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VETERANS HEALTH ADMINISTRATION

Deficiencies in Case Management and Access to Care for HUD-VASH Veterans at the VA Greater Los Angeles Healthcare System in California

Healthcare Inspection | **24-01598-43** | **January 30, 2025**

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Executive Summary

The VA Office of Inspector General (OIG) conducted a healthcare inspection at the VA Greater Los Angeles Healthcare System (facility) in California to assess confidential complaints alleging (1) a veteran (subject veteran) was going to be discharged from the Housing and Urban Development VA Supportive Housing (HUD-VASH) program "when [the veteran] should not have been" and (2) other veterans were discharged from HUD-VASH "for no reason."[1] The OIG also evaluated access to primary care for facility veterans enrolled in HUD-VASH who remained unhoused, as housing may influence healthcare outcomes.

Subject Veteran Case Summary

In October 2013, the subject veteran enrolled in the facility HUD-VASH program and was housed in a one-bedroom apartment from March 2014 to October 2019. In October 2019, the veteran left the apartment, received a new voucher with an expiration date of December 2021, and continued to work with HUD-VASH case management to secure permanent housing.[2]

Eighteen days before the expiration date, a HUD-VASH case manager asked the housing authority to accommodate the veteran's request for a two-bedroom unit, upon the existing voucher's expiration, and was informed that the veteran would have to reapply for a new voucher. On the same day, the HUD-VASH case manager and supervisor contacted the veteran to discuss the veteran "turn[ing] down leads" on available one-bedroom units and the HUD-VASH supervisor documented that if the veteran was unable to engage "in a realistic housing search," the veteran would be discharged. Throughout December 2021, the veteran maintained regular contact with the assigned peer support specialist, working on housing leads. Upon expiration of the voucher, the supervisor discharged the veteran from the program after repeatedly informing the veteran of plans to discharge the veteran from the program if housing was not secured before voucher expiration. In October 2023, the veteran was re-admitted to the facility HUD-VASH program. As of summer 2024, the veteran remains unhoused and continues to receive HUD-VASH case management services to secure permanent and stable housing.

[1] The HUD-VASH program pairs a US Department of Housing and Urban Development (HUD) housing subsidy voucher with VHA clinical case management and supportive services. US Department of Housing and Urban Development "Housing Choice Vouchers Fact Sheet," accessed June 6, 2024, https://www.hud.gov/topics/housing_choice_voucher_program_section_8#hcv01.

[2] HUD vouchers specify a certain amount of money rather than a specific apartment size. In the veteran's geographical market of interest, the amount for which the veteran qualified and was awarded would allow for rental of a one-bedroom apartment. US Department of Housing and Urban Development, "Housing Choice Vouchers Fact Sheet."

Inspection Results

The OIG reviewed the HUD-VASH case management provided to the subject veteran, including the reasons for the veteran's negative exit from the program in December 2021.[3] The OIG did not substantiate that the subject veteran, nor other veterans, were discharged from the HUD-VASH program "for no reason" as the OIG found Homeless Operations Management and Evaluation System (HOMES) exit forms had a documented reason for discharge. However, the OIG found deficiencies existed with the subject veteran's case management. The OIG determined parallel deficiencies occurred in the case management of other facility veterans. Additionally, the electronic health records (EHRs) of many unhoused HUD-VASH veterans, who did not have scheduled primary care appointments, demonstrated the absence of treatment plans and assignments to primary care teams.[4]

Absence of Updated Treatment Plans

HUD-VASH case managers must create treatment plans, which identify a veteran's personal goals to obtain and sustain housing. Facility policy requires the lead case manager to complete and document the treatment plan in the EHR and HUD-VASH supervisors must ensure case managers have completed treatment plans and address any deficiencies in required documentation.[5]

After the subject veteran became unhoused in 2019 and returned to case management, HUD-VASH case managers did not document a treatment plan as required. When asked, the HUD-VASH supervisor could not identify why the required treatment plan had not been completed. According to HUD-VASH leaders, it would be hard to perform effective case management without a treatment plan.[6] The deputy program manager of HUD-VASH also told the OIG that supervisors are responsible for oversight and ensuring treatment plan completion; however, supervisors only review five EHRs monthly.

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[3] The term *negative exit* describes reasons why a veteran has not successfully met housing case management goals. VHA Homeless Program Office, *Technical Manual: FY 2024 Homeless Performance Measures,* October 1, 2023. VHA Homeless Programs, *HOMES Data Definitions Guide,* October 2023. VHA codes the reasons as non-compliance with case management, eviction or other housing-related issues, or the veteran is unhappy with housing or cannot be located as negative exit reasons from the HUD-VASH program.

[4] HUD-VASH veterans are not required to receive VHA primary care and may choose primary care options in the community or defer medical treatment altogether.

[5] VHA Directive 1162.05(1), *Housing and Urban Development Department of Veterans Affairs Supportive Housing Program,* June 29, 2017, amended October 31, 2017; Facility SOP (standard operating procedure) 10-H5-11, *HUD-VASH Documentation* (standard operating procedure), July 2019; Facility SOP 00-10H5-10, *HUD-VASH Aftercare* (standard operating procedure), September 2021.

[6] For the purpose of this report, the OIG uses "facility HUD-VASH leaders" in reference to the deputy chief and deputy program manager of HUD-VASH.

The deputy program manager of HUD-VASH informed the OIG of discovering deficiencies with treatment plan completion during reviews in spring 2021; the deficiencies were attributed to a change in the documentation template. The deputy program manager of HUD-VASH relayed that as a result, HUD-VASH staff received treatment plan completion training in September 2021.

Due to identified deficiencies with the subject veteran's treatment plan, the OIG conducted an EHR review of a sample of veterans discharged with a negative exit from the HUD-VASH program and found case managers failed to document a treatment plan for approximately 43 percent of veterans reviewed.[7]

Deficiencies with HUD-VASH Discharge and Documentation

The HUD-VASH supervisor's EHR documentation indicated the subject veteran was discharged because of an expired voucher, in the setting of a history of the veteran's unrealistic housing expectations. Of note, Veterans Health Administration (VHA) and facility policy do not specifically identify an expired voucher as a reason for discharge.[8] In contrast, the OIG learned the supervisor documented the discharge reason in HOMES as *non-compliance with case management*.[9] The supervisor explained the incongruent documentation was due to limited options within HOMES, and that *non-compliance with case management* was the best option despite the subject veteran's engagement in case management. The deputy program manager of HUD-VASH reported not being aware of incongruent discharge reasons. When asked about the review process for discharge documentation, HUD-VASH leaders commented that no process exists.

The HUD-VASH supervisor discharged the subject veteran, for a reason not delineated in HOMES, during a critical time when the veteran was experiencing ongoing housing case management needs. Incongruent documentation for discharge and failures in supervisory oversight resulted in missed opportunities for improved case management for the subject veteran.

Due to deficiencies identified with the subject veteran's discharge documentation, the OIG reviewed the EHRs of the sample of veterans discharged from the HUD-VASH program for negative exit reasons and found in fiscal year 2022, 95 percent of HOMES negative exit reasons

[7] The OIG reviewed 191 unique EHRs of facility veterans discharged from the HUD-VASH program with a HOMES-documented negative exit from October 2021 through April 2024. The OIG reviewed "VASH Treatment Plan" notes, which according to facility HUD-VASH leaders, has been the consistent note title since September 2021. This time frame aligned with the time period of concerns in the allegations from the confidential complainant.

[8] VHA Directive 1162.05(1); Facility SOP 00-10H5-13, *HUD-VASH Discharge* (standard operating procedure), June 2019.

[9] HOMES is "VA's primary platform for collecting . . . information for homeless Veterans as they move through VA's system of care." VHA Directive 1162.05(1).

aligned with the corresponding EHR discharge note.[10] Alignment declined from fiscal year 2022 through April of fiscal year 2024, when only 88 percent of documentation aligned. Further, the OIG found a 14 percent increase in the absence of EHR discharge notes from October 2021 through April 2024, indicating the corresponding veterans do not have complete records to indicate why discharge occurred.

Unhoused HUD-VASH Veterans' Access to Care

HUD-VASH program services are designed to help unhoused veterans "obtain permanent housing and access the health care, mental health treatment, and other supports necessary to help them improve their quality of life."[11] As housing influences healthcare outcomes, the OIG reviewed the EHRs of 263 unique veterans admitted to the HUD-VASH program from October 2021 through April 2024 who remained unhoused as of April 30, 2024, and did not have scheduled primary care appointments.[12] Although HUD-VASH veterans are not required to receive primary care through VHA, the VHA Homeless Program Office expects primary care team assignments for greater than 85 percent of facility HUD-VASH veterans.[13]

Approximately 24 percent of the veterans' EHRs reviewed did not have a documented HUD-VASH treatment plan; therefore, the OIG could not determine if HUD-VASH case managers facilitated care in a manner that met veterans' needs. Per the deputy chief of HUD-VASH, treatment plans are important in outlining services, other than housing, that HUD-VASH staff provide to a veteran. Additionally, approximately 35 percent of the veterans' EHRs reviewed did not have an assigned primary care team. The OIG is concerned that the absence of treatment plans, as well as primary care assignments, could affect HUD-VASH case management staff's ability to coordinate veteran-centered care and may contribute to deficient facilitation of clinical services for this vulnerable population.

[10] The fiscal year for the federal government is a 12-month period from October 1 through September 30 of any given year and is designated by the calendar year in which it ends. 49 C.F.R. § 1511.3 (2003). For example, fiscal year 2022 began October 1, 2021, and ended September 30, 2022. The review of fiscal year 2024 is from October 1, 2023, through April 30, 2024, due to data not being available for the entire fiscal year.

