

VA Grant & Per Diem

Fiscal Year 2025 Supportive Housing Grants *Per Diem Only Models* *Special Need* *Transition in Place*

Grant Recipient Guide

VA



U.S. Department
of Veterans Affairs

Table of Contents

- VA Grant & Per Diem (GPD) National Program Office (NPO) iv
 - Contact Information iv
 - GPD National Program Office (NPO) Staff..... iv
 - GPD Web Resources iv
- Overview 1
 - Summary of Significant Changes 1
 - Essential Points..... 2
- Expectations & Operational Framework 4
 - Operational Framework & Expectations for GPD Grant Recipients 4
 - Roles of the GPD Liaison 5
 - Electronic Grants Management System (eGMS) 6
 - Records Retention..... 6
- Operational Considerations 7
 - Award Period & Option Years 7
 - Faith-based Requirements 7
- Grant Operations, Compliance, & Monitoring 8
 - Veteran Eligibility..... 8
 - Eligible for GPD 8
 - Ineligible for GPD 8
 - Types of Service Separation 9
 - How to Determine GPD Eligibility 9
 - Definition of “Homeless” 9
 - SQUARES 10
 - Links to Additional Resources for Obtaining DD Form 214 10
- Initial Inspections & Grant Activation..... 10
- Annual Inspections & Ongoing Reviews 11
 - TIP Inspection Considerations..... 12
- Corrective Action Plan (CAP) 13
- High-Risk Corrective Action Plans 13
- Change of Scope/Site Requests 13
- Special Reporting Circumstances 14
- Flexing of Beds between Models (PDO Only)..... 15
 - Important update for FY 2025..... 15

Veterans with Minor Dependents	15
Homeless Management Information System (HMIS)	16
Suicide Prevention	16
Performance Improvement Plan (PIP)	16
Financial Compliance	17
Allegations of Impropriety	20
Per Diem Payments and Payment Information	21
Federal Award Identification Number (FAIN)	21
Funds Allocation	21
System for Award Management (SAM)	21
Funding Information (SN Only)	21
Health and Human Services, Division of Payment Management System	21
Per Diem Rates	22
Per Diem Action Requests and Notification	22
Vouchers for Payment	22
Billing and Payments: Per Diem Only	22
Billing and Payments: Special Need	23
Billing When an Error in Veteran Admission to GPD is Found	23
Billing During Participant Absences	23
General Performance Metrics	24
GPD Metric 1: Discharges to Permanent Housing	24
GPD Metric 2: Negative Exits	24
GPD Metric 3: Employment at Exit	25
Per Diem Only Model-Specific Descriptions & Targets	26
Bridge Housing	26
Required Minimum Performance Metrics/Targets	26
Clinical Treatment	27
Required Minimum Performance Metrics/Targets	27
Hospital to Housing (Respite Care)	28
Required Minimum Performance Metrics/Targets	28
Low Demand	29
Required Minimum Performance Metrics/Targets	29
Service-Intensive Transitional Housing	30
Required Minimum Performance Metrics/Targets	30

Service Centers.....	31
Required Minimum Performance Metrics/Targets	31
Special Need Descriptions & Targets	32
Overall Objective	32
Population Definitions.....	32
Chronically Mentally Ill Objectives	33
Required Minimum Performance Metrics/Targets	33
Frail Elderly Objectives.....	34
Required Minimum Performance Metrics/Targets	34
Individuals Caring for Minor Dependents Objective	35
Required Minimum Performance Metrics/Targets	35
Terminally Ill Objectives	36
Required Minimum Performance Metrics/Targets	36
Women Objectives	37
Required Minimum Performance Metrics/Targets	37
Transition in Place Description & Targets.....	38
Overall Objective	38
Target Population	38
Characteristics & Standards.....	38
Required Minimum Performance Metrics/Targets	39
Participant Lease Agreement Information	39

VA Grant & Per Diem (GPD) National Program Office (NPO)

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GPD Web Resources

GPD National Site: <https://www.va.gov/HOMELESS/GPD.asp>

GPD Provider Site: https://www.va.gov/HOMELESS/GPD_ProviderWebsite.asp

Overview

Welcome to Fiscal Year (FY) 2025! GPD is a true partnership between VA and community providers across the country. The GPD National Program Office (NPO) applauds the collaborations that GPD grantees and VA teams cultivate together to build robust service delivery networks for the Nation's most vulnerable Veterans. Thank you for the valuable work you do every day to help end Veteran homelessness.

In general, this guide was developed to give grantees and VA staff an overview of the GPD program, from operationalizing a new grant to measuring performance. For new grantees, this guide contains information essential for understanding the GPD framework, and it explains the roles both grantees and VA Medical Centers (VAMC) GPD liaisons have in ensuring optimal service delivery to Veterans served by GPD. Per Diem Only (PDO) grantees and/or Transition in Place (TIP) grantees, please thoroughly review the material in this guide. **The definition of GPD supportive housing may be found 38 CFR 61.1 "Supportive housing."**

The information in this guide is to be used for **reference and general guidance**. It does not supersede any national **regulations, other statutes, or governing laws**. **GPD grantees are required to be aware of and comply with any Federal, state, or local laws**. Links to the GPD regulations—as well as other relevant regulatory and statutory guidance—may be accessed on our [GPD public-facing websites](#).

Summary of Significant Changes

- Most Federal Award Identification Numbers (FAINs) will end with –24 designating this new grant cycle
 - PDO grants end in PD-24
 - Service Center (SC) grants **also** end in PD-24
 - TIP grants end in TP-24
 - Special Need (SN) will end in SN-25 because they are in a new award period beginning October 1st
 - Capital grant FAINs will not change and reviewed in a separate recipient guide
- [Bed flexing guidance](#) for PDO grants has expanded for FY 2025
- TIP billing now occurs through the VA medical center and not through the Health and Human Services Payment System
- TIP grants are now one-year awards with up to [two option years](#)
- Employment performance measures for [PDO Service-Intensive models](#) and [TIP](#) changed in FY 2024 for this grant cycle
- Grant agreements contain language about same-day access to GPD services and the Fair Housing Act
- Effective July 2, 2024, GPD grantees must provide written notice to Veterans and prospective Veterans about [religious protections](#)
- Grantees with ongoing [operational deficiencies](#) (e.g., repeat inspection or Veteran care deficiencies) may be placed on an operational high-risk corrective action plan where a longer period of monitoring may be enforced

Essential Points

- Effective July 2021, 38 CFR Part 61 states supportive housing “is designed to...facilitate the movement of homeless veterans to permanent housing **as soon as possible** but **no later than 24 months...**”
- **The federal FY runs annually from October 1 through September 30**
 - Grant reporting also coincides with this schedule
- **Electronic Grants Management System (eGMS)**
 - The GPD NPO uses [an eGMS](#) for grant submissions and ongoing grant management
 - It is important that grantee staff have access to the eGMS, and the grantee’s agency contacts are up to date
- **GPD liaisons and VISN Network Homeless Coordinators (NHC)**
 - [The GPD liaison is the local VAMC point of contact](#) responsible for the oversight and monitoring of GPD grants, and confirming [Veteran eligibility](#) for GPD services
 - NHCs may also be involved with areas of grant compliance and operations
 - GPD liaisons must also work through their local VAMC supervisors
 - Grantees who need assistance in connecting with their liaison may contact the GPD National Program Office (GPDGrants@va.gov)
- **Funding & Budgetary Considerations**
 - SN grants draw funds through the [Health and Human Services](#) system
 - TIP grants are paid through the VAMCs instead of through HHS, like per diem
 - PDO funds are allocated directly to VAMCs and vouchers are used for billing
 - SN and TIP awards are fixed amounts, meaning each drawn comes from a total funding amount
 - Please refer to the GPD Capital Grant (CG) Recipient Guide for CG information
- **Grant Objectives and Descriptions**
 - Grantees must meet the objectives for the target populations in the [notice of funding opportunity \(NOFO\)](#) under which they applied
 - [PDO grants have bed models](#), each with unique performance targets, and employment metrics have increased for Service-Intensive models this award cycle
 - [SN grants serve special populations](#), each with unique performance targets
 - [TIP grants aim to secure permanent housing for Veterans](#) and have project-specific performance targets and employment metrics have increased for this award cycle
- **Federal Regulations & VHA Directive 1162.01**
 - Grantees and liaisons must have a thorough understanding of all federal regulations applicable to GPD
 - 38 CFR 61 sets forth GPD-specific regulations
 - Links to the current regulations are available on the GPD website

