

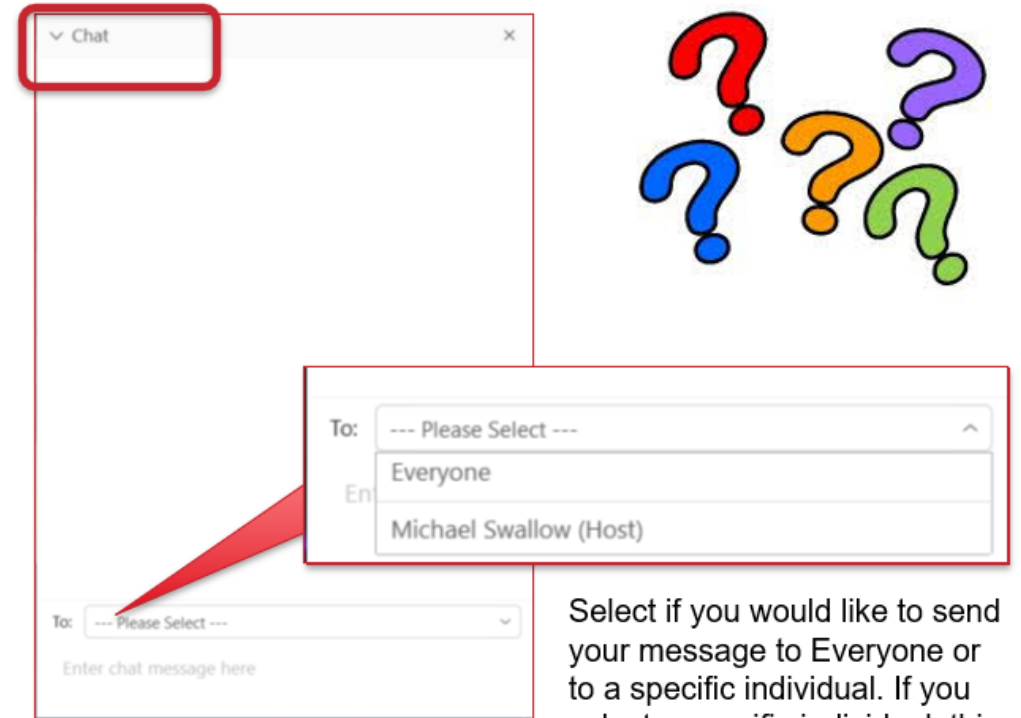
GRANT & PER DIEM NATIONAL PROGRAM OPERATIONAL GRANTEE CALL

August 12, 2025

HOUSEKEEPING

- The webinar will last approximately 60 minutes.
- Webinar slides emailed to the GPD eGMS points of contact.
- Mics and video are disabled (but always check to make sure you're on mute).
- 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**
 - **FY 2026 Case Management NOFO**
 - **Option year grant agreements**
 - **SSI/SSDI Outreach, Access, and Recovery (SOAR)**
 - **SSVF One-Time TFA Referral Packet *Updated Version***
 - **All Hands-on Deck call**

- **Presentations**
 - **Use of Whole Health Programs and Services:** Roger Casey, Director, Education-Dissemination, National Center on Homelessness
 - **Financial management updates:** Nancy Hegel, Supervisory Financial Analyst, GPD NPO
 - **FY 2026 Inspections:** Melissa Meierdierks, Program Specialist, GPD NPO
 - **Case Management: What is it, Why it Matters & What Research Recommends:** Thelma Hodge, LISW-S, Care Coordination Integrated Case Management (CCICM) Coordinator

ANNOUNCEMENTS



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FY 2026 CASE MANAGEMENT NOFO

- June 4, 2025, conditional notification emails sent to Case Management applicants who are under consideration for an FY 2026 award.
 - Not a notification of award, but rather that it is continuing to move through the application consideration process.
 - Awards are not finalized until the Secretary approves and the grant agreement is counter-signed by an authorized VA official.
- Applicants must sign and return the grant agreements emailed to them **no later than June 18, 2025.**
 - Individual signing the grant agreement must be authorized to make legal commitments on behalf of your agency (typically Executive Director level).
 - A quick reference guide demonstrating where to upload your grant agreement in eGMS is available [here](#)
- **Change:** Case Management NOFO, grants are being funded as a **3-year award**
 - Project period is from October 1, 2025, to September 30, 2028
 - Budget period is from October 1, 2025, to September 30, 2028
- **THANK YOU** for returning the revised signed grant agreements so quickly

OPTION YEAR GRANT AGREEMENTS

- All current TIP and PDO grantees will need to sign a final option year agreement.
- Agreements were emailed to grant points of contact in the eGMS system on July 15, 2025, and should have been returned **no later than July 29, 2025**.
 - Refer to the "[How-to Add or Update Contacts](#)" guide, which is also available on the [GPD Provider Website](#).
- Final option year will commence on October 1, 2025, and end on September 30, 2026.
- GPD NPO will not distribute executed grant agreements until after October 1, 2025.
- In Fiscal Year 2026, GPD anticipates publishing a Notice of Funding Opportunity (NOFO) for transitional housing and service centers, with awards expected to begin on October 1, 2026.

