Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

AMENDED

March 7, 2025

VHA DIRECTIVE 1162.04(1)
Transmittal Sheet
February 22, 2022

HEALTH CARE FOR HOMELESS VETERANS CONTRACT RESIDENTIAL SERVICES PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive states VHA policy and responsibilities for the Health Care for Homeless Veterans (HCHV) Contract Residential Services (CRS) Program and for the administration, monitoring and oversight of HCHV CRS providers.

2. SUMMARY OF MAJOR CHANGES:

a. **Amendment dated March 7, 2025,** removes reference to VHA Directive (removed from the background paragraph 2.d.and the references paragraph 9) to comply with EO 14168.

b. **As published February 22, 2022,** this directive made the following major changes:

(1) Removed requirements for HCHV Outreach Services, Coordinated Entry System (CES) and Community Resource and Referral Centers as these were incorporated in directives, VHA Directive 1162.08, Health Care for Homeless Veterans Outreach Services, and VHA Directive 1162.03, Health Care for Homeless Veterans Community Resource and Referral Centers, respectively.

(2) Updated definitions (paragraph 3).

(3) Updated responsibilities for the HCHV National Program Director, the Veterans Integrated Service Network (VISN) Homeless Coordinator, VA medical facility Director, VA medical facility Homeless Program Coordinator, VA medical facility HCHV CRS Liaison, Contracting Officer and Contracting Officer's Representative (paragraph 5).

(4) Added responsibilities related to auditing and documentation (paragraph 5).

3. RELATED ISSUES: VHA Directive 1162.01, VA Homeless Providers Grant and Per Diem Program, dated November 17, 2020; VHA Directive 1162.05(1), Housing and Urban Development Department of Veterans Affairs Supportive Housing Program, dated July 6, 2017; VHA Directive 1820, Enhanced Sharing Use of Space Program, dated November 7, 2017; VHA Directive 1502, Homeless Veteran Contact and Referral Management, dated June 7, 2017; VHA Directive 1501, VHA Homeless Programs, dated October 21, 2016; VHA Handbook 1160.04, VHA Programs for Veterans With Substance Use Disorders (SUD), dated March 7, 2012.

4. RESPONSIBLE OFFICE: The Homeless Program Office (11HPO) is responsible for the content of this directive. Questions may be addressed to the HCHV National

Director, VHA Homeless Programs Office by email at VHA11HPOHomelessAction@va.gov.

5. RESCISSIONS: None.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of February 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:

/s/ Erica Scavella, MD, FACP, FACHE
Assistant Under Secretary for Health
for Clinical Services/CMO

NOTE: *All references herein to Department of Veterans Affairs (VA) and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter*.

DISTRIBUTION: Emailed to the VHA Publications Distribution List on February 24, 2022.

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HEALTH CARE FOR HOMELESS VETERANS CONTRACT RESIDENTIAL SERVICES PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) directive states policy for the Health Care for Homeless Veterans (HCHV) Contract Residential Services (CRS) Program and sets forth national authority and responsibility for the Department of Veterans Affairs (VA) portion of administration, monitoring and oversight of these services.
AUTHORITY: 38 U.S.C. §§ 2031, 7301(b).

2. BACKGROUND

a. The HCHV programs were developed from the original Homeless Chronically Mentally Ill (HCMI) Program, a 6-month pilot project, established on February 12, 1987. The central goal of HCHV programs is to reduce homelessness among Veterans by conducting street outreach to Veterans who are homeless or experiencing housing instability and need case management assistance to end their homelessness and connect to community-based and VA-supported housing services, VA health care and other supportive services. In addition to outreach services, HCHV programs provide care, treatment, and rehabilitative services, including case management and therapeutic transitional housing assistance by contracting with community providers.

b. HCHV programs typically are the first to contact homeless Veterans and they frequently serve as the entry point into VA's system of care. Therefore, these programs provide an outreach opportunity to assist and offer homeless Veterans an "Open Door" to prevention and supportive services. ***NOTE:*** *Supportive services are services that assist an individual with the transition from the streets or shelters into permanent or permanent supportive housing, and that assist persons with living successfully in housing. Examples of supportive services include but are not limited to: assistance in securing permanent housing; vocational assistance, including mentoring and coaching as well as job placement; income assistance and financial planning; relapse prevention; and social and recreational activities.*

c. Federal law provides that VA medical facilities may establish contracts with community agencies to provide residential care to include therapeutic services and treatment to eligible Veterans. The Veteran must be enrolled in the VA health care system or eligible for VA health care to be eligible for services. HCHV CRS programs target and prioritize Veterans transitioning from literal street homelessness, homeless Veterans with co-occurring mental health or substance use disorder (SUDs), and Veterans who recently became homeless and require safe and stable living arrangements while seeking permanent housing or treatment options. Since its inception, the number of HCHV CRS programs has increased dramatically, requiring uniform inspection and oversight policies to ensure that these programs offer robust services and promote an environment that maintains the wellbeing and safety of the Veterans enrolled.

d. As these contracts are established between the VA medical facility and the selected provider, the VA medical facility ensures that these programs comply with the contract terms, provisions in this directive, all VHA policies and applicable statutes and regulations. Under 38 U.S.C. § 2031, VA cannot contract for housing alone; the statement of work or performance work statement (SOW/PWS) must clearly outline what service(s) the vendor is to provide that is considered care, treatment or rehabilitation. Local award of these contracts allows each VA medical facility to determine what services would best fill the needs and any gaps in available services for homeless Veterans in their community. VA recognizes these CRS providers as independent and operating based on agreements as put forth in their contracts with VA medical facilities. VA provides guidance and oversight to ensure operations comply with Federal law and regulations and HCHV inspection standards.

e. There are two distinct models of HCHV CRS programs:

(1) **Contract Emergency Residential Services.** Contract Emergency Residential Services (CERS) programs target and prioritize homeless Veterans who require safe and stable living arrangements while they seek permanent housing. This includes Veterans transitioning from literal street homelessness, Veterans being discharged from institutions who are homeless, including those in need of short-term medical respite or recuperative care, and Veterans who recently became homeless. CERS programs, either directly or through linkages with community and other VA services, provide time-limited services such as supporting mental health stabilization, SUD treatment services, enhancement of independent living skills, vocational training and employment services. Emphasis is placed on referral and placement in permanent housing or longer-term residential programs utilizing VA and community resources. Lengths of stay in CERS typically range from 30 to 90 days with the option to extend based on clinical need. ***NOTE:*** *While not a specific HCHV CRS model, a Veteran admitted to a HCHV CERS program can be designated in Homeless Operations Management and Evaluation System (HOMES) as using the HCHV placement as bridge housing when they have been offered and accepted a permanent housing placement at the time of admission but are unable to immediately take possession of that housing*.

