



# US DEPARTMENT OF VETERANS AFFAIRS OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

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## VETERANS HEALTH ADMINISTRATION

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# Additional Controls Are Needed to Improve the Reliability of Grant and Per Diem Program Data

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## Executive Summary

The Grant and Per Diem (GPD) Program is VA’s largest transitional housing program. It awards grants to community partners (grantees) that provide veterans experiencing homelessness with temporary housing and supportive services, such as mental health and substance use disorder treatment and assistance in obtaining permanent housing.<sup>1</sup> With a budget of over \$275 million, the GPD program served almost 24,000 veterans in fiscal year (FY) 2022.<sup>2</sup>

GPD liaisons at VA medical facilities, who are typically social workers, oversee both grantees and veterans in the program. They use the Homeless Operations, Management, and Evaluation System (HOMES) to record veteran outcomes, such as housing arrangement at program exit, the reason for ending program participation, and discharge date from the program. Having reliable data in HOMES is critical for monitoring and measuring grantees’ performance and supports the Homeless Programs Office’s (HPO) strategic objective of using data to make informed and timely decisions. HPO also began using HOMES data to track VA’s progress on achieving its 2023 goals to place at least 38,000 veterans in permanent housing and prevent their return to homelessness.<sup>3</sup>

Given the importance of the GPD program and VA’s reliance on HOMES data, the VA Office of Inspector General (OIG) conducted this review to determine whether the Veterans Health Administration (VHA) has reliable GPD program performance data to monitor and measure program outcomes and progress in preventing the recurrence of veteran homelessness. Specifically, the review assessed whether veteran outcome data recorded in HOMES were accurate and supported based on grantee files and veterans’ VA medical records.<sup>4</sup>

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<sup>1</sup> VA awards several types of grants under the GPD program, most commonly per diem-only grants. This report focuses on transitional housing provided through per diem-only grants. Grantees can be nonprofit organizations, state or local government agencies, or recognized tribal governments. For more information on the GPD program, see appendix A.

<sup>2</sup> VA FY 2024 Budget Submission, “Veterans Homelessness Programs,” in vol. 2, *Medical Programs* (March 2023).

<sup>3</sup> In addition to the placement of at least 38,000 veterans in permanent housing, VA’s 2023 homelessness goals called for no more than 5 percent of permanently placed veterans to return to homelessness and for at least 90 percent of veterans who returned to homelessness to be rehoused or on a pathway to rehousing by the end of 2023. On January 30, 2024, the Veterans Health Administration (VHA) announced it had met its 2023 homelessness goals—placing 46,552 veterans in permanent housing, ensuring almost 96 percent of these veterans stayed permanently housed, and rehousing or placing on a path to be rehoused by the end of the year over 96 percent of the veterans who had returned to homelessness.

<sup>4</sup> Grantees maintain a participant record that includes administrative and clinical files documenting the veteran’s treatment plan, treatment and housing goals, and services provided to the veteran. Throughout this report, these documents are referred to as grantee files.

## What the Review Found

VHA could improve the reliability of the data that HPO and VA medical facilities use to monitor program and grantee performance, inform care management decisions for veterans, and guide strategies to help veterans remain in permanent housing. The review team found that 172 of the 183 statistically sampled GPD program exits it assessed in HOMES had accurate discharge dates. The team concluded, in the few cases in which dates did not match those in the grantee files, that these minor and infrequent errors would not significantly impact program monitoring or decision-making.<sup>5</sup> However, based on further evaluation of the statistical sample, the review team estimated the HOMES outcome data were unreliable for about 888 of the 4,151 exits to permanent housing (21 percent), which included errors with inaccurate or unsupported housing arrangements and unrecorded negative exits.<sup>6</sup> Specifically, the team found in these cases that the HOMES data on veterans' permanent housing arrangements at program exit either did not accurately reflect information found in VA medical records or the grantee files, or lacked supporting documentation. Additionally, the HOMES data did not accurately capture all instances of veterans being discharged from the GPD program under negative circumstances. The team found that these issues mostly occurred when veterans were reportedly living with family or friends permanently after they were discharged from the GPD program.

### Recorded Discharge Dates Were Generally Accurate

The team found the discharge dates that GPD liaisons recorded in HOMES for 172 of the 183 statistically sampled cases were accurate based on the grantee files. Among the 11 other cases, one was missing a discharge date; for the remaining 10, the team found sufficient information to confirm the discharge date's inaccuracy. The inaccurate dates caused five of these 10 veterans' stays to be overstated by an average of 3.6 days and the other five veterans' stays to be understated by an average of 1.2 days. Although the discharge dates can be used to determine lengths of stay and track how long veterans were permanently housed, the team determined that the infrequent and minor errors in the discharge dates recorded in HOMES were not significant enough to affect the GPD program's monitoring of the grantees or HPO's ability to monitor the GPD program using its permanent housing and negative exit metrics.

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<sup>5</sup> These errors are not included in projections in this report.

<sup>6</sup> The 4,151 exits to permanent housing consist of exits to the five most common permanent housing categories for the five-month period ending May 31, 2023, as described in appendix B.

## **Data on Veterans' Permanent Housing Arrangements Were Inaccurate or Unsupported**

The team found that 86 of 183 statistically sampled cases reviewed had unreliable data in HOMES related to veterans' permanent housing arrangements.<sup>7</sup> In these cases, the team determined the veterans' housing arrangements were incorrect or were not supported by documentation in the grantee files and VA medical records. Based on these results, the team estimated 867 of the 4,151 exits to permanent housing (21 percent) were inaccurate or unsupported.<sup>8</sup> According to program policies, GPD liaisons are responsible for ensuring the accuracy of collected and submitted GPD program participant data in HOMES. GPD liaisons must ensure that documentation in HOMES aligns with the information in the veterans' medical records and that information in the veterans' medical records is consistent with the grantees' clinical records.<sup>9</sup>

### *Inaccurate Permanent Housing Data*

In 26 of 183 statistically sampled cases, the review team determined that GPD liaisons did not select the correct housing arrangement in HOMES based on information found in the grantee files and VA medical records. For 12 of these cases, the GPD liaisons should have selected a different permanent housing category, and for the remaining 14 cases, they should have selected a nonpermanent, instead of a permanent, housing category. In total, the team estimated 262 of the 4,151 exits to permanent housing (6 percent) had the incorrect housing category selected during the five-month review period. Selecting the correct housing category is critical to VA's ability to monitor grantee performance and hold grantees accountable when appropriate. Furthermore, it can help HPO make informed decisions about the types of assistance veterans need to help them maintain stable housing.

### *Unsupported Permanent Housing Data*

The review team also found that the permanent housing category selected in HOMES by GPD liaisons was not supported by information in grantee files and VA medical records in 60 of 183 statistically sampled cases. The team could not determine whether the housing category was correct because no documentation was found to support the HOMES data, such as documented discussions with veterans or detailed information about the veterans' housing arrangement at

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<sup>7</sup> See appendix C for sampling design and methodology.

<sup>8</sup> Estimated population proportions are not always equal to sample ratios because the review team used stratified random sampling with disproportionate sample sizes. See appendix C for statistical sampling methodology and table C.3 for the estimated population.

<sup>9</sup> VHA Directive 1162.01, *VA Homeless Providers Grant and Per Diem Program*, November 17, 2020; VHA Homeless Programs Office, *Homeless Operations Management and Evaluations System (HOMES) Reporting Policy*, 17-01-06, February 17, 2022.

program exit. Based on these results, the team estimated about 605 of the 4,151 exits to permanent housing (15 percent) during the five-month period of review were not supported.

### *Data on Permanent Housing Arrangements with Friends or Family Need Most Improvement*

The review team found that the housing arrangements with the highest rate of inaccurate or unsupported HOMES data were for veterans living with friends or living with family on a permanent basis.<sup>10</sup> Of the 740 exits in which the veteran reportedly left the program to live with friends or family on a permanent basis during the five-month review period, the team estimated that 467 (63 percent) were inaccurate or unsupported. Based on this estimate, these two categories of permanent housing constituted over half of the 867 estimated cases with inaccurate and unsupported HOMES data. In September 2023, after the OIG's review began, HPO provided guidance to GPD liaisons and emphasized that grantees must be able to substantiate their permanent housing designations and that liaisons should not document veterans are living with friends or family permanently unless the liaisons believe the arrangement is accurate and substantiated. However, HPO did not address ways to improve grantee and medical record documentation that the team found to be insufficient, and interviews conducted with GPD liaisons after the new guidance indicated that they did not change their processes to verify information provided by grantees.

### **HOMES Data Did Not Capture All Instances of Veterans Leaving the GPD Program under Negative Circumstances**

The review team found that GPD liaisons also did not select the correct disposition in HOMES when veterans exited the GPD program unsuccessfully for 17 of 183 statistically sampled cases reviewed.<sup>11</sup> In 16 of those 17 cases, the team found that the GPD liaison had recorded in HOMES that the veteran was living with friends or family permanently. However, in those 16 cases, the team found evidence that a negative exit had occurred. Documentation in grantee files or VA medical records indicated that the veterans were asked to leave because of a violation of

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<sup>10</sup> HPO defines a move-in with family or friends as permanent when a veteran states it is a permanent housing situation or when there are indicators such as the veteran's name being on the lease or having a key to the residence. Conversely, a move-in with family or friends is considered temporary if the veteran states it is only a temporary situation, there are indicators that the veteran is moving in because housing has not been secured but the program has ended, the veteran has a history of moving in and out with family or friends, or the veteran is staying with family or friends because no alternative is available.

<sup>11</sup> Fourteen of the 17 cases are also included in the 86 cases in which the team determined the permanent housing arrangement was incorrect or unsupported. In the remaining three cases, the team determined the permanent housing arrangements were supported, but they were not accurately recorded as negative exits. Veterans may in some cases have a negative exit and a permanent housing arrangement at the time of exit. For example, a veteran could have been asked to leave the GPD program for violating program rules and moved in with family on a permanent basis at the time of program exit. This case would be counted as both a negative exit and a permanent housing arrangement with family.

program rules or failure to comply with program requirements, or that the veterans left the program without consulting staff. However, the GPD liaisons incorrectly selected the veterans had successfully completed the program or some components of the program. Based on these results, the team estimated that during the five-month review period, 101 of the 740 (14 percent) HOMES permanent housing exits to live with friends or family should have been recorded as negative exits.

It is important for GPD liaisons to select the correct reason for veterans' discharge from the program because negative exits are a key grantee performance metric, and the target rate for negative exits is below 20 percent.<sup>12</sup> Accurate data can be used to hold grantees accountable and provide homeless program staff reliable information they can use to reconnect veterans with services that meet their needs if they return for additional assistance.

### **Additional Controls Could Enhance Data Reliability**

The team determined that HPO and medical facilities had limited controls over the reliability of HOMES data. GPD liaisons generally use the information the grantees report on exit forms or provide through emailed summaries to enter data into HOMES for veterans who have exited the program.<sup>13</sup> However, most GPD liaisons interviewed by the team reported that they typically did not review the grantee files or follow up with veterans to verify the information reported by grantees. Consistent verification of grantee-provided discharge information by GPD liaisons prior to entry into HOMES would increase the likelihood that the data are accurate and supported. Program policies also lacked guidance on how GPD liaisons should substantiate grantee-provided information.