[11] "US Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program," VA Homeless Programs, accessed May 22, 2024, https://www.va.gov/homeless/hud-vash.asp.

[12] The period of review aligned with the time period of concerns in the allegations from the confidential complainant. The OIG reviewed scheduled care from the date of each veteran's HUD-VASH admission through April 30, 2024. Additionally, as unhoused veterans may experience more challenges in accessing care, the OIG chose to review EHRs of unhoused HUD-VASH veterans.

[13] "VA Primary Care," Patient Care Services, accessed July 3, 2024, https://www.patientcare.va.gov/primarycare/index.asp. The OIG recognizes that HUD-VASH veterans are not required to receive VHA primary care and may choose primary care options in the community or defer medical treatment altogether. As such, some of the 263 veterans reviewed may have received primary care elsewhere, other than at the facility.

The OIG made five recommendations to the Facility Director related to completion and oversight of HUD-VASH documentation; HUD-VASH discharges; and assignment of unhoused HUD-VASH veterans to primary care teams.

VA Comments and OIG Response

The Veterans Integrated Service Network and Facility Directors concurred with the findings and recommendations and provided acceptable action plans (see appendixes A and B). The OIG will follow up on the planned actions until they are completed.

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Contents

Abbreviations

EHR	electronic health record
HOMES	Homeless Operations Management and Evaluation System
HUD	The US Department of Housing and Urban Development
HUD-VASH	Housing and Urban Development Veterans Affairs Supportive Housing
OIG	Office of Inspector General
PACT	patient aligned care team
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Introduction

The VA Office of Inspector General (OIG) conducted a healthcare inspection at the VA Greater Los Angeles Healthcare System (facility) in California to assess confidential complaints alleging (1) a veteran (subject veteran) was going to be discharged from the Housing and Urban Development VA Supportive Housing (HUD-VASH) program "when [the veteran] should not have been" and (2) other veterans were discharged from HUD-VASH "for no reason."[1] The OIG also evaluated access to primary care for facility veterans enrolled in the HUD-VASH program who remain unhoused.

Background

The facility, located in West Los Angeles, is part of Veterans Integrated Service Network (VISN) 22 and includes eight outpatient clinics.[2] From October 1, 2022, through September 30, 2023, the facility served 86,655 patients. The Veterans Health Administration (VHA) classifies the facility as a level 1a, highest complexity facility.[3] The facility provides healthcare services, including emergency care, mental health care, specialty medicine, and primary care.

Veteran Homelessness in Los Angeles

Homelessness is more common among veterans as compared to nonveterans.[4] This is notably represented in Los Angeles County, as limited access to affordable housing has resulted in a

[1] VHA Directive 1162.05(1), *Housing and Urban Development Department of Veterans Affairs Supportive Housing Program,* June 29, 2017, amended October 31, 2017. Unless otherwise specified, the October 2017 directive contains the same or similar language regarding HUD-VASH program requirements as the June 2017 directive; US Department of Housing and Urban Development, "Housing Choice Vouchers Fact Sheet," accessed June 6, 2024, https://www.hud.gov/topics/housing_choice_voucher_program_section_8#hcv01. The HUD-VASH program pairs a US Department of Housing and Urban Development (HUD) housing subsidy voucher with VHA clinical case management and supportive services. The OIG uses the term voucher to refer to a housing subsidy voucher throughout this report.

[2] The eight outpatient clinics are located in Bakersfield, East Los Angeles, Gardena, Lancaster, Oxnard, San Luis Obispo, Santa Barbara, and Santa Maria (California).

[3] VHA Office of Productivity, Efficiency, and Staffing (OPES), "Data Definitions VHA Facility Complexity Model," October 1, 2023. The model rates facilities as levels 1a, 1b, 1c, 2, or 3, with facilities rating 1a being the most complex and those rating 3 being the least complex.

[4] Anderson JK, Mackey KM, Beech EH, Young S, Parr NJ. *Factors Associated with Homelessness Among US Veterans: A Systematic Review.* Washington, DC: Evidence Synthesis Program, Health Services Research and Development Service, Office of Research and Development, Department of Veterans Affairs. VA ESP Project #09-199; 2023.

steady growth of veterans who are unhoused.[5] The 2023 "Point-in-Time count" identified that unhoused veterans in Los Angeles City and County accounted for over 10 percent of all unhoused veterans nationally and represented the largest population of unhoused veterans in the United States.[6]

The facility is home to VHA's largest HUD-VASH program, which seeks to end veteran homelessness through coordinated outreach and a collaborative partnership with the US Department of Housing and Urban Development (HUD).[7] Specifically, the HUD-VASH program pairs VHA clinical case management and supportive services with a HUD voucher for affordable housing.[8] As of April 2024, 5,297 facility veterans obtained housing through the program with an additional 444 facility veterans enrolled in HUD-VASH who were still working toward stable housing.[9] Additionally, the facility has the most HUD-VASH staff-designated positions nationally—as of April 2024, there were 235 HUD-VASH designated positions.[10]

Allegations and Related Concerns

On December 29, 2021, the OIG received a confidential complaint alleging a veteran (subject veteran) who received care at the facility was going to be discharged from the HUD-VASH program.[11] Subsequent allegations from the complainant in September 2023 and February 2024

[5] "*LA's Homeless Response Leaders Unite to Address Unsheltered Homelessness as Homeless Count Rises,*" June 29, 2023, updated June 30, 2023, Los Angeles Homeless Services Authority, accessed April 2, 2024, https://www.lahsa.org/news?article=927-lahsa-releases-results-of-2023-greater-los-angeles-homeless-count.

[6] "POINT-IN-TIME COUNT," US Department of Housing and Urban Development, accessed April 3, 2024, https://www.hud.gov/program_offices/comm_planning/coc/pit-count. Point-in-Time counts identify the number of people experiencing homelessness. HUD requires geographic service areas called continuums of care to conduct Point-in-Time counts of unhoused persons "sheltered in emergency shelter, transitional housing, and safe havens on a single night." In 2023, Los Angeles City and County's continuum of care counted 3,874 unhoused veterans; VHA Directive 1162.05(1).

[7] "VA Homeless Programs," VA, accessed April 01, 2024, https://www.va.gov/homeless; "HUD-VASH Voucher Utilization," VHA Support Service Center (VSSC), accessed June 7, 2024, https://vssc.med.va.gov/VSSCMainApp. (This site is not publicly accessible.) The facility has the largest number of HUD-VASH vouchers allocated for veterans to use. "Percentage of HUD-VASH VHA Homeless Program Office-Funded Positions Currently Filled," VHA Support Service Center (VSSC), accessed June 6, 2024, https://vssc.med.va.gov/VSSCMainApp. (This site is not publicly accessible.)

[8] VHA Directive 1162.05(1). US Department of Housing and Urban Development, "Housing Choice Vouchers Fact Sheet. The Housing Choice Voucher Program is a rental subsidy program. HUD provides federal funding to public housing authorities, who in turn pay housing subsidies to landlords on behalf of the program's participants. Participants are responsible for paying "the difference between the actual rent charged by the landlord and the amount subsidized by the program."

[9] "HUD-VASH Voucher Utilization," VSSC.

[10] "Percentage of HUD-VASH VHA Homeless Program Office-Funded Positions Currently Filled," VSSC.

[11] The OIG requested further information from the confidential complainant to proceed with the December 2021 complaint; however, the complainant did not respond, and the complaint was closed. The confidential complainant identified the veteran's exit from the HUD-VASH program as a "termination." The OIG uses the term "discharge" in this report, to reflect language in VHA policy. VHA Directive 1162.05(1).

alleged the subject veteran and other veterans continued to be discharged from HUD-VASH "for no reason." The OIG opened an inspection on March 13, 2024, to examine the allegations.

As housing is a social determinant of health that influences healthcare outcomes, the OIG also reviewed access to primary care for facility veterans who were enrolled in the HUD-VASH program but remained unhoused.[12]

Scope and Methodology

The OIG conducted a virtual site visit from April 22 through May 2, 2024. The OIG also conducted an unannounced site visit from May 7 through 9, 2024. The OIG interviewed the confidential complainant and select VISN, HUD-VASH and facility leaders, providers, and staff.[13] The OIG reviewed the relevant federal law, regulatory requirements, VHA and facility policies and procedures, organizational charts, email communications, quality reviews, and oversight and accreditation inspection reports from the time frame October 2021 through April 2024.[14] The OIG also reviewed the subject veteran's electronic health record (EHR) for care received from October 2013 through May 2024.[15]

The OIG retrieved and reviewed data from VA's Homeless Operations Management and Evaluation System (HOMES) to collect a sample of veterans coded as a negative exit when discharged from the HUD-VASH program from October 1, 2021, through April 30, 2024.[16] The

[12] "Social Determinants of Health," VA Office of Health Equity, accessed April 1, 2024, https://www.va.gov/HEALTHEQUITY/Social_Determinants_of_Health.asp. Social Determinants of Health are "the social, economic, and physical conditions in the environments where people live, work, and play."

[13] The OIG uses the term "facility HUD-VASH leaders" throughout the report to reference the Community Engagement and Reintegration Service deputy chief of HUD-VASH and the deputy program manager of HUD-VASH. During interviews, the OIG learned the facility HUD-VASH leaders have held their positions since November 2017 and March 2019, respectively.

[14] As the OIG received allegations from the confidential complainant in December 2021, September 2023, and February 2024, the OIG reviewed documentation encompassing these time frames.

[15] The OIG uses the term 'subject veteran' when referring to the veteran referred to in the December 2021 complaint. The OIG's review of the subject veteran's EHR was for care received from October 2013, when the veteran first became housed in the HUD-VASH program, to May 2024, following the OIG's opening of the inspection. The OIG focused on HUD-VASH leaders' responses to questions from the inspection team regarding the subject veteran's HUD-VASH case management upon learning in an interview that the chief of Community Engagement and Reintegration Service began acting in the chief role in February 2023 and officially in May 2023.