(2) **Low Demand Safe Havens.** Low Demand Safe Havens (LDSH) are 24-hour staffed transitional residences with private or semi-private accommodations that target the population of hard-to-reach, chronically homeless Veterans with mental illness, many with SUD and when traditional residential treatment programs do not meet a Veteran's needs. The low-demand or non-intrusive environment is designed to establish trust and motivate homeless Veterans to seek needed treatment services and transitional and permanent housing options. Lengths of stay in LDSH programs typically range between 4 to 6 months with the option to extend based on clinical need.

3. DEFINITIONS

a. **Bridge Housing.** Bridge housing is transitional housing used for a short term stay, usually 90 days or less, when a Veteran has been offered and accepted a permanent housing intervention (e.g., Housing and Urban Development – Veterans

Affairs Supportive Housing (HUD-VASH), Supportive Services for Veterans Families (SSVF), Housing Coalition or other permanent housing option), but is not able to immediately enter the permanent housing.

b. **Chronically Homeless.** The HCHV programs follows the definition of "chronically homeless" in 42 U.S.C. § 11360(9) of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. § 11302(a). ***NOTE:*** *The term "homeless" or "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law*.

c. **Electronic Health Record.** Electronic health record (EHR) is the digital collection of patient health information resulting from clinical patient care, medical testing and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Record System (CPRS), Veterans Information Systems and Technology Architecture (VistA) and Cerner platforms. ***NOTE:*** *The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.*

d. **Homeless Operations Management and Evaluation System.** 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. ***NOTE:*** *For more information about HOMES and its policies, see https://vaww.homes.va.gov/VAHomesNew.aspx. This is an internal VA website that is not available to the public and access is restricted to VHA Homeless Programs staff with documentation or review status.*

e. **Homeless Veteran.** The HCHV programs follows the definitions of "homeless Veteran" in 38 U.S.C. §§ 2002(1) and 103(a) of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. § 11302(a). ***NOTE:*** *The term "homeless" or "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law*.

f. **Performance Work Statement/Statement of Work.** A PWS or SOW is a document that clearly describes the performance objectives and standards that are expected of the contractor in a government contract. ***NOTE:*** *For more information, see Appendix D.*

g. **Quality Assurance Surveillance Plan.** A Quality Assurance Surveillance Plan (QASP) is a systematic method to evaluate performance for the stated contract. The QASP identifies what is going to be inspected, the inspection process and who will do the inspecting. The results of those inspections will then be used to document contractor performance.

h. **VHA Homeless Programs Hub.** VHA Homeless Programs Hub is an enterprise-wide, web-based resource for VHA Homeless Program operations. VHA users can use the Hub to share strategies and strong practices towards ending Veteran homelessness, gain situational awareness of key data and current efforts in field

operations, and organize and integrate analysis and planning activities. ***NOTE:*** *For more information, see https://iop.med.va.gov/hub2/hp/. This is an internal VA website that is not available to the public.*

4. POLICY

It is VHA policy that VA medical facilities establish contracts with community-based organizations that provide residential rehabilitative and therapeutic services to eligible Veterans who are experiencing an episode of homelessness. The Homeless Program Office must provide guidance and technical assistance to VA medical facilities.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall compliance with this directive.

b. **Assistant Under Secretary for Health for Clinical Services.** The Assistant Under Secretary for Health for Clinical Services is responsible for supporting the Homeless Program Office with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Director, HCHV National Program Office.** The Director, HCHV National Program Office is responsible for:

(1) Providing oversight for the VISN and VA medical facility compliance with this directive and ensuring corrective action is taken when the VISN Homeless Coordinator reports non-compliance.

(2) Reviewing status and date of annual inspections of each HCHV CRS program as reported by the VISN Homeless Coordinator.

(3) Reviewing VA medical facility HCHV CRS requests for funding on an annual basis using the reported utilization during the prior fiscal year (FY) and reviewing supplemental requests during the current FY if or as funding is available. ***NOTE:*** *For more information about funds, see paragraph 7.c.*

(4) Ensuring appropriated funds for HCHV programs are distributed to VA medical facilities expediently and ensuring any unspent funds are returned.

(5) Providing guidance and technical assistance to VISNs and VA medical facilities.

(6) Creating and sending data reports to the VISN Homeless Coordinator using HOMES; collaborating with the HPO Business Intelligence (BI) team to maintain HOMES.

(7) Providing oversight by ensuring appropriate data collection systems (e.g., HOMES, VHA Homeless Programs Hub) are constructed and employed, applicable program metrics are established with targets and evaluation is conducted followed by technical assistance and corrective action as needed.

(8) Providing subject matter expertise and consultation to the VISN, VA medical facility and HCHV program staff, as needed.

(9) Ensuring the Notice of Newly Operational Contract (NNOC) form and first page of the HCHV CRS inspection packet submitted by the VISN Homeless Coordinator is reviewed, and subsequently ensuring a HOMES project code is assigned for Veteran admittance to the new CRS program. ***NOTE:*** *VA Form 10-10115a, Health Care for Homeless Veterans Contracted Provider Inspection packet, dated May 8, 2014, and VA Form 10-10115b, Health Care for Homeless Veterans (HCHV) Notice of New Contract Form, can be found https://vaww.va.gov/vaforms/. This is an internal VA website that is not available to the public.*

e. **Veterans Integrated Services Network Director.** Each VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Ensuring availability of necessary contracting and procurement resources to maintain existing HCHV programs or establish new contracts for HCHV CRS programs.

f. **Veterans Integrated Services Network Homeless Coordinator.** Each VISN Homeless Coordinator is responsible for:

(1) Ensuring that HCHV CRS programs at the VA medical facilities are monitored and evaluated for compliance with this directive and if not compliant, notifying the Director, HCHV National Program Office and when applicable, the VISN Director and supervisory staff at the VISN Contracting Office. ***NOTE:*** *For more information about HCHV CRS programs, see paragraph 6.*

(2) Coordinating VISN-wide HCHV CRS program reports, assessments, evaluations and follow-up actions for implementing VHA policy and procedures.