Further, GPD liaisons did not consistently follow the HOMES data definitions guide, which explains every data element collected in HOMES, when they recorded the veterans' housing arrangements.<sup>14</sup> Half of the GPD liaisons interviewed (11 of 22) told the team they did not follow any specific guidance, or used their own interpretation when they determined whether veterans were staying with friends or family on a temporary or permanent basis.

Lastly, the team found that HOMES data were not reviewed at medical facilities to ensure the data were accurate and supported. Although HPO has implemented some data validation processes, they are limited in scope and rely on medical record documentation. This reliance on medical record documentation demonstrates the importance for GPD liaisons to validate

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<sup>12</sup> VA, "Fiscal Year 2023 Transitional Housing Grants," *VA Grant & Per Diem Grant Recipient Guide*, October 18, 2022.

<sup>13</sup> Grantees are required under 38 C.F.R. 61.80(q)(5) to document the outcome of supportive services, such as assistance provided to obtain permanent housing (38 C.F.R. 61.2(a)(5)), in each participant's record. VHA and HPO expect GPD liaisons to ensure outcome and other information entered into HOMES is complete, accurate, and aligns with the information in the veteran's medical records, which must be consistent with the grantee's clinical records.

<sup>14</sup> HPO, *HOMES Data Definitions Guide*, October 2021.

information from grantees at the time veterans exit the GPD program in order to accurately document their housing arrangements.

Implementing additional controls to improve the reliability of HOMES data could ultimately support VA's goals of ending veteran homelessness and preventing veterans' return to homelessness. The data would improve VA staff and leaders' ability to make informed decisions on the appropriate services veterans need, develop sound strategies that will positively impact veteran care in the future, and allow VA to hold grantees accountable for improving their services for veterans.

### **What the OIG Recommended**

The OIG recommended that the under secretary for health establish policies and procedures for GPD liaisons to obtain reliable discharge information from grantees when veterans exit from the GPD program. The OIG also recommended the under secretary implement controls to ensure HOMES data are consistent with veteran housing outcomes reported in the grantee files and VA medical records and implement quality reviews to check for accuracy.

### **VA Management Comments and OIG Response**

The under secretary for health concurred with all three of the OIG's recommendations. To address the recommendations, the GPD national program office will make policy revisions for obtaining reliable discharge information from grantees, implement controls such as guidance and training on documentation of veteran housing outcomes to ensure consistency with data definitions, and establish quality review procedures for GPD liaisons and supervisors for data entered into HOMES and the electronic medical record. Appendix D contains the full text of the under secretary's comments.

The OIG found the under secretary for health's planned actions for the three recommendations to be responsive to their intent. The OIG will monitor VHA's progress and will close each recommendation when adequate documentation of implementation has been received.



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## Abbreviations

FY	fiscal year
GPD	Grant and Per Diem
HOMES	Homeless Operations, Management, and Evaluation System
HPO	Homeless Programs Office
HUD-VASH	US Department of Housing and Urban Development-VA Supportive Housing
OIG	Office of Inspector General
SSVF	Supportive Services for Veteran Families
VHA	Veterans Health Administration



## Introduction

VA's strategic plan highlights the importance of data in understanding outcomes and measuring the quality and effectiveness of the services provided to veterans.<sup>15</sup> VA's primary platform for collecting intake, progress, and outcome data for its homeless programs is the Homeless Operations, Management, and Evaluation System (HOMES). In addition to enabling the Veterans Health Administration's (VHA) Homeless Programs Office (HPO) to make informed and timely decisions, data from HOMES are used to monitor and measure grantees' performance in the Grant and Per Diem (GPD) Program. The GPD program is VA's largest transitional housing program, with a budget of over \$275 million and nearly 24,000 veterans served in fiscal year (FY) 2022.<sup>16</sup> HOMES provides key performance information for the GPD program, such as the number of veterans placed in permanent housing. More recently, HPO began using HOMES data to track VA's progress toward the achievement of its 2023 goals to help end veteran homelessness. These goals included placing at least 38,000 veterans in permanent housing and preventing their return to homelessness.<sup>17</sup>

Given the importance of HOMES data in monitoring and measuring GPD program performance, the VA Office of Inspector General (OIG) initiated this review to determine whether VHA has reliable GPD program performance data to monitor and measure program outcomes and progress in preventing the recurrence of veteran homelessness. Specifically, the review assessed whether veteran outcome data recorded in HOMES were accurate and supported based on the grantee files and veterans' VA medical records.<sup>18</sup>

## GPD Program

Since 1994, the GPD program has awarded grants to community-based organizations to provide transitional housing with supportive services to help veterans experiencing homelessness move

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<sup>15</sup> VA, Fiscal Years 2022–28 Strategic Plan; VA, Enterprise Data Strategy: A Vision for the Future, January 2021.

<sup>16</sup> VA FY 2024 Budget Submission, "Veterans Homelessness Programs," in vol. 2, *Medical Programs* (March 2023).

<sup>17</sup> For veterans who became permanently housed in 2023, VA's goal was that no more than 5 percent would return to homelessness. Of those who returned to homelessness in 2023, 90 percent or more would be rehoused or on a pathway to rehousing by the end of 2023. On January 30, 2024, VHA announced it had met its 2023 homelessness goals—placing 46,552 veterans in permanent housing, ensuring almost 96 percent of these veterans stayed permanently housed, and rehousing or placing on a path to be rehoused by the end of the year over 96 percent of the veterans who had returned to homelessness.

<sup>18</sup> Grantees maintain a participant record that includes both administrative and clinical files documenting the veteran's treatment plan, treatment and housing goals, and services provided to the veteran. Throughout this report these documents are referred to as grantee files.

into permanent housing.<sup>19</sup> The program plays a critical role in the continuum of VA's homeless services because it provides up to 24 months of transitional housing and services to veterans who would otherwise be unsheltered, and seeks to help veterans achieve residential stability, increase their skill levels or income, and obtain greater self-determination.<sup>20</sup> While in the GPD program, veterans may receive services such as assistance in finding employment and permanent housing, treatment for mental health and substance use disorders, and meals.

## Grant Awards

GPD grants are funded through a national competition in response to a notice of funding availability published in the Federal Register. VA awards several types of grants under the GPD program, most commonly per diem-only grants.<sup>21</sup> Per diem-only grants reimburse grantees for the cost of providing transitional housing services to veterans experiencing homelessness. Through these per diem-only grants, grantees provide transitional housing under one or more of the five housing models that target the specific needs of veterans, such as the low demand model for chronically homeless veterans who may not be fully committed to sobriety and the clinical treatment model for veterans who, in addition to housing, require treatment for mental health or substance use disorders.<sup>22</sup> Interested organizations submit applications that explain how they plan to design and operate their programs, which are then rated and selected by the GPD program office within HPO.<sup>23</sup> Grantees are required to operate in accordance with their grant applications, and grant funding is awarded for one base year and two option years.<sup>24</sup> The program office awarded 369 GPD grants totaling \$216 million to provide over 12,100 beds and 18 service centers from October 1, 2020, through September 30, 2023.<sup>25</sup> VA provides guidance and oversight to ensure GPD grantees are compliant with grant terms and VA inspection standards but does not directly manage grantee operations.<sup>26</sup>

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<sup>19</sup> The Veterans Benefits, Health Care, and Information Technology Act of 2006, Public Law 109-461, permanently authorized the GPD program. Transitional housing is temporary housing provided to individuals who have signed an occupancy agreement for no more than 24 months. It is designed to facilitate movement to permanent housing.

<sup>20</sup> 38 C.F.R. 61.1; VHA Directive 1162.01, *VA Homeless Providers Grant and Per Diem Program*, November 17, 2020.

<sup>21</sup> This report focuses on transitional housing provided through per diem-only grants. See appendix A for additional information on different types of grants awarded under the GPD program.

<sup>22</sup> See appendix A for more information about housing models.

<sup>23</sup> Eligible applicants for grant funding include nonprofit organizations, state and local government agencies, and recognized tribal governments.

<sup>24</sup> VA may offer two additional years depending on funding availability, the grantee's meeting performance goals, and results from grantee inspections.

<sup>25</sup> VA FY 2023 Budget Submission. On October 27, 2022, VA announced the next notice of funding opportunity for the GPD per diem-only grants starting October 1, 2023, and ending September 30, 2026.

<sup>26</sup> 38 C.F.R. 61.65; VHA Directive 1162.01.

## Program Governance and Oversight Responsibilities

Various VHA personnel, including HPO staff and coordinators at regional Veterans Integrated Service Networks, and GPD liaisons at facilities, are involved in overseeing and monitoring the program. Their roles and responsibilities follow.

- **HPO** develops and guides policy, planning, and coordination of VA's homeless programs.<sup>27</sup> Within HPO, the GPD program office monitors and measures the integrity and effectiveness of the GPD program and provides technical assistance to Veterans Integrated Service Networks and medical facilities.
- **Veterans Integrated Service Networks** are responsible for regional oversight and provide support and guidance to GPD liaisons at medical facilities. Regional oversight is conducted through the assigned network homeless coordinator, who is responsible for participating (or assigning a designee to participate) in all inspections of grantees, which are required annually; reviewing inspection reports; and tracking grantees' actions to correct deficiencies identified during inspections.<sup>28</sup>
- **GPD liaisons** at medical facilities are the primary resource for both the grantees and the medical facility. GPD liaisons provide training, mentorship, and technical assistance to grantees; ensure annual inspections and quarterly reviews are conducted; address any deficiencies and allegations at the GPD grant site; maintain the administrative files on grantees; and ensure the accuracy of per diem payments. GPD liaisons, who are typically social workers, also perform clinical duties, provide clinical oversight and care coordination for veterans admitted to the GPD program, and are responsible for documentation in veteran medical records. This includes documenting program entry, progress every 90 days, and a discharge note when veterans leave or complete the program.<sup>29</sup> In addition, GPD liaisons must enter accurate data into HOMES, including assessments, referrals, program entries, and program exits that document each veteran's outcome.<sup>30</sup>

## HOMES

HOMES is VA's primary platform for collecting intake, progress, and outcome information for homeless veterans as they move through VA's system of care. The data collected in HOMES are

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<sup>27</sup> HPO reports to the assistant under secretary of health for clinical services, who is responsible for ensuring program office oversight and management of the GPD program. VA, Functional Organization Manual, ver. 7, vol. 1, Administrations, September 30, 2021.

<sup>28</sup> VHA Directive 1162.01.

<sup>29</sup> VHA Directive 1162.01.