SSI/SSDI OUTREACH, ACCESS, AND RECOVERY (SOAR)

- Substance Abuse and Mental Health Services Administration (SAMHSA) has discontinued funding for the SAMHSA SOAR TA Center
 - After August 18, 2025, the SOARWorks website, SOAR Online Courses, and the SOAR Online Application Tracking (OAT) system will no longer be available.
 - Technical assistance and training previously provided by staff at Policy Research Associates, Inc. (operators of the SAMHSA SOAR TA Center) will no longer be available.
- The SAMHSA SOAR TA Center is closing, but SOAR will persist.
 - SOAR Leaders and providers are encouraged to continue assisting with SSI/SSDI applications using the SOAR model and following the established SOAR processes and collaborative efforts that they have formed.
- <https://soarworks.samhsa.gov/state-directory>

SSVF ONE-TIME TFA REFERRAL PACKET *UPDATED VERSION*

- The SSVF Program Office has developed a one-time TFA referral packet that may be utilized by HUD-VASH or **GPD** Programs to request assistance.
- This streamlined packet provides information about roles and responsibilities for the parties involved, in addition to the request for assistance which meets SSVF Program Office documentation requirements for SSVF grantees.
 - ***NOTE: updated version effective July 7, 2025**
- Revised packet linked here: [SSVF Referral Packet](#)
- If you have questions, please work locally with your GPD Liaison and SSVF partners



VA HOMELESS PROGRAMS #ONETEAM4VETS ALL HANDS-ON DECK CALL

- **Purpose:** To support our collective work to reduce and end Veteran homelessness, the VHA Homeless Programs Office invites you to our monthly #OneTeam4Vets All Hands-on Deck Call
- **Attendees:** VA staff and VA-funded grantees should ensure that they have representation on this call. Other relevant stakeholders (e.g., VA-funded contractors, Continuum of Care partners, and public housing agency partners) are strongly encouraged to attend
- **When:** These calls are generally held on the first Thursday of the month at 3:00 p.m. Eastern / 2:00 p.m. Central / 11:00 p.m. Mountain / 12:00 p.m. Pacific / 9:00 a.m. Hawaii
- **Great topics and presentations from this month's call:** Sustaining surge successes from “Getting Veterans Off the Streets.”
- If you need the updated ongoing invitation, please email VHA11HPO38kGoalSupport@va.gov
- Materials from the All Hands Calls are posted to the [VA.gov/Homeless](https://va.gov/Homeless)

USE OF WHOLE HEALTH PROGRAMS AND SERVICES



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FINANCIAL MANAGEMENT UPDATES

SYSTEM FOR AWARD MANAGEMENT (SAM)

- **SAM Registration Requirement**

- Entities must have an active registration in the System for Award Management (SAM) to apply for federal awards and grantees must maintain their active status throughout the grant award period. The requirement to maintain an active registration in SAM is stated in the GPD grant agreements, NOFO, Recipient Guides and [2 CFR Part 25](#).
- Failure to maintain an active SAM registration may result in action from the GPD National Program Office, including a withholding of per diem payments and other sanctions noted in the CFR
- The recipient must review and update its information in *SAM.gov* at least annually from the date of its initial registration or any subsequent updates to ensure it is current, accurate, and complete
- Under *Financial Assistance Representation and Certification*, the answer is *yes*, and the *Certification* checkbox is clicked
- No person involved in the grant has an active exclusion in SAM
- More information can be found on www.SAM.gov

END OF FISCAL YEAR PER DIEM RATE REVIEW

- **All grantees should review their per diem rate now for accuracy, as the fiscal year ends September 30, 2025.**
 - **Before** submitting August and September payment requests.
 - Ensure your GPD grant has not accrued unobligated funds.
 - ~79 GPD grantees with unobligated funds per FY24 SF-425 review
 - All costs must be reasonable, allocable, and allowable per federal regulations.
 - By regulation **per diem is up to 100% of the estimated cost of care, minus other sources of income** ([38 CFR 61.33\(c\)\(1\)](#))
- If necessary, submit a per diem rate modification request.
 - [Per Diem Rate Modification Tutorial](#)
 - [Per Diem Rate worksheet templates](#)
- ***Overestimating costs will result in debt to VA.***

