

**MEMORANDUM OF UNDERSTANDING
BY AND BETWEEN
NEW YORK CITY DEPARTMENT OF VETERANS' SERVICES
AND
NEW YORK CITY HOUSING AUTHORITY
FOR
THE HUD-VETERANS AFFAIRS SUPPORTIVE HOUSING CONTINUUM PROGRAM**

This Memorandum of Understanding (“**MOU**”), dated as of January 20, 2017 (the “**Effective Date**”), is made and entered into by the New York City Department of Veterans’ Services (“**DVS**”), located at 1 Centre Street, 22nd Floor, Suite 2208, New York, NY 10007, and New York City Housing Authority (“**NYCHA**”), located at 250 Broadway, New York, NY 10007.

WHEREAS, NYCHA administers a Housing Choice Voucher (“**HCV**”) program, which is a housing rental assistance program funded by the United States Department of Housing and Urban Development (“**HUD**”); and

WHEREAS, HUD-Veterans Affairs Supportive Housing (“**HUD-VASH**”) is a collaborative program between HUD and the U.S. Department of Veterans Affairs (“**VA**”) that combines HUD housing vouchers with VA supportive services to help Veterans who are homeless and their families find and sustain permanent housing; and

WHEREAS, NYCHA has been allotted a certain number of special purpose vouchers for HUD-VASH; and

WHEREAS, HUD, VA, and the United States Interagency Council on Homelessness (“**USICH**”) have approved a process wherein communities can make up to 15% of their total HUD-VASH allocation available to veterans with an other than Dishonorable discharge status who are ineligible for VA healthcare services, provided that communities do not otherwise need these permanent supportive housing vouchers for eligible veterans, referred to as the HUD-VASH Continuum program, the overview of which is attached to this MOU as **Exhibit 1** (the “**VASH Continuum Overview**”); and

WHEREAS, NYCHA seeks approval to participate in the HUD-VASH Continuum program and, if approved, must administer the program in partnership with a supportive services agency; and

WHEREAS, DVS provides direct housing assistance to homeless veterans and maintains a network of supportive service providers in New York City; and

WHEREAS, DVS, in partnership with NYCHA, wishes to participate in the HUD-VASH Continuum program by coordinating quality case management and supportive services for veterans that receive a voucher through the HUD-VASH Continuum program; and

WHEREAS, DVS and NYCHA both serve the City of New York, and will ensure comparable geographic coverage of the current HUD-VASH service area for both VA Medical Centers in New York City; and

WHEREAS, if approved for participation in the HUD-VASH Continuum program, the parties are willing and able to perform their respective duties and responsibilities as set forth herein;

WHEREAS, if this MOU is terminated or if participation in the HUD-VASH Continuum program is not approved, the vouchers allocated for the HUD-VASH Continuum will revert to vouchers managed under the regular HUD-VASH program;

NOW THEREFORE, in consideration of the mutual covenants herein contained, the parties hereby agree as follows:

1. **Term.** Subject to Section 4(I) below, this MOU will commence as of the Effective Date and will continue for three (3) years thereafter (the “**Term**”), unless extended or earlier terminated pursuant to its provisions. The Term may be extended for an additional, consecutive three (3) year period upon mutual written agreement of the parties.
2. **Background.** Leaders from HUD, the VA, and the United States Interagency Council on Homelessness (USICH) have approved the process below whereby communities can make up to 15% of their total HUD-VA Supportive Housing (HUD-VASH) allocation available to veterans with an other than Dishonorable discharge status who are ineligible for VA healthcare services, provided that communities do not otherwise need these permanent supportive housing vouchers for eligible veterans. Vouchers serving these veterans are in the HUD-VASH Continuum program.
3. **Responsibilities.**

The following sets forth the respective responsibilities of NYCHA and DVS pursuant to this MOU. All such responsibilities shall be performed in accordance with the requirements of the VASH Continuum Overview and any other requirements of the HUD-VASH Continuum program which may be in effect from time to time (collectively, the “**VASH Continuum Requirements**”). In the event of a conflict between this MOU and the VASH Continuum Requirements, the VASH Continuum Requirements shall govern.