- eCFR link: <https://ecfr.federalregister.gov/current/title-38/chapter-I/part-61>
- VA staff should also fully read [VHA Directive 1161.01 Grant and Per Diem Program](#)
- **Annual inspections for all grants must occur before December 31st unless the program has not been fully inspected within the last year, the site address has changed, and/or there is a new service model that has not been inspected within the last year**
 - New grants and/or site addresses must be fully inspected before Veterans may be placed
 - [TIP units may have special inspection considerations](#)
- **Operational Considerations**
 - Grantees and liaisons should become familiar with the mechanics of normal grant operations
 - Homeless Management Information System (HMIS) participation is encouraged
- **Ongoing Grant Compliance & Monitoring**
 - Grant compliance and ensuring Veteran safety is an ongoing process
 - Inspections of grantee facilities must occur before Veterans may be placed
 - Grantees must ensure they file SF-425 annually and when a grant is terminated
 - Performance metrics are set for each grant and/or bed model
 - Noncompliance with regulations, grant terms, and/or failure to meet performance measures may trigger corrective and/or performance improvement processes
- **Per Diem Payments and Payment Information**
 - The Federal Award Identification Number (FAIN) is the number that uniquely identifies a grant award
 - **The FAIN must be included on all correspondences with the GPD office**
 - Liaisons must ensure accuracy of billing
 - Invoices must include supporting documentation
 - Sample vouchers are on the GPD Provider website
- **Grantees may have written statements in their grant application that conflict with GPD regulations and/or the signed grant agreement; however, grantees are required to follow the regulatory requirements regardless of any statements in the grant application**
- GPD grantees already provide mental health consultations and therefore can be exempt from the STRONG Veterans Act of 2022 (PL 117-328, div V, title IV, sec. 404(b), codified in 38 USC 2068)

We hope this framework will be helpful.

Expectations & Operational Framework

Operational Framework & Expectations for GPD Grant Recipients

GPD grantees are responsible for following all requirements listed in the notice of funding opportunity (a.k.a. NOFO or NOFA) under which they applied. Links to all applicable regulations and copies of PDO, SN, and TIP notice of funding are available on the GPD website. To provide homeless services consistently across the country, there are many expectations of grant recipients.

In general, grant recipients are expected to operate within the GPD framework in the following ways:

- Provide all staffing and services in accordance with the terms of the grant at locations accessible to homeless Veterans
 - PDO and TIP grantees conform to their FY 2025 grant terms and any approved changes of scope
 - PDO grantees with capital grant awards must ultimately conform to the conditions of the capital grant
 - Please refer to the capital grant recipient guide on the GPD Provider page
- Establish grant and fiscal accounting procedures compliant with all applicable federal and local regulations
- Understand and monitor allowable grant costs as stipulated by Office of Management and Budget (OMB) Uniform Guidance for Grants (2 CFR part 200), the GPD NPO, and/or 38 CFR 61.66
 - It is the GPD grantee's responsibility to ensure that all operational costs assigned to the grant are allowable and charged in accordance with GPD Program Regulations and the applicable Uniform Guidance
 - Grantees must ensure accurate and timely completion of the [Federal Financial Report \(FFR\) SF 425](#)
 - Grantees must monitor their allowable costs monthly to ensure their per diem rate remains accurate. If costs change, grantees are required to submit an updated per diem rate
- Ensure all grantee contacts are up to date in the GPD electronic grants management system
- Visit the [GPD Provider Website](#) monthly for program updates
- Attend monthly GPD webinars and technical assistance trainings
 - **For GPD grantees:** Monthly grantee webinars are scheduled on the second Tuesday of each month at 2pm Eastern
 - A calendar invitation with the meeting information will be sent to the designated GPD grantee's point of contact
 - The GPD NPO expects a representative from the grantee's agency to attend each month
 - **For VA staff:** Monthly webinars internal to VA employees are scheduled on the second Wednesday of each month
 - Please ask the GPD NPO for a calendar invitation

- The GPD NPO expects VA GPD liaisons to attend monthly
 - NHCs and other VA Homeless Programs staff are welcome to attend
- Follow all requirements listed in the NOFO under which the grantee applied
 - Links to all applicable regulations are available on our [website](#)
- Ensure all dwellings pass applicable [inspections](#)
 - It is important to note that GPD rules and regulations require that projects adhere to the Life Safety Code of the National Fire Protection Act, as well as other federal, local, or state codes/laws
 - At times, these codes may conflict
 - More rigorous federal laws and regulations usually take supremacy to less stringent state and local laws
 - If state or local codes are more stringent than the federal requirement, they usually must be followed
 - Consult with the GPD NPO as needed
- Complete and participate in quarterly reviews and prepare grant-related activities reports as required in 38 CFR 61.80
 - The GPD liaison will provide grantees with reviews of performance on the VA metrics at least quarterly
 - Meet with the GPD liaison to review these data and discuss any program changes or adjustments to meet the established metrics
 - Identify administrative and programmatic problems which may affect performance and suggest proposed solutions
- Report prior to any program changes as required in 38 CFR 61.62
 - Receive written approval for significant changes (change of scope/site) in key staff positions and/or grant terms from the GPD NPO

Roles of the GPD Liaison

GPD liaisons from the local VAMC monitor the administration of GPD-funded grants. The GPD liaison is the key link between grantees and the GPD NPO. Liaisons will facilitate the [initial inspection, annual inspection](#), quarterly reviews, and be responsible for overall grant oversight. VHA Directive 1162.01, VA Homeless Providers Grant and Per Diem also outlines the roles of liaisons, their supervisors, the VA medical center director, and the network homeless coordinator.

There are minimum standards of oversight the liaison will facilitate:

- Coordinating and conducting initial inspections required before Veterans can be served in a grantee's facility
- Coordinating and conducting annual reinspection
- Verifying Veteran status and eligibility
- Verifying admission and discharge dates for billing purposes

- Collecting and submitting Veteran data as outlined by program evaluation procedures
- Providing oversight of the care of the grantee's participants
- Performing quarterly reviews and submitting quarterly technical performance reports
- Monitoring the care in and assessing the compliance of the grantee as it aligns with the original grant application
- Intervening to improve compliance or enforce operational corrections when appropriate
- Ensure accurate and timely data entry and reporting per VA standards and policies

Grantees are primarily responsibility for Veteran care. Grantees must provide care as prescribed in the original grant proposal or as authorized through any approved changes of scope. Other responsibilities and requirements as listed in 38 CFR § 61.80 should also be reviewed.

Electronic Grants Management System (eGMS)

The GPD NPO is using an eGMS for electronic grant submissions and ongoing grant management. It is critically important that grantee staff have access to the eGMS, and the grantee's agency contacts are up to date. Vital information from the GPD NPO will be relayed to grantees through the system. Grantees will only be able to properly interface with the eGMS if their points of contact are entered correctly and maintained as staffing changes. It is the grantee's responsibility to maintain current and accurate contacts. Information and training about the system is available on the GPD Provider website.

Records Retention

For GPD grantees, the records retention requirement is governed under the OMB Uniform Guidance for Grants (2 CFR 200.334-338 Record Retention and Access) which states they must keep records three years. The requirement for VA staff and liaisons is governed under National Archives and Records Administration requirements (RCS 10-1) which specifies records must be kept for 10 years after final action is taken on the file.

Operational Considerations

Award Period & Option Years

The award period is stated in the grant agreement. In general, PDO and TIP awards are for one year, but have two subsequent “option years” that may allow for the grant to be authorized for up to two additional years. SN grants are two-year grants with no option years.

As of [FY 2025](#)

- PDO and TIP awards are in the first option year (second year of the grant award),
- And SN grants are in the first of two years.

Faith-based Requirements

Effective July 2, 2024, GPD grantees must provide written notice to Veterans and prospective Veterans about religious protections. Grantees must ensure their subrecipients also comply with this requirement. Refer to the April 2024 National Operational Webinar for more information.

GPD provides a template for grantees to use when giving written notification. The template is available on our provider website, along with other materials such as a link to the full requirements (38 C.F.R. part 50).

Grantees are advised to update their internal operating procedures, to maintain documentation of compliance, and to be prepared to show documentation upon request during normal monitoring conducted by VA or its designee (e.g., fiscal reviews, inspections, liaison reviews).