FINANCIAL MANAGEMENT REMINDERS

- **Preparing for 4th Quarter FY 2025**
 - **Review Indirect Costs:**
 - Must have a Federally negotiated indirect cost rate agreement or a signed certification of de minimis on file in eGMS. Indirect costs charged must align with ICRA or certification of de minimis.
 - Ensure indirect costs are calculated correctly. (Attend upcoming training!)
 - **Review Payments:**
 - Ensure billing is current
 - Ensure payments submitted match funds received
 - For fixed awards (Special Needs/Case Mgmt) billing will not exceed total award amount
 - **Request Pre-approval ([2 CFR 200.407](#))** for costs over \$10,000 charged to GPD per diem (e.g., capital repairs, maintenance, equipment).
 - Expense requests should be sent to GPDFiscal@va.gov. Allow time for processing.
 - **Resolve outstanding debt:** Contact Financial Services Center (FSC) to pay debt or set up payment plan, or request waiver through the Debt Management Center (DMC).
- If questions, contact us at GPDFiscal@va.gov

OFFICE OF BUSINESS OVERSIGHT (OBO)

- Upcoming Training: **Save the Dates.** Time and link to training will be sent out later.
 - Direct and Indirect Costs (indirect cost rate and de minimis rate) - September 24, 2025
 - Federal Financial Report (SF-425) Step-by-Step Guide to Completion and Submission – September 25, 2025

- Fiscal Review Process : Important Reminder

Please ensure complete and accurate documentation is provided during the fiscal review process. The review may identify questioned costs or unobligated program funds which could result in a financial liability to your organization. If such findings are confirmed, your organization may be obligated to reimburse Federal funds.

OFFICE OF BUSINESS OVERSIGHT (OBO)

•Upcoming Fiscal Reviews:

- Operation Dignity, Inc. – August 18-22, 2025
- Life Community Development – August 18-22, 2025
- Avector Community Group Inc – August 18-22, 2025
- LifeMoves – August 18-22, 2025
- Licking County Coalition For Housing – August 18-22, 2025
- Voices of our Sisters Inc – August 25-29, 2025
- Reveille Foundation – September 7-13, 2025
- St. Vincent de Paul Society of Lane County, Inc. – September 7-13, 2025
- North Central West Virginia Community Action Association, Inc. – September 8-12, 2025
- Change and New Beginnings CANB – September 8-12, 2025
- VOA Florida – September 15-19, 2025
- Applied Behavioral Rehabilitation Institute, Inc. – September 15-19, 2025
- Randolf County Veterans Shelter Inc – September 15-19, 2025

INSPECTION SEASON



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INSPECTIONS

- Inspections are to occur yearly after initial inspection between October 1st and December 31st however based on numerous requests, sites have the option to begin re-inspections as early as August 1, 2025.
 - *TIP inspections occur on a rolling cycle basis throughout the year
- You and your VA team may start in August
- For inspection criteria please review [38 CFR 61.80](#)
- Scheduling of all inspections will be coordinated locally between the GPD grantee and VAMC
 - Outcomes of inspections will be recorded in reports
- Any deficiencies will be noted and recorded in the report, and corrective actions will be monitored by the VAMC
- When inspections are complete, grantees will receive a copy of the inspection report, and the Liaison will store in their **administrative file**

INSPECTION TEAM

The team for all inspections will be coordinated by the GPD liaison and include:

- NHC or designee (supervisory level) to attend the inspections
- VA GPD liaison
- Personnel from the local VAMC, including subject matter experts from Social Work Service and/or Mental Health and Behavioral Sciences
- Nutrition and Food Service
- Nursing
- Facilities Management/Engineering
- VA Security Service
- **All inspections must be signed by—indicating they're complete and accurate—the VAMC director or designee, meaning the ultimate approval sits with the director**

WHERE CAN I FIND MORE INFORMATION ON INSPECTIONS?