 - A. **DVS Responsibilities.**
 - i. DVS shall coordinate with the VA to verify eligibility for HUD-VASH Continuum by confirming program participants are ineligible for VA healthcare services and do not have a dishonorable discharge status.
 - ii. DVS will coordinate with the VA to ensure that a sufficient number of referrals are made to NYCHA for screening and admission to the HUD-VASH Continuum program.

- iii. DVS will, to the extent possible, prioritize veterans with other than Dishonorable discharge in order of priority populations that VA case managers currently follow for admissions into the HUD-VASH program, which is in accordance with the order of priority populations A through D set forth in **Appendix A** to the VASH Continuum Overview.
- iv. DVS will coordinate with social service providers to ensure each veteran housed through the HUD-VASH Continuum receives quality case management and supportive services. Case management may be site-based or community-based and will be of the same quality as case management provided under the regular HUD-VASH program. Case management and supportive service providers are currently funded through other sources to provide these services, and do not require additional funds from NYCHA.
- v. DVS will track and report on the services provided to each veteran housed through the HUD-VASH Continuum.
- vi. DVS will case manage and refer enough veterans to achieve full leasing of 147 veterans. As not all referred veterans will successfully lease a voucher, DVS understands that more than 147 veterans will need to be referred
- vii. DVS, or the supportive service provider, will notify NYCHA if a household becomes non-compliant with service plan or other requirements of supportive service provision.
- viii. DVS will facilitate updates to the City Department of Homeless Services for their collection and entry of HUD-VASH Data Elements into the Homeless Management Information System (HMIS), provided that such collection and reporting shall be in accordance with the established procedure set forth in **Appendix D** to the VASH Continuum Overview.
- ix. DVS will conduct meetings with NYCHA bimonthly to discuss program performance and current case load.
- x. DVS will participate in any NYCHA and/or NYCHA-approved third party efforts related to partnership.

B. *NYCHA Responsibilities.*

- i. NYCHA will determine whether the applicant meets HCV program requirements, including income eligibility, outlined at 24 CFR 982.201(b) and state lifetime sex offender registration requirement; and place applicant on its HCV waiting list if the applicant meets the HCV program requirements.

- ii. NYCHA will provide housing assistance payments to landlords on behalf of household in accordance with NYCHA's Housing Choice Voucher Administrative Plan and all other relevant HUD regulations, guidelines, and requirements, using funding the Housing Choice Voucher HUD-VASH funding, for up to 147 veterans.
- iii. NYCHA will notify DVS if NYCHA becomes aware or discovers that household is in violation of HCV program rules, as modified by the HUD-VASH Operating Requirements (published on March 23, 2012 in the Federal Register), or the household's lease;
- iv. NYCHA will conduct meetings with DVS bimonthly to discuss program performance and current case load.
- v. NYCHA will participate in any DVS or DVS-approved third party-efforts related to partnership.
- vi. NYCHA will identify units in their new or existing project-based portfolio that have social services and which can be used to house veterans under this initiative.

C. *Joint Responsibilities.*

- i. Each party shall designate a representative who will serve as the party's lead HUD-VASH Continuum liaison and will be responsible for the transmission and receipt of HUD-VASH Continuum referrals, as applicable.
- ii. Each party shall cooperate with HUD.
- iii. The parties shall meet at least quarterly to review and assess the HUD-VASH Continuum Pilot.

4. *Miscellaneous.*

A. *Compliance with Law.* The parties are responsible for ensuring that any service provided pursuant to this MOU, or by any sub-contract, affiliation or grant hereunder, complies with all pertinent provisions of the VASH Continuum Requirements, and all federal, state or local statutes, rules and regulations, including confidentiality laws, and that all necessary approvals hereunder have been obtained.