(3) Ensuring the VA medical facility Homeless Program Coordinators review HCHV CRS Veterans' clinical records and check the Contracting Officer's Representative (COR) Administrative Files for completion. ***NOTE:*** *The VISN Homeless Coordinator can designate other service line staff as assigned at the VA medical facility to ensure reviews are conducted. For more information about the COR Administrative File, see paragraph 5.k.(4). For more information about clinical documentation, see Appendix A.*

(4) Monitoring and providing feedback and guidance to VA medical facilities regarding the applicable HCHV CRS performance metrics.

(5) Ensuring the VA medical facility Director has approved the initial and annual inspection packets and any plans of corrective action due to inspection deficiencies; reviewing completed and approved initial inspection packets (VA Form 10-10115a). ***NOTE:*** *Once the VISN Homeless Coordinator determines that the initial inspection packet is complete, they must forward the first page of the HCHV CRS inspection packet to the HCHV National Program Office for site or program activation along with the NNOC form (VA Form 10-10115b).*

(6) Ensuring that an annual inspection of each HCHV CRS program within their VISN is completed.

(7) Reporting the status and date of annual inspections for each HCHV CRS program within their VISN to the HCHV National Program Office during the review of HCHV CRS programs funding requests or as requested.

(8) Ensuring that any changes to an existing HCHV contract are documented on the HCHV CRS Action Sheet and sent to the HCHV National Program Office. ***NOTE:*** *VA Form 10-10115c, Health Care for Homeless Veterans (HCHV) Contracted Residential Services (CRS) Action Sheet, can be found at https://vaww.va.gov/vaforms/. This is an internal VA website that is not available to the public.*

(9) Providing support, guidance, orientation, training, consultation and advice to HCHV program staff through site visits, email correspondence and VISN calls.

(10) Reviewing HCHV CRS program critical incidents and initiating appropriate investigation and follow-up activities in collaboration with the VA medical facility Director.

(11) Reviewing HCHV CRS bed utilization and working with other VA medical facilities to appropriately allocate HCHV resources within their VISN.

(12) Reviewing HCHV Performance Measure outcomes, HOMES reports and other evaluation data and assisting VA medical facility HCHV CRS program staff in the development of program monitoring and corrective actions.

(13) Working with HCHV and VA medical facility Quality and Performance Management staff to develop risk management and report systems for HCHV programs.

(14) Reviewing annual requests from each VA medical facility for HCHV CRS funding to ensure that the amount reflects utilization and contract parameters. ***NOTE:*** *For additional VISN Homeless Coordinator responsibilities, see VHA Directive 1501, VHA Homeless Programs, dated October 21, 2016.*

g. **VA Medical Facility Director.** Each VA medical facility Director or designee is responsible for:

(1) Ensuring overall VA medical facility and HCHV CRS programs compliance with this directive (i.e., contract terms and provisions outlined in 38 U.S.C. § 2031 and 38 C.F.R. § 63.3), EHR documentation and VHA workload policies, and that appropriate corrective action is taken if non-compliance is identified.

(2) Engaging with community partners, as needed, to address Veteran homelessness.

(3) Ensuring the expeditious release of an internal candidate who is selected for a HCHV position.

(4) Reviewing HCHV CRS program critical incidents, investigations and follow-up activities in collaboration with the VISN Homeless Coordinator.

(5) Ensuring the VA medical facility Homeless Program Coordinator identifies coverage, no later than 30 calendar days, in the event that a HCHV CRS Liaison or VA medical facility staff responsible for oversight of the HCHV CRS program leaves the VA medical facility or is assigned other duties. Under no circumstance can a HCHV CRS provider go unmonitored for any period of time; a coverage plan for absences must be developed by the VA medical facility Director.

(6) Collaborating with the VA medical facility Homeless Program Coordinator to provide government-furnished equipment and appropriate administrative support for VA medical facility HCHV CRS staff to safely and effectively conduct day-to-day CRS activities.

(7) Ensuring the HCHV CRS Liaison documents any allegations of neglect, abuse or impropriety at the HCHV CRS program site reported or found involving the HCHV CRS provider, their employees, VA employees, or program participants, and these allegations are addressed immediately and documented through use of appropriate VA mechanisms (i.e., VA Patient Representative, Quality Management, Board of Inquiry or Office of Inspector General (OIG)).

(8) Collaborating with supervisory staff at the Network Contracting Office (NCO) to resolve issues that directly impact HCHV CRS program operations (i.e., solicitation delays for HCHV CRS programs due to CO or COR staffing issues or workload, ongoing programmatic issues with the monitoring of HCHV contract providers when the CO has retained contract oversight responsibility and no COR was delegated or COR has failed to monitor).

(9) Reviewing and approving initial and annual HCHV inspection packets submitted by the HCHV CRS Liaison before Veteran placement, and thereafter sending the inspection packets to the VISN Homeless Coordinator. ***NOTE:*** *The HCHV CRS inspection packet (VA Form 10-10115a) can be found at https://vaww.va.gov/vaforms/. This is an internal VA website that is not available to the public.*

(10) After an initial or annual inspection, ensuring that any plans of corrective action have been followed.

(11) Approving continued payments based on the annual inspection, program meeting requirements and standards set forth in this directive.

(12) Appointing and ensuring availability of VA medical facility staff with the appropriate knowledge to serve on HCHV CRS inspection teams to conduct initial and annual inspections of all HCHV CRS providers in the VA medical facility's catchment area. ***NOTE:*** *The inspection team must include VA medical facility staff with the appropriate backgrounds, education and experience necessary to review and inspect programs under the applicable inspection area. This will likely include representatives from Social Work Service or Mental Health and Behavioral Sciences Service, Nutrition and Food Service, Pharmacy or Nursing Service, Facilities Management, Safety or Engineering, VA Police Service and as appropriate or necessary Infection Control.*

(13) Ensuring the HCHV CRS Liaison has established a plan of correction to address deficiencies noted in inspection reports, including reasonable timeframes for correcting deficiencies and procedures for tracking progress.

h. **VA Medical Facility Homeless Program Coordinator.** The VA medical facility Homeless Program Coordinator is responsible for:

(1) Overseeing the HCHV CRS program services to ensure they operate as indicated in the HCHV contract.