- [Regulations.eCFR :: 38 CFR Part 61 GPD](#)
- Grant Agreement
- VA GPD Liaison and VA Subject Matter Experts (SME)
- [Grant and Per Diem Program: Provider Website - VA Homeless Programs](#)



INSPECTIONS

PDO and Service Center [GPD Supportive Services Recipient Guide](#):

- Inspections may start in August
- Page 1: The inspection is a **RE-INSPECTION**
- Reminder: Service Center has its own inspection packet
- **Deadline:** December 31, 2025



Transition in Place [GPD Supportive Services Recipient Guide](#)

- TIP inspections may not necessarily follow the same annual cycle that PDO and SN facilities do.
- All new TIP units do require initial inspection and activation. **Each unit** must pass a GPD initial inspection and then annual inspections thereafter
- **Deadline:** TIP inspections are completed on a **rolling basis** throughout the year

INSPECTIONS

- **Capital Grant (Resource: [Capital Recipient Guide](#)):**
 - Grantee works with the CFM team to receive approval related to ADA, Drawings, NEPA, NHPA.
 - CFM team sends letters to the grantee and our office as the grantee completes each of these steps.
 - When the grantee is close to finishing their capital work, they will notify our office (gpdgrants@va.gov) and the VA medical center to schedule an inspection.
 - Our office sends the capital inspection checklist to the VA medical center to complete.
 - Coordination by VA Liaisons with VA Inspection SMEs and schedule inspections
 - Once the site passes inspection, inspection/checklist routed by the GPD Liaison/Supervisor through NHC for review, sent to our office for activation of the capital grant.
 - **Deadline:** determined by the project operational dates. It is important to have ongoing communication with the local VA and our office.



CAN YOU PROVIDE SOME HELPFUL PRACTICES ON THE INSPECTION PROCESS?

- Inspection kick-off call with your GPD Liaison and your team to understand the process
- Review a copy of the inspection forms and deficiencies found last year
- Identify **who from your team will be meeting the VA SME** the day of the inspection, and their contact information
- **Create an itinerary:** confirm with your GPD Liaison the inspection dates and site address for each FAIN
- **Review steps with your team** for corrective action if a deficiency is found
- **Be available for a verbal briefing with the VA SME and GPD Liaison** on deficiencies the day of the inspection
- Set a **quick and clear date** when the deficiency will be corrected
- Proactive communication with the GPD Liaison and VA SME to set a date deficiency will be reinspected by VA SME



INSPECTION REMINDERS

- **Site inspections:**
 - **All rooms** where VA Funded GPD Services are provided are to be inspected
 - **All apartment units** in a building must be inspected individually if all units are used to provide care to Veterans in GPD
 - **Office space** where services are delivered, group rooms, facility kitchen used by Veterans or for the use of food preparation for Veterans.
- **Deficiencies:**
 - ALL deficiencies noted by the VA Inspection Team MUST be re-inspected by the VA Subject Matter Expert/Designee
 - Clear and seamless communication with the GPD Liaison and VA Subject Matter Expert :
 - Date(s) corrections will be completed
 - Date(s) when item(s) are ready for reinspection
 - WHO from grantee's team will be available to meet with the VA SME for reinspection
- **Access and admissions:** Same day admissions is an example of other grant compliance areas that the inspection team will also review

INSPECTIONS TIPS

- **Team inspection schedule** that includes date(s) of inspection, identifies points of contact on your team and VA team who will be involved of the inspection, time of inspections, and site address (units)
- Have a **handyman or maintenance** personnel accompany the VA SME during the inspections to fix any deficiencies on the spot
- Schedule additional time with the VA SME and GPD Liaison for additional clarification or consultation
- **Track “lessons learned,” results pulled from the past 12 months:**
 - Prior FY’S inspection packet
 - Quarterly compliance reviews
 - Scheduled or Unscheduled site visit results



CASE MANAGEMENT: WHAT IS IT, WHY IT MATTERS & WHAT RESEARCH RECOMMENDS

LEARNING OBJECTIVES

By the end of this session, participants will be able to:

- Define the core functions of case management across various practice settings.
- Explain the importance of case management in supporting client well-being, service coordination, and systemic impact.
- Summarize current research findings that inform best practices in case management.
- Apply evidence informed strategies to enhance engagement and outcomes in case management practice.

