitional Housing Models

Service-Intensive Transitional Housing (SITH)
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:

  o Scope of services should incorporate tactics to increase the Veteran’s income through employment and/or benefits and obtaining permanent housing.

  o Services provided and strategies used by the applicant will vary based on the individualized needs of the Veteran and resources available in the community.

  o Applicant specifies the staffing levels and range of services to be provided.
Required Minimum Performance Metrics/Targets:

- Discharge to permanent housing is 70 percent
- Employment of individuals at discharge is 55 percent
- Negative exits are less than 20 percent

*The term “negative exit” is defined as the removal of a Veteran from the GPD program because of a violation of program rules, a failure to comply with program requirements, and/or leaving the program without consulting GPD grantee staff (a.k.a. “going AWOL,” elopement, etc.).
Potential Pitfalls:

- Pre-set Target Dates (30-60-90 days)
- Case Management becomes a “collection of information” service
- Missing collaborative discussion with agencies involved with benefit procurement and employment services
- Individual Service Plans = Generic Goals
- “Shhhhhhhhhh”: Discharge Dates
- Current staffing/disciplines, programming or curriculum is not meeting the current needs of the Veterans
- Performance Measures
CUSTOM DESIGN YOUR SERVICE-INTENSIVE TRANSITIONAL HOUSING (SITH)
Ensuring Fidelity Ensures Housing: Design & Communication

- **Freshen up Target Dates** (Pre-set 30-60-90 days) 7-14-21-28 days or by week 1-2-3-4 of the month

- **Active Case Management**: What does that look like for your team? Is it time to redesign?

- **Fluid Communication is key for Benefits and Employment**: Are those subject matter experts included in your staffings or is it self-report by the Veteran only? Are there training needs to support this area i.e., SOAR training, SSVF Shallow Subsidy

- **SMART**: Individual Service Plans with Specific- Measurable- Achievable- Relevant- Timely goals “Veteran will get into permanent housing with HUD VASH”

- **Centerpiece for your design**: Discharge dates Can you the discharge date be found in the current plan?

- **Ongoing assessment & feedback loop**: Veteran feedback, trends of the month, staff opportunity to voice gaps they are experiencing, staffing levels, range of services etc.
Opportunity to meet the 38,000 permanent housing placement goal:

- Leverage and foster ongoing collaboration in “real time”
- “Fall Forward” don’t be afraid to try new ideas in SITH
- Opportunities: Alumni sharing their success
- TEAM goals
- Celebrate each success
- Protected TEAM time for ongoing evaluation of your current SITH custom design

Does your current custom design meet the permanent housing placement goal?
Thank You

Next Call: Tuesday, August 9, 2022 at 2pm EST