(2) Supervising HCHV CRS Liaison(s) including orientation, training and development, ongoing use of data, and tools and platforms (e.g., VHA Homeless Programs Hub, HOMES, the VHA Support Service Center Homeless Services Scorecard) to understand and improve program outcomes. ***NOTE:*** *The tools and platforms can be accessed through VHA Homeless Programs Hubs at https://iop.med.va.gov/hub2/hp/. This is an internal VA website that is not available to the public.*

(3) Coordinating HCHV CRS services with other VHA homeless programs.

(4) Establishing huddles, clinical case reviews and staff meetings with assignments for follow-up action with VA medical facility staff from various VHA homeless programs and HCHV CRS contract providers, to reduce barriers and silos across all homeless and VA medical facility programs and promote a seamless transition between VA health care providers.

(5) Providing case consultation, especially around high-risk situations (e.g., suicide flags, infection, or disease outbreaks).

(6) Conducting appropriate program audits, including but not limited to:

(a) Reviewing performance metrics outcomes which are key indicators of the contract program's effectiveness for the Veterans admitted to the program.

(b) Conducting reviews of the COR Administrative File to ensure that the COR is properly authorized by the CO via designation letter, the file contains a copy of the executed contract, and that billing policies and procedures are followed to ensure that Veterans admitted to the program are receiving the care and services that are outlined in the contract terms. ***NOTE:*** *For more information about the COR Administrative File, see paragraph 5.k.(4).*

(c) Conducting reviews of the clinical documentation submitted by each HCHV CRS Liaison to ensure accuracy and completion. ***NOTE:*** *For more information about the clinical documentation, see Appendix A.*

(d) Reviewing operational reports to ensure documentation is complete and consistent with HOMES policy and accurately documenting each Veteran's stay and progress towards their goals while in the program. ***NOTE:*** *To access HOMES policy, see https://vaww.homes.va.gov/VAHomesNew.aspx. This is an internal VA website that is not available to the public and access is restricted to VHA Homeless Programs staff with documentation or review status.*

(e) Reviewing initial and annual HCHV CRS program inspection packets to ensure that the packet is complete, and any deficiencies are corrected.

(7) Ensuring monthly reconciliation of data in HOMES with the HCHV CRS providers' record of attendance and their monthly invoice is completed by HCHV staff.

(8) Ensuring that program participant data is documented in HOMES accurately and consistent with HOMES policies.

(9) Collaborating with the VA medical facility Eligibility Office to develop processes to verify Veteran status and eligibility of program participants.

(10) Ensuring that each HCHV CRS program has a designated point-of-contact to carry out COR responsibilities. ***NOTE:*** *For more information, see 5.g.(8).*

(11) Developing procedures guiding the entry process that are consistent with the contract and that minimize access barriers to the program.

(12) Ensuring a QASP is prepared for each HCHV CRS program and that staff are assigned to monitor the HCHV CRS program to ensure performance standards outlined in the contract are being met.

(13) Ensuring that all HCHV CRS funds are allocated to the correct cost center and budget object code (BOC). ***NOTE:*** *Cost Center 8220 and BOC 2560 are to be used in combination with all HCHV residential services contracts.*

(14) Notifying the VISN Homeless Coordinator when the HCHV CRS program at the VA medical facility experiences either a funding shortfall or when excess funding to be returned is identified.

(15) Designating a replacement within 30 calendar days for the HCHV CRS Liaison or COR position if they leave the VA medical facility or are assigned other duties. ***NOTE:*** *Under no circumstance can a HCHV CRS provider go unmonitored for any period of time; a coverage plan for absences must be developed by the VA medical facility Director.*

(16) Assigning or participating as a subject matter expert (SME) in the planning stage of HCHV CRS program contract solicitations; facilitating the production of a SOW/PWS to provide robust therapeutic and rehabilitative services for homeless Veterans.

i. **VA Medical Facility HCHV CRS Liaison.** Each VA medical facility HCHV CRS Liaison is a health care professional (e.g., social worker) and is responsible for:

(1) Assisting the VA medical facility Homeless Program Coordinator with developing procedures guiding the entry process that are consistent with the contract and that minimize access barriers to the program.

(2) Ensuring verification of a Veteran's eligibility for program participation is completed within 1 business day. In the event a Veteran is admitted to a HCHV CRS program but subsequently found to be ineligible, the HCHV CRS Liaison must immediately work with the Veteran to secure other placement within available VA or community programs.

(3) Ensuring Veterans are screened for entry to HCHV CRS programs to determine medical and mental stability.

(4) Ensuring a Veteran is not denied entry to HCHV CRS based solely upon length of current abstinence from alcohol or non-prescribed controlled substances, the number of previous treatment episodes, the time interval since the last program entry, the use of prescribed controlled substances, or legal history.

(5) Ensuring Veterans who are being prescribed FDA-approved medications (e.g., methadone or buprenorphine for opioid use disorder) for the treatment of SUD have access to HCHV CRS program services. ***NOTE:*** *Veterans on medications for SUD should not be excluded from participation in HCHV CRS program services*. *Reasonable accommodation for individuals receiving medication treatment for opioid use disorder is required, provided the requested accommodation does not impose major financial or administrative commitments that would be considered an undue burden.*

(6) Obtaining a completed form for Request for and Authorization to Release Health Information from each Veteran to ensure coordination of care between VA and contract providers. ***NOTE:*** *VA Form 10-5345, Request for and Authorization to Release Health Information, dated September 1, 2018, can be found at https://vaww.va.gov/vaforms/. This is an internal VA website that is not available to the public.*

(7) Verifying entry and exit dates of program participants for billing purposes and ensuring accurate documentation.