B. *Confidentiality.*

- i. General. In accordance with this Section 4(B), each party agrees to hold confidential, both during and after the expiration or termination of this MOU, all reports, information or other data furnished to that party by the other party pursuant to this MOU (collectively, the "Confidential Information"). Each party agrees to maintain the confidentiality of such Confidential Information by using at least the same degree of care that party uses to preserve the confidentiality of its own confidential information but in no event less than a reasonable degree of care. Except if disclosure is required by law, neither party will disclose Confidential Information other than to an employee, subconsultant, subcontractor, or other authorized third party of DVS or NYCHA and only to the extent necessary to provide services pursuant to this MOU. Each party agrees to cause any subconsultant, subcontractor, or other authorized third party that it may use in its performance of the MOU to be bound by the terms of this Section 4(B). Notwithstanding anything to the contrary in this MOU, in the event that the data contains social security numbers or other Personal Identifying Information, as such term is defined in paragraph ii, below, each party shall utilize best practice methods (e.g., encryption of electronic records) to protect the confidentiality of such data.
- ii. Notice of Breach. In the event of any security breach, the party with the breach shall provide notice to the other party within three (3) days of the discovery of the breach of security, as defined in Administrative Code of the City of New York ("Admin. Code") § 10-501(b), of any Confidential Information, encrypted or otherwise, in use by that party that contains social security numbers or other personal identifying information as defined in Admin. Code § 10-501 ("Personal Identifying Information"), where such breach of security arises out of the acts or omissions of that party or its employees, subcontractors, or agents. Upon the discovery of such security breach, the party with the security breach shall take reasonable steps to remediate the cause or causes of such breach, and shall provide notice to the other party of such steps.
- iii. Restrict Access. Each party shall restrict access to Confidential Information to persons who have a legitimate work related purpose to access such information. Each party agrees that it will instruct its employees and agents to maintain the confidentiality of any and all information required to be kept confidential by this MOU.
- iv. Return of Confidential Information. At the expiration, earlier termination, or the request of the other party, each party agrees to return to the other party or destroy (and certify in writing to the other party that such destruction has occurred) any and all Confidential Information in the possession of that party, its agents or consultants/subcontractors. If either party, its agents, or consultants/subcontractors is legally required to retain any Confidential Information, the party shall notify the other party in writing and set forth the Confidential Information that it intends to retain and the reasons why it is

legally required to retain such information. The parties shall confer, in good faith, regarding any issues that arise from the retention of such Confidential Information.

- v. **Mandatory Disclosure of Confidential Information.** Except for reports to HUD required by law, if either party or any of its employees, subconsultants, or subcontractors is required (by law, regulation, deposition, interrogatory, request for documents, subpoena, civil investigative demand or similar process) to disclose any Confidential Information, it shall provide the other party with written notice of such requirement promptly upon learning of it so as to allow the other party sufficient time to seek an appropriate injunction or other protective remedy and shall fully cooperate with the other party in seeking such injunction or other protective remedy. Thereafter, and in the event that such injunction or protective remedy is not obtained for any reason whatsoever (or is obtained only with respect to a portion of the Confidential Information), the disclosing party shall (and shall direct its employees, subconsultants, subcontractors, and agents, as applicable, to do likewise) only furnish that portion of the Confidential Information that, in the opinion of its counsel, it is legally required and only in the manner legally required and shall exercise commercially reasonable efforts to obtain assurances that confidential treatment shall be accorded to any of the Confidential Information so disclosed. NYCHA shall not be required to notify ACS of the disclosure of Confidential Information in reports to HUD required by law.

C. ***Indemnification.*** Each party shall protect, indemnify and hold harmless the other party from and against all liabilities, losses, claims, damages, judgments, penalties, causes of action, costs and expenses (including, without limitation, reasonable attorneys' fees and expenses) imposed upon, or incurred by, or asserted against the indemnified party resulting from, arising out of, or relating to, the indemnifying party's (a) breach of this MOU, and/or (b) negligent acts, errors, or omissions with respect to performing its obligations under this MOU.

D. ***Insurance.*** The City of New York (the "City") is self-insured and the City shall pay any losses, claims or damages actually sustained by NYCHA, or judgments levied against NYCHA, as a result of DVS's actions under this MOU, subject to the applicable self-insured retention limits and any deductibles. NYCHA's self-insured retention shall pay any losses, claims or damages actually sustained by the DVS, or judgments levied against DVS, as a result of NYCHA's actions under this MOU, subject to the applicable self-insured retention limits and any deductibles.

