Supportive Services for Veteran Families (SSVF)
Health Care Navigator Service FAQ
v3 December 4, 2020

Assessment of Needs

1. **Can we use the assessment you provided as-is, or do we need to change them?**
   The use of the VA assessment form is voluntary and not required. Grantees can choose to use or adapt all or part of any assessment the SSVF Program Office has developed. Needs and triage assessments are meant to be a helpful tool as you prioritize which Veteran may need health care navigation services. The tools should be adapted to meet the individual needs of your program.

2. **Can Health Care Navigators (HCNs) use the VI-SPDAT to prioritize vets if it's being used in their local CoC or community to already prioritize vets for housing?**
   The VI-SPDAT, similar to most/all Coordinated Entry Common Assessment tools, is a tool communities use to gauge a range of vulnerabilities as part of a larger set of information that helps inform housing related needs and suggested interventions. This is not a tool that is designed to inform whether a Veteran needs Health Care Navigation services. This is likely true for most Coordinated Entry Common Assessments.

3. **How do I enroll a Veteran in the HCN Program? Does the Veteran need to qualify for SSVF in order to receive HCN services?**
   Health Care Navigation is NOT a separate program; rather, it is a new service added to a larger portfolio of housing related services that SSVF offers. All Veterans who receive health care navigation services must meet the eligibility criteria for and be enrolled in SSVF with the goal of that Veteran moving toward permanent housing, which is SSVF's central mission. Any enrolled Veteran can receive health care navigation services but grantees may need to prioritize which Veterans needs such services most urgently. Importantly, HCNs are part of a larger team of SSVF staff who are supporting Veterans in ending their homelessness and promoting their health goals. HCNs should coordinate closely with SSVF housing case managers, housing navigators, and their supervisors/directors as their role develops.

4. **When we do our initial screening and evaluation, should we also do the COVID screening tool?**
   Yes, SSVF grantees, including HCNs, should conduct basic COVID-19 screenings for all Veterans enrolled in the program. The expectation is that all Veterans enrolled in SSVF are screened for COVID-19 symptoms at least weekly, and more often if necessary or feasible. HCNs may be best positioned to do these screenings and should include basic questions about COVID-19 exposure or symptoms in their routine contacts with Veterans. Please note that all staff, including HCNs, who will have face to face contact with Veterans are also advised to ask these questions before contact. All SSVF staff are strongly encouraged to stay apprised of CDC guidance related to COVID-19 screening, symptoms and procedures.

Coordination, Access, and Privacy

1. **Does the HCN need to have a military ID in respect to going to/coordination with the VAMC?**
   The need for identification may look different based on your local VA Medical Center's requirements. Please reach out to your SSVF Regional Coordinator if you are having difficulty in physically access the VAMC campus in your area.

2. **Will there be a list of other SSVF HCNs for us to get to know each other and ask questions?**
   Yes, we will provide this information periodically. The SSVF Program Office is also planning Health Care Navigator Communities of Practice which will allow for opportunities for peer sharing and learning. Your SSVF Regional Coordinator can also help connect you to other HCNs in your area or who cover similar geographies.

3. **Where can we find VAMC Coverage areas?**
   Please reach out to your SSVF Regional Coordinator for assistance in confirming your coverage area.

4. **Will we have any access to any VA database systems?**
   Access to VA client level data will vary by local VA Medical Center. More information on applying for access to VA medical systems was provided on the 11/24/20 webinar which can be found on the SSVF website.

5. **How should we address PHI information and HIPPA specific releases?**
   Please review routine use 30. Each agency should also develop agreements with their VA and community clinic to determine acceptable referral policies and procedures as well as ROI to be used by each agency.

6. **Will we have specific releases from the SSVF Regional offices or will they be agency specific?**
   Each agency should develop agreements with their VA and community clinic to determine acceptable referral policies and procedures as well as ROI to be used by each agency.

7. **Do you anticipate that we will have direct access to portals/other systems that provide medical info?**
   Access to VA client level data will vary by local VA Medical Center. More information on applying for access to VA medical systems was provided on the 11/24/10 webinar which can be found on the SSVF website..

8. **If a client in a hotel, tests positive, are we required to report the information to the hotel where they are staying?**

All SSVF staff are strongly encouraged to stay apprised of CDC guidance related to COVID-19 screening and symptoms. SSVF does not require or recommend that grantees automatically share COVID-19 status with a hotel, though we do suggest grantees have a clear communication protocol with the Veteran and the hotel that covers what actions are needed under these circumstances. We also recommend that HCNs discuss this situation with a Veteran's primary care provider to understand their protocol in terms of informing the Veteran's contacts if a Veteran tests positive.