(8) Evaluating HCHV CRS program outcomes to ensure they meet the performance measure standards outlined in the SOW/PWS and needs of Veterans served. ***NOTE:*** *The HCHV CRS Liaison should work with the HCHV CRS contract provider, providing education and discussing strategies when a CRS program is underperforming or not meeting the needs of the Veterans in the program. The HCHV CRS Liaison should not require contract providers to deliver services that are not included in the terms of the contract and should discuss any corrective action with the COR or CO.*

(9) Documenting any allegation of neglect, abuse, or impropriety at the HCHV CRS program site through use of appropriate VA mechanism (i.e., VA Patient Representative, Quality Management, Board of Inquiry, OIG).

(10) Documenting HCHV program participant assessment and progress updates in HOMES. ***NOTE:*** *For more information about HCHV program participant assessment, see Appendix A. For every per diem payment, the HCHV CRS Liaison must ensure that matching documentation exists in HOMES.*

(11) Working with the CO, COR, VA medical facility Homeless Program Coordinator or other service line staff to prepare a QASP for each HCHV CRS program that they have responsibility for and monitoring the HCHV CRS provider's adherence to the contract deliverables by evaluating the program using the methods and frequency defined in the QASP.

(12) Entering all required clinical documentation into the EHR of each Veteran admitted to a HCHV CRS program, including monthly progress notes. The Veteran's record in the EHR must be consistent with the information contained in the contract provider's clinical record. ***NOTE:*** *See Appendix A for more information.*

(13) Providing oversight of health care services for HCHV CRS program participants and, as necessary, case management of those participants at sites where organizations receive HCHV contract funding.

(14) Initiating or coordinating HCHV CRS program participant referrals to VA medical facilities, VA Regional Offices and community agencies as indicated or requested by the Veteran and intervening and advocating on behalf of Veterans to fill gaps in the delivery of services. ***NOTE:*** *Services already provided by the HCHV CRS contract provider should not be duplicated, but instead ensure that any unmet service needs are provided or appropriately referred.*

(15) Extending the length of stay when appropriate, and in compliance with the existing contract provisions. Extensions are to be documented in the Veteran's EHR. Any changes that would modify the existing contract need to be referred to the CO for action.

(16) Reviewing payment requests by HCHV CRS contract providers for treatment of absent Veterans to ensure any payment meets current contract terms. All findings should be reported to the COR and documented in eCMS-Contracting Officer Representative (eCOR). ***NOTE:*** *For more information on provider payment, see Appendix C*.

(17) Reviewing Veteran outcomes and verifying that the HCHV CRS program is meeting or exceeding the applicable HCHV performance measures; reviewing any deficiencies or trends with the contractor and discussing proactive strategies to improve Veteran outcomes; If indicated, initiating an action plan or performance improvement plan in consultation with the COR and CO as required by the terms outlined in the SOW/PWS.

(18) Participating in or coordinating the annual inspection process including documentation of compliance with HCHV CRS inspection requirements using the HCHV CRS inspection packet (VA Form 10-10115a) and forwarding a copy of the completed inspection form to the VA medical facility Director and the COR for documentation in eCOR.

(19) Collaborating with the COR to ensure a minimum of four unannounced site visits are made annually and are properly documented to be shared with the COR and CO. ***NOTE:*** *See Appendix B for more information*.

(20) Ensuring any change in the parameters of an existing HCHV CRS program (e.g., number of available beds, per diem, change in HCHV CRS Liaison status, termination of program) is documented using the HCHV CRS Action Sheet (VA Form 10-10115c) and submitted to the VISN Homeless Coordinator and HCHV National Program Office.

(21) Submitting a completed NNOC form (VA Form 10-10115b) along with the initial HCHV inspection packet (VA Form 10-10115a) to their VA medical facility Director for review and approval. ***NOTE:*** *The NNOC form is used to alert the HCHV National Program Office that a new HCHV CRS program has been established. This form can be found https://vaww.va.gov/vaforms/. This is an internal VA website that is not available to the public.*

(22) Ensuring that the approved completed inspection packet with the NNOC form (VA Form 10-10115b) for new HCHV CRS programs is routed from the VA medical facility Director to the VISN Homeless Coordinator for submission to the HCHV National Program Office for review and assignment of a HOMES project code. Once the HOMES project code is received, Veterans can be admitted to the new CRS program.

(23) Participating as a SME in the planning stage of HCHV CRS program contract solicitations, facilitating the production of a SOW/PWS to provide robust therapeutic and rehabilitative services for homeless Veterans.

(24) Developing an Acquisition Plan (AP) package with the COR. ***NOTE:*** *In networking with not-for-profit agencies or other community providers, HCHV program staff must be aware of the possibility of situations that could lead to potential conflicts of interest. Staff must periodically review the Standards of Ethical Conduct for Employees of the Executive Branch at 5 C.F.R. Part 2635 and the criminal conflict of interest statutes at 18 U.S.C. § 201-209 as outlined in the annual Government Ethics training requirement or an approved substitute.*

j. **VHA Contracting Officer.** A VHA CO is responsible for:

(1) Ensuring performance of all necessary actions for effective contracting, ensuring compliance with the terms of the contract, and safeguarding the interests of the United States in its contractual relationships as outlined in 48 C.F.R. §§ 1.602 - 1.602-3, 801.602-2.

(2) Designating a COR in writing for HCHV CRS programs unless the CO retains all the responsibilities for monitoring that the contract provider operates per the contract terms.

(3) Ensuring QASP requirements are included in the SOW/PWS by collaborating with the requesting service.

(4) Ensuring CORs are providing contractor oversight and reviewing contractor invoices for compliance with contract terms and conditions.

k. **VA Medical Facility Contracting Officer's Representative.** The COR may be a member of the VA medical facility Homeless Program team (e.g., HCHV CRS Liaison, program analyst) or other VA medical facility employee. The VA medical facility COR is responsible for:

(1) Complying with all requirements outlined in VA Handbook 7403, Federal Acquisition Certification for Contracting Officers Representative (FAC-COR) Program, dated August 23, 2018.

(2) Managing contract planning activities (pre-award) including:

(a) Collaborating with the VA medical facility Homeless Program Coordinator, HCHV staff and procurement team during the acquisitions planning phase.

(b) Developing an AP package with the HCHV CRS Liaison in accordance with available funding.

(c) Participating in drafting of a SOW/PWS identifying objectives, conducting market research and specifying compliance criteria.

(3) Managing contract implementation activities (post-award), including:

(a) Ensuring that initial and annual inspections are completed by HCHV CRS inspection teams appointed by the VA medical facility Director.