<sup>30</sup> VHA Directive 1162.01; HPO, *Homeless Operations Management and Evaluations System (HOMES) Reporting Policy*, 17-01-06, February 17, 2022.

used to measure performance of VA homeless programs nationally, ensure veterans are prioritized for appropriate services, provide insights into program outcomes, manage caseloads, and guide the strategic allocation of resources.<sup>31</sup>

VA expects information in HOMES to be complete, accurate, and supported. GPD liaisons, who input GPD program information into HOMES, are also responsible for ensuring the accuracy of collected and grantee-submitted GPD program participant data. GPD liaisons must ensure documentation in HOMES aligns with the information in the veteran's medical records and that information in the veteran's medical records is consistent with the grantee's clinical records.<sup>32</sup> Grantees are required to document in each GPD veteran participant's record the outcome after receiving supportive services, such as assistance with obtaining permanent housing.<sup>33</sup>

### **Documentation of Veteran Entry into and Exit from GPD Program**

Veterans may be referred to the GPD program through VA homeless program staff, the national call center for homeless veterans, or other community partners. GPD liaisons assess the veteran for eligibility and, in collaboration with grantees, for program appropriateness prior to entry. The GPD liaison is responsible for inputting the entry and assessment forms into HOMES. While veterans are housed in the GPD program, the grantee maintains administrative and clinical files (referred to in this report as grantee files) that document the veteran's treatment plan, treatment and housing goals, and services provided to the veteran. The GPD liaison also monitors and documents the veteran's progress in the veteran's medical record. When the veteran's participation in the GPD program ends, the grantee documents the veteran's discharge in the grantee file, which includes the housing outcome and the reason for the veteran's exit.<sup>34</sup> The grantee then communicates the information to the GPD liaison, who enters it into an exit form in HOMES. The exit form contains 17 fields, including the veteran's housing arrangement at program exit, the reason the veteran ended residential treatment, and the discharge date.<sup>35</sup>

Figure 1 shows the documentation required at each step as the veteran moves through the GPD program.

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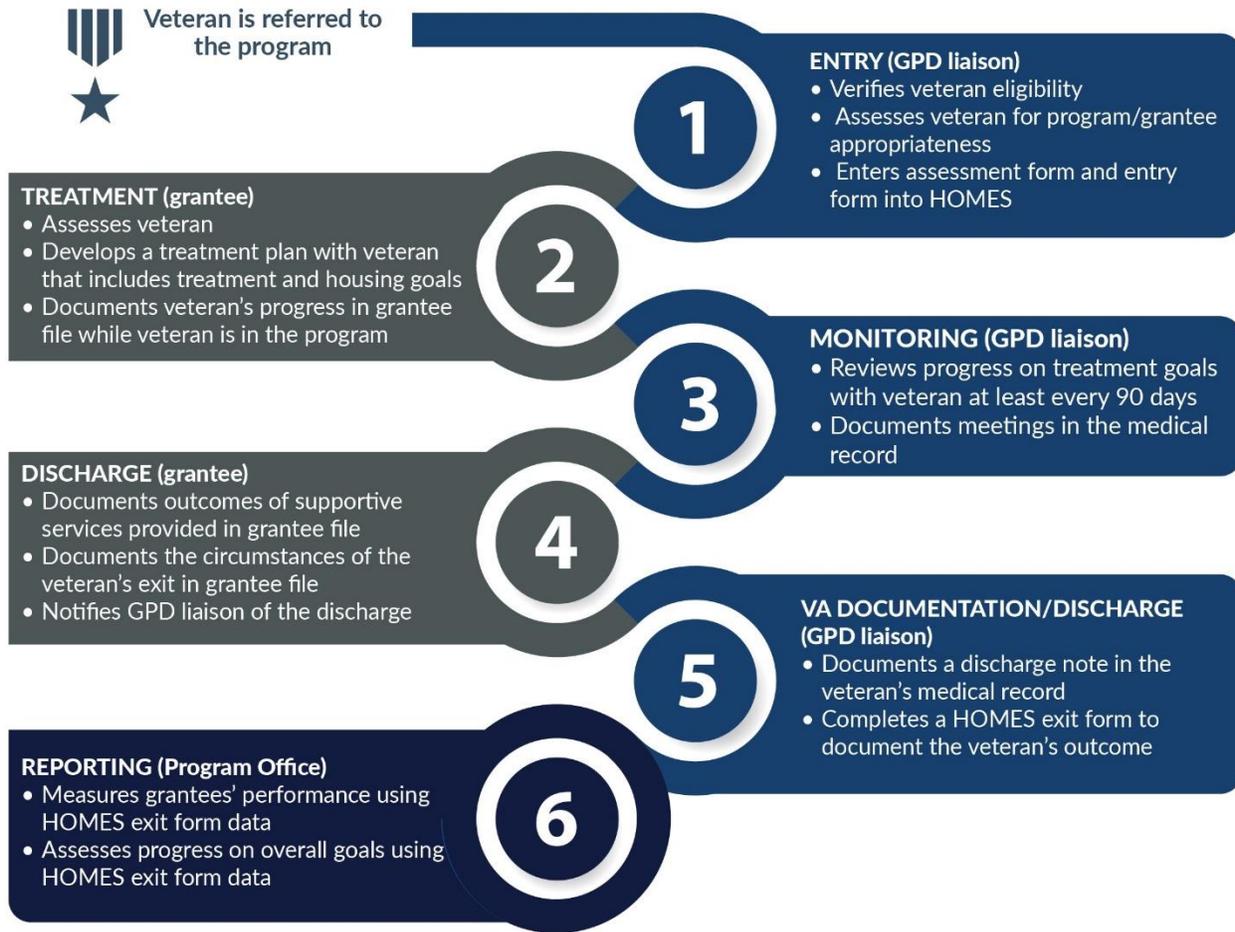
<sup>31</sup> VHA Directive 1162.01; HPO, *HOMES Reporting Policy*.

<sup>32</sup> VHA Directive 1162.01; HPO, *HOMES Reporting Policy*.

<sup>33</sup> 38 C.F.R. 61.80(q)(5) and 61.2(a)(7).

<sup>34</sup> According to VHA Directive 1162.01, veterans are allowed to stay in GPD program supportive housing for 24 consecutive months, absent an extension, and are limited to two episodes of care in the program for VA to pay per diem, absent a waiver. This review did not assess whether GPD liaisons documented such extensions or waivers.

<sup>35</sup> See appendix A for an example of the exit form.



**Figure 1.** Documentation responsibilities of GPD liaisons and grantees.  
 Source: OIG analysis of GPD roles and responsibilities.

### Reliance on HOMES Outcome Data

HPO sets quarterly performance metrics for each housing model and relies on data from HOMES exit forms to evaluate grantee performance. HPO measures performance using two metrics for all per diem-only housing models—the percentage of veterans who exit the GPD program to permanent housing and the percentage of veterans who leave the GPD program under negative circumstances.<sup>36</sup> If VA determines that a grantee deviates more than 5 percent from established GPD performance goals for any two consecutive quarters, the grantee will submit a performance

<sup>36</sup> VA also has a third performance metric: the percentage of veterans who exited the GPD program with employment. However, this report does not focus on the employment metric because it is not measured in three of the five per diem-only housing models.

improvement plan to the GPD liaison.<sup>37</sup> The VA medical facility director may impose progressive sanctions, including suspending per diem payments and terminating the grant, if grantees fail to improve under the plan.<sup>38</sup> According to the national director for the GPD program, the program office provides medical facilities guidance on the initiation of such plans and grantees strategies to help improve their performance, but it does not track the medical facilities' implementation of the performance improvement plans.<sup>39</sup> In addition, the national director for the GPD program mentioned the program uses the data to evaluate grantees when they reapply for grant funding.

### *Data on Veteran Housing Arrangements at GPD Program Exit*

The percentage of veterans who exit the GPD program directly to permanent housing is a key metric used by the GPD program office and GPD liaisons to assess grantee performance. HPO establishes targets each fiscal year, which, in FY 2023, ranged from 60 percent or above to 75 percent or above, depending on the housing model.

The veteran's housing arrangement at program exit is determined by where the veteran is sleeping on the night of the exit.<sup>40</sup> There are 25 options for the GPD liaison to select from on the exit form, but only eight categories count as permanent housing:<sup>41</sup>

1. Housing rented by veteran with voucher from the US Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program<sup>42</sup>
2. Housing rented by veteran with non-HUD-VASH housing subsidy
3. Housing rented by veteran, with no ongoing housing subsidy
4. Staying or living with family, permanent tenure
5. Staying or living with friends, permanent tenure
6. Housing owned by veteran, with no ongoing housing subsidy
7. Housing owned by veteran, with ongoing housing subsidy

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<sup>37</sup> 38 C.F.R. 61.80(c)(vi); VA, "Fiscal Year 2023 Transitional Housing Grants," *VA Grant & Per Diem Grant Recipient Guide*, October 18, 2022. According to the national director for the GPD program, GPD liaisons may use some discretion on whether a performance improvement plan is needed: for example, in the case of a grantee with very few beds, one veteran's outcome can significantly affect the metric.

<sup>38</sup> VHA Directive 1162.01 requires the VA medical facility director to notify the grantee in writing of the progressive sanctions and consult with the GPD program office if termination of the grant is recommended.

<sup>39</sup> The team did not assess whether grantees were put on performance improvement plans.

<sup>40</sup> HPO, *HOMES Data Definitions Guide*, October 2021.

<sup>41</sup> See appendix A for all housing arrangement options on question 3 of the exit form.

<sup>42</sup> The HUD-VASH program pairs HUD's housing choice voucher, which is a form of rental assistance, with VA case management and supportive services for homeless veterans.

8. Permanent housing through permanent supportive housing programs (not including HUD-VASH)

It is important for GPD liaisons to correctly identify housing arrangements as permanent or temporary because this data helps the program office monitor and accurately measure the grantees' performance against VA's permanent housing metrics. Accurate data regarding veterans' housing arrangements at the time of exit can also be used to inform future strategies for providing homelessness services and ensures the accurate tracking of VA's progress toward its goal to end and prevent returns to homelessness.

*Data on the Reasons Veterans Exited the GPD Program*

Also on exit forms, GPD liaisons need to select from among eight options the reason veterans ended their participation in the GPD program.<sup>43</sup> This reason is used to determine whether the circumstances under which veterans left the program indicated a "negative exit," meaning the veteran

- was asked to leave because of a violation of program rules or failure to comply with program requirements, or
- decided to leave the program without consulting staff.

According to HPO, reducing negative exits increases the likelihood of veterans transitioning to permanent housing. For all per diem-only housing models, HPO's performance target in FY 2023 was for grantees to have less than 20 percent negative exits. Accurate exit data help the GPD program monitor grantees' performance and help to ensure veterans receive appropriate services if they return.

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<sup>43</sup> See appendix A for all options on question 2 of the exit form.