Health Care Eligibility Determination

1. **Should SSVF HCNs have access to SQUARES?**
   Yes, SSVF HCNs should use SQUARES 2.0 to determine anticipated eligibility for VA medical care.

2. **How do we determine if a Veteran is eligible for healthcare? How do we confirm their enrollment?**
   SSVF HCNs are not responsible for making final determinations as to whether a Veteran is eligible for VA or mainstream health care (Medicaid, etc.). However, HCNs should be knowledgeable about the basic eligibility requirements of various health systems and build an expertise in how to access eligibility applications and enrollment processes for Veterans and their families. The SSVF Program Office is publishing a series of materials that will help HCNs build that expertise, but HCNs are encouraged to be active in building their knowledge in these areas.

HCN Role and Activities

1. **Is there an ideal case load for this position?**
   Case load sizes will vary and may depend on complexity of cases, specific HCN responsibilities and duties, as well as other factors. HCNs and program managers are encouraged to monitor case load size frequently and adjust as needed. The SSVF Program Office is interested in hearing from grantees about their experiences and mechanisms for balancing caseloads as these new positions come on board.

2. **Is it encouraged to connect veterans with mental, emotional and physical health needs to services that are outside of the VA?**
   Yes, if Veterans are not eligible for, do not want, or cannot access care from the VA or VA-affiliated services we encourage providers to connect them to medical and behavioral health services outside of the VA. SSVF providers may also connect non-Veteran household members to community health care options when needed.

3. **As HCNs are we able to provide group education as well as one on one?**

Yes, HCNs may provide education groups on wellness topics. Please note that HCNs may not provide clinical care.

4. **What TFA will be available to HCNs? For example for Transportation ie. bus passes, gas cards or to cover any unforeseen expenses in delivering services? Can SSVF transport the Veteran to their appointments?**
   Generally yes, SSVF may provide TFA to assist Veterans with financial needs such as transportation. HCNs should work with their SSVF program manager to determine the process for obtaining TFA for Veteran households.

   In addition, transportation is an eligible SSVF activity and SSVF staff may provide rides to appointments. However each grantee has organizational transportation policies that must be adhered to before providing transportation to Veterans. Grantees are also encouraged to coordinate with other local or VA-based transportation services to assist Veterans in getting to appointments. The CDC has issued the following guidelines when transporting individuals, who are either known or suspected of having COVID-19.

5. **What will the HCN role look like moving forward with more SSVF and HUD-VASH collaboration for co-enrolled Veterans?**
   We encourage HCNs to reach out to HUD-VASH staff to develop protocols for referrals, collaboration, and co-enrollments, HCNs may request assistance from SSVF Regional Coordinators, if needed.

6. **With COVID restrictions, what is the plan to treat Veterans when the only option is a video appointment? Having the space and privacy to conduct video appointments with homeless Veterans is limited.**
   SSVF providers may consider providing virtual services when necessary. Grantees should inform Veterans of potential privacy limitations and ensure that information is protected to the extent possible during the public health emergency. We also encourage HCNs to be creative in identifying private or confidential spaces for health care related discussions.

7. **Can HCNs provide mental and behavioral health counseling or other similar services directly?**
   While SSVF is prohibited by law from providing direct mental and behavioral health services, a critical role of the HCN is to help Veterans connect to and coordinate with mental health service for which they are eligible.

8. **What do we do if a Veteran refuses to wear a mask? We know not everyone likes putting on a mask for COVID 19 protections.**
   During the initial conversations with Veterans, we recommend discussing expectations of face to face visits, which would following local public health guidance; which includes wearing masks. We recommend engaging in dialogue and asking these Veterans the reasons that they refuse to wear masks. If the Veteran reports that this is due to a medical issue, the Veteran can be referred to their primary care or mental health care provider. HCNs

should also carry extra masks with them in case the reason that Veteran isn't wearing a mask is that s/he doesn't have one. Please note that grantees should be familiar with any local mask mandates or lack thereof. While we know masks are a critical public health tool, Veterans who choose not to wear one should not be discharged from SSVF for that reason alone. We expect grantees to work with Veterans to identify ways that services and housing linkages can be provided as safely as possible.

HMIS and Documentation

1. **Do we document when the Veteran has met their health care goals and no longer needs services?**
   Yes, transitions should be documented. Anytime a grantee discontinues HCN services, it must be documented in the client file in accordance with agency policies and SSVF guidance provided in the SSVF Program Guide. Please note, all Veterans receiving HCN services are enrolled in SSVF; their enrollment is dependent on eligibility and on-going need for SSVF services. In some cases where the Veteran has a critical need for HCN services their enrollment for the purposes of continuing navigation support may continue after their housing needs have been met and they are no longer receiving housing services

2. **If I have already started working with a Veteran, how do I keep track of our progress before getting access into HMIS?**
   Services provided should be documented in the client file and entered into HMIS according to agency policies and the VA Data Guide (https://www.va.gov/HOMELESS/ssvf/docs/SSVF_VA_Data_Guide.pdf). Please reach out to your program manager to determine the agency policy service documentation & HMIS data entry timeliness protocols.