(b) Ensuring that any deficiencies requiring corrective actions are discussed with the VA medical facility Homeless Program Coordinator, CO, VA medical facility Director and as appropriate, the Director, HCHV National Program Office.

(c) Serving as a liaison between contractor and CO, providing technical assistance to the contractor and managing technical instructions and tasking, including the QASP.

(4) Monitoring activities, either wholly or in collaboration with the HCHV CRS Liaison, including:

(a) Monitoring contract performance to ensure the HCHV CRS provider's adherence to the contract deliverables and deliver the best care for Veterans in the program by evaluating using the methods and frequency defined in the QASP. ***NOTE:*** *The QASP should be completed quarterly or as determined by the CO.*

(b) Monitoring bed usage using contractor invoicing and Veteran entrance/exit data.

(c) Monitoring spending throughout the performance period to ensure responsible use of funds, and as assigned, certifying invoices for payment using the On-Line Certification System.

(d) Communicating the findings of the QASP to the CO and HCHV staff quarterly or immediately when a deviation from the contract terms is found.

(5) Maintaining the complete COR Administrative File for each active contract, using eCOR per VA Acquisition Manual M801.604(a)(3)(x). ***NOTE:*** *See VA Acquisition Manual M801.604(a)(3)(x) at https://www.va.gov/oal/library/vaam/vaamM801.asp.* The COR Administrative File should include at a minimum the following:

(a) The Original Independent Government Cost Estimates.

(b) Fiscal documents (e.g., invoices, proof of occupancy submitted by the contractor, payment history).

(c) Performance documents (e.g., QASP, proof of required contractor staff trainings, noted deficiencies and correction plans).

(d) Written communications between the CO and contractor.

6. HCHV CRS PROGRAMS OPERATING INFORMATION AND STANDARDS

The HCHV National Program Office expects that each VA medical facility will prioritize the location(s) and services of HCHV CRS programs to complement any deficit

in available programs or services within that VA medical facility's catchment area. While the VA medical facility is best able to project its needs, the following are the minimal requirements that must be included in the SOW/PWS for any new HCHV CRS solicitations beginning 6 months after the publication of this directive:

a. **Room and Board.**

(1) HCHV CRS programs are accessible to Veterans admitted to that program 24 hours a day, 7 days a week. ***NOTE:*** *In circumstances where there is no identified HCHV CRS contract provider who can offer 24-hour program availability, there must be alternative options for Veterans during that time when program is not available.*

(2) Accommodations include a bed and other furnishings, such as a dresser, storage locker or designated secured space and personal linens (e.g., towels, pillows, blankets, and bed sheets).

(3) The HCHV CRS contract provider is responsible for providing a sanitary food preparation area, supply food sufficient for at least three nutritious meals 7 days a week, and snacks of nourishing quality (e.g., fruits, vegetables, protein sources), between meals and bedtime. This is to include alternative meals or food supplies for Veterans with dietary restrictions if medically indicated (e.g., diabetic, renal, and soft mechanical diets) and reasonable accommodation for Veterans with cultural/religious preferences around food (e.g., Kosher, Sikh).

b. **Contractor Performance.**

(1) The HCHV performance metrics must be incorporated into the SOW/PWS with the expectation that the HCHV CRS provider at a minimum meets the target values indicated. Any action triggered for failure to meet targets must be included.

(2) All critical incidents (e.g., falls, assaults, fire, medical/psychiatric emergency or hospitalization, suicide or attempt, death) are reported to the identified HCHV or VA medical facility point of contact within 24 hours.

(3) A grievance process to address Veteran complaints with time frames for responses from the contractor's program/facility management must be outlined in the SOW/PWS.

(4) All HCHV CRS programs have emergency and disaster plans with written protocols that are posted to guide staff response to crises including, but not limited to, manmade and natural disasters, episodes of infectious diseases, physical injury, program participants suicide or suicide attempts, overdoses, and domestic or other violence. All contractor's staff are trained on emergency procedures and protocols.

c. **HCHV Special Purpose Funds.**

The HCHV National Program Office reviews requests for funding annually using the reported utilization during the prior FY and reviews supplemental requests during the

current FY if or as funding is available. To ensure that HCHV funding is being apportioned in the most efficient manner as part of the quarterly QASP review, the COR for each HCHV CRS program, in consultation with the HCHV CRS Liaison, reviews the utilization and payment to the provider and notifies the CO of any funding deficit or excess. Unspent funds must be returned, and whenever possible, any excess funding should be de-obligated and returned to the HCHV National Program Office fiscal team no later than 45 days after the close of the quarter so that these funds can be redistributed to homeless programs with additional or unmet funding needs. The VISN Homeless Coordinator should be notified by the VA medical facility Homeless Program Coordinator when a HCHV CRS program at the VA medical facility experiences either a funding shortfall or when excess funding to be returned is identified. ***NOTE:*** *Cost Center 8220 and BOC 2560 are to be used in combination with all HCHV residential services contracts*.

7. TRAINING

There are no formal training requirements associated with this directive.

8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

9. REFERENCES

a. 18 U.S.C. 201-209.

b. 38 U.S.C. §§ 2002(1), 2031, 7301(b).

c. 42 U.S.C. §§ 11301, 11302(a), 11360.

d. 5 C.F.R. part 2635.

e. 24 C.F.R. § 91.5.

f. 38 C.F.R. § 63.3.

g. 48 C.F.R. 1.602 - 1.602-3, 801.602-2 part 46.

h. VHA Directive 1501, VHA Homeless Programs, dated October 21, 2016.

i. VA Handbook 7403, Federal Acquisition Certification for Contracting Officers Representative (FAC-COR) Program, dated August 23, 2018.

j. VA Form 10-10115a, Health Care for Homeless Veterans Contracted Provider

Inspection packet, dated May 8, 2014.

k. VA Form 10-10115b, Health Care for Homeless Veterans (HCHV) Notice of New Contract Form, dated May 8, 2014.

l. VA Form 10-10115c, Health Care for Homeless Veterans (HCHV) Contracted Residential Services (CRS) Action Sheet, dated May 8, 2014.

m. VA Form 10-5345, Request for and Authorization to Release Health Information, dated September 1, 2018.

n. Office of Management and Budget Memorandum on the Federal Acquisition Certification for Contracting Officer Representatives (FAC-COR) guidance.