E. ***Notice.*** Notices required herein shall be in writing and shall be sent by certified mail, return receipt requested, and shall be delivered to the other party at the following address:

To DVS:

NYC Department for Veterans' Services

1 Centre Street
22nd Floor, Suite 2208
New York, NY 10007
Attention: Nicole Branca, Assistant Commissioner & Senior Advisor,
Housing & Support Services

To NYCHA:

New York City Housing Authority
Leased Housing Department
250 Broadway, 12th Floor
New York, New York 10007
Attention: Cathy Pennington, Executive Vice President, Leased Housing

with a copy to:

New York City Housing Authority
Law Department
250 Broadway, 9th Floor
New York, New York 10007
Attention: Assistant General Counsel for Corporate Affairs


- F. **No Compensation.** Neither party shall be obligated to compensate the other party for performance of responsibilities under this MOU. Each party further acknowledges that they have received sufficient consideration for agreeing to perform their respective obligations under this MOU, notwithstanding the lack of monetary exchange or the exchange of other forms of compensation.
- G. **Modification.** This MOU may only be modified through the mutual written agreement of the parties.
- H. **Entire Agreement.** This MOU contains all the terms and conditions agreed upon by the parties hereto, and no other agreement, oral or otherwise, regarding the subject matter of this MOU shall be deemed to exist or to bind any of the parties hereto, or to vary any of the terms contained herein.
- I. **Termination.** This MOU may be terminated by either party upon 30 days' written notice to the other party, or immediately for cause, by the non-breaching party, upon the breach of this MOU by the counterparty. Additionally, this MOU shall automatically terminate in the event approval for the parties' participation in the HUD VASH Continuum program is denied, revoked, or otherwise terminated.
- J. **Authority.** Each party hereto represents and warrants to the other party that the person executing this MOU on behalf of such party has the full right, power and authority to enter into and execute this MOU on such party's behalf.
- K. **Counterparts.** This MOU may be executed in two (2) or more counterparts, each of

which shall be deemed to be an original, but all of which shall constitute one and the same MOU. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a “.pdf” format data file, such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or “.pdf” signature page were an original thereof.

(SIGNATURE PAGES FOLLOW)

IN WITNESS WHEREOF, the parties, with intent to be legally bound as of the Effective Date, have caused this MOU to be executed by their respective duly authorized officers as set forth below.

NEW YORK CITY HOUSING AUTHORITY

By: 
Name: Cathy Pennington
Title: Executive Vice President for Leased
Housing
Date Signed (MM/DD/YEAR): 1/202017

IN WITNESS WHEREOF, the parties, with intent to be legally bound as of the Effective Date, have caused this MOU to be executed by their respective duly authorized officers as set forth below.

**NEW YORK CITY DEPARTMENT OF
VETERANS' SERVICES**

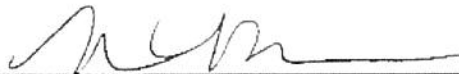
By: 
Name: Nicole Branca
Title: Assistant Commissioner & Senior Advisor
Housing & Support Services
Date Signed (MM/DD/YEAR): 1/120/2017

Exhibit 1

VASH Continuum Overview

HUD-VASH Continuum Outline

December 2016

Overview: Appropriations language for the Housing and Urban Development Veterans Affairs Supportive Housing (HUD-VASH) program requires that HUD allocate vouchers to "public housing agencies that partner with eligible VA Medical Centers or other entities as designated by the Secretary of the Department of Veterans Affairs..." Based on this language, leaders from Housing and Urban Development (HUD), Veteran Affairs (VA), and the United States Interagency Council on Homelessness (USICH) have approved the process below whereby communities can make up to 15% of their total HUD-VASH allocation available to veterans with an other than Dishonorable discharge status, provided that communities do not otherwise need these permanent supportive housing vouchers for eligible veterans. Vouchers serving these veterans are in the HUD-VASH Continuum program. Vouchers in the HUD-VASH Continuum program must be drawn from a PHAs current allocation of HUD-VASH vouchers; no funding is allocated specifically to HUD-VASH Continuum.

The final language below details the two-part process by which communities are approved to participate in HUD-VASH Continuum, including: 1) providing a letter of support from partnering VA medical center (VAMC) detailing the number of vouchers to be set aside for the veterans and 2) application by the Public Housing Authority (PHA) and their local supportive service provider(s) documenting how they will provide housing assistance and care for these veterans. These steps can be completed and submitted together or in sequential order for federal review and feedback.