Grant Operations, Compliance, & Monitoring

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 GPD NPO recommends that GPD liaisons share the following framework with their local VA enrollment office when trying to determine eligibility. It's important to note that eligibility may be determined in several ways and Veterans who are not eligible for VHA health care services may still be eligible for GPD under certain circumstances. Please review the "[How to Determine Veteran Eligibility](#)" section below. **The GPD NPO 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. § 2002(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 § 2002(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 § 2002(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)
- Uncharacterized (from a general court-martial)
- Undesirable (from a general court-martial)

Note: A Veteran determined eligible for HUD-VASH or SSVF will be considered eligible for GPD services as the programs share the same statutory eligibility definition. The minimum duty requirements do not apply.

- National Guard who are active duty for training (ACDUTRA) only are not eligible. To be eligible, they must have been called to active duty under Title 10.

- Veterans in the Reserves are eligible if they are ACDUTRA Only.

Eligibility is based on the Veteran's character of discharge from the military and not the VBA adjudication.

- The adjudication is only used to determine if the character of discharge was the result of a general court-martial.
- General court-martials are a statutory bar to benefits. Any discharge that is the result of a general court-martial is not eligible.

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 criteria noted above may be eligible for GPD. In general, the following types of service separation are eligible/ineligible for GPD:

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

How to Determine GPD Eligibility

Eligibility may be determined in several ways. To determine GPD eligibility, 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 verify Veteran eligibility for GPD services by utilizing SQUARES. If the liaison encounters a gray area when working through their local VA health care eligibility team, the liaison may research further on if benefits beyond VHA health care-only eligibility may apply (e.g., if a Veteran is determined eligible for HUD-VASH, they are eligible for GPD even if they are not eligible for VHA health care services).

Definition of "Homeless"

P.L. 114-315 also expanded the definition of "homeless" for purposes of eligibility for participation in the GPD program to include "any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housings." (P.L. 114-315; 38 USC 2002(a); 42 USC 11302(a) and (b))

SQUARES

The GPD grantee may preliminarily verify Veteran eligibility for the GPD Program by asking the GPD liaison to check eligibility and/or by utilizing [SQUARES](#).

Accessing SQUARES requires permission and a greater level of review. Community users must verify their identity. Community organizations serving Veterans will need to apply for SQUARES access. Each organization must designate a SQUARES manager. The SQUARES manager is responsible for reviewing and approving user access within the grantee's organization. If a grantee is having trouble verifying a Veteran's GPD eligibility, the grantee's staff may ask the Veteran for her/his records. If there are questions about SQUARES, please refer to this website: <https://www.va.gov/homeless/squares/>. Additionally, grantees may contact SQUARESAdmin@va.gov for technical assistance.

If using SQUARES, grantees are expected to keep a copy of the eligibility confirmation from SQUARES in the Veteran's case file. The grantee must make eligibility information and the Veteran case file available to the liaison during the quarterly review, annual inspection, or upon request.

Although grantees may use SQUARES to determine preliminary eligibility, they should also help Veterans obtain copies of DD-214s and retain copies in individual case files.

Please contact SQUARESAdmin@va.gov in an encrypted email if discrepancies are discovered so we can share this information with the data team. In the email, please include the following information for the Veteran:

- Name
- Full Date of Birth
- Full Social Security Number
- Branch of Service
- Copy of DD-214

We encourage homeless program staff and external users to utilize the Advance Search Feature in SQUARES that has info on the DD24We encourage homeless program staff to acquire access to DPRIS so they can pull the DD-214s.

Links to Additional Resources for Obtaining DD Form 214

- National Archives: <https://www.archives.gov/veterans/military-service-records>
- VA Homeless Programs Quick Guide for Requesting DD Form 214: https://www.va.gov/HOMELESS/docs/GPD/providers/National_Archives-DD214_Request-Quick_Guide_2022.pdf

Initial Inspections & Grant Activation

All GPD supportive housing grantees must fully pass a GPD inspection. Inspection procedures are comprehensive reviews informed by GPD regulations. Generally, before grantees may admit (and receive payment for) Veterans, an initial inspection of the grantee's GPD facilities is required. Every GPD grantee must be fully and satisfactorily inspected by the local VA inspection team delegated by the VAMC director and the project must be activated by the GPD national office before Veterans may be placed in the facility and payments begin. **Initial inspections occur typically at the start of a new grant cycle for PDO grants and when a new, previously uninspected TIP unit needs activation.**

New PDO grant awards and new TIP units must be “activated” by the GPD national office. Grantees must receive an activation date after each unit or facility passes inspection. Activation dates indicate the date on or after which a grantee may admit a Veteran into the inspected unit or facility. All projects must pass inspection and be able to start serving Veterans no earlier than October 1st, and no later than 180 days from the award start date (38 C.F.R § 61.30(c)). Failure to establish the grant within 180 days may result in termination of the grant and may impact future award decisions (38 C.F.R. § 61.12(i)).

When initial inspections are completed for new grantees and/or new residential locations, signed by the local VAMC director, reviewed by the NHC, and sent to the GPD NPO, the GPD NPO will confirm receipt and send written notification to the liaison and/or NHC that the grantee’s grant is activated and ready to serve Veterans.

Since the end of the public health emergency, virtual inspection modalities are no longer recommended by the GPD national office unless the local VAMC director approves of virtual inspections. Liaisons should review VA GPD inspection practices and, only if necessary, ensure use of VA-approved virtual technology. For inspection criteria, please review 38 CFR 61.80. PDO, SN, and TIP all follow the same GPD inspection packet procedures.

Scheduling of all inspections will be coordinated locally between the GPD grantee and VA Medical Center. 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 initial and annual inspections are complete, grantees will receive a copy of the inspection report.

Note: It is essential that all areas of the Life Safety Code of the National Fire Protection Act (NFPA) are met. Liaisons must ensure that the designated facilities inspector sign the appropriate NFPA checklist (determined by the inspector based on applicable codes and building type) and include a copy of the checklist in the completed inspection packet.

The team for all inspections—both initial and annual—will be coordinated by the GPD liaison and include

- The Network Homeless Coordinator or designee,
- the 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
 - Contracting Service,
 - Nursing,
 - Facilities Management/Engineering, and
 - VA Security Service.

Annual Inspections & Ongoing Reviews

Inspections and reviews, both annual and ad hoc, are a critical piece of ensuring Veteran safety and grant compliance. [All PDO and TIP grants required an initial inspection for FY 2024.](#)

Recurring annual inspections are to occur yearly after initial inspection between August 1st and December 31st. For inspection criteria please review 38 CFR 61.80. Annual inspections follow the same inspection processes and packets as [initial inspections](#). PDO inspection packets for FY 2025 should be marked as “annual.”

Please consider the following when annually and routinely monitoring the physical premises and assessing Veteran safety:

- It is essential all grantees read and understand [§ 61.80 General operation requirements for supportive housing and service centers](#)
- **The GPD NPO or VA GPD liaison may conduct unannounced site visits of GPD grantees at any time**
 - [§ 61.65 Inspections](#): “VA may inspect the facility and records of any applicant or recipient when necessary to determine compliance with this part or an agreement under § 61.61...”
 - **A GPD grantee may not deny GPD liaisons or VA staff entry to the GPD site of care**
- GPD liaisons will also conduct quarterly environmental reviews and arrange for twice-a-year unannounced nutrition inspections to ensure the quality of food services
 - These two unannounced nutritional inspections are **in addition** to the scheduled annual nutritional inspection
- Liaisons should also conduct an environment of care review **while on site** following the framework in [VHA Directive 1162.01 Grant and Per Diem Program](#), issued in November 2021

Failure to comply with inspection standards and/or ongoing issues of Veteran safety **may trigger a [corrective action plan](#)** signed by the VAMC director and may include progressive sanctions, including withholding admissions and per diem payments.

TIP Inspection Considerations

[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. TIP units offered by grantees need to be initially inspected as they become available and a Veteran is ready to move in; but ideally, the Veteran will assume the inspected unit as her/his permanent residence within 6-12 months and the unit will no longer require VA inspection.

In the circumstance where a Veteran moves out of a TIP unit without assuming a lease, or a TIP unit is located here is some general guidance. Please ask the GPD NPO any supplemental questions.

Several TIP units in one multiunit building

The GPD NPO expects that full TIP inspections are conducted for any new unit, in addition to annual inspections.

If a Veteran leaves an inspected TIP unit without assuming the lease

If the TIP unit was fully inspected during the FY, it may not require a full reinspection were a Veteran to exit *very shortly* after entering it. The VA liaison should perform an environment of care inspection before a new Veteran moves in. The liaison should also review with the grantee why the unit did not transfer to the previous Veteran occupant. Please consult with the GPD NPO.