3. **What if you do not enter notes and referrals into HMIS?**
   SSVF providers are required to enter HCN referrals to VA or community health clinics into HMIS using the process outlined in the Nov 6 ppt presentation and VA data guide https://www.va.gov/HOMELESS/ssvf/docs/SSVF_VA_Data_Guide.pdf.

4. **How do we enter in HMIS if we are providing referrals to V3 and V4?**
   Please review the ppt from Nov 6 and the VA data guide https://www.va.gov/HOMELESS/ssvf/docs/SSVF_VA_Data_Guide.pdf.

5. **Will there be information on how to document assistance given to the non-vets in the families?**
   Please document assistance to the non-vets in the families according to agency policies and the VA Data Guide (https://www.va.gov/HOMELESS/ssvf/docs/SSVF_VA_Data_Guide.pdf).

6. **Are there performance outcomes that we are trying to meet?**
   The SSVF program office will monitor numbers of referrals to VA and community health clinics through HMIS; more information about metrics will be provided.

7. **How do HCNs get access to HMIS?**
   All SSVF providers have access to the HMIS system. Please check with your program manager for assistance in gaining access and instructions for entering data into the system

8. **How do you document services in HMIS?**
   Documenting your work in HMIS Use "V2"
   "Services Provided"
   Referrals to VA for enrollment or appointments - Response 3 "Assistance obtaining VA Benefits"
   o Dependent Response 4 "health care services"
   Referrals to community health care – Response 4 "Assistance obtaining/coordinating other public benefits
   o Dependent Response 1 "health care services"

9. **What type of notes are to be kept in the on-site case files?**
   Services provided should be documented in the client file and entered into HMIS according to agency policies. Please reach out to your program manager to determine the agency policy for entering services into HMIS.

10. **As far as HMIS goes do we need to document every referral to the VA or Community health care providers or just the initial connections?**
    The SSVF program office requires that the initial connection to the VAMC or community clinic be documented in HMIS. To the extent possible, the Program Office suggests documenting every referral that is made.

11. **And how much detail do we need to include in our files? For example, do I leave a case note saying I referred a Veteran to audiology or I just referred a Veteran to a primary care provider?**
    Services provided should be documented in the client file. Please reach out to your program manager to determine the agency policy for documenting services in client files.

12. **Should we document that we did our weekly COVID screens in HMIS?**
    The HCN's may follow agency policies for documenting services provided to Veterans; however referrals to VA or other health care clinics must be documented in HMIS.

Training and Support

1. **We don't have our HCN yet. Will program managers have access to the Learning Management System/Housing Skills Practice Center in the meantime?**

All SSVF grantees should have an agency learning manager assigned to controlling your LMS (Housing Skills Practice Center) accounts. If your agency is not sure who this is please reach out to your SSVF Regional Coordinator.

2. **I am fairly certain we do not have a Learning Manager at our agency, or they don't know they have been designated as one.**
   All SSVF grantees should have an agency learning manager assigned to LMS (Housing Skills Practice Center). If your agency is not sure who this is please reach out to your SSVF Regional Coordinator.

3. **How do we access the recorded seminars?**
   The VA is publishing trainings in the LMS (Housing Skills Practice Center) and all general webinar recordings, along with other materials, on SSVF University. We hope to provide a guide with a list of materials and their respective locations shortly.

4. **If we signed up for webinars, will we get registered in the LMS system?**
   No. All SSVF grantees should have an agency learning manager assigned to LMS. If your agency is not sure who this is please reach out to your SSVF Regional Coordinator.

5. **Will there be specific sessions discussing the difference between Veteran Navigators as some elements of the jobs seem overlapping?**
   The learning modules will help define HCN roles. The SSVF Program Office is also working on other support opportunities to help define the HCN roles and will provide guidance on an ongoing basis.

6. **Do you have a job description that you recommend for the Health Care Navigators to make sure that we have covered all of the bases for ours?**
   Yes, a sample functional statement can be found on the SSVF website
   https://www.va.gov/homeless/ssvf/index.asp

7. **It is important to add Program Managers to training as they are directly responsible for HCNs and are held accountable for this staff**
   Yes, program managers may attend and review all trainings that are available to the HCNs. All trainings and webinars are also recorded for later review.