## Results and Recommendations

### Finding: Reliability of Veteran Outcome Data Could Be Improved

VHA could improve the reliability of veteran outcome data that HPO and VA medical facilities use to monitor program and grantee performance, inform care management decisions for veterans, and guide strategies intended to help veterans obtain and remain in permanent housing. The review team found discharge dates recorded in HOMES for 172 of 183 statistically sampled permanently housed veteran cases were correct. In the few cases in which the dates did not match those in the grantee files, the minor errors would not have materially affected GPD performance measurement or decision-making.<sup>44</sup> While the discharge dates were generally accurate, the review team determined 89 of 183 statistically sampled cases contained unreliable veteran outcome data for the GPD program. In these cases, review of the grantee files and VA medical records disclosed that the types of permanent housing recorded for veterans were incorrect, indicated the veterans were not permanently housed, or did not identify support for the selection of the permanent housing outcome. Moreover, the team noted that in some cases negative exits were not properly recorded in HOMES for the sampled veterans.<sup>45</sup> Based on these results, the team estimated that data were unreliable for 888 of the 4,151 GPD program exits to permanent housing (21 percent) recorded in HOMES, which included errors with inaccurate or unsupported housing arrangements and unrecorded negative exits for the five-month period ending May 31, 2023.<sup>46</sup>

These issues occurred because GPD liaisons did not ensure discharge information provided by grantees was accurate and supported and did not properly apply system data definitions when they entered veteran outcome information. Furthermore, HPO and medical facilities performed limited quality checks to verify the accuracy of outcome data GPD liaisons entered into HOMES. Addressing these control weaknesses could enhance HPO's and VA medical facilities' ability to make informed and timely program and case management decisions as they work toward ending veteran homelessness and preventing veterans' return to homelessness.

The finding is based on the following determinations:

- Recorded discharge dates were generally accurate.

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<sup>44</sup> These errors are not included in projections in this report.

<sup>45</sup> The issues related to housing arrangements at program exit and the circumstances under which veterans were discharged from the GPD program are not mutually exclusive (separate data fields in HOMES). The team reviewed grantee records such as case management notes, veteran service plans, and discharge documentation.

<sup>46</sup> The review team used stratified random sampling with disproportionate sample sizes after assessing the risk in each housing category through preliminary testing and considering the need for statistical precision. Therefore, estimated population proportions are not always equal to sample ratios. See appendix C for statistical sampling methodology and table C.3 for the estimated population.

- Data on permanent housing arrangements were inaccurate or unsupported.
- Negative exits were not always accurately recorded.
- Additional controls could enhance the quality of information.

## What the OIG Did

The review team obtained HOMES exit data for per diem-only GPD programs for the five-month period from January 1 to May 31, 2023. From the data, the team determined the five most commonly selected permanent housing arrangements were

- housing rented by veteran with HUD-VASH voucher;
- housing rented by veteran with non-HUD-VASH housing subsidy;
- housing rented by veteran, with no ongoing housing subsidy;
- staying or living with family, permanent tenure; and
- staying or living with friends, permanent tenure.

The team identified 4,151 cases in total from these five categories and sampled 183 cases with stratified random sampling.<sup>47</sup> For these cases, the team reviewed progress notes in the veterans' VA medical record using the Joint Legacy Viewer and reviewed the grantee files including clinical and administrative documentation to determine whether the outcomes recorded in HOMES were accurate and supported. The team followed up, as needed, with the 136 GPD liaisons responsible for the sampled cases to verify identified issues and request additional documentation. The team interviewed 22 of the 72 GPD liaisons (30 percent) who had entered inaccurate or unsupported permanent placement data into HOMES to assess their understanding of local policies, procedures, and controls.<sup>48</sup> Additionally, the team interviewed HPO and GPD program office staff about national policies and procedures, HOMES data usage, and controls over the data.

## Recorded Discharge Dates Were Generally Accurate

The team found the discharge dates GPD liaisons recorded in HOMES for 172 of the 183 statistically sampled cases reviewed were accurate based on the information in grantee files. In one case, the team could not confirm the accuracy of the recorded discharge date because the

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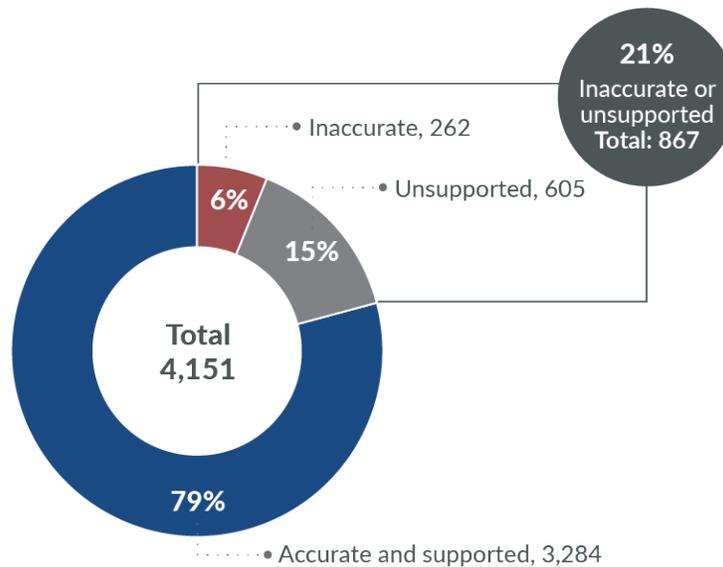
<sup>47</sup> A veteran might have exited the GPD program more than once during the review period. The team selected 205 cases for review but reviewed only 183 because the team's sampling methodology allowed fewer samples to be reviewed if certain criteria were met. See appendix B for more information about the five most common categories of permanent housing, and appendix C for more information about the sampling methodology.

<sup>48</sup> The 72 GPD liaisons who entered unreliable data in HOMES represent about 23 percent of the 313 liaisons the program employs nationally.

grantee’s files did not have sufficient information. In the other 10 cases, the team found information in the grantee files that indicated five veterans’ stays were overstated by an average of 3.6 days and the other five veterans’ stays were understated by an average of 1.2 days. Although the discharge dates can be used to determine lengths of stay and track how long veterans were permanently housed, the discrepancies the team identified in the sample were infrequent and minor. Moreover, the identified discrepancies in the discharge dates, which involved 11 grantees, would not have been significant enough to affect the GPD program’s monitoring of the grantees or HPO’s ability to monitor the GPD program using its established permanent housing and negative exit metrics.

### Data on Permanent Housing Arrangements Were Inaccurate or Unsupported

The review team determined 86 of 183 sampled cases reviewed had unreliable data related to the permanent housing arrangement the GPD liaisons selected in HOMES. Based on these results, the team estimated 867 of the 4,151 exits to permanent housing (21 percent) were inaccurate or unsupported (figure 2).<sup>49</sup>



**Figure 2.** Reliability of permanent housing data in HOMES in the five housing categories reviewed.

Source: Statistical projections based on the team’s review of 183 sampled cases.

\*Percentages are rounded.

<sup>49</sup> The error rate percentage in projections does not match the sample error rates throughout the report due to different sampling weights. See appendix C for statistical sampling methodology and table C.3 for the estimated population.

## Permanent Housing Outcome Data Did Not Accurately Reflect All Veterans' Housing Arrangements at Program Exit

The team's review of grantee files and veteran VA medical records disclosed that GPD liaisons did not accurately document all housing arrangements in HOMES when veterans exited the GPD program. Information, including narratives and discussion notes, in the reviewed records indicated that 26 of the 183 statistically sampled cases did not have correct permanent housing arrangement information in HOMES. The team identified 14 cases in which a nonpermanent instead of a permanent housing category should have been selected and 12 cases in which a different permanent housing category should have been selected. In total, the team estimated 262 of the 4,151 exits to permanent housing (6 percent) had the incorrect housing category selected during the five-month review period.<sup>50</sup> The following example demonstrates that information in the grantee files and VA medical records conflicted with the housing arrangement in HOMES.

### *Example 1*

*A GPD liaison selected "staying or living with friends, permanent tenure" as a veteran's housing arrangement at program exit. However, VA medical records stated he was going to stay with friends temporarily after leaving the GPD program and would relocate to Florida afterward to live with his daughter, and the grantee's files showed that the veteran had expressed similar plans. Thus, the GPD liaison should have selected "staying or living with friends, temporary tenure" to accurately reflect the veteran's housing arrangement at program exit.<sup>51</sup> The team noted that the veteran reentered a GPD program in Florida less than two months later.*

Since permanent housing is a key metric VA uses to monitor grantee performance, inaccurate housing data can limit its ability to hold grantees accountable for their performance and improving the provision of services to veterans. Furthermore, data on veteran housing outcomes from the GPD program can impact the perceived demand or veterans' need for additional homelessness services. For example, if veterans are routinely identified in the HOMES data as permanently housed when they really are not at the time they exit the GPD program, the data may not provide HPO or the medical center staff an accurate picture of the number of veterans

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<sup>50</sup> Estimated population proportions are not always equal to sample ratios because the review team used stratified random sampling with disproportionate sample sizes. See appendix C for statistical sampling methodology and table C.3 for the estimated population.

<sup>51</sup> The veteran's housing arrangement at program exit should reflect where the veteran was sleeping the night of the exit. HPO, *HOMES Data Definitions Guide*.

who need HUD-VASH vouchers at the facility. Veterans must be homeless to enroll in the HUD-VASH program, and priority is given to veterans who are chronically homeless.<sup>52</sup>

In the following example, information in the grantee's files indicated a veteran received a different type of permanent housing than the GPD liaison recorded in HOMES.

### **Example 2**

*A GPD liaison selected "housing rented by veteran, with no ongoing housing subsidy" as a veteran's housing arrangement at program exit. However, VA medical records stated he was getting assistance from the Supportive Services for Veteran Families (SSVF) Program, and the grantee's files stated the SSVF program would be providing rental assistance to the veteran. Thus, the GPD liaison should have selected "housing rented by veteran with non-HUD-VASH housing subsidy" to accurately reflect the veteran's housing arrangement at program exit.*

If veterans have obtained permanent housing, inaccurate data may hinder HPO's ability to make informed strategic and resource allocation decisions about the types of assistance veterans need to help them maintain stable housing in the future. According to HPO, the frequency of certain housing destinations can inform strategies for the provision of services that improve veteran outcomes at discharge. For example, if a high number of veterans exit the GPD program to unsubsidized housing, VA medical facilities and grantees could focus on the veterans' sustainable financial resources and provide employment services before they exit to enhance their long-term housing stability. Thus, having accurate data on the type of permanent housing veterans have at the time of discharge is also key to helping VA ultimately reduce veterans' returns to homelessness.

## **Not All Permanent Housing Outcome Data Were Supported**

The review team found the permanent housing data were not supported for 60 of the 183 statistically sampled cases reviewed because the grantee files and the veterans' VA medical records did not have documentation to support the GPD liaisons' selection of a permanent housing category. In these cases, the review team could not determine whether the housing category selected was correct because no documentation was found to support the selection, such as discussions with veterans, mentions of lease agreements, or case management notes mentioning housing plans. Based on these results, the team estimated about 605 of the 4,151 exits to permanent housing (15 percent) during the five-month period of review were not

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<sup>52</sup> The HUD-VASH program pairs HUD's housing choice voucher, which is a form of rental assistance, with VA case management and supportive services for homeless veterans.

supported.<sup>53</sup> The following is an example of insufficient support for the permanent housing outcome recorded in HOMES.