HEALTH CARE FOR HOMELESS VETERANS LIAISON DOCUMENTATION

1. ADMITTANCE TO HEALTH CARE FOR HOMELESS VETERANS CONTRACT RESIDENTIAL SERVICES PROGRAM

For each Veteran admitted into a Health Care for Homeless Veterans (HCHV) Contract Residential Services (CRS) program, the HCHV CRS Liaison's documentation in the Veteran's electronic health record (EHR) must include:

a. A full assessment to include a Veteran's history of:

(1) Homelessness.

(2) Mental health history.

(3) Physical health history.

(4) Substance use.

(5) Social history.

(6) Education.

(7) Vocational and income history.

(8) Legal history.

(9) Strengths.

(10) Barriers/vulnerabilities.

b. Program entry note documenting eligibility, the reason for referral and the program to which a Veteran is admitted.

c. Initial service plan to include pertinent past treatment history, Veteran's goals and initial plans for discharge/housing. The Veteran's record in the EHR must be consistent with the information contained in the contract provider's clinical record.

d. Progress notes completed at least monthly or as indicated to include Veteran's progress towards treatment goals, Veteran's participation in treatment, a summary of service or contact, and any changes to a Veteran's treatment or service plan.

e. Exit/discharge note to include the date of exit, type of exit, Veteran's perception of exit in instances where a Veteran was terminated from a HCHV CRS program, status of treatment goals at the time of exit, established aftercare plan, housing status and contact information.

HEALTH CARE FOR HOMELESS VETERANS INSPECTIONS AND COMPLIANCE REVIEWS

1. GENERAL INSPECTION PROCEDURES

When conducting inspections and compliance reviews the Health Care for Homeless Veterans (HCHV) Liaison and Contracting Officer's Representative (COR) must ensure that:

a. The services described in the Statement of Work (SOW)/Performance Work Statement (PWS) are being provided.

b. The services that are being provided are clinically appropriate for the populations being served.

c. Current program participant feedback regarding overall satisfaction with the HCHV Contract Residential Services (CRS) provider, should be included in any inspection of a HCHV CRS site.

d. All items on the HCHV inspection packet are deemed in compliance and the members of the inspection team approve the placement of Veterans. Any deficiencies must be fully corrected prior to inspection being submitted for the Department of Veterans Affairs (VA) medical facility Director's review and signature approving the program for Veteran placements. *The HCHV inspection packet (VA Form 10-10115a) is available at https://vaww.va.gov/vaforms/.* ***NOTE:*** *This is an internal VA website that is not available to the public.*

2. INITIAL INSPECTIONS

a. Initial inspections of all HCHV CRS program sites must be conducted before the site is approved by the HCHV National Program Office for a Homeless Operations Management and Evaluation System (HOMES) project code and admissions to the program can begin. The HCHV CRS Liaison must submit the completed initial inspection packet, which has been signed by the VA medical facility Director, to the Veterans Integrated Services Network (VISN) Homeless Coordinator for review and subsequently approved by the HCHV National Program Office.

b. Once the VISN Homeless Coordinator determines that the inspection packet is complete, they must forward the first page of the HCHV CRS inspection to the HCHV National Program Office for site or program activation along with the Notice of Newly Operational Contract form. ***NOTE:*** *VA Form 10-10115b, Health Care for Homeless Veterans (HCHV) Notice of New Contract Form, dated May 8, 2014, can be found https://vaww.va.gov/vaforms/. This is an internal VA website that is not available to the public.*

3. ANNUAL RE-INSPECTIONS

a. Annual re-inspections must occur for each HCHV CRS program. Once completed, the re-inspection packet must be forwarded to the VA medical facility Director for approval and signature and then submitted to the VISN Homeless Coordinator for review and tracking. Annual re-inspections should be unannounced whenever possible.

b. When an unannounced inspection is not possible due to privacy or other concerns, the HCHV CRS Liaison must still ensure that at a minimum four unannounced site visits are made annually. These unannounced site visits must include:

(1) A visual safety and sanitation inspection of the facility including meal preparation areas, fire exits, sleeping areas and medication storage. Any safety or sanitation deficiency must be addressed immediately.

(2) Review of the contract provider's emergency and disaster plans to ensure they are up to date, and that staff are trained in the procedures outlined in the plans.

(3) An audit of Veteran's clinical records selected randomly to ensure documentation of case management services and that other services are being provided as required by the contract terms.

(4) Review of any Veteran complaints to ensure that these have been resolved in a fair, impartial and consistent manner.

(5) The results of the unannounced site visits are to be documented and shared with the COR and Contracting Officer (CO). The report and any issues that were found along with the resolution must be kept in the COR Administrative File for that program.

4. OTHER REVIEWS AND THOSE REQUIRED BY THE CONTRACT

a. When VA medical facility staff is at a HCHV CRS site, a cursory environmental review must be conducted.

b. If a hazardous condition or deficiency is noted, the HCHV CRS Liaison or other VA medical facility staff must act to ensure that immediate appropriate actions are taken by the HCHV CRS provider to ensure the safety and well-being of the Veterans and then make appropriate notification to VA medical facility staff to include the CO and COR for inspection, guidance and follow-up.

c. Any hazards or deficiencies noted must be documented in the COR Administrative File for that HCHV CRS program along with the resolution.

5. CONTRACT QUALITY ASSURANCE COMPLIANCE REVIEWS UNDER FEDERAL ACQUISITION REGULATIONS 48 C.F.R. PART 46

a. Government contract quality assurance must be performed as necessary to determine that the supplies or services conform to contract requirements. This task is usually assigned to the COR who may complete the review with the assistance of the HCHV CRS Liaison. ***NOTE:*** *For more information, see FAR 48 C.F.R. part 46.*

b. The Quality Assurance Surveillance Plan (QASP) is used to assess contractor performance. The QASP identifies what is going to be inspected, the inspection process and who will do the inspecting. The results of those inspections will then be used to document contractor performance. The QASP should be a “living” document and reviewed as performance warrants understanding that the contractor, not the government, is responsible for ensuring performance meets the terms of the contract.

c. The QASP must be prepared through collaboration between the CO, COR, VA medical facility Homeless Program Coordinator or other service line staff for each HCHV CRS program. The QASP review should be completed quarterly or as determined by the CO.

d. A QASP should contain the following elements:

(1) Purpose.