If a Veteran is still enrolled in TIP after 12 months

An annual reinspection of the unit may be required if the Veteran will be in TIP unit for over 12 months. (TIP targets enrollments of 6-12 months, and the grantee should work with the Veteran towards meeting this time frame.) If, however, there is a plan for the Veteran to assume the unit imminently (e.g., in month 13), an annual inspection may not be required. Liaisons should coordinate with the GPD NPO as needed.

Corrective Action Plan (CAP)

The process of corrective action is detailed extensively in [VHA Directive 1162.01 Grant and Per Diem Program](#). Liaisons should follow this process when working with grantees. However, corrective action involves due process, and grantees and liaisons should work closely and proactively to resolve any issues requiring correction before a formal process is needed.

A CAP is a formal letter signed by the VAMC director outlining the deficiency that is not meeting grant requirements, inspection standards, or other issues related to the environment of care and/or Veteran safety. The CAP will clearly state the deficiency or deficiencies and allow the grantee time—typically 30 days—to perform remediation. **If there is an immediate threat to Veteran safety, a CAP letter does not need to be in place to remove Veterans from the premises.** Please consult with VHA Directive 1162.01 Grant and Per Diem Program for greater detail.

Grantees should not be surprised by nor be unaware of an impending CAP letter. The liaison should clearly discuss any findings at once upon discovery and provide the grantee the opportunity for correction. Quarterly reviews lend themselves to discussion of any grant compliance or performance issues. Grantees should include their leadership in the discussions.

Progressive sanctions, *e.g.*, suspension of per diem payments, termination of the grant, are possible. Please refer to VHA Directive 1162.01 Grant and Per Diem Program for a full description of consequences of failure to remediate issues noted in CAP letters.

High-Risk Corrective Action Plans

There may be circumstances where additional corrective action monitoring is warranted. If a grantee is determined to be at high risk for operational noncompliance, VA may adopt additional terms and conditions of the grant award. Please see [2 CFR 200.208](#) for more detail. For example, a VAMC team may determine after consulting with the GPD NPO that a grantee might remain in high-risk status for a period of time, during which, if any deficiencies that have been previously resolved occur again, the next due-process sanction will be in applied (instead of starting the CAP process again from step one).

The responsibility for the ongoing compliance monitoring remains with the VAMC team; however, before a grantee may be considered for high-risk progressive action, the VAMC team must consult with the GPD NPO.

Change of Scope/Site Requests

Any significant alteration in an awarded grant requires a change of scope which must be approved in writing by the GPD NPO before it can be implemented. Proposed reductions in service are not acceptable rationale for a change in scope. Please note, the GPD NPO will also consider whether the grant application would have scored as well in the year it was funded if the proposed change of scope is approved.

A change of site is a request to provide services described in the grant application at a different or additional location. Changes of site follow the change of scope approval process. If a site change is approved by the GPD NPO, the new site [must pass GPD inspection](#) by the local VAMC team and director prior to placement of Veterans. Checklists to help complete the change of site or scope process are available on the GPD provider webpage under “Grant Management and Compliance”:

https://www.va.gov/HOMELESS/GPD_ProviderWebsite.asp#gm

Changes of scope must be submitted to the GPD NPO (through GPDGrants@va.gov) by the grantee with the liaison’s approval, or by the liaison and/or NHC directly. Changes of scope should be discussed with the GPD liaison and the VAMC prior to submission to the GPD NPO.

Examples of modifications that require a change of scope request:

- Changes in services provided
- Changes in staffing (including credentialing or educational requirements)
- Changes in admission or discharge criteria
- Changes in population served

One of the most common changes of scope requests received asks to alter staffing. A best practice for this type of request is for the grantee to use Track Changes on the staffing table originally submitted with the initial grant application. Please see this example:

Job Title	Brief Description of responsibilities (1 to 2 sentences)	Education level	Hours per week allocated to GPD project	Amount of annual salary allocated to the GPD project
Veterans Services Supervisor	<ul style="list-style-type: none"> • Supervision Support • ISP file reviews • Coaching 	Bachelor's Degree with one year working with homeless populations / three years' experience with one year being a case manager.	10	11,250
Residential Advocate	<ul style="list-style-type: none"> • Program support • Milieu management • Basic needs advocacy 	High School Diploma / Bachelor's Degree	160	150,393
Case manager	<ul style="list-style-type: none"> • Housing search and rapid placement • Barrier mitigation • Goal setting and planning • service navigation • Appointment accompaniment 	Bachelor's Degree/Three Years Case Management Experience	60 80	62,902 83,869
Peer support specialist	<ul style="list-style-type: none"> • Resource and service navigation • Appointment accompaniment 	Peer-Support Specialist Certificate	40	29,123
Employment specialist	<ul style="list-style-type: none"> • Direct job placement • Resume building and interview skill building 	Bachelor's Degree	32	25,280
Program manager	<ul style="list-style-type: none"> • Program oversight • Staff supervision • Community engagement 	Bachelor's Degree / Master's Degree	20	29,925
Custodian	<ul style="list-style-type: none"> • Basic cleaning and facility maintenance 	High School Diploma	20	17,455
Wellness and Peer Support Access Specialist	<ul style="list-style-type: none"> • Recovery support groups • Service brokerage • Resource and Service Navigation • Appointment Accompaniment 	CADC / QMHA / QHMP Peer Support Specialist Certificate	16 40	17,235 43,087

Figure 1: Change of scope staffing table example

Special Reporting Circumstances

Grantees must report to the VA GPD liaison any sentinel, serious, or other critical incidents impacting VA-funded participants or occurring at a facility where VA-funded participants are receiving services, including the occurrence of these type of events affecting non-VA-funded participants on the grantee's premises. Additionally, grantees must report any adverse health or safety inspection results or similar findings made concerning the grantee's premises or operations by any non-VA oversight entity, such as a federal, state, county, or local regulatory body.

Some examples sentinel events or critical incidents include Veteran injury, overdose, death, or damage to the grantee's facility where Veterans reside. Grantees should have an internal incident reporting system and must ensure that these incident reports are provided to the GPD liaison within 24 hours. If liaisons are not being informed by the grantee of critical issues affecting Veterans or the grantee's facilities, the VA medical center oversight team may conduct unannounced inspections, request a written communication plan, or take other actions necessary to protect Veteran health and safety, including immediately halting all new admissions to the GPD program.

Flexing of Beds between Models (PDO Only)

PDO grantees with [multiple bed models](#) are allowed, without a change of scope, to flex beds between the grantee's models under the same VAMC catchment area. Flex is allowed for up to 15 beds per grant, provided that at least 10 beds are flexed into any housing model **except Service-Intensive** (i.e., Bridge, Hospital to Housing, Low Demand, Clinical Treatment). **In other words, a grantee may flex 5 beds into Service-Intensive and 10 into others—a grantee may not flex 15 beds into Service-Intensive only; however, in FY 2025, there is an exception. Please see the guidance below.**

A grantee may not bill for GPD beds allocated for minors to house more Veterans than the grant agreement authorizes. The first page of the grant agreement will state number of beds authorized for Veterans and minors under the care of Veterans (if applicable). **Grantees may not bill for in total more Veterans than their grant award allows.**

Important update for FY 2025

Grantees may flex beyond the guidance in the NOFO (stated above). Grantees may now “over flex” into any model in their grant award, including SI. Grantees may only use models they are awarded (i.e., if a grantee did not apply for the SI model, they cannot now add SI). Grantees may not bill for more Veterans than their grant award allows (i.e., if a grantee has a 20-bed total award, they may not bill for more than 20 Veterans at a time). Please notify the GPD NPO if you need to over flex. This flexibility is temporarily granted in response to changing community demands.

Veterans with Minor Dependents

For FY 2024 awards, PDO and TIP applicants were asked to describe the number of Veterans with minor dependents they would serve in their grant applications. Our provisional guidance for determining “minor dependent” status is that anyone under age 23 may be considered a minor dependent of an eligible Veteran if they became permanently incapable of self-support before the age of 23 (e.g., state or Federal government recognition as disabled). In these cases, please ensure documentation is robust. Grantees with open Veteran beds may flex those beds (within the [bed flexing guidance](#)) to serve additional minors; **however, grantees may not flex beds earmarked for minors to serve Veterans.** Grantees must stay within the limit of their grant awards. SN grant recipients are not eligible to apply to receive supplemental per diem payments while serving Veterans with minors.

Homeless Management Information System (HMIS)

[HMIS](#) is a locally administered web-based data system used to record and analyze both program and client information at the local Continuum of Care level. It is used by federal partners, including VA, to measure project performance and participate in benchmarking of the national effort to end homelessness. Currently, using HMIS is optional for GPD grantees, but highly encouraged.