### **Example 3**

*A GPD liaison selected “staying or living with family, permanent tenure” as a veteran’s housing arrangement at program exit. However, the grantee’s files stated the veteran was discharged due to a violation of program rules, specifically for substance use, and did not indicate the veteran’s housing arrangement.<sup>54</sup> The GPD liaison wrote in the VA medical record discharge note that the veteran “moved in with family” (without further details) and that the veteran did not answer when she called. The team could not verify how the GPD liaison determined the veteran was permanently housed based on the information in the grantee’s and VA’s records. Thus, the team did not consider the permanent housing recorded in HOMES for this veteran to be supported. Moreover, the team determined this veteran reentered the same GPD program 12 days later.*

## **Reliability of Data for Permanent Housing Arrangements with Friends or Family Needs Most Improvement**

The review team found that the housing arrangements with the highest rate of inaccurate or unsupported HOMES data were those in which GPD liaisons selected “staying or living with friends, permanent tenure” or “staying or living with family, permanent tenure.” Based on these results, the team estimated that during the five-month review period 467 of the 740 exits (63 percent) recorded as permanent move-ins with friends or family were inaccurate or unsupported.<sup>55</sup> Moreover, figure 3 shows that the inaccurate and unsupported cases in the friends or family permanent housing categories constituted over half of the 867 estimated inaccurate and unsupported permanent housing cases the review team identified in the HOMES data, despite making up a relatively small proportion (18 percent) of permanent exits in the five most common

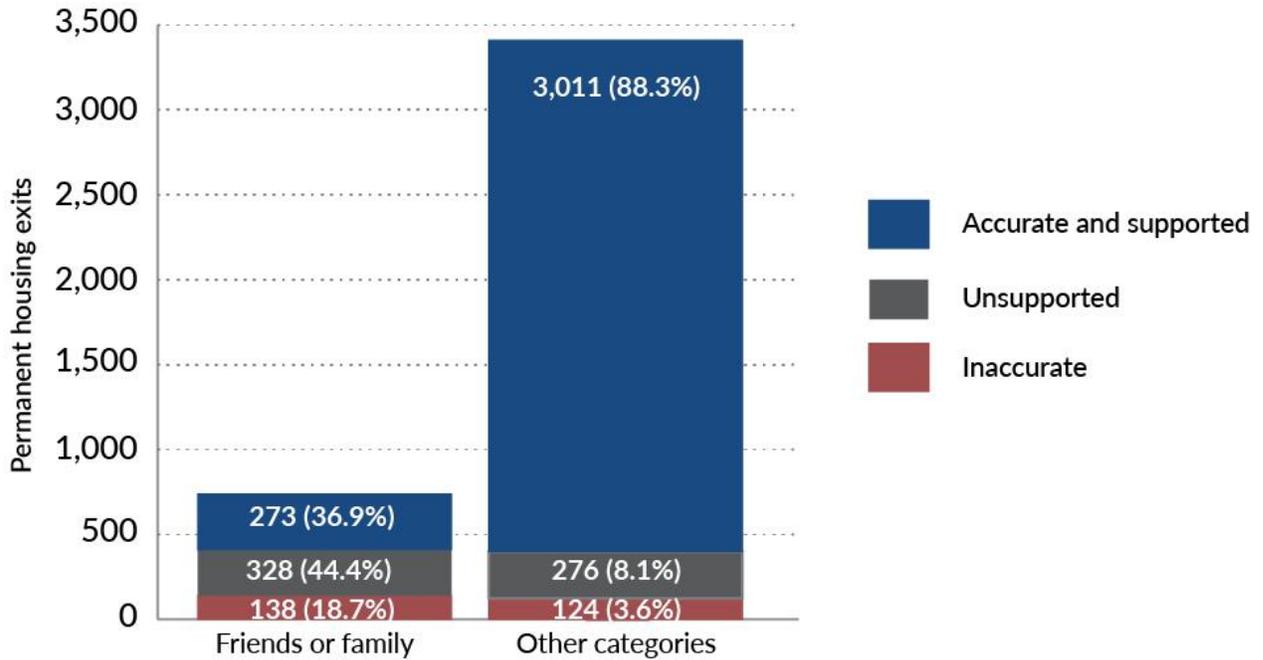
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<sup>53</sup> Estimated population proportions are not always equal to sample ratios because the review team used stratified random sampling with disproportionate sample sizes. See appendix C for statistical sampling methodology and table C.3 for the estimated population.

<sup>54</sup> Grantees may have program rules such as sobriety (with the exception of low-demand housing, see appendix A), curfew, check-in and check-out procedures, visitation rules, and contraband checks. Violation of grantee-established program rules can result in a negative exit.

<sup>55</sup> HPO defines a move-in with family or friends as permanent when a veteran states it is a permanent housing situation or when there are indicators such as the veteran’s name being on the lease or having a key to the residence. Conversely, a move-in with family or friends is considered temporary if the veteran states it is only a temporary situation, there are indicators that the veteran is moving in because housing has not been secured but the program has ended, the veteran has a history of moving in and out with family or friends, or the veteran is staying with family or friends because no alternative is available.

permanent housing categories.<sup>56</sup>



**Figure 3.** Inaccurate and unsupported friends or family exits compared with those in other housing categories.  
 Source. OIG sampling analysis.

After the start of the OIG’s review, the GPD program office identified similar data reliability risks and increased emphasis on veterans who reportedly exited to live permanently with friends or family. During a national GPD liaison webinar in September 2023, GPD program officials informed the liaisons that a significant number of these veterans were returning to homelessness.<sup>57</sup> The program officials provided the GPD liaisons reminders on how to determine whether housing with friends or family is temporary or permanent. In addition, the program officials stated grantees must be able to substantiate their permanent housing designations and that liaisons should not document veterans are “staying or living with friends or family, permanent tenure” unless they believe it to be accurate and substantiated.

However, the review team found that 17 of the 22 liaisons interviewed within a month of the webinar seemed unaware of the new guidance informing them of the need to verify information

<sup>56</sup> Numbers and percentages are further discussed in appendix C. See table C.1 for exits to permanent housing by category, and table C.3 for statistical projections.

<sup>57</sup> Of the 76 cases in the team’s sample review with an inaccurate or unsupported friends or family permanent housing designation in HOMES, 19 veterans reentered a VA transitional housing program within 180 days of their discharge from the GPD program, with 10 of 19 reentering within 90 days.

reported to them by grantees.<sup>58</sup> Furthermore, the team noted the September 2023 guidance did not specifically address grantee and medical record documentation requirements for the permanent housing with friends or family designation. The OIG believes HPO should implement additional controls to ensure grantee files and VA medical records support the data in HOMES because this review estimated 44 percent of the cases lacked support for these permanent housing designations.<sup>59</sup> Improved documentation in VA medical records will also help improve HPO's data reconciliation efforts when veterans return to homelessness.<sup>60</sup>

## **Not All Negative Exits for Veterans Who Were Reportedly Living with Family or Friends Permanently Were Accurately Recorded**

The review team found that GPD liaisons also did not select the correct disposition in HOMES when veterans exited the GPD program unsuccessfully for 17 of 183 statistically sampled cases reviewed.<sup>61</sup> In 16 of those 17 cases, the GPD liaison recorded the veteran was living with friends or family permanently. In these cases, the team found evidence that a negative exit had occurred: documentation in the grantee files or VA medical records indicated the veterans were asked to leave because of a violation of program rules or failure to comply with program requirements, or because the veterans left the program without consulting staff. However, the GPD liaisons incorrectly recorded the veterans had successfully completed the program or some components of the program.

Based on these results, the team estimated that during the five-month review period, 101 of the 740 (14 percent) HOMES permanent housing exits marked as move-ins with friends or family should have also been recorded as negative exits. The following example highlights a case when the GPD liaison should have recorded a negative exit for the veteran.

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<sup>58</sup> The GPD program office conducted its monthly GPD liaison webinar on September 13, 2023. The review team conducted interviews with GPD liaisons from September 27 to October 12, 2023.

<sup>59</sup> The team found 53 of the 115 statistically sampled cases from the living with friends or living with family categories were not supported by grantee and VA documentation.

<sup>60</sup> If a veteran is permanently housed following the GPD program with friends or family but within 90 days has a HOMES assessment completed indicating the veteran is experiencing homelessness, HPO will review the veteran's medical records to determine if the veteran had clear plans to stay with friends or family permanently upon exit from the GPD program. If the documentation was clear, program staff should provide clinical follow-up to reengage the veteran in services. Otherwise, the HOMES data would have to be changed to "temporary tenure."

<sup>61</sup> Fourteen of the 17 cases are also included in the 86 cases in which the team determined the permanent housing arrangement was incorrect or unsupported. In the remaining three cases, the team determined the permanent housing arrangements were supported, but they were not accurately recorded as negative exits. Veterans may in some cases have a negative exit and a permanent housing arrangement at the time of exit. For example, a veteran could have been asked to leave the GPD program for violating program rules and moved in with family on a permanent basis at the time of program exit. This case would be recorded in HOMES as both a negative exit and permanent housing arrangement with family.

### Example 4

*The GPD liaison selected “successful completion of the program” as the reason a veteran left the program and indicated the veteran would be staying with friends on a permanent basis. However, the grantee’s files indicated the veteran was discharged due to a violation of program rules, specifically because of severe alcohol use, and referred to an emergency shelter.<sup>62</sup> According to the GPD liaison, he was covering for another liaison at the time, did not recall what information he relied on when he completed his HOMES documentation, and never spoke to the veteran. The team also noted the GPD liaison did not include any details about the veteran’s discharge in the VA medical records. As a result, the team concluded the GPD liaison incorrectly reported in HOMES the veteran successfully completed the program and was permanently placed in housing when the liaison should have indicated the veteran had a negative exit and did not have permanent housing.*

Selecting the correct reason for the veteran’s discharge from the program is important because the program office tracks negative exits as a key grantee performance metric. Grantees must achieve a negative exit rate below 20 percent.<sup>63</sup> According to HPO, the reduction of negative exits increases the likelihood of veterans transitioning to permanent housing.<sup>64</sup> Furthermore, the national director for the GPD program stated that a high negative exit rate could indicate a grantee has overly restrictive policies and procedures or that a grantee needs coaching from the GPD liaison on ways to reengage veterans who have left.<sup>65</sup> Thus, accurately capturing the nature of the exit is important so that homeless program staff can use the data to reconnect veterans with services if they do not successfully complete the program and determine the appropriate services and housing model for veterans if they return for assistance in the future.

### Additional Controls Could Enhance the Reliability of HOMES Data

The team determined HPO and medical facilities had limited controls to ensure the data entered into HOMES were accurate and supported. The team found opportunities to improve controls that could enhance the reliability of GPD program data and provide higher-quality information

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<sup>62</sup> Grantees may have program rules such as maintaining sobriety (with the exception of low-demand housing; see appendix A), curfew policy, check-in and check-out procedures, visitation rules, and contraband checks. Violation of grantee-established program rules can result in a negative exit.

<sup>63</sup> VA, “Fiscal Year 2023 Transitional Housing Grants.”

<sup>64</sup> VHA Homeless Programs Office, Technical Manual: Fiscal Year 2023 Homeless Performance Measures, October 1, 2022.