[16] 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." VHA Directive 1162.05(1). The term *negative exit* indicates and describes reasons why a veteran has not successfully met housing case management goals. VHA Homeless Program Office, *Technical Manual: FY 2024 Homeless Performance Measures,* October 1, 2023. The four negative exit reasons, as defined in HOMES, are listed on the "HUD-VASH Exit Form" as: "Veteran did not comply with HUD-VASH Case Management," "Veteran was evicted from his/her HUD-VASH apartment by [the housing authority] or landlord and/or had other housing related issues or problems," "Veteran unhappy with HUD-VASH housing," and "Veteran cannot be located." VHA Homeless Programs, *HOMES Data Definitions Guide,* October 2023.

OIG further reviewed the EHRs of the veterans in the sample to analyze trends in case management and documentation.

Additionally, the OIG retrieved and reviewed data from HOMES to analyze HUD-VASH case management staffs' assistance with care coordination of unhoused HUD-VASH veterans. The OIG identified unhoused veterans, via HOMES, as those who had HUD-VASH admission dates between October 1, 2021, and April 30, 2024, but did not have a HUD-VASH exit or move-in date. The OIG further reviewed the EHRs of these veterans for evidence of HUD-VASH case management staff care coordination through treatment planning, and assignment to a primary care team.[17]

In the absence of current VA or VHA policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

The OIG substantiates an allegation when the available evidence indicates that the alleged event or action more likely than not took place. The OIG does not substantiate an allegation when the available evidence indicates that the alleged event or action more likely than not did not take place. The OIG is unable to determine whether an alleged event or action took place when there is insufficient evidence.

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978, as amended, 5 U.S.C. §§ 401–424. The OIG reviews available evidence to determine whether reported concerns or allegations are valid within a specified scope and methodology of a healthcare inspection and, if so, to make recommendations to VA leaders on patient care issues. Findings and recommendations do not define a standard of care or establish legal liability.

The OIG conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

Subject Veteran Case Summary

In October 2013, the subject veteran enrolled in the facility HUD-VASH program and was housed in a one-bedroom apartment from March 2014 to October 2019.[18] In October 2019, the veteran left the apartment, received a new housing authority voucher, and continued to work with HUD-VASH case management to secure permanent housing.

[17] The OIG obtained patient care information, such as appointment data, through the Corporate Data Warehouse, which collects real-time health care data from VHA's EHR system. "Corporate Data Warehouse (CDW)," VA Health Systems Research, accessed June 10, 2024, https://www.hsrd.research.va.gov/for_researchers/vinci/cdw.cfm.

[18] The last treatment plan from this enrollment in HUD-VASH was dated November 6, 2014.

By December 2019, the veteran was living in a recreational vehicle on the property of a potential new landlord, awaiting approval from the housing authority to use the HUD-VASH voucher for a rental unit on the property.[19] By April 2020, the potential new landlord canceled the request to participate in the HUD-VASH program and the veteran continued to live in the recreational vehicle on the property until October 2021. After leaving the property, the HUD-VASH case manager procured the veteran emergency housing at a hotel.

In the summer of 2021, the housing authority had extended the fall 2019 voucher to late 2021. In mid-2021, HUD-VASH staff documentation in the veteran's EHR reflected ongoing challenges with obtaining stable housing; despite having been awarded a voucher that would allow for a one-bedroom apartment in the veteran's geographical market of interest, the veteran "demanded" to be housed in a two-bedroom home with a garage in the same geographical market.[20] Throughout November 2021, the veteran maintained contact with the HUD-VASH case manager and a peer support specialist who worked to assist the veteran with housing challenges.

In December 2021, the HUD-VASH case manager contacted the veteran with a reminder that the housing voucher was expiring at the end of the month. The veteran reiterated the need for a two-bedroom unit and reported the inability to find such a home with the amount allocated on the current voucher. When the case manager asked the local housing authority, the local housing authority responded that the veteran would have to reapply for a new voucher to be evaluated for such an accommodation.

Two days later, the HUD-VASH case manager and the HUD-VASH supervisor contacted the veteran to discuss the housing search. The HUD-VASH supervisor noted that since issuance of the voucher, the veteran had "turned down leads" on available one-bedroom units as the veteran was specifically looking for a two-bedroom house with a garage. The HUD-VASH supervisor documented that if the veteran was unable to engage "in a realistic housing search with the support of [the veteran's] VASH team," the veteran would be discharged from HUD-VASH.

A week later, the HUD-VASH supervisor became the veteran's new case manager as the previous case manager was leaving the facility. Eleven days before the expiration date, the HUD-VASH supervisor contacted the veteran and the veteran continued to request an accommodation "to allow additional income to be able to find a place of residence with a garage." The HUD-VASH supervisor documented that per a discussion with a housing authority adviser, as the "veteran is set to terminate on the (*sic*) [December 2021] advisor stated it would not be appropriate to submit request." The HUD-VASH supervisor reminded the veteran that the "voucher is set to expire on [December 2021] and reviewed previous conversation regarding

[19] The subject veteran independently identified the potential landlord.

[20] HUD vouchers specify a certain amount of money, not an apartment size. US Department of Housing and Urban Development, "Housing Choice Vouchers Fact Sheet."

veterans inability to engage in a realistic housing search such as housing within [the veteran's] current means."

Throughout December 2021, the veteran maintained regular contact with the assigned peer support specialist and worked with the staff member to follow up on possible housing leads. Three days before the expiration date, the veteran called the HUD-VASH supervisor requesting assistance with several listings of interest. During the conversation, the HUD-VASH supervisor documented a plan to call the listings and reminded the veteran of the voucher's expiration date and that the veteran would be discharged from HUD-VASH if housing was not secured.

In December 2021, the HUD-VASH supervisor discharged the veteran from the HUD-VASH program citing the expired voucher, in the setting of a history of the veteran's unrealistic housing expectations and lack of interest in case management. The same day, the HUD-VASH supervisor documented the veteran's discharge as a negative exit in HOMES, due to noncompliance with case management.

Shortly after, the veteran's emergency hotel housing expired, and the veteran became unhoused. In January 2022, the veteran reengaged with facility homeless services and was referred to HUD-VASH with readmission pending a phone screening interview. The veteran declined screening through May 2022, citing a need to be reinstated without the screening.

Through 2022, the veteran remained unhoused, and facility homeless program staff continued to engage and assist the veteran with forms required for HUD-VASH services. In December 2022, the veteran applied directly to the housing authority for a housing voucher, which was awarded in January 2023 with a plan to receive supportive services through a community organization.

By late July 2023, the veteran remained unhoused and was discharged from the community organization because the housing voucher expired. In August 2023, the veteran presented to the facility HUD-VASH intake department, requested assistance with housing options, and participated in an intake assessment. In September 2023, the veteran completed the HUD-VASH eligibility screening process, was re-admitted in October 2023, and staff initiated a new treatment plan.[21]

The spring 2024 treatment plan update included the veteran's housing goal as "I need a house, I have a lot of possessions so I need a yard and garage." As of summer 2024, the veteran remains unhoused and continues to receive HUD-VASH case management services to secure permanent and stable housing.

[21] At this point, a contracted agency, *Step Up on Second* provided the HUD-VASH case management. VA employees provided the subject veteran's prior case management. VHA Directive 1162.05(1); Facility SOP 10-H5-11, "HUD-VASH Documentation" (standard operating procedure), July 2019. In VHA and facility policy, treatment plans are referred to as *Housing Stability Plan* and *Mental Health Suite Treatment Plan*. For the purposes of this report, the OIG uses the term *treatment plan*.

Inspection Results

The OIG reviewed the HUD-VASH case management provided to the subject veteran, including the reasons for the veteran's exit from the program in December 2021. The OIG did not substantiate that the subject veteran, nor other veterans, were discharged from the HUD-VASH program "for no reason" as the OIG found HOMES exit forms had a documented reason for discharge. However, the OIG found deficiencies existed with the subject veteran's case management, including treatment planning, a facility discharge process that does not support the intent of VHA HUD-VASH case management, and supporting documentation. The OIG determined similar deficiencies in treatment planning and discharge documentation occurred in the case management of additional facility veterans, also coded as *negative exits* when discharged from the HUD-VASH program.

Recognizing that one of the aims of a treatment plan is to connect veterans with clinical services such as primary care, the OIG also assessed the EHRs of unhoused HUD-VASH veterans who did not have scheduled primary care appointments. The OIG found further deficiencies with treatment planning, as well as the absence of primary care provider assignments.

1. Deficiencies with HUD-VASH Case Management

The HUD-VASH program is a critical element of the VA's federal strategic plan "to help move Veterans off the streets and into secure and stable housing."[22] Case management is "the key to HUD-VASH success" and a vital component of the ongoing effort to end veteran homelessness.[23] Consistent with VHA requirements, facility policy outlines case management team responsibilities:

- Determine the level of case management the veteran needs.
- Provide case management and support based on the determined level of case management.
- Assist with the housing authority's process for issuance of a voucher.
- Offer housing search assistance.

[22] *HUD-VASH Resource Guide for Permanent Housing and Clinical Care*, April 2012.
[23] *HUD-VASH Resource Guide for Permanent Housing and Clinical Care*.