The applicable fees associated with HMIS are eligible costs for GPD awards. In 2021, P.L. 116-315 stipulated that GPD grantees may be reimbursed for reasonable amounts of HMIS-associated costs under certain conditions. GPD sets the limit for this amount at \$10,000 annually. For many grantees, HMIS-associated costs can be calculated within the per diem rate limits. For others, whose necessary and reasonable HMIS-associated costs exceed the per diem rate limit in effect at the time, an amount that does not exceed \$10,000 may be requested beyond the per diem limit.

More information about HMIS is available on the GPD Provider website.

Suicide Prevention

Suicide prevention is an urgent priority and suicide safety plans are expected to be in place among all grant recipients. At each VAMC, there is a [suicide prevention program](#) and a designated Suicide Prevention Coordinator. Each grantee should have a suicide prevention plan in place to assist Veterans in crisis. VA GPD liaisons can help provide the necessary VAMC contacts and information. The Veterans Crisis Line can also provide immediate assistance by **dialing 988, then pressing 1**. Additionally, the Veterans Crisis Line offers online chat and text options. Please visit <https://www.veteranscrisisline.net/> for more information and options for hard-of-hearing Veterans.

Performance Improvement Plan (PIP)

In July 2021, changes to [38 CFR 61.80](#) introduced PIPs. PIPs aim to proactively address issues meeting grant performance targets. If VA determines that a grantee deviates more than five percent from established GPD performance goals for any two consecutive quarters as defined in 38 CFR 61.80(c)(3)(A)(i) through (iv), the recipient will submit a PIP to the GPD liaison within 60 calendar days.

Conversations about performance metrics and negative discharges should be regular and ongoing between grantee and liaison. In some cases (*e.g.*, for awards with only five beds), a PIP may not be warranted if the grantee and liaison are communicating closely. Grantees and liaisons should work closely to help optimize performance.

In some cases, PIPs may lead to progressive sanctions like CAPs. Grantees and liaisons should thoroughly review [61.80 for greater clarity about the PIP process](#). Although the ongoing COVID-19 pandemic may alter performance reporting, liaisons should be regularly communicating with grantees about their performance.

Financial Compliance

All Grant and Per Diem grant recipients are subject to fiscal reviews to ensure regulatory compliance. Grantees and liaisons working closely with the GPD NPO can help to clarify operational roles and address any problems before they become issues of noncompliance. **It is very important that if no one in the grantee's agency has expertise in meeting federal grant compliance requirements, professional grant management services are retained.** A few points:

- **Grant compliance is assessed through various mechanisms, and grantees and liaisons should be familiar with all applicable areas**
 - Applicable federal regulations (e.g., 38 CFR 61; OMB Uniform Guidance for Grants (2 CFR part 200, etc.)
 - The original NOFO under which the grantee applied
 - The grantee's grant application and approved changes of scope
 - Applicable VA Directives and guidance (e.g., [VHA Directive 1162.01 Grant and Per Diem Program](#))
 - Any federal legislation that enacts program changes before federal regulations are updated
 - The GPD NPO will keep all informed of any legislative changes
- **Approval of per diem payments does not constitute approval of individual costs charged as part of the payment**
 - If VA subsequently determines through a fiscal review or audit that costs were not charged appropriately, VA may issue a Notice of Indebtedness to collect for the over-billing
 - Submission of budgets or other information as part of the grant application or through subsequent changes of scope does not constitute approval for charges that violate program regulations or Uniform Guidance
 - Grantees must track costs by FAIN and each FAIN will have its own per diem rate
 - Grantees must meet the requirements of 38 CFR 61.66
- **Allowable expenses must meet all the requirements in 2 C.F.R. § 200 and be**
 - Necessary, reasonable, and allocable to the GPD grant and otherwise in conformance with the general criteria for allowable costs set forth in 2 C.F.R. § 200.403-405
 - Allocated consistently with a sound methodology and be clearly documented
 - Costs are allocable to a particular cost objective if the goods or services involved are chargeable or assignable to such cost objective in accordance with relative benefits received or in accordance with another equitable relationship
 - Costs allocable to a specific program may not be shifted to other programs to meet deficiencies caused by overruns, to avoid restrictions imposed by law, regulation or the terms of the grant agreement or for other reasons
 - Documented adequately (i.e., proof of payment, invoice, lease agreement, contract)
 - Included within the description of eligible activities in the applicable GPD regulations, NOFO, etc.

- Incurred directly or indirectly for the benefit of an eligible GPD Veteran
- In compliance with any limitations or exclusions set forth in these principles or as specified in the GPD grant award process (and codified in the grant agreement)
- Treated consistently and determined in accordance with generally accepted accounting principles
- **Expenses with exceptions include (but are not limited to):**
 - **Maintenance and Repair Costs (2 C.F.R. 200 § 452)**
 - Costs incurred for utilities, insurance, security, necessary maintenance, janitorial services, repair or upkeep of buildings and equipment (including Federal property unless otherwise provided for) which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep it in an efficient operating condition, are allowable
 - **NOTE: All maintenance and repair costs that equal or exceed \$5,000 must be pre-approved by the GPD Program Office**
 - **Equipment and Capital Expenditures (2 C.F.R. § 200.439)**
 - Capital expenditures and improvements for land, buildings, or equipment which materially increase their value or useful life are unallowable as a direct cost except with prior written approval of the GPD Program Office
 - **NOTE: All equipment and capital acquisition costs that equal or exceed \$5,000 must be pre-approved by the GPD Program Office**
 - **Leases (2 C.F.R. § 200.465)**
 - Rental costs are allowable to the extent that the rates are reasonable considering such factors as: rental costs of comparable property, if any; market conditions in the area; alternatives available; and the type, life expectancy, condition and value of the property leased
 - Rental arrangements should be reviewed periodically to determine if circumstances have changed, and other options are available
 - **NOTE: All down payments on leases that equal or exceed \$5,000 must be preapproved by the GPD Program Office**
 - **Salaries, Wages, and Fringe Benefits (2 C.F.R. § 200.430-431)**
 - Compensation for employees engaged in work on Federal awards will be considered reasonable to the extent that it is consistent with that paid for similar work in other activities of the non-Federal entity
 - In cases where the kinds of employees required for Federal awards are not found in the other activities of the non-Federal entity, compensation will be considered reasonable to the extent that it is comparable to that paid for similar work in the labor market in which the non-Federal entity competes for the kind of employees involved
 - Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed

- These records must be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated
- Overtime and bonus payments are allowed only to the extent that they are reasonable and payment for such services is in accordance with the policies of the grantee
- **Unallowable Costs Examples (2 C.F.R. § 200 Subpart E)**
 - Gift Cards
 - ATM Cash Withdrawals
 - Alcoholic beverages
 - Bad debts
 - Donations
 - Losses on other awards or contracts
- **Entertainment costs (2 C.F.R. § 200.438)**
 - Costs of entertainment, including amusement, diversion and social activities, and any associated costs are unallowable, except where specific costs that might otherwise be considered entertainment have a programmatic purpose and are authorized either in the approved budget for the Federal award or with prior written approval of the Federal awarding agency
- **Fiscal reporting is based on the federal fiscal year; October 1 to September 30**
 - All grantees are required to complete the FFR SF 425 on an annual basis for each FAIN
 - FFRs may now be completed online: <https://forms.office.com/r/JNSVnng5g8>
 - Annual FFRs are due no later than 120 days after the end of the federal FY (September 30)
 - Grantees email SF 425s to GPD425@va.gov
 - If the GPD grantee withdraws from the grant or is terminated, a final FFR will be due
 - The final FFR is due no later than 120 days after the date of withdrawal or termination
 - If the grantee's agency has overages, DO NOT include a check with the FFR
 - If the FFR indicates funding is due to be returned, grantees must repay the amount immediately. The GPD office will initiate a formal Notice of Indebtedness with instructions on how and where to send payment or request waivers of debt
- **Made in America**
 - All Federal grant funds made available for infrastructure projects must include terms and conditions of award that maximize the use of goods, products and materials produced in, and services offered in, the United States. See P.L. 117-58; 2 C.F.R. § 200.322
 - if written prior approval is received from the GPD NPO for infrastructure costs, then GPD grantees must ensure domestic preference for those infrastructure activities (consistent with 2 C.F.R. § 200.322 and with P.L. 117-58)
 - Information about Made in America policies is available at <https://www.madeinamerica.gov/>

Allegations of Impropriety

All allegations of impropriety will be immediately addressed and documented through use of the appropriate VA mechanism, (*e.g.*, VA Patient Representative, Quality Management, Board of Inquiry, Office of the Inspector General). This is paramount for the health and safety of the Veterans served. As a condition of the grant award, grantees must cooperate with these inquiries.