<sup>65</sup> According to GPD program guidance, grantees may avoid a negative exit if they are able to reengage with veterans who left and readmit them to the GPD program within a “relatively short period of time.” These situations would be treated as a single and continuous episode of care in HOMES. HPO, *Helpful Practices: Decreasing Negative Exits in Transitional Housing*, September 20, 2023.

for decision-making. Controls over the reliability of data entered into HOMES are imperative because HOMES streamlines data collection processes and facilitates communication among medical facility leaders, VA homeless program staff, and HPO. Additionally, HOMES enables VA to collect, manage, access, and report homeless veteran information to VA leaders and external stakeholders efficiently and effectively.<sup>66</sup>

### **GPD Liaisons Do Not Verify Grantee-Reported Information**

GPD liaisons are responsible for ensuring information added to the veteran's medical record is consistent with information in the grantee's clinical record.<sup>67</sup> GPD liaisons must accurately document veteran participant data and outcomes in HOMES, which means ensuring HOMES records are consistent with information in both the veteran's medical record and the grantee files.<sup>68</sup> Although GPD liaisons are responsible for accurate HOMES documentation, the team's interviews with 22 GPD liaisons indicated they do not consistently verify that the discharge information reported by grantees is accurate and supported. Only nine of the interviewed liaisons indicated they verified discharge information with the veteran, and only one liaison reported reviewing the grantee files to substantiate permanent housing designations. Generally, GPD liaisons stated that they rely on information reported by grantees to complete HOMES data entry. In other words, whether GPD liaisons receive completed HOMES exit forms or email summaries about veterans who exited the program, they do not consistently verify that the information is accurate and supported by other sources such as medical records, grantee case notes, or discussions with veterans.

In September 2023, the program office provided GPD liaisons guidance during the monthly GPD liaison webinar, stating grantees must be able to substantiate their permanent housing designations and liaisons should not document outcomes unless they believe them to be accurate and substantiated.<sup>69</sup> During interviews the team held with GPD liaisons less than a month after the webinar, only five of the 22 liaisons referred to the program office's guidance when they were asked about training they received on the documentation of a veteran's discharge in HOMES and the veteran's medical record. Thus, the team concluded that more formal guidance, such as program policies or procedures, is needed to prescribe how GPD liaisons are to substantiate and determine the accuracy of grantee-provided information. Consistent verification of discharge information by GPD liaisons prior to entry into HOMES increases the likelihood that the data are accurate and supported.

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<sup>66</sup> HPO, *HOMES Reporting Policy*; HPO, *HOMES Correction Policy*, October 1, 2023.

<sup>67</sup> VHA Directive 1162.01.

<sup>68</sup> VHA Directive 1162.01; HPO, *HOMES Reporting Policy*.

<sup>69</sup> Although veterans' discharges to housing arrangements with friends or family were the primary focus of the webinar, previous trainings emphasized the importance of accuracy and consistency with veterans' medical records.

## **GPD Liaisons Failed to Follow Guidance and Data Definitions When Selecting Permanent Housing Designations**

The team determined that GPD liaisons did not consistently follow HOMES data definitions when they recorded the veteran's housing arrangement.<sup>70</sup> Although HPO has a data definitions guide that explains every data element collected in HOMES, half of the GPD liaisons (11 of 22) interviewed indicated they did not follow any specific guidance or stated they used their own interpretation when determining whether veterans were staying with friends or family on a temporary or permanent basis. One liaison spoke of assuming a move-in with family was permanent unless the veteran said it was temporary. These actions run contrary to examples in the HOMES data definitions guide, which indicate that GPD liaisons who select permanent housing arrangements with family or friends should first have the affirmative statement of the veteran or other evidence that the arrangement is permanent. The guide also states that a move-in with family or friends should be considered permanent if a veteran said it was or if there are other indicators, such as the veteran's name appears on the lease or the veteran has a key to the unit.

Similarly, the data definitions provide examples of when the friends or family housing arrangement should be considered temporary:

- Indicators suggest the veteran is moving in because housing has not been secured by the end of the program.
- The veteran has a history of moving in and out with family or friends.
- The veteran is staying with family or friends because no alternative is available.

Temporary situations also include the veteran visiting family or friends on vacation or when family or friends only agree to house the veteran until permanent housing is obtained. For example, a GPD liaison told the team a veteran left the GPD program after fighting with another veteran and went to live with friends while waiting for permanent housing through the HUD-VASH program. The liaison acknowledged that she incorrectly recorded permanently instead of temporarily living with friends, which would have been consistent with the data definitions. Inconsistent application of the HOMES data definitions causes data discrepancies and reduces the reliability of reports on veteran outcomes.

## **Medical Facility and HPO Reviews Did Not Ensure Accurate and Supported HOMES Outcome Data**

The review team found that medical facilities lacked controls to ensure that the data entered into HOMES were accurate and supported. Furthermore, the team determined that while HPO has

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<sup>70</sup> HPO, *HOMES Data Definitions Guide*.

implemented some controls to improve the accuracy of HOMES data through data reconciliation, additional controls could help ensure the data are supported by and consistent with grantee files and veterans' medical records.

### *Medical Facilities Lack Quality Control Reviews to Verify HOMES Outcome Data*

VA has assigned main oversight responsibilities to the medical facilities. Medical facility directors are responsible for collaborating with GPD liaison supervisors to review all inspections of grantees, monitoring and assessing ongoing per diem payments, and ensuring overall compliance with policy and procedures.<sup>71</sup> GPD liaisons are the primary resource for GPD program information and provide clinical oversight and care coordination for all veterans in the program. GPD liaisons are responsible for making sure information in HOMES, veterans' medical records, and grantee files aligns.<sup>72</sup> However, the GPD program does not require quality reviews of HOMES data, and most of the GPD liaisons interviewed (17 of 22) indicated that HOMES discharge data generally are not reviewed after entry into the system. According to the GPD liaisons interviewed, their supervisors review their clinical documentation—such as assessments, clinical notes, and discharge notes in veterans' medical records—but not the associated HOMES data.

During their quarterly assessments and annual inspections of grantees, GPD liaisons review grantee clinical documentation to determine whether the services provided comply with grant terms. They also discuss the grantee's performance on applicable VA metrics and conduct an environmental review.<sup>73</sup> However, those reviews do not include quality control reviews to verify whether the grantee's documentation supports the HOMES data entered by GPD liaisons.

### *HPO Has Limited Documentation Reviews to Ensure HOMES Data Are Supported and Accurate*

In January 2021, HPO began limited HOMES data validation of GPD outcome data. This consists of cross-referencing the GPD exit data in HOMES against HOMES data from other VA homeless programs, such as HUD-VASH. For example, HPO staff could verify a GPD exit with a housing designation to HUD-VASH with a HUD-VASH progress form in HOMES.<sup>74</sup> However, this reconciliation is limited in scope. It does not cross-check housing arrangement

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<sup>71</sup> VHA Directive 1162.01.

<sup>72</sup> VHA Directive 1162.01; HPO, *HOMES Reporting Policy*.

<sup>73</sup> VHA Directive 1162.01.

<sup>74</sup> In the review of samples of veterans who exited the GPD program to HUD-VASH, the team found only one case of an exit date error, no inaccurate or unsupported housing designation errors, and no negative exit errors. The team concluded veterans exiting to HUD-VASH were at lower risk because they received ongoing case management from HUD-VASH social workers.

information against information in other VA homeless programs that do not use HOMES, such as the SSVF program, and does not include veterans receiving permanent housing without ongoing VA assistance, such as veterans who move in permanently with family or friends. Thus, additional controls at the medical facilities, such as quality reviews of reported veteran outcomes when verification and reconciliation of housing arrangements is not possible through HOMES data, would help ensure HOMES data are supported by and consistent with grantee files and veteran medical records.

In July 2023, about one month after the start of the audit, HPO implemented a process to review the medical record documentation of veterans who exited the GPD program to permanent housing with family or friends and were later assessed as homeless or temporarily living with friends or family.<sup>75</sup> According to HPO, these circumstances would indicate that the veteran was not permanently housed upon exit or that an error occurred in the subsequent assessment. Additionally, if the reviewed medical record documentation lacked clear indications the veteran had definitive plans to stay with friends or family permanently, the HOMES data would need to be corrected to “temporary.”<sup>76</sup> This reconciliation process underscores the need for GPD liaisons to obtain accurate and supported housing arrangement information from grantees at the time veterans exit to ensure the accuracy of the information recorded in the veterans’ medical records and HOMES. Although HPO has taken steps to improve the reliability of data, implementation of additional controls and further clarification of expectations for documenting housing arrangements would enhance the reconciliation process and ensure the accuracy of the data entered into HOMES.

## Conclusion

VHA has opportunities to improve the reliability of the GPD program’s HOMES data on veteran outcomes. Additional controls could enhance the reliability of the data and improve VA staff and leaders’ ability to make informed decisions on the services veterans need, develop sound strategies that will impact veteran care in the future, and hold grantees accountable for improving their services for veterans. Making these improvements would also support VA’s goals of ending veteran homelessness and preventing veterans’ return to homelessness.

## Recommendations 1–3

The OIG made three recommendations to the under secretary for health:

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<sup>75</sup> Veterans are identified for review after exiting the GPD program to permanent housing with family or friends if they were assessed (1) as homeless within 90 days of exit or (2) as living with family or friends on a temporary basis within 30 days of exit. HPO, *Calendar Year (CY) 2023 Homeless Programs Documentation Insights Report Data Reconciliation Technical Guide*, July 18, 2023.

<sup>76</sup> HPO, *Calendar Year (CY) 2023 Homeless Programs Documentation Insights Report Data Reconciliation Technical Guide*.

1. Establish policies and procedures for Grant and Per Diem liaisons to obtain reliable discharge information from grantees when veterans exit from the Grant and Per Diem Program.
2. Implement controls, including enhanced medical facility and grantee guidance and training, to ensure grantee files and VA medical record documentation of veteran housing outcomes are consistent with Homeless Operations, Management, and Evaluation System data definitions and support the data in the Homeless Operations, Management, and Evaluation System.
3. Implement controls, such as quality reviews, to ensure Homeless Operations, Management, and Evaluation System outcome data are supported by and consistent with veteran medical records and grantee files.

## **VA Management Comments**

The under secretary for health concurred with all three recommendations. To address the recommendations, the GPD national program office will revise policies related to obtaining reliable discharge information from grantees, implement enhanced controls such as guidance and training on documentation of veteran housing outcomes to ensure consistency with data definitions, and establish quality review procedures for GPD liaisons and supervisors for data entered into HOMES and the electronic medical record. Appendix D contains the full text of the under secretary's comments.

## **OIG Response**

The OIG determined the under secretary for health's planned actions for the three recommendations are responsive to their intent. The OIG will monitor VHA's progress and close each recommendation when adequate documentation of implementation has been received.

## Appendix A: Background

### Grants Awarded under the Grant and Per Diem (GPD) Program

The GPD program awards the following types of grants:

- **Per diem-only grants** provide transitional housing beds and operate service centers.<sup>77</sup>
- **Transition-in-place grants** offer veterans housing in which supportive services transition out of the residence over time so that the veteran retains the unit as permanent housing with no requirement to move.
- **Special need grants** target housing and services to specific populations of veterans (women, veterans with chronic mental illness, frail elderly veterans).
- **Case management grants** support veterans who were previously experiencing homelessness or who are at risk for homelessness so that they may obtain or retain permanent housing.
- **Capital grants** provide funding to improve or develop new transitional housing.