- Offer interventions and the facilitation of a veteran's progress toward "long-term HUD-VASH Program graduation goals."[24]

HUD-VASH case managers must also collaborate with veterans to create treatment plans identifying a veteran's personal goals, which establish the framework for case management.[25] Treatment planning is veteran-led to promote self-determination through the identification of needs, abilities, and preferences to obtain and sustain stable housing.[26] VHA specifies that treatment plans are to be "reviewed and updated regularly as significant changes occur, goals are accomplished, and new goals are set," and are required to be documented in the EHR.[27] Facility policy requires the lead case manager to complete and document the treatment plan (1) within 14 days of the veteran's HUD-VASH admission, (2) every six months or as clinically indicated, and (3) if the veteran graduated from and is re-admitted back into case management.[28] Additionally, HUD-VASH supervisors must ensure case managers complete treatment plans and address any deficiencies in required documentation.[29] While VHA policy does not specify how supervisors are to provide oversight of documentation, facilities are required to develop local policies and standard operating procedures for processes such as documentation.[30]

A veteran's HUD-VASH case management continues for the duration of enrollment in the program. During an interview, the HUD-VASH supervisor explained veterans must be active program participants and maintain engagement with case management to remain enrolled. VHA policy indicates that in some cases, such as voucher expiration, a veteran remains enrolled in the program and the case management team must assist the veteran with any unmet needs.[31]

[24] VHA Directive 1162.05(1); Facility SOP 10H5-15, "HUD-VASH Stages of Case Management and Minimum Visit Requirements" (standard operating procedure), September 2019; Facility SOP 10H5-12, "HUD-VASH Case Management" (standard operating procedure), February 2020. The case management team, also known as the interdisciplinary team, includes but is not limited to social workers, substance use disorder specialists, peer support specialists, housing specialists, and nursing staff. The case manager determines the level of case management upon a veteran's enrollment and continues at minimum quarterly until the veteran graduates from HUD-VASH. at which time the veteran's need for case management is assessed annually. The level of case management ranges from intensive to graduation and determines the acuity and intensity of case management.

[25] VHA Directive 1162.05(1); Facility SOP 10-H5-11.

[26] VHA Directive 1162.05(1).

[27] VHA Directive 1162.05(1).

[28] Facility SOP 10-H5-11. The lead case manager is the staff member "responsible for gathering of vital information, . . . needed for clinical decision making and treatment planning and proactive planning for transitions of care." Facility SOP 00-10H5-10, "HUD-VASH Aftercare" (standard operating procedure), September 2021. Once a veteran graduates from the program and transitions to aftercare, case management and treatment plans are not required.

[29] VHA Directive 1162.05(1); Facility SOP 10-H5-11.

[30] VHA Directive 1162.05(1).

[31] VHA Directive 1162.05(1).

Discharge occurs when a veteran graduates and transitions to aftercare, or for qualifying discharge reasons such as

- noncompliance with case management,
- misconduct,
- needing a higher level of care, or
- "other" circumstances.[32]

Facility policy requires a veteran's case manager consult with a HUD-VASH coordinator, deputy coordinator, or designee to obtain approval for discharging a veteran from the HUD-VASH program.[33] The lead case manager is then required to document the veteran's discharge in the EHR through a "VASH Discharge Note" and in HOMES through the "HUD-VASH Exit Form."[34] In the exit form, the lead case manager must select the "primary reason the Veteran ended participation in HUD-VASH Case Management" from a list of 12 exit reasons.[35] Four of the 12 reasons are considered negative exits, these include veteran:

- noncompliance with case management,
- eviction,

[32] Facility SOP 00-10H5-13, "HUD-VASH Discharge" (standard operating procedure), June 2019. Noncompliance is defined as "Veterans in HUD-VASH who are not presenting for scheduled appointments with HUD-VASH staff and not being present for appointments exceeding the number of visits required for the HUD-VASH Stage of Case Management Veteran is in." Misconduct includes "physical or verbal threats, harassment, and other forms of inappropriate contact/communication directed towards VA staff." Other circumstances for discharge include but are not limited to, "incarceration, death, returning the Housing Choice Voucher back to the PHA [housing authority], moving out of the Greater Los Angeles catchment area, Veteran's household income exceeding the PHA [housing authority] annual maximum, locating alternative permanent housing without the use of a Housing Choice Voucher, the Veteran may be discharged from the HUD-VASH program with HUD-VASH Coordinator/Deputy or designee approval." Facility SOP 00-10H5-10. Discharge due to graduation is indicated when the veteran no longer needs case management services and "demonstrates the ability to live independently."

[33] VHA Directive 1162.05(1); Facility SOP 00-10H5-13; Facility SOP 00-10H5-10. Graduation to aftercare occurs once a veteran has demonstrated the ability to live independently for at least one year without the need for case management, has accomplished treatment plan goals, and are connected with VA or community resources. At the facility, the HUD-VASH coordinator is known as the deputy chief, and the deputy coordinator is known as the deputy program manager.

[34] Facility SOP 00-10H5-13; Facility SOP 10-H5-11.

[35] VHA Homeless Programs, *HOMES Data Definitions Guide*. The following are exit reason choices when filling out the HOMES exit form: "(1) Veteran accomplished his/her goals and/or obtained access to services and no longer has a need for this program, (2) Veteran transferred to another HUD-VASH program site, (3) Veteran found/chose other housing, (4) Veteran did not comply with HUD-VASH Case Management, (5) Veteran was evicted from his/her HUD-VASH apartment by PHA [public housing authority] or landlord and/or had other housing-related issues or problems, (6) Veteran unhappy with HUD-VASH housing, (7) Veteran is no longer financially eligible for a HUD-VASH voucher, (8) Veteran is no longer interested in participating in this program, (9) Veteran cannot be located, (10) Veteran too ill to participate in HUD-VASH at this time, (11) Veteran is incarcerated, or (12) Veteran is deceased."

- unhappiness with housing, and
- location unknown.[36]

Negative exits are monitored nationally as they indicate a veteran has not successfully met housing case management goals. The VHA Homeless Program Office target for HUD-VASH program negative exits, to ensure a "focus on continued and successful completion of [HUD-VASH] programming," is that they not exceed 14 percent at each medical center.[37]

Policy also requires that "documentation entered in HOMES must align with the information in the Veteran's electronic health record," and designates HUD-VASH supervisors to monitor EHRs and HOMES monthly to ensure compliance.[38]

The OIG found a HUD-VASH supervisor discharged the subject veteran from the program in December 2021, as the veteran's voucher expired, but did not substantiate the discharge was "for no reason." While reviewing the circumstances surrounding the discharge, the OIG found the subject veteran did not receive case management in accordance with VHA and facility policy. The veteran (1) did not have a current treatment plan for approximately two years prior to discharge, (2) was discharged, despite ongoing housing case management needs, and (3) had a discharge reason in HOMES that did not align with the discharge reason documented in the EHR.

Absence of Updated Treatment Plans

Treatment plans are a critical component of case management as they develop the framework to obtain and sustain housing, connect veterans with supportive clinical services, and set goals to overcome housing barriers.[39]

Oversight of required documentation is a crucial process to ensure staff provide veterans with key elements of case management such as completion of a treatment plan.[40] Lack of adherence to

[36] Facility SOP 00-10H5-13; VHA Homeless Programs, *HOMES Data Definitions Guide*.

[37] VHA Homeless Program Office, *Technical Manual*: *FY 2024 Homeless Performance Measures*; "Percentage of Veterans Discharged with a Negative Exit," VSSC. The OIG reviewed facility negative exit data from October 1, 2021, through March 31, 2024, and found the averages did not exceed the national percentage target of 14 percent.

[38] Facility SOP 10-H5-11; VHA Homeless Program Office Policy 17-01-04, *Homeless Operations Management and Evaluations System (HOMES) Reporting Policy*, April 17, 2017. This policy was in effect until it was rescinded and replaced by VHA Homeless Program Office Policy 17-01-06, *Homeless Operations Management and Evaluations System (HOMES) Reporting Policy*, February 17, 2022. This policy was in effect until it was rescinded and replaced by VHA Homeless Program Office Policy 17-01-07, *Homeless Operations Management and Evaluations System (HOMES) Reporting Policy*, October 1, 2023. The policies contain the same language regarding alignment of HOMES and EHR documentation, unless otherwise noted.

[39] *HUD-VASH Resource Guide for Permanent Housing and Clinical Care*, April 2012.

[40] VHA Directive 1162.05(1). Facility SOP 10-H5-11.

consistent oversight activities can result in the failure to identify whether or not veterans are receiving quality case management.[41]

Subject Veteran

The OIG reviewed the subject veteran's EHR and found, upon losing stable housing in October 2019, the veteran returned to HUD-VASH case management and HUD-VASH case managers did not complete a treatment plan as required. Further, the HUD-VASH supervisor did not complete a treatment plan after becoming the subject veteran's lead case manager in December 2021.[42]

When asked about the absence of the required treatment plan for the subject veteran, the HUD-VASH supervisor was unable to identify why this occurred and could not determine if a treatment plan had been documented since 2014.[43] The OIG further inquired about how veteran treatment goals are addressed without a treatment plan. The supervisor expressed uncertainty of how frequently staff reference treatment plans, adding "the one goal that we all have for the veteran is to get them housed, so they [HUD-VASH staff] should know that [housing] is ultimately the goal."

In contrast, the Community Engagement and Reintegration Service deputy chief and deputy program manager of HUD-VASH (facility HUD-VASH leaders) emphasized the importance of treatment plans stating

- Treatment plans are developed with a veteran's words to reflect a veteran's goals and what case management does to support;
- Treatment plans are interdisciplinary guides to use and refer to frequently while working with the veteran;
- If treatment plans are not completed, it would be hard to perform effective case management.[44]

The deputy program manager expressed concerns related to HUD-VASH staff not using treatment plans and believing housing to be the only goal. The deputy program manager also told the OIG that supervisors are responsible for documentation oversight, which includes ensuring

[41] Facility SOP 10-H5-11.