Per Diem Payments and Payment Information

Federal Award Identification Number (FAIN)

FAINs are assigned by the GPD NPO. **It is essential that the GPD grantee’s unique FAIN is included on any correspondence or documents sent to the GPD NPO.** Please include all dashes and zeros.

In FY 2025, all grantees will have one FAIN for all per diem bed models at a specific VA medical center. PDO or TIP grants are now with a FAIN ending in -24. This FAIN will remain the same for the duration of the grant. For SN grants, the FAIN will stay the same and end in -22. New as of FY 2024, Service Center FAINs will no longer end with SC-24; they will fold into PD-24 FAINs.

The FAIN for each application is broken into six parts which uniquely identify each award. Below is an example FAIN to better understand the numbering convention.

Example FAIN: ABCD222-0999-544-PD-24

Unique Agency Identifier	Project Number	VA Station Number	Grant Type (Per Diem)	Year of Initial Award
ABCD222	0999	544	PD	24

Funds Allocation

System for Award Management (SAM)

Grantees must keep active SAM registrations. More information can be found on www.SAM.gov and on www.GSA.gov. The requirement to maintain an active registration in SAM is stated in the GPD grant agreements and 2 CFR 25.100. Failure to maintain an active SAM registration may result in action from the GPD NPO, including a withholding of per diem payments and other sanctions noted in the CFR.

Funding Information (SN Only)

Health and Human Services, Division of Payment Management System

SN payments are paid by the GPD NPO through the Health and Human Services (HHS) Division of Payment Management System (DPM). To request new access to the Payment Management System, please visit the GPD provider page.

Grantees should ensure that they have an active HHS DPM account. Capital payments are paid by the GPD NPO through the HHS DPM system. To request new access to the Payment Management System, please visit the GPD Fiscal webpage to find the correct link to HHS.

For new users to the Payment Management System, follow the instructions for requesting access at <https://pms.psc.gov/grant-recipients/access-newuser.html>

For users that already have access to the Payment Management System and need to add the new grant, please log into the Payment Management System, and enter the request to update access. The instructions can be found at the following URL: <https://pms.psc.gov/grantors/access-changes.html>

If an agency needs its Payee Account Number during the registration process, please email GPDFiscal@va.gov with the project’s FAIN.

Per Diem Rates

Grantee can find instructions on how to calculate and request a per diem rate on the GPD Provider website. Per diem rate guidance is available on our GPD Provider webpage under the Per Diem Rate Resource section. Per diem rates may change with new legislation. The GPD NPO will communicate changes with grantees and post changes on its website.

Per Diem Action Requests and Notification

All per diem requests are initiated through eGMS. The GPD NPO will notify grantees and liaisons of the project's date of activation and/or of any approved per diem rate changes. The GPD NPO sends email correspondence that will indicate the activation date of the project, approved per diem rate, and approved number of beds. There is no guarantee of reimbursement by VA if grantees place Veterans in their facilities prior to official communications from the GPD NPO.

Vouchers for Payment

Monthly, the awardee will summarize the billing information using the Per Diem Payment Voucher Form and submit it with their detailed daily census to the GPD VA liaison for verification and signature. These invoices for services rendered must be accurate and there must be supporting evidence documenting the Veterans served daily for GPD liaison review. Approved and signed copies must be retained by the grantee. Vouchers must be supported by a detailed daily census that is accurate and informed by written processes ensuring Veteran safety and documentation. GPD liaisons must ensure daily censuses are accurate and supported.

PDO and TIP awards will also have special vouchers for grantees approved to serve and bill for Veterans with the care of minor dependents. Copies of applicable FY 2024 vouchers are available on the GPD Provider website under the Fiscal Resources section.

Billing and Payments: Per Diem Only

The Tungsten Network is the billing system used for PDO and TIP grants. An important change for FY 2024: TIP grants are no longer paid through HHS. The VA medical center staff will facilitate payment for TIP billing in the same manner as PDO grants are paid. (Please refer to the [HHS system](#) for SN.) Answers to frequently asked questions about Tungsten are available on the GPD Provider page under Fiscal resources. Billing is for services rendered, and grantees may draw funds monthly. Draw requests will be verified by the GPD liaison and finally approved for payment at the local VAMC.

Grantees must provide documentation to their liaison within 30 days of the end of every month:

1. PDO and TIP Payment Voucher Form: This is the summary billing information for the bed days of care or service center visits provided each month.
2. Detailed Daily Census: This is a monthly listing of Veterans by individual names or identifiers indicating the days present during the month and adjusted for any absences (Note: some grantees use an Excel spreadsheet to capture these data). This also must be used for SN.

For supportive housing, billing will be based on bed days of care multiplied by the established per diem rate. Per diem payment is for services and housing by day so you must—at a minimum—provide an invoice reflecting which Veterans receive which services on which days. Any additional documentation needed for billing will depend upon the grantee's business rules and the sophistication of the record keeping system. Liaisons should periodically verify invoices by reviewing supporting documentation in the grantee's administrative file or other documents proving the Veteran's presence in the program.

For service centers, billing will be based on each hour of service provided. Grantees must maintain documentation on the Veteran served, the period services were rendered, and which services were generally provided. This daily sign-in log must be provided to the GPD liaison as supporting documentation for your monthly per diem billings.

Grantees must continually monitor their per diem rates and must adjust monthly to avoid having unobligated funds at the end of the year.

Billing and Payments: Special Need

SN awardees should submit monthly billing draw requests in the [HHS system](#) after the voucher has been certified and approved by their GPD liaison. A reminder, TIP was billed through HHS in prior grant cycles. The voucher must be emailed to GPDVouchers@va.gov Either the GPD liaison or the grantee may submit the voucher when it is fully signed.

Billing When an Error in Veteran Admission to GPD is Found

If it is discovered a Veteran ineligible for GPD services is currently enrolled in GPD, the Veteran should be discharged from GPD at the point of discovery. The grantee can bill up to the point the error was discovered. Please examine ways this type of error could be prevented in the future, and please ensure the person is offered a suitable housing alternative.

Billing During Participant Absences

[38 CFR 61.33\(f\)](#) covers GPD policies about billing during Veteran absences. For grantees approved to bill for services provided to Veterans with minor dependents, the same policy applies.

General Performance Metrics

VA has established performance metrics for the various GPDsupportive housing models. Please also see the following:

- [PDO Models Required Minimum Performance Metrics](#)
 - [Service Center Performance Metrics](#)
- [SN Required Minimum Performance Metrics](#)
- [TIP Required Minimum Performance Metrics](#)

GPD liaisons will receive VA performance metric information monthly and will share this outcome information with GPD grantees. The recipient and the GPD liaison will assess the performance of the project based on these metric results at least quarterly.

The following information provides the technical description of each of the GPD performance metrics. The success of GPD grantees will be measured on one or more of the following performance measures as outlined in the applicable NOFO.

GPD Metric 1: Discharges to Permanent Housing

Definition: Percentage of Veterans exiting GPD to permanent housing

Inclusions: Veterans who exit directly to permanent housing upon leaving the GPD.

Exclusions for GPD Metrics 1, 2, & 3: Veterans will be excluded from these measures under any of the following circumstances:

- Veteran has a Length of Stay (LOS) of 7 days or less
- Veteran is ineligible for VA health care; **however, beginning in FY 2023**, all Veterans regardless of VA health care eligibility will be included in performance measures
- Veteran is deceased at discharge
- Veteran is placed into a hospital or other residential non-psychiatric medical facility, long-term care facility or nursing home, or psychiatric hospital or other psychiatric facility (this does not include other residential treatment programs)
- Veterans who have been discharged from GPD programming due to threatened/actual violence to self or others
- Veteran is transferred to another residential program due to the temporary or permanent suspension of program operations. This exclusion will be entered manually after consultation with the GPD NPO

GPD Metric 2: Negative Exits

Definition: Percentage of Veterans being asked to leave the GPD or leaving without consulting staff (*a.k.a.* 'going AWOL')

Inclusions: Number of exits from GPD programming for a violation of program rules, failure to comply with program requirements, or leaving the program without consulting staff.

Exclusions: Veterans will be excluded from the measure if

- Any of the above exclusions listed in GPD Metric 1.

