



Guidance On:

Leveraging Healthcare Resources
Supplementary NOFO 2022

Supplementary NOFO 2022: Guidance on Leveraging Healthcare Resources

The following is from the Supplemental NOFO, page 48 providing guidance on Leveraging Healthcare Resources

b. Leveraging Healthcare Resources. This entire Section is required to be completed for both the Unsheltered Homelessness Set Aside and the Rural Set Aside. Up to 10 points for CoCs that develop permanent housing projects that utilize healthcare resources to help individuals and families experiencing homelessness.

Leveraging Healthcare Resources. These points are available for CoCs that propose to develop permanent housing projects, including permanent supportive housing and rapid rehousing projects, that utilize health care resources to help individuals and families experiencing homelessness. Sources of healthcare resources include:

- Direct contributions from a public or private health insurance provider to the project; and
- Provision of health care services, including mental health services, by a private or public organization (including FQHCs and state or local health departments) tailored to the program participants of the project.
- Direct partnerships with organizations that provide healthcare services, including mental health services to individuals and families (including FQHCs and state or local public health departments) experiencing homelessness who have HIV/AIDS.
- Eligibility for the project must comply with HUD program and fair housing requirements. Eligibility criteria cannot be restricted by the eligibility requirements of the health care service provider.

CoCs must demonstrate through a written commitment from a health care organization, including organizations that serve people with HIV/AIDS, that the value of assistance being provided by the healthcare organization is at least:

- In the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or
- An amount that is equivalent to 50% of the funding being requested for the project(s) will be covered by the healthcare organization.

Acceptable forms of commitment are formal written agreements and must include:

- value of the commitment, and
- dates the healthcare resources will be provided.



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In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds. CoCs can receive less than full points for demonstrating commitments less than the threshold described above.