### GPD Program Housing Models

Grantees who are awarded per diem-only grants may provide transitional housing under one or more housing models. The five housing models are listed below.

- **Hospital to housing.** Addresses the housing and recuperative care needs of homeless veterans who have been identified and evaluated at inpatient care settings and emergency departments for direct transfer to a designated GPD program.
- **Low demand.** Uses a harm reduction model to better accommodate chronically homeless veterans who may not be fully committed to sobriety or were unsuccessful in traditional treatment settings.
- **Bridge housing.** Intended to be used for short-term stays in transitional housing for homeless veterans who have been offered and have accepted a permanent housing intervention but are not able to immediately enter the permanent housing (for example, veterans accepted into the US Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program who have not received the voucher).
- **Clinical treatment.** Designed for homeless veterans with a substance use disorder or mental health diagnosis who actively choose to engage in clinical services.

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<sup>77</sup> Service centers provide veterans experiencing homelessness assistance with obtaining housing, employment and benefit counseling, medical care, and access to hygiene facilities, meals, and transportation assistance.

- **Service intensive.** Provides homeless veterans with transitional housing and services that facilitate individual stabilization, increased income, and movement to permanent housing as rapidly as clinically appropriate.

## Eligibility for the GPD Program

GPD liaisons are required to verify the eligibility of participants in the GPD program.<sup>78</sup> According to the directive, an individual is eligible for the GPD program if they meet the following four criteria.

1. **Meets the definition of a veteran.** For purposes of the GPD program, a veteran means a person who served in active military, naval, or air service regardless of length of service. The definition excludes persons who were dishonorably discharged or discharged by a general court-martial.
2. **Meets the definition of homeless found in the McKinney-Vento Homeless Assistance Act (42 U.S.C. §11302(a)-(b)).** The individual lacks a fixed, regular, and adequate nighttime residence; is living in a public or private place not designed for or ordinarily used as regular sleeping accommodation (car, park, or abandoned building); or is living in a place not meant for human habitation.
3. **Is clinically appropriate for GPD admission.** The individual has a desire and need for GPD services to successfully transition from the GPD program to permanent housing and would clinically benefit from services provided by the grantee.
4. **Meets the criteria for the housing model the individual is interested in.**

## Homeless Operations, Management, and Evaluation System (HOMES) Exit Form

GPD liaisons must complete an exit form in HOMES whenever veterans are discharged from the GPD program. This form captures relevant data about veteran outcomes, and the data are used to measure grantee performance and track progress against goals. Figures A.1 and A.2 show the questions and options that GPD liaisons can select to document the reason a veteran ended treatment in the GPD program and the veteran's housing arrangement at program exit, respectively.

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<sup>78</sup> VHA Directive 1162.01.

2. Which is the most important reason why the Veteran ended residential treatment?
- 1. Successful completion of the program
  - 2. Successfully completed some components of the program
  - 3. Veteran was asked to leave because of violation of program rules or failure to comply with program requirements
  - 4. Veteran required a more intensive level of care than offered at this program
  - 5. Veteran was transferred to another residential program for administrative reasons
  - 6. Veteran left the program by his/her own decision, without consulting staff
  - 7. Veteran was incarcerated
  - 8. Veteran is deceased

**If item 2 = 8 (Veteran is deceased), do not complete the remainder of the form**

- 2a. If the Veteran ended residential treatment because of a **rule violation**, what was the most important reason?
- 1. Threatened/actual violence to self or others
  - 2. Use of alcohol or drugs
  - 3. Curfew violation
  - 4. Other (please specify) \_\_\_\_\_

**Figure A.1.** HOMES residential treatment exit form – question 2.  
Source: Homeless Programs Office.

3. What is the Veteran's housing arrangement at program exit (location where the Veteran was sleeping on the night of program exit)?
- Housing owned by Veteran, no ongoing housing subsidy
  - Housing owned by Veteran, with ongoing housing subsidy
  - Housing rented by Veteran, no ongoing housing subsidy
  - Housing rented by Veteran with HUD-VASH voucher
  - Housing rented by Veteran with non-HUD-VASH housing subsidy
  - Permanent housing for formerly homeless persons (such as: CoC Project or S+C)
  - Staying or living with family, permanent tenure
  - Staying or living with family, temporary tenure
  - Staying or living with friends, permanent tenure
  - Staying or living with friends, temporary tenure
  - GPD transitional housing
  - Non-VA transitional housing for homeless persons
  - VA MH RRTP
  - Non-VA residential treatment program
  - Non-VA residential substance abuse treatment facility or detox center
  - Hospital or other residential non-psychiatric medical facility
  - Long-term care facility or nursing home
  - Psychiatric hospital or other psychiatric facility
  - Prison or jail
  - VA contracted residential treatment programs (HCHV Contract Residential Services)
  - Safe Haven (SH)
  - Hotel or motel paid for without emergency shelter voucher
  - Emergency Shelter (ES), including hotel or motel paid for with emergency shelter voucher
  - Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station or anywhere outside)
  - Don't know
- Specify subsidy type:**
- 1. Mainstream (non-HUD-VASH) Housing Choice Voucher
  - 2. Public Housing Unit, such as housing fully funded or subsidized by HUD
  - 3. SSVF Rapid Rehousing (RRH) or equivalent RRH subsidy
  - 4. Other subsidized housing, including locally-funded subsidized housing

**Figure A.2.** HOMES residential treatment exit form, question 3.  
Source: Homeless Programs Office.

## Appendix B: Scope and Methodology

### Scope

The review team conducted its work from June 2023 through July 2024. The review scope included records in the Homeless Operations, Management, and Evaluation System (HOMES) in which veterans exited from a per diem-only Grant and Per Diem (GPD) program to permanent housing during the five-month period from January 1 through May 31, 2023. Specifically, the scope included 4,151 instances in which veterans exited the GPD program to permanent housing from the five most common permanent housing categories:

1. Housing rented by veteran with US Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) voucher
2. Housing rented by veteran with non-HUD-VASH housing subsidy
3. Housing rented by veteran, no ongoing housing subsidy
4. Staying or living with family, permanent tenure
5. Staying or living with friends, permanent tenure<sup>79</sup>

### Methodology

To conduct the review, the team identified and reviewed applicable laws, regulations, VA policies, standard operating procedures, and guidelines related to the processes and oversight of HOMES data. The team also interviewed leaders from the Homeless Programs Office and GPD program staff at VA medical facilities to understand processes and procedures related to discharging veterans from the GPD program, recording exits in HOMES, and overseeing and using HOMES data.

The review team used a stratified random sampling methodology and sampled 183 cases for review.<sup>80</sup> For each case, the team assessed the reliability of the HOMES data by reviewing VA and grantee records. The team used the Joint Legacy Viewer to review veteran medical records, which included clinical notes related to the veteran's progress and discharge from the GPD program. The team also obtained and reviewed the grantee's clinical and administrative documentation (such as clinical notes, forms, communication with GPD liaisons) related to the veterans for the sampled cases to determine whether the outcomes recorded in HOMES were accurate and supported. Based on its review of VA and grantee documentation, the team confirmed the identified issues with GPD liaisons and gave GPD liaisons the opportunity to

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<sup>79</sup> A veteran may have exited the GPD program more than once during the review period.

<sup>80</sup> See appendix C for more information about the sampling methodology.

provide clarification and additional documents. To determine why errors occurred, the review team randomly selected 22 GPD liaisons for more thorough interviews.<sup>81</sup>

## Internal Controls

The review team assessed internal controls of the GPD program that were significant in the context of the review objective. This included an assessment of the five internal control components: control environment, risk assessment, control activities, information and communication, and monitoring.<sup>82</sup> In addition, the team reviewed the principles of internal controls associated with the objective. The team identified two components and two principles as significant to the objective.<sup>83</sup> The team identified internal control weaknesses during this review and proposed recommendations to address the following control deficiencies:

- Component: Information and Communication
  - Principle 13: Use of Quality Information. Management should use quality information to achieve the program objective.
- Component: Monitoring
  - Principle 16: Performing Monitoring Activities. Management should establish and operate monitoring activities to monitor the internal control system and evaluate results.

## Data Reliability

The review team used computer-processed data from HOMES. To test for reliability, the review team determined whether any data were missing from key fields, contained calculation errors, or were outside the time frame requested. The team did not find any weaknesses in the underlying system operations and found no data reliability issues in comparing the data received (veterans' names, HOMES numbers, grantee identifiers, and exit dates) to the exit form in HOMES.

## Government Standards

The OIG conducted this review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation*.

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<sup>81</sup> The 22 GPD liaisons selected for interviews were 30 percent of the 72 GPD liaisons responsible for entering the HOMES exit forms for the cases with errors in the team's review. The sample review contained 136 GPD liaisons who were responsible for entering HOMES data.

<sup>82</sup> Government Accountability Office, *Standards for Internal Control in the Federal Government*, GAO-14-704G, September 2014.

<sup>83</sup> Since the review was limited to the internal control components and underlying principles identified, it may not have disclosed all internal control deficiencies that may have existed at the time of this review.

## Appendix C: Statistical Sampling Methodology

### Approach

The review team used statistical sampling to quantify the extent of unreliable outcome data in the Homeless Operations, Management, and Evaluation System (HOMES). The team assessed a stratified random sample of HOMES outcome data on veterans who exited the Grant and Per Diem (GPD) Program to five selected permanent housing categories.

### Population

The review team identified a population of 7,564 veteran exits from a per diem-only GPD program during the five-month period from January 1 to May 31, 2023. The population was filtered to include only exits to permanent housing, resulting in 4,303 records. The team limited the population to the five most common permanent housing categories resulting in 4,151 records, as shown in table C.1.

**Table C.1. Exits to Permanent Housing by Category**

Permanent housing category	Count of exits	Percentage
Housing rented by veteran with US Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) voucher	1,742	42
Housing rented by veteran, no ongoing housing subsidy	949	23
Housing rented by veteran with non-HUD-VASH housing subsidy	720	17
Staying or living with family, permanent tenure	523	13
Staying or living with friends, permanent tenure	217	5
<b>Total</b>	<b>4,151</b>	<b>100</b>

*Source: Data obtained from the HOMES database on June 14, 2023.*

*Note: Percentages are rounded.*

### Sampling Design

The review team selected statistical samples from the universe using the strata in table C.2. The review team used stratified random sampling with disproportionate sample sizes. Specifically, the population was divided into five strata, each representing a permanent housing type described in table C.1. The strata were not proportional to their occurrence in the population; hence, the design was disproportionate sampling. The team chose this design after assessing risk in each category through preliminary testing and considering the needs for statistical precision, resources, and project timelines. In total, the team selected 205 sampled cases from the five most

common permanent housing categories in which veterans exited the GPD program from January 1 to May 31, 2023.

The team implemented two review thresholds for this project, occurring when 50 percent and 75 percent of the sampled records had been reviewed in each stratum. At those thresholds, the team calculated the margin of error for the error rate associated with each stratum. If the margin of error was at or below 10 percent for a stratum, the team would stop reviewing records for that stratum. This procedure resulted in an early stop for the “housing rented by veteran with HUD-VASH voucher” stratum only, at the 50 percent threshold, with 23 reviewed records being deemed sufficient for estimation purposes. Table C.2 shows the selected sample sizes and number of reviewed samples by stratum.

