



Written Standards and Coordinated Entry System Policies and Procedures  
Addendum to Address COVID-19 Public Health Crisis  
Effective October 12, 2020

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## I. Overview

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The Midlands Area Consortium for the Homeless (MACH) SC-502 Continuum of Care acknowledges that we can mitigate the spread of COVID-19 among people experiencing homelessness by ensuring that as many individuals and families experiencing homelessness in the midlands are in safe, healthy homes where they can shelter in place, ensure social distancing, and comply with isolation and quarantine guidelines.

This document contains interim guidance for the MACH for the duration of the COVID-19 ("coronavirus") emergency or until further action is taken by the Board of Directors. This document both issues new guidance and modifies existing policies and procedures, including the MACH Written Standards and the MACH Coordinated Entry Policies and Procedures.

This document affects all CoC agencies funded by HUD Continuum of Care, Emergency Solutions Grant (ESG), Projects for Assistance in Transition from Homelessness (PATH), Runaway and Homeless Youth Program (RHY), Supportive Services for Veterans and their Families (SSVF), Veterans Affairs Supportive Housing (VASH), Veterans Affairs Grant Per Diem (GPD), Cooperative Agreement to Benefit Homeless Individuals (CABHI), and organizations that receive United Way of the Midlands funding.

New versions of this document will be issued as needed. Any updates will be reviewed in advance by the most appropriate committee (usually Policy Committee) and approved by the MACH Board of Directors. They will be released to the MACH website at <https://www.midlandshomeless.com/coc-esg-resources> and distributed via the MACH email distribution list. Written Standards and Coordinated Entry System Policies and Procedures Addendum to Address COVID-19 Public Health Crisis are considered final when they are formally released to the MACH email distribution list.

## II. Written Standards

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### A. Applicability and Implementation

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Projects must update their policies, procedures, and practices to reflect the requirements in this section when this document is initially released and any time an amended version of this document is released. This document is not intended to cause any current participant to return to homelessness.

### B. Requirements for All Projects

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The requirements in this section apply to projects funded by the CoC Program, ESG, and United Way of the Midlands. Regardless of funding source, all homeless service providers in the 13-county CoC are encouraged to adopt these standards.

#### 1. COVID-19 Assessment

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All projects are strongly encouraged to implement some level of COVID-19 screening assessment for participants based on CDC Guidance. Assessment and follow-up should at minimum:

- a. Complete a participant screening on participants currently enrolled in the program, participants seeking enrollment into the program, and periodically thereafter at the project's discretion.
- b. For participants determined to be symptomatic according to assessment tool the project should follow the guidance established by a partnership of county leaders, health professionals, and project staff.

#### 2. Data Recording in HMIS

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Projects are strongly encouraged to record information about participants who are assessed as COVID-19 symptomatic in HMIS according to the guidelines in Section IV, "HMIS."

#### 3. Prioritization

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The prioritization policy must be adjusted, with the goal of expediting housing placements as much as possible, and ensuring our system remains nimble as we house our most vulnerable neighbors in light of COVID-19. The following changes will be made to the MACH Housing Prioritization Policy:

- a. Participants of the homeless system who are placed in quarantine or isolation housing due to the COVID-19 health crisis who have a VI-SPDAT Score of 8-17 will be moved to the top of the prioritization list within Permanent Supportive Housing to avoid moving back into shelter or other congregate living environments, and/or so they can practice self-quarantining.
  - i. Collaborative Applicant will be responsible for updating MACH's prioritization list with any participant identified in quarantine or isolation housing due to the COVID-19 health crisis.
  - ii. Collaborative Applicant will clearly identify all participants on MACH's prioritization list that are in quarantine or isolation housing due to the COVID-19 health crisis.
  - iii. Projects are to follow the most recently released prioritization list and are NOT responsible for identifying participants in quarantine or isolation housing that have not been identified on the list.
- b. Rapid Rehousing programs now can house individuals or families with a VI-SPDAT score between 4-17, without regard to where they fall on the prioritization list. This only applies to Rapid Rehousing programs.
  - i. Referral and Record Keeping Requirements for Rapid Rehousing programs –

1. Programs will review MACH's prioritization list to identify a person on the list with a VI-SPDAT score between 4-17 and contact the Homeless Service Coordinator for assistance, when needed.
2. Once identifying a person(s), the agency must contact him or her to determine interest in housing. If the person cannot be found within **3 business days**, the Program may move onto the next person on the list and follow this process until someone is contacted and the bed is filled. Programs must document their efforts at contacting people in HMIS and client records.
3. If the identified person is interested, the Program will begin project specific eligibility screening and documentation.
4. If the person is ineligible, the HMIS record should be updated to reflect this and prevent additional ineligible referrals to that Program. This can be done by provider staff or by CoC HMIS staff.
5. If the person is eligible, he or she should be admitted to the Program and have an entry recorded in HMIS then contact the Homeless Services Coordinator to remove the client from the prioritization listing.
6. For client files, Programs must document the VI-SPDAT score and selection reasons including the client's placement on the CoC Prioritization listing.
7. If the person is denied, he or she will be added to a roster of clients to be reviewed by Case Conferencing to review people's housing barriers and identify other resources. The MACH Policy will review agency adherence to Prioritization Policy.