Required documents

A. VAMC provides a letter of support to allow HUD-VASH vouchers to house veterans with other than Dishonorable discharges. At a minimum, letter and attachments include:

1. Total percentage and raw number of HUD-VASH vouchers to be made available for other than Dishonorable veterans, e.g. 10%, or 25 out of 250. *The percent and number indicated in this letter must match the percent and number requested by the PHA in Part 2, and may not be changed unless all stakeholders involved—VAMC, PHA, and supportive service provider(s)—determine a need to change and agree on a new number and percentage.* The total percentage cannot exceed 15% of the total HUD-VASH allocation.
2. Verification that the remaining standard HUD-VASH vouchers are sufficient to serve VA healthcare-eligible veterans who fall within priority populations A through D (laid out in Appendix A), including:
 - Homeless Operations Management and Evaluation System (HOMES) data indicating number of remaining healthcare-eligible veterans in priority populations A through D;

- Number of vouchers used in past 90 days for healthcare-eligible veterans in priority populations A through D; and
- Projected number of standard HUD-VASH vouchers available to serve healthcare-eligible veterans, including turnover estimates.

VAMC staff should work with the HUD-VASH Program Office and local organizations running the Coordinated Entry system to determine these data points.

B. PHA and local supportive service provider(s) jointly submit an application package documenting how they will provide housing assistance and services that are comparable to standard HUD-VASH vouchers for other than Dishonorable veterans. At a minimum, this application package includes a:

1. Description of the jurisdictional boundaries of the PHA and the local supportive service provider(s), and how the supportive service provider(s) will ensure comparable geographic coverage of the current VAMC-PHA service area.
2. Signed formal agreement, e.g. memorandum of understanding/memorandum of agreement, that describes the partnership between the PHA and the supportive service provider(s), including at a minimum:
 - Agreement that supportive service provider(s) will prioritize other than Dishonorable veterans in order of priority populations A through D (laid out in Appendix A). This document reflects the prioritization that VA case managers currently follow for admissions into the HUD-VASH program.
 - Process to verify discharge status for veterans.
 - How referrals will be made to the PHA.
 - Case conferencing structure – regularity, participants, etc.
 - Supportive services and case management to be provided by the supportive service providers. *At a minimum, case management must meet the standards laid out in Appendix B.*
 - How the supportive service provider(s) will fund case management and services (see Appendix C for additional guidance).
 - Agreement that the supportive service provider(s) will collect and report HUD-VASH Data Elements according to established procedure in Appendix D.

Federal Review Process

A team of staff from HUD, VA, and USICH will review and approve application submissions. If an application is approved, the VAMC, PHA, local Continuum of Care, and the local supportive service provider(s) will be informed, with an immediate effective date for the approval. If not approved, communities will receive a detailed explanation of the reason(s) for the decline and what may be needed for approval, where relevant.

Program Outline

1. The supportive service provider(s) may begin making referrals to the PHA immediately upon approval from the Federal partners.
2. HUD-VASH Continuum vouchers are administered in accordance with the HCV tenant-based and project-based rental assistance regulations set forth at 24 CFR part 982 and 983, respectively, unless modified in the Operating Requirements for the standard HUD-VASH program, outlined at Federal Register / Vol. 77, No. 57 / Friday, March 23, 2012.
3. The supportive service provider(s) and the PHA must determine the eligibility of applicant, as outlined below:
 - a. Supportive services provider(s):
 - i. VA Healthcare Services Eligibility: The supportive service provider(s) must confirm that the veteran is ineligible for VA healthcare services. This can be done through a copy of an eligibility determination form; a referral from the VA, or other means. The supportive service provider(s) should retain a record of this confirmation in the veteran's file.
 - ii. Discharge status: The supportive service provider(s) must determine that the participant did not receive a dishonorable discharge. This can be confirmed through a DD-214 or other discharge paperwork.
 - iii. Homelessness: HUD-VASH is a program aimed specifically at veterans experiencing homelessness. As such, the supportive service provider(s) must determine that any accepted applicant is homeless, using HUD's definition of homelessness found in the Federal Register at 76 FR 75994.
 - b. PHA: Eligibility follows the requirements for eligibility under the standard HUD-VASH program. The PHA may not screen or deny assistance for any grounds permitted under 24 CFR 982.552 (broad denial for violations of Housing Choice Voucher [HCV] program requirements) and 982.553 (specific denial for criminals and alcohol abusers), with one exception: PHAs will still be required to prohibit admission if any member of the household is subject to a lifetime registration requirement under a state sex offender registration program. The PHA is also responsible for determining income eligibility in accordance with 24 CFR 982.201. All other determinations of eligibility are determined by the supportive service(s) provider.
4. Portability: Porting under HUD-VASH Continuum will operate as outlined in the HUD-VASH Operating requirements. Prior to approving a port, the PHA must consult with the supportive services partner(s) to determine if the supportive services partner(s) can continue to provide services at the new location.
 - a. Porting within the service area of the supportive service partner(s): Participants may port within the service area of the supportive service partner(s). If the receiving PHA has available HUD-VASH Continuum vouchers, the PHA can choose to bill the initial PHA or absorb the participant into its program. If the

