

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 COLLABORATIVE CASE
MANAGEMENT PROGRAM

This Memorandum of Understanding ("MOU"), dated as of March 21, 2023 (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 90 Church Street, 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 choice 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 the Collaborative Case Management (CCM) process wherein communities can make up to 15% of their total HUD-VASH allocation available to homeless veterans who are eligible for HUD-VASH services (e.g., underserved veterans populations or those not served due to lack of available HUD-VASH case management), where a Designated Service Provider (DSP) in the community provides the case management services, instead of the VA. The vouchers and case management services are made available for eligible veterans in HUD-VASH CCM through coordination among the local VA medical center (VAMC), the PHA, and the DSP in an understanding that there is a local need, and sufficient HUD-VASH voucher capacity, to serve these veterans, referred to as the HUD-VASH CCM program, the overview of which is attached to this MOU as Exhibit 1 (the "HUD-VASH Collaborative Case Management (CCM) Overview"); and

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

WHEREAS, DVS acts as the Direct Services Provider (DSP) and 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 CCM program by coordinating quality case management and supportive services for veterans that receive a voucher through the HUD-VASH CCM 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 CCM 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 CCM program is not approved, the vouchers allocated for the HUD-VASH CCM 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-VASH allocation available to homeless veterans who are eligible for HUD-VASH services (e.g. underserved veterans populations or those not served due to lack of available HUD-VASH case management), where a Designated Service Provider (DSP) in the community provides the case management services, instead of the VA. The vouchers and case management services are made available for eligible veterans in HUD-VASH CCM through coordination among the local VA medical center (VAMC), the PHA, and the DSP in an understanding that there is a local need, and sufficient HUD-VASH voucher capacity, to serve these veterans. This collaboration is for non-OTH ("Other Than Honorable") discharge veterans only. Vouchers serving these veterans are in the HUD-VASH CCM 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 HUD-VASH Collaborative Case Management (CCM) Overview and any other requirements of the HUD-VASH CCM program which may be in effect from time to time (collectively, the "HUD-VASH CCM Requirements"). In the event of a conflict between this MOU and the HUD-VASH CCM Requirements, the HUD-VASH CCM Requirements shall govern.

A. DVS Responsibilities.

- i. DVS shall coordinate with the VA to verify eligibility for HUD-VASH CCM by confirming program participants are ineligible for VA healthcare services and do not have an OTH 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 CCM program.
- iii. DVS will, to the extent possible, prioritize veterans with non-OTH discharge in order of priority populations that VA case managers currently follow for admissions into the HUD-VASH program.
- iv. DVS will coordinate with social service providers to ensure each veteran housed through the HUD-VASH CCM 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 CCM.
- vi. DVS will case manage and refer enough veterans to achieve full leasing of up to 15% of homeless non-OTH veterans. As not all referred veterans will successfully lease a voucher, DVS understands that more than 15% of homeless non-OTH veterans will need to be referred. Percentage of vouchers available is dependent upon VA availability.
- 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 HUD-VASH CCM 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 15% of homeless non-OTH 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 CCM liaison and will be responsible for the transmission and receipt of HUD-VASH CCM 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 CCM.

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 HUD-VASH CCM 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 Local Laws 245 and 247 of 2017 ("The Identifying Information Law"), below, each party shall utilize best practice methods (e.g., encryption of electronic records) to protect the confidentiality of such data.

- ii. Data Security: The Parties shall at all times comply with the citywide security standards and requirements for data security set forth by New York City's Office of Technology and Innovation (OTI formerly DoITT) and the New York City Cyber Command (or, as to NYCHA, similar standards that are no less secure) and shall maintain appropriate administrative, technical, and physical safeguards in accordance with industry best practices and applicable law to protect the security, confidentiality, and integrity of Confidential Information, including, but not limited to, taking appropriate steps to ensure Confidential Information only exists in an environment that complies with all data security requirements set forth by DoITT and the New York City Cyber Command ("Secure Environment").
- iii. Notice of a Privacy Incident: The parties agree that a "privacy incident" is defined as any situation where Confidential Information, whether physical or electronic, is disclosed to, or can be accessed by, an unauthorized individual or where an authorized individual uses Confidential Information for an unauthorized purpose, or a breach of any of the network and data security provisions set forth herein. The parties agree to notify the other party if they have experienced, or suspects that they have experienced, a privacy incident within (i) 48 hours of a suspected privacy incident and (ii) within 24 hours of a confirmed privacy incident. Upon discovery of a suspected or confirmed privacy incident, the party experiencing the privacy incident will take reasonable steps to remediate the causes of such incident, at their sole cost and expense, and will provide notice to the other party of such steps. Notice of a privacy incident to NYCHA will be sent to: NYCHA's Chief Privacy Officer at privacy@nycha.nyc.gov. Notice to DVS will be sent to: "