[42] Facility SOP 10-H5-11.

[43] Through a review of the EHR, the OIG learned the HUD-VASH supervisor acted as the lead case manager for approximately one month prior to the subject veteran's discharge, and the HUD-VASH supervisor told the OIG of supervising the subject veteran's former lead case manager for the five months prior to the veteran's discharge. In correspondence with the OIG, the HUD-VASH supervisor confirmed a review of the subject veteran's EHR and was unable to explain why there was not a treatment plan during that period.

[44] For the purpose of this report, the OIG uses "facility HUD-VASH leaders" in reference to the deputy chief and deputy program manager of HUD-VASH.

completion of treatment plans. The oversight occurs through a supervisor's monthly review of five random EHRs. According to HUD-VASH leaders, supervisors use a pre-formatted spreadsheet to conduct the chart reviews. The spreadsheet, according to the deputy program manager, has been used since March 2019 and identifies treatment plan completion as part of the review.

The deputy program manager informed the OIG of discovering deficiencies with treatment plan completion during the supervisors' monthly chart reviews in spring 2021; the deficiencies were attributed to a change in the documentation template requirements. The deputy program manager reported that, as a result, training on treatment plan completion was performed with HUD-VASH staff in September 2021.

Although monthly chart reviews in spring 2021 revealed deficiencies across the program, and treatment plan training was conducted, the subject veteran's treatment plan remained incomplete. The OIG determined a two-year gap existed, from the housing authority's issuance of the veteran's voucher in 2019 to the veteran's discharge from HUD-VASH in 2021, when HUD-VASH case managers failed to collaborate with the subject veteran to identify personalized housing goals and develop a framework to drive case management within a documented treatment plan.

The OIG concluded the absence of a treatment plan may have contributed to deficiencies in the case management provided to the subject veteran, including the recognition and documentation of the veteran's personal housing goals and the inability to obtain preferred stable housing. Although the veteran was engaged with case management staff, had timely treatment planning occurred, the subject veteran may have had the opportunity to further collaborate in case management to successfully meet goals.

HUD-VASH Veterans

Due to deficiencies identified with the subject veteran's treatment plan, the OIG conducted an EHR review of 191 unique veterans discharged from HUD-VASH with a negative exit from October 2021 through April 2024 to determine if facility HUD-VASH case managers completed required treatment plans.[45] Overall, for the period reviewed, the OIG found HUD-VASH case managers failed to document a treatment plan for 82 veterans, approximately 43 percent of those

[45] The OIG reviewed a sample (191 unique EHRs) of facility veterans discharged from the HUD-VASH program with a HOMES-documented negative exit from October 2021 through April 2024. The OIG reviewed "VASH Treatment Plan" notes, which according to the facility HUD-VASH leaders has been the consistent note title since September 2021.

reviewed. See figure 1 for a detailed breakdown of treatment plan documentation in fiscal years 2022–2024.[46]

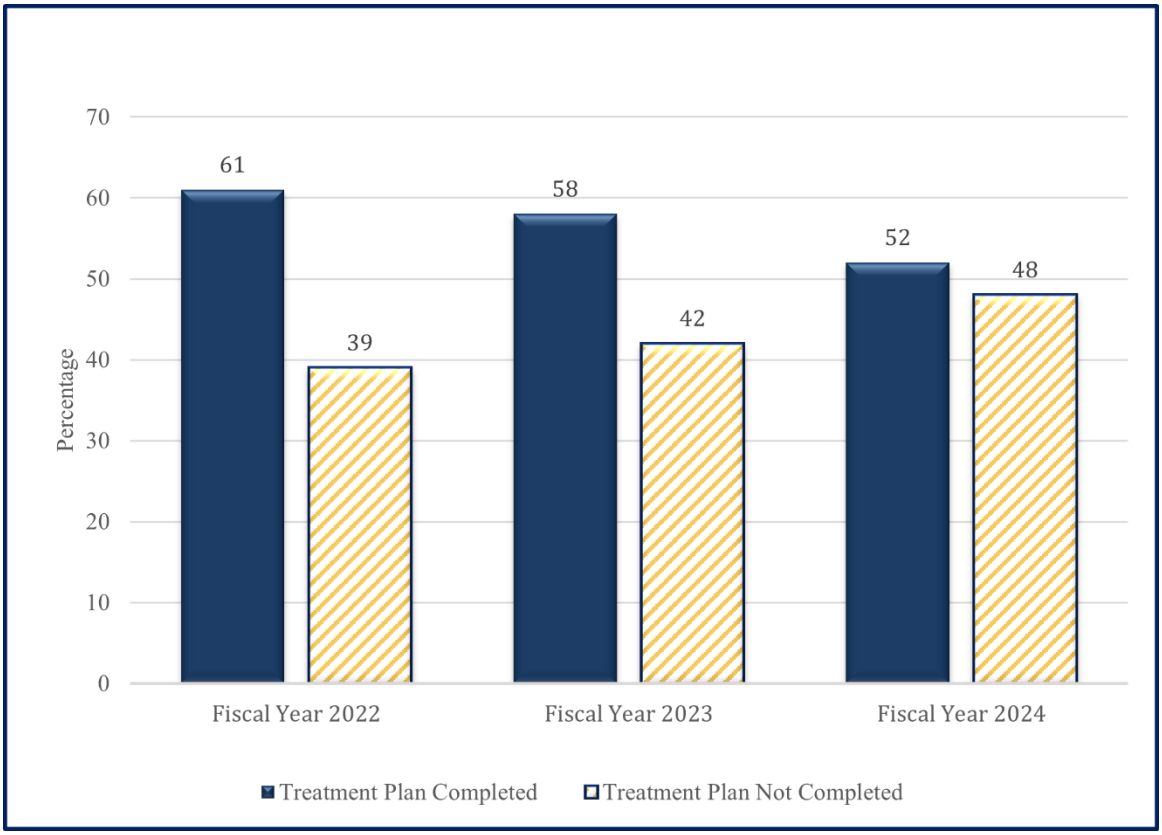

Figure 1. *Completion of HUD-VASH Treatment Plans for Veterans Coded as a Negative Exit When Discharged.*
Source: OIG analysis of 191 unique EHRs, specifically treatment plan completion for facility veterans coded as a negative exit when discharged from the HUD-VASH program from October 1, 2021, through April 30, 2024.

The OIG is concerned that the absence of treatment plans may have resulted in a lack of veteran engagement and may have contributed to their "negative exit" status. Without a documented treatment plan, a veteran's active participation in case management may be limited, as the identification of the veteran's needs and preferences to obtain and sustain stable housing is not captured.

A HUD-VASH leader reported staff received training on how to complete treatment plans in September 2021, to address previously known deficiencies; however, this review demonstrates

[46] The fiscal year for the federal government is a 12-month period from October 1 through September 30 of any given year and is designated by the calendar year in which it ends. 49 C.F.R. § 1511.3 (2003). For example, fiscal year 2022 began October 1, 2021, and ended September 30, 2022. The review of fiscal year 2024 is from October 1, 2023, through April 30, 2024, due to data not being available for the entire fiscal year.

that deficiencies remain. While examining current facility HUD-VASH supervisor oversight of documented treatment plans, facility HUD-VASH leaders reported

- the number of chart reviews that supervisors perform each month (five) was selected at "random" as that number of charts was determined to be "doable,"
- it is the supervisor's discretion to determine which five charts are reviewed,
- chart selection is not standardized between supervisors, and
- no guidance or policy exists to provide standardization.

The OIG concluded that facility HUD-VASH supervisors failed to provide effective program oversight, as the current chart review process did not identify the lack of treatment plan completion.[47] Additionally, current facility policy does not outline a standardized process for supervisory oversight of documentation. The oversight of required documentation is a critical process to ensure HUD-VASH staff provide veterans with key elements of case management, such as completion of a treatment plan. Inadequate and unsystematic oversight activities can result in an ongoing failure to recognize whether veterans are receiving required case management.

Deficiencies with HUD-VASH Discharge and Supporting Documentation

VA identifies case management as a critical component of a veteran's success in HUD-VASH, which is captured through EHR documentation, and outlines that a voucher is not a requirement to receive case management.[48] If a veteran is discharged from the HUD-VASH program, case management ends.[49] Additionally, VHA and facility policy do not identify voucher expiration as a reason to discharge a veteran from HUD-VASH case management.[50]

Subject Veteran

The HUD-VASH supervisor discharged the subject veteran from HUD-VASH in December 2021. The OIG learned through email communication, EHR documentation, and an interview, that the subject veteran was aware of the impending voucher expiration date and maintained engagement with case management services prior to the December 2021 discharge. The OIG found requirements, per VHA and facility policy, were not met as (1) the subject veteran was discharged due to voucher expiration despite ongoing housing case management

[47] VHA Directive 1162.05(1); Facility SOP 10-H5-11.
[48] *HUD-VASH Resource Guide for Permanent Housing and Clinical Care*, April 2012; VHA Directive 1162.05(1).
[49] Facility SOP 00-10H5-13.
[50] VHA Directive 1162.05(1); Facility SOP 00-10H5-13.

needs, (2) the veteran's discharge documentation in HOMES did not align with the discharge documentation in the EHR, and (3) the supervisory oversight of documentation was deficient.[51]

In early December 2021, the veteran, aware of the voucher expiration, requested the HUD-VASH case manager submit an accommodation for a two-bedroom voucher. The same day, the HUD-VASH supervisor asked the deputy program manager for consultation regarding the subject veteran's impending discharge. Two days later, the deputy program manager approved the plan for discharge if the subject veteran did not engage in a "housing search."