GPD Metric 3: Employment at Exit

Definition: Percentage of Veterans exiting GPD with competitive employment.

Inclusions: Number of exits in which the Veteran indicated a positive employment status.

Exclusions: Veterans will be excluded from the measure if

- Any of the above exclusions listed in GPD Metric 1, and
- Veterans who are disabled/retired, students, or indicate exit to an unpaid volunteer position are excluded from the denominator.

Per Diem Only Model-Specific Descriptions & Targets

Bridge Housing

Targeted Population: Homeless Veterans that have been offered and accepted a permanent housing intervention [e.g., Supportive Services for Veterans Families (SSVF), Department of Housing and Urban Development-VA Supportive Housing (HUD–VASH), Housing Coalition/ Continuum of Care (CoC)]; and are not able to immediately enter the permanent housing.

Model Overview: Bridge housing is intended to be a short-term stay in transitional housing for Veterans with pre-identified permanent housing destinations.

Characteristics & Standards Goals in the Individual Service Plan should be short-term with the focus on the move to permanent housing, rather than the completion of treatment goals. Veterans are expected to receive case management and support, which should be coordinated with the HUD–VASH, SSVF, or other available community-based programs. Grantees will assist Veterans with accessing services as needed/requested by the Veteran and must make available to participants a menu of available services. Length of Stay (LOS) will be individually determined based on need, but in general, is not expected to exceed 90 days.

Admission Criteria: Veterans must have been offered and accepted a permanent housing intervention prior to admission or within the first 14 days of admission.

Required Minimum Performance Metrics/Targets

- Discharge to permanent housing is **75 percent**
- Negative exits¹ target is less than **20 percent**

¹ 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.). Additionally, VA may, at its discretion, update these targets at any point during the award period. If any new targets come into effect, VA will notify grantees in writing.

Clinical Treatment

Targeted Population: Homeless Veterans with a specific diagnosis related to a substance-use disorder and/or mental-health diagnosis; Veteran actively chooses to engage in clinical services.

Model Overview: Clinically focused treatment provided in conjunction with services effective in helping homeless Veterans secure permanent housing and increase income through benefits and/or employment.

Characteristics & Standards: Although the programming and services have a strong clinical focus, permanent housing and increased income are a required outcome of the program. Treatment programs must incorporate strategies to increase income and housing attainment services; Individualized assessment, services, and treatment plan which are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice; Program stays are to be individualized based upon the individual service plan for the Veteran (not program driven); Staff are to be licensed and/or credentialed for the substance-use disorder (SUD)/mental health (MH) services provided; and treatments services must be provided by the applicant or through contract arrangement (VA staff cannot not be the treatment provider for this model). Veterans are offered a variety of treatment service modalities (e.g., individual and group counseling/therapy, family support groups/family therapy, and psychoeducation).

Required Minimum Performance Metrics/Targets

- Discharge to permanent housing is **65 percent**
- Employment of individuals at discharge is **55 percent**
- Negative exits² are less than **20 percent**

² 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.). Additionally, VA may, at its discretion, update these targets at any point during the award period. If any new targets come into effect, VA will notify grantees in writing.

Hospital to Housing (Respite Care)

Targeted Population: Homeless Veterans identified and evaluated in emergency departments and inpatient care settings for suitability for direct transfer to a designated GPD Program for transitional housing and supportive care.

Model Overview: Respite care is a medical model to address the housing and recuperative care needs of homeless Veterans who have been hospitalized.

Characteristics & Standards: Housing sites are expected to be in close proximity to the referring medical center, so that ongoing clinical care, including specialty care, can continue to be provided; Have a post-discharge care plan as pre-requisite to program placement that addresses ongoing physical, mental health, substance use disorder, and social work needs as well as care management plans to transition the Veteran to permanent housing upon clinical stabilization; The VA Homeless Patient Aligned Care Team (H-PACT), or other appropriate care unit, will facilitate and coordinate the ongoing care needs upon transition.

A Memorandum of Understanding must be in place with the local VAMC that details participation in the Hospital-to-Home (H2H) program. Included in this should be a detailing of acceptance criteria for Veterans being referred from local facility emergency departments and inpatient wards, a detailing of how follow-up care with the medical center is organized, and a commitment to engaging enrolled Veterans in permanent housing as part of program objectives.

Admission Criteria: Individual must be functional, be able to perform independent Activities of Daily Living (ADL); not require acute detox, has no apparent psychosis; and has a post discharge plan coordinating care with the medical center (e.g., H-PACT Team, Mental Health, Substance Abuse, etc.).

Required Minimum Performance Metrics/Targets

- Discharge to permanent housing is **65 percent**
- Negative exits³ are less than **20 percent**

³ 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.). Additionally, VA may, at its discretion, update these targets at any point during the award period. If any new targets come into effect, VA will notify grantees in writing.

Low Demand

Targeted Population: Chronically homeless Veterans who suffer from mental-health or substance-use problems, or who struggle with maintaining sobriety; and Veterans with multiple treatment failures that may have never received treatment services or may have been unsuccessful in traditional housing programs. These Veterans may have not yet fully committed to sobriety and treatment.

Model Overview: Low-Demand housing is a program design using a low-demand/harm-reduction model to better accommodate chronically homeless Veterans, and Veterans who were unsuccessful in traditional treatment settings. Programming does not require sobriety or compliance with mental health treatment as a condition of admission or continued stay. Overall, demands are kept to a minimum; however, services are available as needed. The goal is to establish permanent housing in the community, while providing for the safety of staff and residents.

Characteristics & Standards: Project is small (typically, 20 beds or less); Services must include case management, substance-use, and mental-health treatment; and referrals for benefits are made available as Veterans engage; Must provide the participant an orientation that sets the expectations of performance for the participant; Must have 24/7, on-site staffing at the same location as the location of the program participant. (Use of resident managers is not allowed); Must have a method to monitor participants and their guests' comings and goings; Must have a system in place for the management of the introduction of contraband; Must be willing to retain Veterans who commit minor infractions of rules and who cannot and/or will not stop drinking and/or using legal or illegal substances; Must be committed to keeping the Veterans housed and staying continuously engaged with each Veteran and provide services as needed; Must have procedures to ensure safety of staff and residents; and the grantee agency must participate in bi-monthly calls and an annual fidelity assessment process as established by VA.

Required Minimum Performance Metrics/Targets

- Discharge to permanent housing is **60 percent**
- Negative exits⁴ are less than **20 percent**

⁴ 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.). Additionally, VA may, at its discretion, update these targets at any point during the award period. If any new targets come into effect, VA will notify grantees in writing.

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: Scope of services should incorporate tactics to increase the Veteran's income through employment and/or benefits and obtaining permanent housing. Services provided and strategies used by the applicant will vary based on the individualized needs of the Veteran and resources available in the community. 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 **60 percent**
- Negative exits⁵ are less than **20 percent**

⁵ 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.). Additionally, VA may, at its discretion, update these targets at any point during the award period. If any new targets come into effect, VA will notify grantees in writing.

Service Centers

Targeted Population: Homeless Veterans who are seeking assistance with obtaining housing, employment, medical care, or benefits.

Model Overview: Provides services and information to engage and aid homeless Veterans obtain housing and services.

Characteristics & Standards: Scope of services should incorporate tactics to engage and aid the Veteran. Services provided and strategies used by the applicant will vary based on the individualized needs of the Veteran and resources available in the community. Applicant specifies the staffing levels and range of services to be provided.

A service center's success is based on engagement with the population to be served and the demonstrated ability to provide services that lead to meeting the populations' needs. As such service centers performance, will be reviewed as follows:

Required Minimum Performance Metrics/Targets

- Serve the homeless Veteran population as described in the application
- Provide the services as outlined in the application
- Meet the requirements of 38 CFR 61.80 regarding service centers
- Demonstrate the service center is meeting the number of visits as stated in the application

Special Need Descriptions & Targets

Overall Objective

The objective of SN grantees is to **facilitate housing stabilization within private rooms with private bathrooms for special need populations** of Veterans who are homeless or at risk of becoming homeless. As applicable, each grantee's performance will be indicated by how population-specific targets are met. Depending on which special population(s) the grantee promised to serve through the original grant application, performance targets may include permanent housing, negative exits and/or employment. The overall grantee's performance will be determined by how the targets are met on average across all applicable areas.

Population Definitions

Title 38 CFR part 61 and Title 2 CFR part 200 contain definitions of populations relevant to SN grant awards.