(2) Roles and Responsibilities.

(3) Performance Requirements and Assessments.

(4) Performance Reporting.

e. The QASP results should be shared with the CO and HCHV CRS Liaison and maintained in the COR Administrative File for that program.

PAYMENT FOR AN ABSENT VETERAN IN HCHV CRS PROGRAMS

1. CIRCUMSTANCES FOR PROVIDER PAYMENT

a. The Health Care for Homeless Veterans (HCHV) Contract Residential Services (CRS) program allows payment to a provider for an absent Veteran under the circumstances outlined below.

b. The HCHV CRS Liaison will review a HCHV CRS provider's request for payment for an absent Veteran to ensure it meets the standards set by the HCHV National Program Office and that this payment does not modify any terms of an ***existing*** HCHV CRS program, however these provisions must be incorporated in all new HCHV CRS program solicitations beginning 6 months after the publication of this directive. Any questions should be referred to the HCHV National Program Office.

c. The Department of Veterans Affairs (VA) will pay per diem up to a maximum of 48 consecutive hours for the unscheduled absence or 96 hours for the scheduled absence of a Veteran under the following conditions:

(1) **Scheduled Absences.** To receive payment, the absence must:

(a) Be pre-planned, consistent with and support the Veteran's individual service plan (e.g., family reunification, short term medical, substance use disorder (SUD) or psychiatric treatment).

(b) Have the reason documented in the individual Veteran's case file, treatment record, or service plan.

(c) Not result in the bed being filled by the provider.

(d) Not be for a break or vacation from treatment.

(e) Not be used for extended educational or employment circumstances.

(f) Not be used to create more than 4 consecutive days of absence.

(2) **Unscheduled Absences.** To receive payment for an unscheduled absence:

(a) The provider must have evidence of active outreach to locate and reengage the Veteran and document the steps taken in the Veterans individual case file, treatment record, or service plan.

(b) The provider may not fill the bed.

(c) The Veteran must be discharged from the HCHV CRS program if not located within 48 hours.

(3) **Inpatient Hospitalization.** HCHV Low Demand Safe Haven (LDSH) programs target the population of hard-to-reach, chronically homeless Veterans with mental illness and many with SUDs who require additional supports to maintain treatment and housing. HCHV Contract Emergency Residential Services (CERS) programs established as medical respite or geriatric care programs also serve a specific subset of Veterans with complex needs. The per diem payment may be made to a HCHV LDSH, medical respite or geriatric care provider if a Veteran requires inpatient medical or psychiatric treatment for a period of up to 7 days. The provider may not fill the bed during this time and should maintain contact with the HCHV CRS Liaison and the Veteran if authorized.

(4) **Ineligible Veteran.** When a Veteran is admitted to a HCHV CRS program and found to be ineligible for HCHV CRS, VA will pay for a maximum of 4 days from the day of admission to allow the provider and HCHV CRS Liaison time to locate and arrange alternate placement.

EXAMPLES OF STATEMENTS OF WORK, PERFORMANCE WORK STATEMENTS AND QUALITY ASSURANCE SURVEILLANCE PLAN FOR HEALTH CARE FOR HOMELESS VETERANS

1. The requirements for Health Care for Homeless Veterans (HCHV) Contract Residential Services (CRS) Programs must be included in any new solicitation begun 6 months after the publication of this directive. ***NOTE:*** *For more information about requirements, see paragraph 6 in the body of this directive.*

2. The examples below can be used as a guide for VA medical facilities to prepare a Statement of Work (SOW) or Performance Work Statement (PWS) for HCHV CRS contract solicitation. ***NOTE:*** *The examples are located at https://dvagov.sharepoint.com/sites/vhanational-health-care-for-homeless-Veterans/Shared%20Documents/Forms/AllItems.aspx.This is an internal VA website that is not available to the public.*

a. Example SOW/PWS HCHV CERS General Population.

b. Example SOW/PWS HCHV CERS Special Population.

c. Example SOW/PWS HCHV LDSH Program.

d. Example of Quality Assurance Surveillance Plan (QASP) Template.

CONTRACTING PROCESS FOR HEALTH CARE FOR HOMELESS VETERANS CONTRACT RESIDENTIAL SERVICES PROGRAMS

1. PLANNING

This phase begins with a description of the government's needs stated in terms sufficient to allow conduct of market research. This planning involves all personnel responsible for significant aspects of the acquisition which would include the Health Care for Homeless Veterans (HCHV) Contract Residential Services (CRS) Liaison, Department of Veterans Affairs (VA) medical facility Homeless Program Coordinator and Contracting Officer's Representative (COR). The purpose of this planning is to ensure that the VA medical facility meets its needs in the most effective and economical manner.

2. CONTRACT INITIATION

The initiation phase begins with the development of a complete acquisition plan (AP) package. The HCHV CRS Liaison and COR have the primary responsibility for developing the AP package with the Contracting Officer (CO) providing guidance and assistance as needed. The quality of the information developed during this phase has a significant impact on the success of all subsequent phases of the acquisition process. This phase occurs internal to the funding agency; potential contractors are not involved in this phase.

3. CONTRACT SOLICITATION

The CO will prepare a detailed solicitation document to facilitate the submission of responsive proposals from qualified offerors. During this phase of the acquisition process, the CO has the primary responsibility.

4. CONTRACT EVALUATION

The CO receives the offerors' proposals to the solicitation. In order to determine which proposal will provide the government with the best quality product or service at a fair and reasonable price/cost, the CO along with the HCHV CRS Liaison and COR reviews the proposals. Determinations are based on a full and fair assessment of each proposal.

5. CONTRACT AWARD

The contract is awarded by the CO after all offers have been evaluated, any negotiations required have been concluded and the government has determined a successful offeror.

6. CONTRACT ADMINISTRATION

The administration phase begins with the award of the contract. During this phase, it is critical that work is conducted in accordance with the SOW and is monitored by the COR for technical compliance. The COR maintains contact with the CO to advise if there is any deviation from the Statement of Work, compliance issues or corrective actions required.