On the same day, the HUD-VASH case manager emailed a housing authority liaison to inquire about the accommodation. The liaison responded the same day and stated the voucher "will expire [December 2021]. I have attached the reasonable accommodation, but this process can take up to 45 days to process. Veteran voucher will not be extended, its best if the Veteran reapplies again [the veteran] will have more time to search." Later that day, the deputy program manager approved the veteran's discharge and the HUD-VASH supervisor, and the case manager, subsequently called the veteran with a reminder of impending discharge "unless [the veteran] engages in a realistic housing search."

Eleven days prior to expiration, during a phone call with the HUD-VASH supervisor, the veteran again requested an accommodation for a larger residence and the HUD-VASH supervisor documented "[b]eing that veteran is set to terminate on the (*sic*) [December 2021] [the housing authority] advisor stated it would not be appropriate to submit request." On the expiration date, the HUD-VASH supervisor discharged the subject veteran from the program and documented the discharge in HOMES and the veteran's EHR. The HUD-VASH supervisor documented the reason for discharge in HOMES as *non-compliance with case management* and documented the reason for discharge in the EHR as voucher expiration.

The OIG found that despite ongoing housing case management needs, and the housing authority liaison's suggestion for reapplication, the HUD-VASH supervisor with the approval of the deputy program manager discharged the subject veteran from the program upon the voucher's expiration. When asked about the subject veteran's discharge from the HUD-VASH program while still unhoused and in need of case management, the HUD-VASH supervisor stated the veteran "didn't want to apply for another voucher." However, neither the subject veteran's EHR, nor the correspondence from the supervisor to the deputy program manager requesting approval to discharge the subject veteran, reflected that the veteran was informed of the need for voucher reapplication or that the veteran refused.[52]

[51] Facility SOP 10-H5-11; VHA Homeless Program Office Policy 17-01-04, April 17, 2017. This policy was rescinded and replaced by VHA Homeless Program Office Policy 17-01-06, February 17, 2022, and VHA Homeless Program Office Policy 17-01-07, October 1, 2023. The policies contain the same language regarding alignment of HOMES and EHR documentation, unless otherwise noted; VHA Directive 1162.05(1); Facility SOP 00-10H5-13.

[52] The housing authority advised reapplication to pursue the request for an accommodation.

During interviews, facility HUD-VASH leaders expressed that the HUD-VASH supervisor's discussion with the veteran about reapplication and the veteran's response should have been documented in the EHR. Additionally, facility policy requires the same.[53] Given the absence of EHR documentation regarding the supervisor's discussion with the subject veteran about reapplication and the veteran's response, the OIG determined the veteran was discharged with unmet case management needs. Further, the deputy program manager's approval of the discharge did not reflect awareness of the housing authority's guidance for the subject veteran to reapply for a voucher. The absence of awareness resulted in the deputy program manager's approval of the subject veteran's discharge despite ongoing case management needs. The OIG also found that despite VHA policies requiring the alignment of HOMES and EHR documentation, and supervisory oversight to ensure accuracy, the documentation for the subject veteran's discharge did not align.[54]

When asked why the reason for discharge differed between HOMES and the EHR, the HUD-VASH supervisor told the OIG that the subject veteran's voucher expiration was the reason for discharge and was documented as such in the EHR. However, voucher expiration was not an option to select in HOMES, therefore, *non-compliance with case management* was chosen as that was the best option despite the HUD-VASH supervisor expressing the subject veteran was engaged in case management. The HUD-VASH supervisor further explained, when the veteran's discharge was discussed with facility HUD-VASH leaders, both agreed that *non-compliance with case management* was the correct option to select. When asked, the deputy program manager stated, "no one's ever come to me and told me that they're discharging someone and there is not an appropriate box for them to check." Additionally, when presented with the differing discharge reasons documented for the subject veteran, the deputy program manager acknowledged the discrepancy and stated, "that's an error obviously in documentation."

The HUD-VASH supervisor, the deputy chief, and the deputy program manager, all acknowledged it is the supervisor's responsibility to ensure documentation is meeting policy requirements. When asked about the local process to review discharge documentation, the deputy chief and deputy program manager told the OIG that there is no process to review discharge documentation. Although VHA policy does not outline specific processes for documentation oversight, VHA requires HUD-VASH sites develop local polices and standard operating procedures, including those for documentation and discharge.[55]

[53] Facility SOP 10-H5-11.

[54] Facility SOP 10-H5-11; VHA Homeless Program Office Policy 17-01-04, April 17, 2017. This policy was rescinded and replaced by VHA Homeless Program Office Policy 17-01-06, February 17, 2022, and VHA Homeless Program Office Policy 17-01-07, October 1, 2023. The policies contain the same language regarding alignment of HOMES and EHR documentation, unless otherwise noted.

[55] VHA Directive 1162.05(1).

HOMES guidance states the HUD-VASH case manager must select the primary reason for discharge because HOMES data is used "for national performance measurement, ensuring Veterans are prioritized for appropriate services, providing insight into program outcomes."[56] The HUD-VASH supervisor's documentation in HOMES identified the subject veteran's discharge reason as *non-compliance with case management*, which the HUD-VASH supervisor reported as not being accurate. The OIG further identified that facility policy allows for case managers to discharge veterans from the HUD-VASH program for reasons that are not identified as selectable options in HOMES.[57] This contributed to incongruent documentation of a veteran's discharge reason in HOMES and the EHR.

The OIG concluded that the HUD-VASH supervisor discharged the subject veteran for a reason VHA policy does not support, during a critical time in which the veteran was experiencing ongoing housing case management needs.[58] The veteran's discharge from HUD-VASH resulted in a lapse of needed case management and likely contributed to a further delay in the reissuance of a housing authority voucher. In addition, incongruent documentation and failures in supervisor oversight may have contributed to inconsistencies with the veteran's understanding of why the discharge occurred, possible deficiencies in data collection, and missed opportunities for process improvement.

HUD-VASH Veterans

Due to discharge documentation deficiencies identified with the subject veteran, the OIG conducted an EHR review of 191 unique veterans coded as *negative exits* when discharged from the program to determine whether HUD-VASH case manager documentation met policy.[59] The OIG found deficiencies with the alignment of HOMES and EHR documentation and the completion of discharge notes.

In fiscal year 2022, 95 percent of HOMES negative exit reasons aligned with the corresponding EHR discharge note. Alignment declined 5 percent from fiscal year 2022 to fiscal year 2023; through April of fiscal year 2024, only 88 percent of documentation aligned. (See figure 2.)

[56] VHA Directive 1162.05(1); VHA Homeless Program Office Policy 17-01-04, April 17, 2017. This policy was rescinded and replaced by VHA Homeless Program Office Policy 17-01-06, February 17, 2022, and VHA Homeless Program Office Policy 17-01-07, October 1, 2023. The policies contain the same language regarding alignment of HOMES and EHR documentation, unless otherwise noted.

[57] Facility SOP 00-10H5-13; VHA Homeless Programs, *HOMES Data Definitions Guide*.

[58] VHA Directive 1162.05(1).

[59] The OIG reviewed a sample (191 unique EHRs) of facility veterans coded as a *negative exit* when discharged from the HUD-VASH program from October 2021 through April 2024. The OIG reviewed the discharge reason in the EHR VASH Discharge Note and compared it to the reason in HOMES. Facility SOP 00-10H5-13.

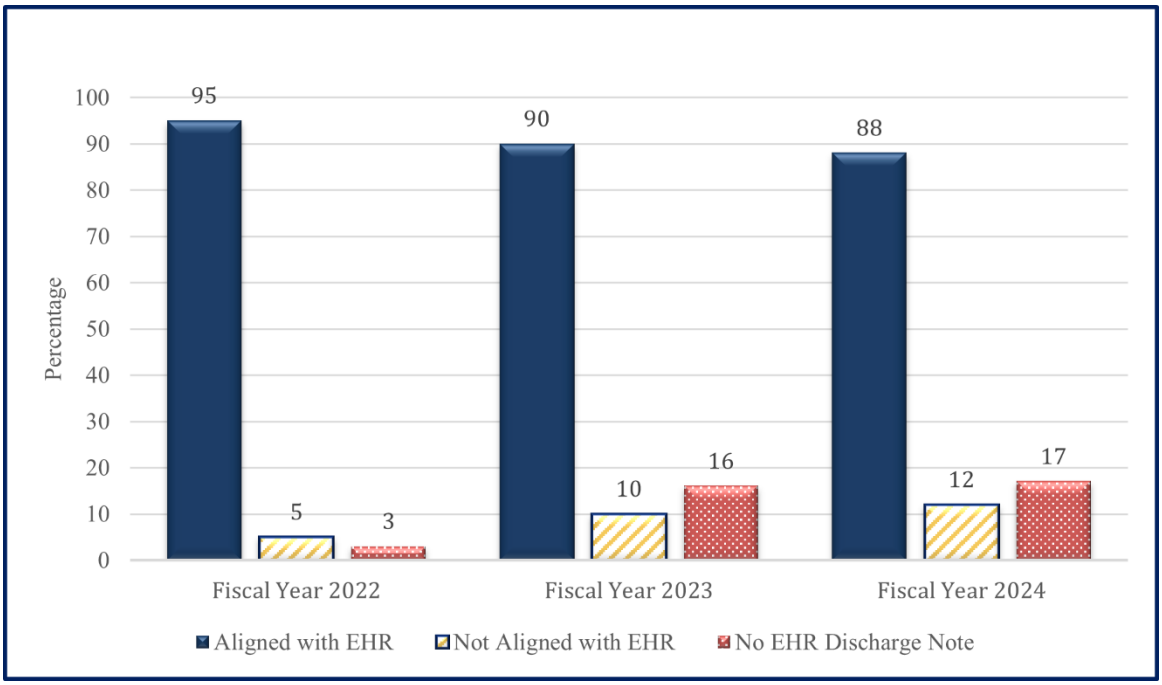

Figure 2. *HOMES-Documented Discharge Reasons.*
Source: OIG analysis of HOMES and EHR discharge documentation for 191 unique facility veterans coded as a negative exit when discharged from the HUD-VASH program from October 1, 2021, through April 30, 2024.