receiving PHA does not have available HUD-VASH vouchers to use for veterans ineligible for VA healthcare, the receiving PHA must bill the initial PHA.

- b. Porting outside of the service area of the supportive service partner(s): If a participant would like to port to a jurisdiction that cannot be supported by the partnering supportive service provider(s), the participant must port to a PHA that has available HUD-VASH vouchers and is also using HUD-VASH vouchers to serve veterans ineligible for VA healthcare services. The supportive service agency partnered with the receiving PHA must agree to add this person into their caseload and the receiving PHA must absorb the voucher.

Appendix A: Prioritization Order in HUD-VASH

This appendix outlines the prioritization currently followed by VA caseworkers when determining admissions to the HUD-VASH program. Supportive services providers in HUD-VASH Continuum must agree to follow this prioritization.

You are expected to serve the chronically homeless veteran population first. If there are no chronically homeless veterans left in your community or none who are yet willing to accept HUD-VASH despite repeated offers, you are expected to follow the prioritization outlined below. However, you must always continue to prioritize chronically homeless veterans when another voucher becomes available.

(a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs An eligible household that has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

(b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs. An eligible household that is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs. An eligible household that is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing. An eligible household that is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

(e) VA Priority Populations. Homeless veterans who do not meet criteria for chronic homelessness or the priority groups above may be prioritized for VA-funded PSH if they demonstrate a need for ongoing case management based on clinical assessment. Additional priority populations include but are not limited to the following veterans: women, those with children, those who served in OEF/OIF/OND, aging veterans, those with a debilitating clinical

condition that does not meet formal disability criteria, and those with an extensive homeless history that does not meet other criteria above.

Appendix B: Case Manager Responsibilities

This appendix outlines the case management responsibilities of VA case managers in the HUD-VASH program. Supportive services providers in HUD-VASH Continuum must agree to assume these responsibilities.

Model of Care

- Utilizing Housing First and other evidence-based practice models to promote veteran engagement and self-efficacy with referral for preventive care, harm reduction education, and treatment of medical conditions, substance use disorders, other mental health conditions, and unhealthy behaviors (e.g., abusive relationships, tobacco use, unsafe sexual practices).

Community Engagement and Outreach

- Providing outreach services to engage veterans experiencing homelessness, especially veterans who are chronically homeless and have high acuity.
- Advocating on behalf of veterans and their families with landlords, PHA and community resource providers.
- Ensuring that there is no conflict of interest in dealings with veterans, landlords, or other entities by adhering to professional ethical guidelines.
- Developing relationships and working processes with the CoC and other community providers.
- Being knowledgeable of the relevant HUD regulations regarding HCV and HUD-VASH as well as local PHA administrative plans.
- Meeting regularly with landlords and PHA officials to ensure the availability of affordable, safe housing stock that will take the HCV subsidy. Collaborative efforts to conduct “landlord fairs” or other housing stock outreach efforts may identify additional HCV subsidy opportunities.

Case Management

Assessment and Admission

- Verifying the veteran’s status, ineligibility for VA healthcare, family income, and clinical need for program participation.
- Screening and a brief assessment to ensure appropriateness of placement into the program.
- Assessing veterans through comprehensive biopsychosocial evaluations to determine acuity status, and providing appropriate services as needed based on veterans’ needs, acuity level, and preferences for care.
- Helping the veteran obtain all necessary documentation required by the PHA for voucher issuance.
- Assisting the veteran through the voucher application process, from referral to voucher issuance.
- Providing housing search assistance to participants, including choices from an array of housing within the veteran’s community of preference. Additional assistance and peer mutual aid could be provided in the form of a “housing resource group.”