- **Chronically mentally ill:** A condition of schizophrenia or major affective disorder (including bipolar disorder) or posttraumatic stress disorder (PTSD), based on a diagnosis from a licensed mental health professional, with at least one documented hospitalization for this condition sometime in the last 2 years or with documentation of a formal assessment on a standardized scale of any serious symptomatology or serious impairment in the areas of work, family relations, thinking or mood.
- **Frail elderly:** 65 years of age or older with one or more chronic health problems and limitations in performing one or more activities of daily living (such as bathing, toileting, transferring from bed to chair, etc.).
- **Terminally ill:** A prognosis of 9 months or less to live, based on a written medical diagnosis from a physician.

VA may, at its discretion, update population-based performance targets during any future year, for example during an option year renewal process as applicable. Any new targets will be stated in a new or revised grant agreement. Please see performance targets below. Please note, a **negative exit** is defined as *exits from a GPD program for a violation of program rules, failure to comply with program requirements or leaving the program without consulting staff.*

Chronically Mentally Ill Objectives

- Help participants join in and engage with the community
- Facilitate reintegration with the community and provide services that may optimize reintegration such as life skills education, recreational activities and follow up case management
- Ensure that participants have opportunities and services for reestablishing relationships with family
- Ensure adequate supervision, including supervision of medication and monitoring of medication compliance
- Provide opportunities for participants, either directly or through referral, to obtain other services particularly relevant for a chronically mentally ill population, such as vocational development, benefits management, fiduciary or money management services, medication compliance and medication education

Required Minimum Performance Metrics/Targets

- Discharge to permanent housing target **is 60%**
- Employment of individuals at discharge target **is 55%**
- Negative exits target is **less than 20%**

Frail Elderly Objectives

- Ensure the safety of the residents in the facility to include preventing harm and exploitation
- Ensure opportunities to keep residents mentally and physically agile to the fullest extent through the incorporation of structured activities, physical activity, and plans for social engagement within the program and in the community
- Provide opportunities for participants to address life transitional issues and separation and/or loss issues
- Provide access to walkers, grippers, or other assistance devices necessary for optimal functioning
- Ensure adequate supervision, including supervision of medication and monitoring of medication compliance
- Provide opportunities for participants either directly or through referral for other services particularly relevant for the frail elderly, including services or programs addressing emotional, social, spiritual, and generative needs

Required Minimum Performance Metrics/Targets

- Discharge to permanent housing target **is 65%**
- Negative exits target **is less than 20%**

Individuals Caring for Minor Dependents Objective

- Ensure transportation for individuals who care for minor dependents, and their children, especially for health care and educational needs
- Provide directly or offer referrals for adequate and safe childcare
- Ensure children's health care needs are met, especially age-appropriate wellness visits and immunizations
- Address safety and security issues including segregation from other program participants if deemed appropriate

Required Minimum Performance Metrics/Targets

- Discharge to permanent housing target **is 70%**
- Employment of individuals at discharge target **is 55%**
- Negative exits target **is less than 20%**

Terminally Ill Objectives

- Help participants address life transition and life-end issues
- Ensure that participants are afforded timely access to relevant services (e.g., hospice services, nursing services, palliative care)
- Provide opportunities for participants to engage in activities of “getting things in order” or other therapeutic actions that help resolve end of life issues and enable transition and closure
- Ensure adequate supervision including supervision of medication and monitoring of medication compliance
- Provide opportunities for participants either directly or through referral for other services particularly relevant for terminally ill such as legal counsel and pain management.

Required Minimum Performance Metrics/Targets

- There are no minimum required performance targets recorded for this SN population.

Women Objectives

- Ensure transportation for women, especially for health care and educational needs
- Address safety and security issues including segregation from other program participants if deemed appropriate.

Required Minimum Performance Metrics/Targets

- Discharge to permanent housing target **is 70%**
- Employment of individuals at discharge target **is 55%**
- Negative exits target **is less than 20%**

Transition in Place Description & Targets

Overall Objective

Provides transitional housing and robust services that facilitate individual stabilization, increased income, and promote the ability of the Veteran to assume occupancy of the TIP residence as permanent housing as rapidly as clinically appropriate.

Target Population

Homeless Veterans who choose a supportive transitional housing environment providing services prior to entering permanent housing

Characteristics & Standards

The TIP housing model offers Veteran residents housing in which support services transition out of the residence over time, rather than the resident leaving the residence. The TIP housing models offers transition and stabilization services to Veterans in independent apartments. The eventual goal for Veterans in TIP is to assume occupancy of the unit after they stabilize and no longer need support. This leaves the Veteran in place and not forced to find other housing while still stabilizing from the preceding period of homelessness. It is expected that Veterans will receive transition in place supportive services for approximately 6 to 12 months before assuming permanent occupancy of the unit. Any extension beyond 12 months requires prior written approval from the GPD liaison. Extensions are then considered in increments of up to 90 days, and generally are not to exceed an additional 12 months of services (*i.e.*, the combined total of TIP services is up to 24 months per Veteran).

The TIP model does not support

- **Discharge planning to HUD–VASH, nor**
- **Discharge planning to Supportive Services for Veteran Families (SSVF) Rapid Rehousing.**

Scope of services should strive to

- increase the Veteran's income through employment and/or benefits; and
- secure apartment/permanent housing in the Veteran's name.

GPD providers will tailor services and strategies to the individualized needs of the Veteran and resources available in the community.

Housing case management should incorporate several elements leading to successful permanent housing:

- Approaches that are flexible in intensity, support client choice, use a strengths-based approach, and focus on housing retention
- Approaches that encourage the Veteran's household to develop, enhance, or reengage a network of support that will continue after the Veteran finishes TIP
- Build tenancy skills such as how to resolve conflicts, how to understand a lease, options, working through crises and other skills that will assist Veterans in retaining housing

GPD grantees specify the staffing levels and range of services to be provided, which are expected to be multidisciplinary and robust. GPD providers also identify or convert existing suitable apartment-style housing. Grantees are expected to replace units as they are converted to permanent housing to maintain the average number of bed days as stated in the application during the entire grant period. Once the Veteran assumes the

lease or other long-term agreement, VA will no longer provide funding for the unit under this NOFO. For example, each time a Veteran assumes the lease or other long-term agreement for the apartment, the grantee must identify a new unit in which to place another Veteran. By program design, transition to permanent housing should occur as rapidly as possible, and grantees should continually be acquiring and coordinating with VA on the inspection of new units to maintain a steady number of Veterans served. Grantees must own or lease apartments intended as permanent housing for an individual or single family.

Apartments must meet the inspection standards outlined at title 38 Code of Federal Regulations (CFR) 61.80, and have the following characteristics:

1. Private access without unauthorized passage through another dwelling unit or private property
2. Sanitary facilities within the unit
3. Basic furnishings
4. Suitable space and equipment within the unit to store, prepare, and serve food in a sanitary manner (including, at a minimum, a refrigerator, freezer, sink, and stove)

Note: Microwave ovens, hot plates, or similar items are not suitable substitutes for an operational stove

Required Minimum Performance Metrics/Targets

- Discharge to permanent housing is **75 percent**
- Employment of individuals at discharge is **70 percent**
- Negative exits⁶ are less than **20 percent**

Participant Lease Agreement Information

Lease Guarantors—A Lease Guarantor is a third party (in this case, the grantee) who guarantees to pay the lease costs if the lessee (in this case, the Veteran) defaults. This is not allowed under this program.

Sublease—The sublease is a lease by a lessee (in this case, the grantee) to a third party (in this case, the Veteran) conveying the leased property for a shorter term than that of the lessee, who retains a reversion in the lease. For the sake of clarity, in a sublease TIP housing scenario, the landlord is the lessor, the grantee is the lessee, and the Veteran is the sublessee.

GPD TIP grantees may use subleases during the transitional housing phase if the sublease has been approved by the GPD NPO, and the sublease meets the following conditions:

1. Period of sublease must be less than the entire period of the grantee's lease with the landlord
2. Grantee lease renewal must be taken into consideration when stating the period of the sublease
3. Sublease must be explicit that the grantee is the lessee, not the Veteran
4. Sublease must revert to the grantee lessee without sanctions to the Veteran should the Veteran leave prior to program completion and lease assumption
5. Sublease may not contain requirements contrary to GPD regulations
6. Security deposits may not be charged to Veterans. However, grantee lessees may take other available and appropriate legal steps in situations of property destruction

⁶ 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.). Additionally, VA may, at its discretion, update these targets at any point during the award period. If any new targets come into effect, VA will notify grantees in writing.