The OIG also found a 14 percent increase in the absence of EHR discharge notes from October 2021 through April 2024. In fiscal year 2022, 3 percent of the EHRs of the veterans reviewed did not have a discharge note. The absence of discharge notes grew to 16 percent in fiscal year 2023; thus far in fiscal year 2024, the absence of discharge notes has surpassed fiscal year 2023 numbers.

The data reflects a growing misalignment of HOMES and EHR discharge documentation and absence of EHR discharge notes. As HUD-VASH leaders told the OIG that no formal process exists to review discharge documentation, the OIG is concerned that required supervisory oversight is not occurring and veterans do not have discharge notes to indicate why discharge occurred. The OIG concluded deficient discharge documentation can impact national performance measures and may result in the failure to ensure HUD-VASH case managers are discharging veterans per policy.

2. Unhoused HUD-VASH Veterans' Access to Care

Research has shown that "only 20 percent of health outcomes depend on clinical medicine, and that 80 percent are due to [Social Determinants of Health]."[60] As housing is a social determinant of health that influences healthcare outcomes, the OIG reviewed access to care for facility veterans who were enrolled in the HUD-VASH program but remained unhoused.[61] Unhoused individuals experience increased difficulties in accessing care, as well as issues with the quality of the care provided.[62]

HUD-VASH program services are designed to assist unhoused veterans to "obtain permanent housing and access the health care, mental health treatment, and other supports necessary to help them improve their quality of life."[63] HUD-VASH case management staff are required to provide coordination of veteran-centered care, across providers, and the facilitation of "appropriate treatment and supportive case management services."[64] Treatment plan development is a required element of HUD-VASH care coordination. One of the aims of treatment planning is to connect veterans with clinical services through veteran-identified goals of care.[65]

VHA primary care serves as the foundation of the health care system, and functions as the point of contact for veterans within the system.[66] Veterans receiving primary care are assigned to patient aligned care teams (PACTs), which provide "easy access to health care professionals familiar with [a veteran's] needs."[67] Although HUD-VASH veterans are not required to receive

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[60] "About SDOH in Healthcare," Agency for Healthcare Research and Quality, accessed August 16, 2022, https://www.ahrq.gov/sdoh/about.html; Edmondo J. Robinson et al., "A Call for Action to Achieve Health Equity," AHRQ Views (blog), August 2021, https://www.ahrq.gov/news/blog/ahrqviews/achieve-health-equity.html. Health outcomes include life expectancy, rates of early death, disability, psychological distress, and life satisfaction. R. Gibson Parrish, "Measuring Population Health Outcomes," *Preventing Chronic Disease: Public Health Research, Practice, and Policy* 7, no. 4 (July 2010), https://www.cdc.gov/pcd/issues/2010/jul/pdf/10_0005.pdf.

[61] Social Determinants of Health are "the social, economic, and physical conditions in the environments where people live, work, and play." "Social Determinants of Health," VA Office of Health Equity, accessed April 1, 2024, https://www.va.gov/HEALTHEQUITY/Social_Determinants_of_Health.asp.

[62] Stefan G. Kertesz et al., "Comparison of Patient Experience Between Primary Care Settings Tailored for Homeless Clientele and Mainstream Care Settings," *Medical Care* 59, no. 6 (June 2021): 495-503, https://journals.lww.com/lww-medicalcare/fulltext/2021/06000/comparison_of_patient_experience_between_primary.5.aspx.

[63] "US Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program," VA Homeless Programs, accessed May 22, 2024, https://www.va.gov/homeless/hud-vash.asp.

[64] VHA Directive 1162.05(1).

[65] *HUD-VASH Resource Guide for Permanent Housing and Clinical Care*, April 2012; VHA Directive 1162.05(1).

[66] "VA Primary Care," Patient Care Services, accessed July 3, 2024, https://www.patientcare.va.gov/primarycare/index.asp.

[67] VHA Handbook 1101.10(1), *Patient Aligned Care Team (PACT) Handbook*, February 5, 2014, amended May 26, 2017, and February 29, 2024. The amendments contain the same or similar language pertaining to PACT and clinical services; "VA Primary Care," Patient Care Services.

primary care through VHA, the VHA Homeless Program Office expects greater than 85 percent of facility HUD-VASH veterans be assigned to a PACT.

The OIG identified 263 unique veterans admitted to the HUD-VASH program from October 2021 through April 2024, who remained unhoused as of April 30, 2024, and did not have scheduled primary care appointments.[68] The OIG recognizes that HUD-VASH veterans are not required to receive VHA primary care and may choose primary care options in the community or defer medical treatment altogether. As such, some of the 263 veterans reviewed may have received primary care elsewhere, other than at the facility. The OIG reviewed the EHRs of the identified veterans to determine whether HUD-VASH case managers coordinated access to health care as indicated in each veteran's treatment plan. The OIG found 64 of the 263 veterans (approximately 24 percent) did not have a documented treatment plan. Therefore, the OIG could not determine if veterans had self-identified personal health care goals, and if HUD-VASH case managers facilitated access to care accordingly. The deputy chief of HUD-VASH told the OIG that treatment plans are important in outlining the services, other than housing, HUD-VASH staff provide to veterans.

The OIG then reviewed the EHRs to determine whether veterans had an assigned VHA primary care provider. The OIG found 93 of the 263 veterans (approximately 35 percent) did not have a PACT assignment.[69] The chief of primary care told the OIG that PACT assignments are "exceptionally important" because PACT assignments provide HUD-VASH case managers with a point of contact for care coordination and veterans assigned to a PACT have better healthcare outcomes. Notably, 27 of the 93 veterans (29 percent) without a PACT assignment had a treatment plan documenting self-identified goals related to health care.

The chief of Community Engagement and Reintegration Services provided the OIG data for April 2024 showing that approximately 88 percent of all facility HUD-VASH veterans had a PACT assignment, which met the VHA Homeless Program Office goal of greater than 85 percent. However, the OIG found the VHA Homeless Program Office goal was not met for the veteran population reviewed. Only 65 percent of facility veterans enrolled in the HUD-VASH program, who remained unhoused, had PACT assignments as of April 2024.

The OIG concluded that the absence of treatment plans and PACT assignments impacted HUD-VASH case management staffs' ability to coordinate veteran-centered care for this vulnerable

[68] This time frame aligned with the allegations received from the confidential complainant and the OIG reviewed scheduled care from the date of each veteran's HUD-VASH admission through April 30, 2024. Additionally, as unhoused veterans may experience more challenges in accessing care, the OIG chose to review EHRs of unhoused HUD-VASH veterans.

[69] The OIG included 16 veterans with pending PACT assignments in the total of 93 veterans without a PACT assignment.

population. Ultimately, the absence may contribute to deficient facilitation of clinical services for unhoused HUD-VASH veterans.

Conclusion

The OIG found a HUD-VASH supervisor discharged the subject veteran from the program, as the veteran's voucher expired, but did not substantiate the discharge was "for no reason" as the HOMES exit form identified a discharge reason. While reviewing the circumstances surrounding the discharge, the OIG found the subject veteran did not receive case management in accordance with policy. The subject veteran (1) did not have a current treatment plan for approximately two years prior to discharge, (2) was discharged despite ongoing housing case management needs and for a reason policy does not support, and (3) had a discharge reason in HOMES that did not align with the discharge reason documented in the EHR.

The absence of a treatment plan may have contributed to deficiencies in the case management provided to the subject veteran, including the determination of the veteran's personal housing goals. As the HUD-VASH supervisor discharged the subject veteran during a critical time, the discharge resulted in a lapse of needed case management and likely contributed to a further delay in the reissuance of a housing authority voucher. In addition, incongruent documentation and failures in supervisor oversight may have contributed to inconsistencies with the veteran's understanding of why the discharge occurred.

Due to deficiencies identified with the subject veteran's case management, the OIG conducted an EHR review of 191 unique veterans coded *negative exit* when discharged from the HUD-VASH program from October 2021 through April 2024 and found similar deficiencies existed. HUD-VASH case managers failed to document a treatment plan for approximately 43 percent of the veterans reviewed and the alignment of HOMES and EHR documentation declined while the absence of EHR discharge notes increased. The absence of a treatment plan may limit a veteran's ability to actively participate in case management and may contribute to a discharge coded as a negative exit. Further, HUD-VASH supervisors did not provide adequate oversight to identify missing treatment plans and did not have a process to review discharge documentation, which may have resulted in failures to ensure veterans received required case management and case managers discharged veterans per policy.

The OIG also analyzed the data of 263 veterans admitted to the HUD-VASH program, who remained unhoused and did not have scheduled primary care appointments. Approximately 24 percent did not have a documented treatment plan and 35 percent did not have a PACT assignment. The absence of treatment plans and PACT assignments impact HUD-VASH case management staffs' ability to coordinate veteran-centered care for this vulnerable population and may contribute to deficient facilitation of clinical services for unhoused HUD-VASH veterans.

Recommendations 1–5

1. The Greater Los Angeles Healthcare System Director ensures veterans enrolled in the Housing and Urban Development Veterans Affairs Supportive Housing program have documented treatment plans consistent with Veterans Health Administration and facility policy.

2. The Greater Los Angeles Healthcare System Director reviews and assesses the Housing and Urban Development Veterans Affairs Supportive Housing program supervisors' electronic health record review process to assess Housing and Urban Development Veterans Affairs Supportive Housing-related documentation, including treatment plan deficiencies, and takes action as warranted.