Regular Case Management

- Promoting a respectful culture by:
 - Scheduling home visits with the veteran and the veteran's family at times that are convenient to them.
 - Involving the veteran in the development of disaster planning and providing relevant local resources to support the household.
 - Discussing when unscheduled visits will occur, but emphasizing their use as safety measures in emergency situations, such as when the veteran has not been in contact, and for wellness checks (within established parameters).
- Facilitating and providing access to appropriate treatment and supportive case management services to program participants by coordinating veteran-centered care across service providers.
- Assisting the veteran in determining eligibility and applying for mainstream entitlement benefits, such as non-service connected pension, service connected compensation, Social Security, and/or state and county benefits.
- Making regular home visits to assess veterans' housing stability, social and community integration, and recovery process. Additionally, home visits help ensure the residences are safe environments and in compliance with local Housing Quality Standards.
- Assisting veterans in development of their self-identified goals and Housing Stability Plans. Ensuring regular re-assessment and revision of the plan to cater it to the veteran's needs and preference and assist the veteran in removing barriers and achieving these goals.
- Promoting housing retention and stability. This may include reviewing lease obligations, developing money management and budgeting strategies, helping the veteran develop healthy boundaries with others, and other issues which may threaten housing stability.
- Ensuring coverage of caseload during absences.
- Obtaining Release of Information consent from veterans, when possible, with all community providers and housing stakeholders, to ensure comprehensive coordination and collaboration towards maintaining housing permanency.
- Facilitating the portability process with originating or receiving VA facilities and PHAs to help ensure a smooth transition for the veteran family.

Appendix C: Resources Re: Supportive Service Funding

- *Center for Supportive Service's Quick Guide to Improving Medicaid Coverage for Supportive Housing Services*
This is a brief overview of the two proceeding reports from the U.S. Department of Health and Human Services detailing ways in which Medicaid can cover and pay for many of the services in supportive housing, including case management, services coordination, and rehabilitative services.
- *HHS Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Permanent Supportive Housing*
This is one of two reports examining the use of Medicaid to cover services for individuals experiencing chronic homelessness, particularly in permanent supportive housing (PSH). It provides a "how-to" guide on the various ways that Medicaid can cover such services, including the Medicaid authorities and new options provided under the Affordable Care Act.
- *Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Emerging Practices from the Field*
This is one of two reports examining the use of Medicaid to cover services for individuals experiencing chronic homelessness, particularly in PSH. It describes existing practices in the field of communities currently serving homelessness and formerly homeless individuals Medicaid beneficiaries.
- *Medicaid & Permanent Supportive Housing: A Quick Guide for Health Centers*
This fact sheet briefly outlines the elements contained in the above Medicaid primer so that health centers serving individuals experiencing homelessness may better understand the current opportunities for promoting this model of care, including actions to consider for developing and strengthening programs or services, details on services offered through PSH, and modes of service coverage.
- *Using Medicaid to Finance and Deliver Service in Supportive Housing: Challenges and Opportunities for Community Behavioral Health Organizations and Behavioral Health Authorities*
This paper discusses the policy context driving the inclusion of more integrated PSH options within state and local behavioral health authorities, and builds on the above federal guidance regarding Medicaid reimbursement for housing-related services.

Appendix D: HUD-VASH Data Elements Collection and Reporting Requirements

Supportive service provider(s) serving other than Dishonorable veterans are required to collect and enter data into HMIS. Data collection must include the collection of all Universal Data Elements and Program-Specific data elements identified in the HMIS Data Standards Manual and HMIS Data Dictionary as required for HUD-VASH. Information on the rationale, collection point, subjects, and instructions for each element can be found in the HMIS Data Standards Manual.

Additionally, the HUD-VASH Continuum project have two additional data elements added into the HMIS: HUD-VASH Voucher Tracking and HUD-VASH Exit Information. These elements were developed after the publication of the 2014 HMIS Data Standards v. 5, but are required for collection in this project. Information detailing these elements will be provided service providers and HMIS vendors from HUD upon award.

Reporting for HUD-VASH must be generated by the HMIS for submission to the Veterans Administration, as required. Two reports will be required: The HUD Continuum of Care Annual Performance Report, as modified for this program (generated annually) and the HUD-VASH Progress Report (generated monthly). Programming specifications for both reports will be issued by HUD and provided to HMIS vendors.