**Table C.2. Sample Totals by Stratum**

Stratum	Selected sample size	Reviewed sample size
Housing rented by veteran with HUD-VASH voucher	45	23
Housing rented by veteran, no ongoing housing subsidy	20	20
Housing rented by veteran with non-HUD-VASH housing subsidy	25	25
Staying or living with family, permanent tenure	60	60
Staying or living with friends, permanent tenure	55	55
<b>Total</b>	<b>205</b>	<b>183</b>

Source: VA OIG statistician.

## Weights

Samples were weighted to represent the population from which they were drawn, and the weights were used in the estimate calculations. For example, the team calculated the error rate estimates by first summing the sampling weights for all sample records that contained the given error, then dividing that value by the sum of the weights for all sample records.

## Projections and Margins of Error

The projection is an estimate of the population value based on the sample. The associated margin of error and confidence interval show the precision of the estimate. If the VA Office of Inspector General (OIG) repeated this audit with multiple sets of samples, the confidence intervals would differ for each sample but would include the true population value approximately 90 percent of the time.

The OIG statistician employed statistical analysis software to calculate estimates, margins of error, and confidence intervals that account for the complexity of the sample design.

The sample size was determined after reviewing the expected precision of the projections based on the sample size, potential error rate, and logistical concerns of the sample review. While precision improves with larger samples, the rate of improvement decreases significantly as more records are added to the sample review.

Figure C.1 shows the effect of progressively larger sample sizes on the margin of error.

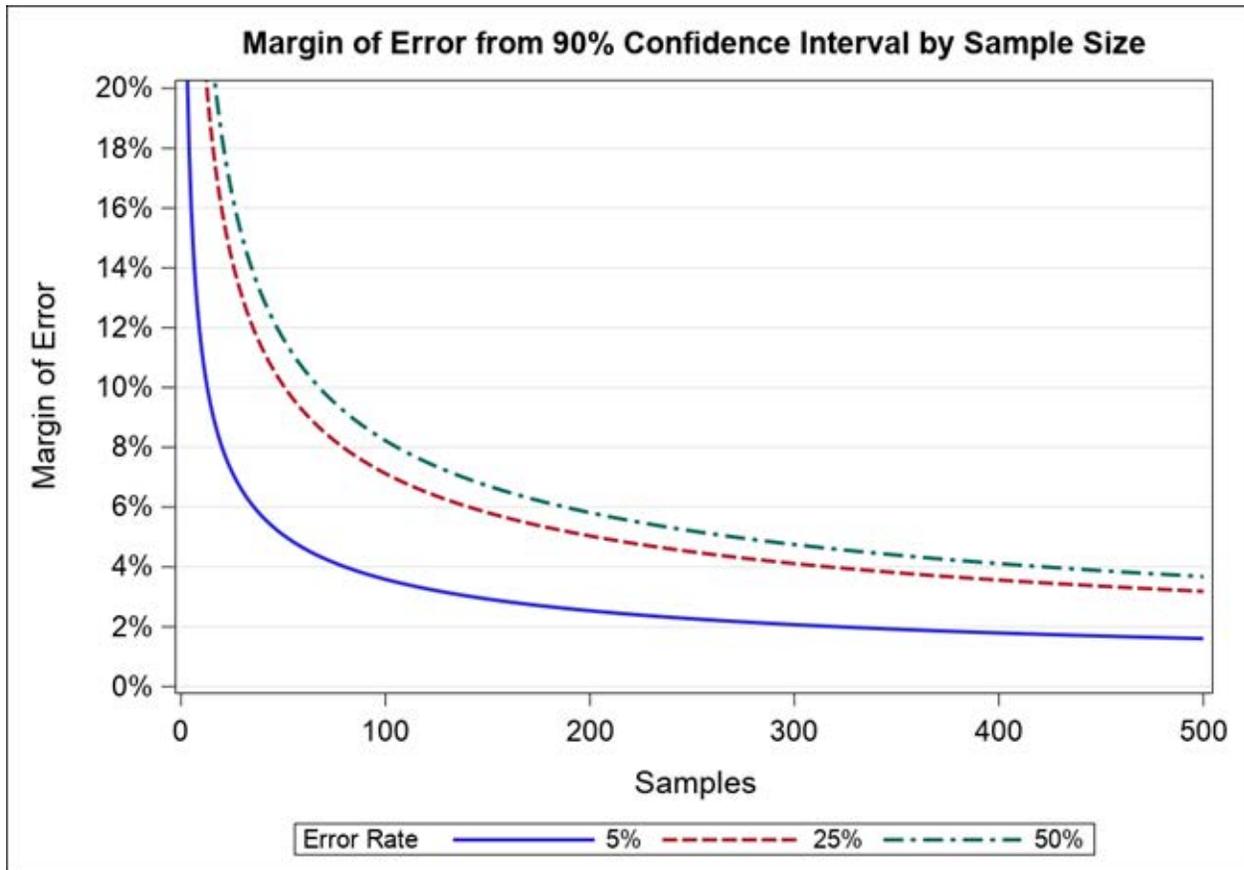


Figure C.1. Effect of sample size on margin of error.

Source: VA OIG statistician's analysis.

## Projections

Table C.3 shows the statistical projections used in this report.

**Table C.3. Statistical Projections for Unreliable HOMES Data Issues**

Estimate name	Sample size	Sample count	Estimate number (percent)	90 percent confidence interval (percent)		
				Margin of error	Lower limit	Upper limit
Any error (inaccurate or unsupported housing arrangement, negative exit)	183	89	888 (21.4)	217 (5.2)	685 (16.5)	1,120 (27.0)
Inaccurate or unsupported housing arrangement	183	86	867 (20.9)	216 (5.2)	666 (16.0)	1,097 (26.4)
Inaccurate or unsupported housing arrangement, friends or family only	115	76	467 (63.1)	58 (7.8)	407 (55.0)	523 (70.7)
Inaccurate housing arrangement	183	26	262 (6.3)	136 (3.3)	150 (3.6)	422 (10.2)
Inaccurate housing arrangement, friends or family only	115	23	138 (18.7)	47 (6.4)	96 (13.0)	190 (25.7)
Inaccurate housing arrangement, all other categories	68	3	124 (3.6)	155 (4.6)	28 (0.8)	339 (9.9)
Unsupported housing arrangement	183	60	605 (14.6)	189 (4.5)	434 (10.5)	812 (19.6)
Unsupported housing arrangement, friends or family only	115	53	328 (44.4)	59 (8.0)	270 (36.5)	388 (52.5)
Unsupported housing arrangement, all other categories	68	7	276 (8.1)	211 (6.2)	117 (3.4)	538 (15.8)
Negative exit, friends or family only	115	16	101 (13.7)	42 (5.7)	65 (8.7)	149 (20.1)
Accurate and substantiated housing arrangement	183	97	3,284 (79.1)	216 (5.2)	3,054 (73.6)	3,485 (84.0)
Accurate and substantiated housing arrangement, friends or family only	115	39	273 (36.9)	58 (7.8)	217 (29.3)	333 (45.0)
Accurate and substantiated housing arrangement, all other categories	68	58	3,011 (88.3)	242 (7.1)	2,723 (79.8)	3,208 (94.0)

Source: VA OIG statistician's analysis.

## Appendix D: VA Management Comments

**Department of Veterans Affairs**

**Memorandum**

Date: July 30, 2024

From: Under Secretary for Health (10)

Subj: Office of Inspector General (OIG) Draft Report, Additional Controls Are Needed to Improve the Reliability of Grant and Per Diem Program Data (VIEWS 11959338)

To: Assistant Inspector General for Audits and Evaluations (52)

1. Thank you for the opportunity to review and comment on OIG's draft report on the reliability of Grant and Per Diem (GPD) Program Data. The Veterans Health Administration concurs with recommendations 1-3 and provides action plans in the attachment.

2. The OIG's findings provide the GPD Program Office with targeted opportunities to conduct enhanced trainings and review of quality controls with the VA medical center staff overseeing our community grantees. The findings will assist GDP to build on existing policy and training. GDP appreciates OIG's collaborative approach during this review.

*The OIG removed point of contact information prior to publication.*

Shereef Elnahal M.D., MBA

Attachment

**Veterans Health Administration (VHA)**

**Action Plan**

**OIG Draft Report, Additional Controls Are Needed to Improve the Reliability of Grant and Per Diem Program Data**

(OIG Project Number 2023-02610-AE-0099)

**Recommendation 1. The Under Secretary for Health establishes policies and procedures for Grant and Per Diem liaisons to obtain reliable discharge information from grantees when veterans exit from the Grant and Per Diem program.**

**VHA Comments:** Concur

The Veterans Health Administration (VHA) Grant and Per Diem national program office (GPD NPO) will propose revisions to VHA Directive 1162.01, *VA Homeless Providers Grant and Per Diem Program*, to reflect the responsibility to obtain reliable discharge information from grantees when Veterans exit from the Grant and Per Diem program. Policy revisions will be routed through the VA policy concurrence process and once approved by the Under Secretary for Health will be communicated to stakeholders (e.g., network directors, medical center directors, supervisors, GPD liaisons, network homeless coordinators). Progress on the revisions and approvals will be monitored by the VHA GPD leadership.

Target Completion Date: September 2024

**Recommendation 2. The Under Secretary for Health implements controls, including enhanced medical facility and grantee guidance and training, to ensure grantee files and VA medical record documentation of veteran housing outcomes are consistent with Homeless Operations, Management, and Evaluation System data definitions and support the data in the Homeless Operations, Management, and Evaluation System.**

**VHA Comments:** Concur

The VA GPD NPO will work with VHA stakeholders (e.g., supervisors, GPD liaisons, network homeless coordinators) to implement enhanced controls, such as guidance and training for medical facilities on filing and documentation of Veteran housing outcomes to ensure consistency with data definitions and to support the data in the Homeless Operations, Management and Evaluation. Trainings will be documented when they are completed, and recordings will be accessible on demand through the GPD SharePoint site.

Target Completion Date: December 2024

**Recommendation 3. The Under Secretary for Health implements controls, such as quality reviews, to ensure Homeless Operations, Management, and Evaluation System outcome data are supported by and consistent with veteran medical records and grantee files.**

**VHA Comments:** Concur

As the GPD NPO updates policy and dispatches a memorandum to VA medical facility directors, the following actions will take place to augment quality review:

1. Liaisons will be instructed to confirm the discharge data received from grantees aligns with a) the grantee documentation of the Veteran status at discharge, and b) their HOMES and electronic medical record (EMR) entries in real time; and

2. At each required quarterly review, liaisons supervisors will be instructed to reconcile discharge data entered by liaisons into HOMES and EMR to ensure it aligns with grantee documentation, including ensuring that supporting documentation is complete.

Target Completion Date: December 2024

*For accessibility, the original format of this appendix has been modified to comply with Section 508 of the Rehabilitation Act of 1973, as amended.*

## OIG Contact and Staff Acknowledgments

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<b>Contact</b>	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
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