3. The Greater Los Angeles Healthcare System Director ensures facility Housing and Urban Development Veterans Affairs Supportive Housing program discharge policy is in alignment with Veterans Health Administration policy.

4. The Greater Los Angeles Healthcare System Director reviews and assesses the Housing and Urban Development Veterans Affairs Supportive Housing program supervisors' process to identify incongruencies between electronic health records and Homeless Operations Management and Evaluation System documentation, and takes action as warranted.

5. The Greater Los Angeles Healthcare System Director reviews patient aligned care team assignments for unhoused Housing and Urban Development Veterans Affairs Supportive Housing veterans, and takes action as warranted.

Appendix A: VISN Director Memorandum

Department of Veterans Affairs Memorandum

Date: December 4, 2024

From: Acting Network Director, Desert Pacific Healthcare Network (10N22)

Subj: Healthcare Inspection—Deficiencies in Case Management and Access to Care for HUD-VASH Veterans at the VA Greater Los Angeles Healthcare System in California

To: Director, Office of Healthcare Inspections (54HL06)
Executive Director, Office of Integrity and Compliance (10OIC)

1. Thank you for the opportunity to review and comment on the Office of the Inspector General (OIG) report. Deficiencies in Case Management and Access to Care for Housing and Urban Development Department of Veterans Affairs Supportive Housing Program (HUD-VASH) Veterans at the VA Greater Los Angeles Healthcare System in California.

2. Based on the thorough review of the report by Veterans Integrated Services Network (VISN) 22 Leadership, I concur with the recommendations and submitted action plans of Department of Veterans Affairs Greater Los Angeles Healthcare System.

3. If you have additional questions or need further information, please contact the VISN 22 Quality Management Officer.

(*Original signed by*:)

Bryan E. Arnette, FACHE
Acting Network Director
VA Desert Pacific Healthcare Network (VISN 22)

[OIG comment: The OIG received the above memorandum from VHA on December 5, 2024.]

Appendix B: Facility Director Memorandum

Department of Veterans Affairs Memorandum

Date: December 4, 2024

From: Director, VA Greater Los Angeles Healthcare System (691)

Subj: Healthcare Inspection—Deficiencies in Case Management and Access to Care for HUD-VASH Veterans at the VA Greater Los Angeles Healthcare System in California

To: Director, Desert Pacific Healthcare Network (10N22)

1. We appreciate the opportunity to review and comment on the Department of Veterans Affairs (VA) Office of Inspector General draft report, Healthcare Inspection—Deficiencies in Case Management and Access to Care for Housing and Urban Development Department of Veterans Affairs Supportive Housing Program (HUD-VASH) Veterans at the VA Greater Los Angeles Healthcare System in California. VA Greater Los Angeles Healthcare System concurs with the findings and will take appropriate actions as recommended.

2. Should you need further information, please contact the Community Engagement and Reintegration Service Chief.

(*Original signed by*:)

Robert C. Merchant, FACHE
Medical Center Director

[OIG comment: The OIG received the above memorandum from VHA on December 4, 2024.]

Facility Director Response

Recommendation 1

The Greater Los Angeles Healthcare System Director ensures veterans enrolled in the Housing and Urban Development Veterans Affairs Supportive Housing program have documented treatment plans consistent with Veterans Health Administration and facility policy.

__X__Concur

____Nonconcur

Target date for completion: June 30, 2025

Director Comments

Concur. VA Greater Los Angeles Healthcare System (VAGLAHS) Director will ensure Veterans enrolled in the Housing and Urban Development Veterans Affairs Supporting Housing Program (HUD-VASH) have documented treatment plans consistent with Veterans Health Administration (VHA) and facility policy. VAGLAHS HUD-VASH leadership will use a compliance report supported by VAGLAHS Informatics to track compliance of documented treatment plans. Compliance will be monitored for six months with a goal of month-to-month improvement or sustainment of the documentation policy compliance once achieved. When discrepancies are discovered, the information will be shared with HUD-VASH Managers and communicated in daily team huddles to ensure corrective action. Compliance will be reported monthly at the VAGLAHS Quality and Patient Safety Council, chaired by the VAGLAHS Director.

Recommendation 2

The Greater Los Angeles Healthcare System Director reviews and assesses the Housing and Urban Development Veterans Affairs Supportive Housing program supervisors' electronic health record review process to assess Housing and Urban Development Veterans Affairs Supportive Housing-related documentation, including treatment plan deficiencies, and takes action as warranted.

__X__Concur

____Nonconcur

Target date for completion: June 30, 2025

Director Comments

Concur. VAGLAHS Director will ensure oversight of HUD-VASH leadership team's review of required documentation to ensure HUD-VASH staff provide Veterans with the key elements of case management. On October 8, 2024, VAGLAHS HUD-VASH leadership team completed a

review of current participants in the HUD-VASH program to ensure compliance with clinical documentation, including clinical reminders, mental health treatment plans, suicide risk assessments, advance directives, admission documents, and stage of case management. VAGLAHS HUD-VASH leadership will ensure documentation is completed in accordance with VHA Directive 1162.05(2), Housing and Urban Development Department of Veterans Affairs Supportive Housing Program. VAGLAHS HUD-VASH leadership will track compliance of the HUD-VASH clinical documentation including treatment plans. Compliance will be monitored for six months with a goal of month-to-month improvement or sustainment of documentation policy compliance once achieved. When discrepancies are discovered, the information will be shared with HUD-VASH Managers and communicated in daily team huddles to ensure corrective action. Compliance will be reported monthly at the VAGLAHS Quality and Patient Safety Council, chaired by the VAGLAHS Director.

Recommendation 3

The Greater Los Angeles Healthcare System Director ensures facility Housing and Urban Development Veterans Affairs Supportive Housing program discharge policy is in alignment with Veterans Health Administration policy.

__X__Concur

____Nonconcur

Target date for completion: June 30, 2025

Director Comments

Concur. VAGLAHS Director will ensure the facility HUD-VASH Discharge Policy aligns with VHA Policy. In September 2024, the VAGLAHS HUD-VASH Discharge Standard Operating Procedure (SOP) 00-10H5-13 was reviewed and updated to align with VHA Directive 1162.05(2) Housing and Urban Development Department of Veterans Affairs Supportive Housing Program, amended June 24, 2024. To ensure compliance, all HUD-VASH staff will be involved in training sessions focused on the updated SOP to include new HUD-VASH employee orientation. Compliance with the VAGLAHS HUD-VASH Discharge SOP will be monitored with a goal of six consecutive months of sustainment. Compliance will be reported monthly at the VAGLAHS Quality and Patient Safety Council, chaired by the VAGLAHS Director.

Recommendation 4

The Greater Los Angeles Healthcare System Director reviews and assesses the Housing and Urban Development Veterans Affairs Supportive Housing program supervisors' process to identify incongruencies between electronic health records and Homeless Operations Management and Evaluation System documentation, and takes action as warranted.

__X__Concur

____Nonconcur

Target date for completion: June 30, 2025

Director Comments

Concur. VAGLAHS Director will ensure that HUD-VASH leadership implements a process to review HUD-VASH discharge documentation in the electronic health record and determine if this is consistent with documentation in Homeless Operations Management and Evaluation System (HOMES). The VAGLAHS HUD-VASH leadership team will review the HOMES report weekly for discrepancies. VAGLAHS HUD-VASH leadership will monitor HUD-VASH discharge documentation in the electronic health record and review consistency with corresponding HOMES documentation. Compliance will be monitored with a goal of six consecutive months of sustainment. When discrepancies are discovered, the information will be shared with HUD-VASH Managers and communicated in daily team huddles to ensure corrective action. Currently, VA HOMES training is provided at HUD-VASH new employee orientation, and all HUD-VASH staff are provided written materials on the utilization and navigation of HOMES. HOMES trainings are also conducted monthly during HUD-VASH staff meetings. Compliance of HOMES training and documentation of HUD-VASH discharge in the electronic health record and HOMES will be reported monthly at the VAGLAHS Quality and Patient Safety Council, chaired by the VAGLAHS Director.

Recommendation 5

The Greater Los Angeles Healthcare System Director reviews patient aligned care team assignments for unhoused Housing and Urban Development Veterans Affairs Supportive Housing veterans, and takes action as warranted.

__X__Concur

____Nonconcur

Target date for completion: June 30, 2025

Director Comments

Concur. VAGLAHS Director will ensure that HUD-VASH leadership reviews Patient Aligned Care Team (PACT) assignments for unhoused HUD-VASH Veterans, and act as warranted. Currently, HUD-VASH leadership receives a report from the VHA Homeless Program Office (HPO) which details the percentage of Veterans enrolled in HUD-VASH who are not assigned to a VA PACT. HUD-VASH leadership will consult with VHA HPO on the enhancement of the report to incorporate the unhoused Veterans who are not assigned to a VA PACT. The HUD-VASH Program will encourage unhoused Veterans who are eligible for healthcare to enroll in

PACT at the VA. The HUD-VASH program will utilize engagement strategies by leaning into a multidisciplinary team approach. The HUD-VASH providers have ongoing discussions with Veterans about the benefits of enrolling into VA healthcare. Through a partnership with Medicine, Mental Health, and HUD-VASH, a VA Mobile Medical Unit (MMU) travels to various locations throughout the VAGLAHS catchment area with the goal of connecting Veterans to housing and healthcare services. VAGLAHS HUD-VASH leadership will track the percentage of unhoused Veterans assigned to a PACT with a goal of six consecutive months of improvement or sustainment. Compliance will be reported monthly at the VAGLAHS Quality and Patient Safety Council, chaired by the VAGLAHS Director.

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