#### 4. Other

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Housing providers must continue to remove any barrier that impedes the rapid placement of participants in housing. Therefore, the following action items should be implemented:

- a. Apply for HUD issued Regulatory Waivers for CoC and ESG Programs that expedite the housing process and stop the spread of COVID-19.
- b. Remove or waive documentation requirements (such as identification and income verification) and background checks in accordance with program guidance.
- c. Implement creative solutions and utilize technology to ensure housing continues, such as live streaming or video call for intakes, case management and housing inspections and/or utilizing electronic signatures.

#### C. Project Type Specific Requirements

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The requirements in this section apply to CoC Program and ESG projects funded under the applicable project type.

##### 1. Homeless Prevention

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There are no additional requirements for this project type at this time.

##### 2. Emergency Shelter

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There are no additional requirements for this project type at this time.

##### 3. Transitional Housing

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There are no additional requirements for this project type at this time.

##### 4. Rapid Re-Housing

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There are no additional requirements for this project type at this time.

## 5. Permanent Supportive Housing

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There are no additional requirements for this project type at this time.

### III. Coordinated Entry System Policies and Procedures

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There is no interim guidance in this section at this time.

## IV. HMIS

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### A. COVID-19 Data Recording in HMIS

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#### 1. Overview

Any provider that uses HMIS can record the COVID-19 status of a person experiencing homelessness in HMIS.

It is critically important that ALL emergency shelters, drop-in centers, and other 'first touch' providers, regardless of funding source, assess participants for COVID-19 symptoms and record those assessments in HMIS. This information will be used to track the spread of COVID-19 and limit the exposure of service providers and participants.

#### 2. Process

The process for recording COVID-19 data in HMIS is being updated in real time to reflect changing guidance. To access the COVID-19 assessment, contact the [HMIS System Administrator](#) and the assessment will be added to your provider.

### B. Data Privacy

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#### 1. Overview

MACH has modified its data privacy practices in accordance with the United States Department of Housing and Urban Development (HUD)'s [COVID-19 HMIS setup and Data Sharing Practices](#) and [HMIS Privacy and Security Standards and COVID-19 Response](#) to enable CoC staff to share information about the COVID-19 status of a person experiencing homelessness with service providers who are currently or have recently engaged with that person.

#### 2. Authority

"The [HMIS Privacy and Security Standards](#) gives providers a reasonable degree of flexibility regarding disclosure of information about participants without consent. It is HUD's position that under these standards, it is permissible to share a participant's COVID-19 status for the following purposes:

- 1) Coordinating Services;
- 2) Preventing/lessening threats to health or safety (see below); and
- 3) Complying with state or local law.

[...]

The [HMIS Privacy and Security Standards](#) offer a basis for disclosure of COVID-19 Status (§ 4.1.3):

#### **Threats to Health or Safety**

A provider may share a participant's COVID-19 status under applicable law and standards of ethical behavior if: 1) the provider believes in good faith that the disclosure is necessary to prevent or lessen a serious and immediate threat to the health or safety of an individual or the public; and 2) the information is shared with a person reasonably able to prevent or lessen the threat. Note that the threat to health or safety can be a threat to *any* individual *or* the public in general. Under current emergency circumstances, disclosing COVID-19 status to anyone offering services to a client meets this standard. Disclosing information about other individuals possibly exposed to COVID-19 is also permissible under this authority to either the exposed individuals; to anyone who can offer health care, protection, or assistance to an exposed

individual; or to anyone who can lessen the threat of COVID-19 to themselves, to others or to the public."<sup>1</sup>

### 3. Disclosure Practices

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When CoC staff receive information about the COVID-19 status of a person experiencing homelessness (see § IV.A.3, "COVID-19 Status," below), they will disclose it to any service provider with whom the person is currently interacting or has interacted with in the past 14 days.

CoC staff will determine whether a participant is currently interacting with or has recently interacted with a participant using HMIS as its primary mechanism of record. CoC staff will also consider evidence of interaction provided outside of HMIS by service providers, including evidence provided by service providers required by law to use an HMIS-comparable database.

#### *COVID-19 Status*

CoC staff will contact service providers about a given person's COVID-19 status if that status meets any of the following criteria:

- **Symptomatic** (e.g. has responded 'Yes' to an HMIS assessment containing the question, "Are you experiencing symptoms consistent with COVID-19 [fever, cough, shortness of breath]?")
- **Positive** (i.e. CoC staff have been alerted by a service provider or medical provider that the person has tested positive for COVID-19)
- **Recovered** (i.e. CoC staff have been alerted by a medical provider that a person experiencing homelessness who had previously tested positive for COVID-19 has recovered and now meets the medical provider's criteria for certifying them negative for COVID-19)

#### *Data Elements*

CoC staff will disclose the following information about a person experiencing homelessness who meets the criteria in this section:

- Client ID in HMIS
- First name
- Last name
- Symptoms consistent with COVID-19
- Date symptoms started

### 4. HIPAA Privacy

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While the MACH's HMIS is not covered under the Health Insurance Portability and Accountability Act (HIPAA), HIPAA contains similar provisions for releasing client data when public health is a concern. More information can be found in the [February 2020 Office for Civil Rights, U.S. Department of Health and Human Services Bulletin: HIPAA Privacy and Novel Coronavirus](#).



## Appendix A: Change Log

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This change log provides a comprehensive overview of the significant changes made to this document in any given version; however, it is not intended to be all-inclusive.

Version 1.0

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## Approval

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### Approval Process Timeline

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- June 15, 2020 -- Version 1.0 released
- June 18, 2020 – Policy Committee approves full document
- August 6, 2020 – Grantee Advisory Committee reviews full document
- August 28, 2020 – Board approves full document
- October 12, 2020 -- Full document released