- iv. Restrict Access and Use. Each party shall restrict access to Confidential Information to persons who have a legitimate work-related purpose to access such information. Each party shall only use Confidential Information to fulfill their obligations under this MOU. Each party agrees that it will instruct its employees, agents, subcontractors, and subconsultants 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, early 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 employees, agents, subcontractors, and subconsultants. If either party, its employees, agents, subcontractors, or subconsultants 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, agents, subcontractors, or subconsultants 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.
- 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, 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. [DELETED]

E. Notice. Except as described in Section 4(B)(iii) (“Notice of Privacy Incident”), 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
I Centre Street
22nd Floor, Suite 2208
New York, NY 10007
Attention: Lamarr Wheeler, Director of Housing and Support Services

To NYCHA:

New York City Housing Authority
Leased Housing Department
90 Church Street, 10th Floor
New York, New York 10007
Attention: Lakesha Miller, Executive Vice President, Leased Housing

with a copy to:

New York City Housing Authority
Law Department
90 Church Street, 11th Floor
New York, New York 10007
Attention: Deputy General Counsel for Contracts

- 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 CCM 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: Lakesha Miller

Title: Executive Vice President, Leased Housing

Date Signed (MM/DD/YEAR): 03 / 21 /2023

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: Glenda Garcia

Name: Glenda V. Garcia

Title: Deputy Commissioner

Date Signed (MM/DD/YEAR): 3/ 21 /2023

Exhibit 1

Department of Veterans Affairs (VA) Housing and Urban Development – VA Supportive Housing (HUD-VASH) Collaborative Case Management (CCM) Overview

Currently, there are over 105,000 HUD-VASH Housing Choice Vouchers funded to support the ongoing Federal effort to end homelessness among Veterans. The overall goal of this effort is to ensure that all Veterans are able to move out of homelessness. With the growth of the HUD-VASH program, VA has not been able to utilize all vouchers but recognizes the valuable resource that they provide.

HUD-VASH CCM uses a flexibility under the existing HUD-VASH program where communities can make up to 15% of a Public Housing Authority's (PHA) total HUD-VASH voucher allocation available to homeless Veterans who are eligible for HUD-VASH services (e.g., underserved Veteran populations or those not served due to a lack of available HUD-VASH case management), where a Designated Service Provider (DSP) in the community provides the case management services, instead of VA. The vouchers and case management services are made available for eligible Veterans in HUD-VASH CCM through coordination among the local VA medical center (VAMC), the PHA, and the DSP in an understanding that there is a local need, and sufficient HUDVASH voucher capacity, to serve these Veterans.

In CCM, there must be a designated non-VA provider who will provide case management and supportive services utilizing the principles of Housing First. The designated service provider (DSP) is selected locally, through coordination with the PHA and the Continuum of Care (CoC) community partners. The DSP is responsible for providing case management as outlined in the HUD-VASH Operating Requirements (published in the Federal Register on March 23, 2012, Volume 77, Number 57). These case management requirements include screening, referral, housing search, supportive services, and record maintenance.

To apply for CCM, communities must submit an application, a memorandum of understanding between the PHA and the DSP, a gift of services agreement between the DSP and VA, and a letter of support from the VAMC. As part of the approval process, the Secretary of Veterans Affairs will issue a letter designating the identified service provider to deliver case management and supportive services for these vouchers.

There is no funding available from VA to support the supportive services and case management required by the DSP. Funding to cover these costs can potentially be secured by

billing Medicaid, pursuing grant, bond, or other local funding opportunities, and/or exploring how services can be absorbed into existing budgets.

If your community is interested in learning more about or applying to participate in CCM, please contact VA's National HUD-VASH Program Office.

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 HUDVASH CCM 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 HUDVASH program. Supportive services providers in HUD-VASH CCM 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 (roving 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 Permanent Supportive Housing for Chronically Individuals: Emer in Practices rom the F •eld
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 [or Health Center} 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 non-Other Than Honorable discharge 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 CCM 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.