Case Management (CM)

A health care process

Helps the patient and their family navigate services and supports available in a cost-effective manner

CM may be used by health insurers/payers, hospitals, health systems, physician practices, and community health organizations

CM is offered in wide range service sectors

- Population Sectors: Health, social, correctional, vocational, veterans, and legal sectors, etc..
- Settings include public, private, for profit or nonprofit and non-governmental organizations

CM may be directed at broad populations or targeted populations

CM is a TEAM sport!
Occurs over time and in the context of a relationship among the patient/client, the case manager, and the various healthcare providers and organizations

6 Core Elements of Case Management

Patient Identification & Establishing Rapport

Assessment

Collaborative Care planning along with SMART goal setting

Plan implementation

Plan monitoring

Transition and Discharge

5 PATIENT-CENTRIC POSITIVE OUTCOMES OF CASE MANAGEMENT



**Build Trust & Collaboration
with Motivational Interviewing**

**Practice Curiosity to get to the
Core**

**Emotional Safety and
Empowerment**

**Tailoring Solutions:
Collaborative Goal-Setting &
Prioritization**

**4 COMMON RESEARCH
RECOMMENDATIONS TO
APPLY INTO CASE
MANAGEMENT
PRACTICES FOR
IMPROVED OUTCOMES**

BUILDING TRUST & COLLABORATION THROUGH MOTIVATIONAL INTERVIEWING (MI)

MI Principle: Expression of Empathy

- Technique: Active Listening
- Value-Demonstrating sincerity, strengthening cooperation, fostering understanding & conflict prevention

MI Principle: Rolling with Resistance

- Technique: Respecting Autonomy
- Value-Reinforcing change talk by going along with the client and exploring facilitators and barriers to change

MI Principle: Supporting Self Efficacy

- Technique: Affirming
- Value: Enhance client's self confidence and esteem therefore increase change behavior

PRACTICE CURIOSITY → STRUCTURED QUESTIONING

Five W's framework: Use *who, what, where, when, why* (and *how*) to drill down from surface issues to core problems.

Surface Layer: *"What housing challenges are you facing?"*

Mid-layer: *"Why did the eviction occur?"* → Missed rent due to job loss.

Core: *"How did job loss affect your mental health?"* → Anxiety linked to childhood trauma.



Avoid assumptions: Use neutral phrasing (*"Help me understand..."*) to uncover hidden barriers without judgment

TAILORING SOLUTIONS TO INCLUDE COLLABORATIVE GOAL SETTING AND PRIORITIZATION

Case example: Unhoused Individual Living with Complex Trauma HX, & Low Trust in the System

Surface Layer – Immediate needs: Securing safe shelter options, connecting with low-barrier housing resources, and ensuring access to meals and hygiene

Mid Layer – Barriers to engagement: Deep mistrust of service providers due to past experiences, discomfort in formal settings, and overwhelm with paperwork or institutional processes..

Core Layer – Underlying factors: Complex trauma history, chronic hypervigilance, prior experiences of neglect/discrimination



Collaborative goal-setting: Co-create micro-steps

"You've said feeling safe is the first step before anything else. How about we choose two housing options that feel okay for you to look into over the next two weeks? Also, if you're open to it, we could pick one small thing to try that helps us get to know each other better and makes working together feel safer for you."



EMOTIONAL SAFETY AND EMPOWERMENT

Normalize Struggle

Frame challenges as part of the process

Celebrate Agency

Highlight client choices

Use Metaphors

For example: Use the onion layers metaphor to help empower clients visualize progress as layered, incremental, and non-linear growth.

EXAMPLE OF TAILORED-TRAUMA INFORMED AND COLLABORATIVE SMART GOAL

Specific:

- The client will identify and choose at least **two housing options** they feel safe exploring.
- Both the client and case manager will agree on one small trust-building action (e.g., sharing a personal preference, asking for help on a small task, or expressing a concern openly).

Measurable:

- **Housing:** By the end of **two weeks**, the client will have either visited or gathered information at least two chosen housing options.
- **Trust-Building:** The client will engage in at least one agreed-upon trust action during the same period.

Achievable:

- Both steps are realistic given the client's current comfort level, focus on immediate safety, and the case manager's trauma-informed approach.

Relevant:

- **Housing:** Directly supports the client's stated priority of safety and stability.
- **Trust-Building:** Builds the foundation for future goals and service engagement.

Time-bound:

- The initial housing exploration and trust-building action will be completed **within 14 days**, with next steps decided collaboratively.

WHY INCORPORATE THE RESEARCH RECOMMENDATIONS?



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SIMPLE ANSWER:

The Outcomes!

THE OUTCOMES

Improved Health & Functional Status

Greater Client Satisfaction

Increased Self-Management & Empowerment

Reduced Emergency Department Visits

Fewer No-Shows and Cancellations

Fewer Hospital Admissions & Shorter Lengths of Stay

Cost Savings

Better Practices,
Better Lives,
Stronger Communities.



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QUESTIONS AND ANSWERS



WRAP UP

Next call:

- **Tuesday, September 9, 2025 @ 2pm EST, 1pm CST, 12pm MST/AZ, 11am PST, 10am AK, 9am HI**

