



Community Shelter Board's Interim Guidance on COVID-19 for Rapid Re-Housing (RRH), Homelessness Prevention (HP), and Permanent Supportive Housing (PSH) Projects

4/3/2020

Background

This document provides guidance specific for Rapid Re-Housing (RRH) Homelessness Prevention (HP), and Permanent Supportive Housing (PSH) service providers during the outbreak of coronavirus disease 2019 (COVID-19). Service providers should collaborate, share information, and review plans internally and, as needed, with CSB and local health officials to help protect their staff, clients, guests and volunteers.

Symptoms of COVID-19 can include a fever, cough, and shortness of breath. In addition, illness may be accompanied by other symptoms including headache, tiredness, chills, body aches, and diarrhea. Like seasonal flu, COVID-19 infection in humans can vary in severity from mild to severe. The virus is thought to spread mainly from person-to-person, usually between people who are in close contact with one another (within about 6 feet). This transmission occurs through respiratory droplets produced when an infected person coughs or sneezes. Current information about COVID-19 symptoms and spread may be found at the CDC's COVID-19 website.

Transmission of COVID-19 in the community could adversely affect clients in several ways. The outbreak could cause illness to individuals that have no means of transportation or a support system to get them the supplies that they need or get them to a medical facility. These efforts will need to be coordinated within your agency or other local agencies to assist in providing services.

The guidance below is meant to supplement and support programs that meet the needs of unhoused and housed clients. This may include the coordination of services to help individuals navigate through this public health situation.

General Communication Guidance

Stay informed about the local COVID-19 situation. Get up-to-date information about local COVID-19 activity from public health officials and Community Shelter Board (CSB). Resources for homeless service providers is being compiled [here](#). Case managers and direct care providers may request to be added to CSB's COVID-19 information email distribution list by contacting Erin Maus, emaus@csb.org.

Programs should actively monitor reports of respiratory illness, or reports of confirmed cases of COVID-19 in the program. Confirmed cases of COVID-19 should be immediately reported to Columbus Public Health at 614-645-1519 and Franklin County Public Health at 614-525-8888. Confirmed cases must also be immediately reported to CSB via a Major/Unusual Incident report emailed to emaus@csb.org.

Project Considerations and Recommendations

Intaking New Clients

Scattered-site projects should continue to try to intake and serve new clients, particularly those they are able to move into new rental units and out of congregate facilities like shelters. You can direct clients [here](#) for community resources and information from the Mid-Ohio Food Bank specifically pertaining to COVID-19.

Inspections for all new housing units can be completed as a self-certification by the landlord. Landlords should use the HQS Self-Certification Form and Unit Checklist Form. These documents should be included in a direct client assistance (DCA) application.

- For CoC-funded programs, HUD has waived the requirement for initial inspections if programs can visually inspect the unit using technology, such as video streaming, to ensure the unit meets HQS before any assistance is provided. Programs should also use the landlord self-certification form referenced above to verify that the housing is safe, decent, and sanitary.
- For OSDA-funded ESG program, OSDA has waived the requirement for initial inspections if programs can visually inspect the unit using technology, such as video streaming, to ensure the unit meets habitability standards before any assistance is provided. Programs should also use the landlord self-certification form referenced above to verify that the housing is safe, decent, and sanitary.
- Programs should physically reinspect the unit within 3 months after health officials determine special measures to prevent the spread of COVID-19 are no longer necessary.
- HUD has waived annual re-inspection requirements. Programs should continue to check on clients and follow up on any client complaints that indicate sub-standard housing by contacting the landlord to resolve maintenance issues and, if necessary, requesting an inspection using technology, such as video streaming.

Documenting and Verifying Eligibility

Providers must still document and verify eligibility, regardless of whether they are meeting in-person with prospective clients. Programs should be able to complete most parts of their intake process via phone, noting the inability to collect client signature currently. Providers should try to collect client signatures whenever they have the ability to such as via fax or mail. In the situations where a client signature is not possible, obtain verbal permission from the client and notate verbal permission was provided on the client signature line.

- Disability Documentation for PSH: During the COVID-19 pandemic, HUD has waived the requirement to obtain a Certification of Disability signed by a health professional. Intake staff confirmation and certification by the individual seeking assistance that they have a qualifying disability is considered acceptable documentation of disability. Note intake staff confirmation and client certification in the client file and obtain third-party documentation when possible after the public health crisis ends.
- Documenting At-Risk of Homelessness Status
 - For HP projects only, when prospective client is currently living in a doubled-up situation, staff may verbally confirm with the host family that the client must leave the home, if unable to obtain written verification of at-risk status.
 - Staff may document the verbal confirmation and include the host family's name, address, and phone number and the specific date that the client's family is being asked to leave by.
 - Staff should certify the letter by signing and dating it themselves.

Prioritization for RRH, HP, PSH

Columbus/Franklin County and CSB will continue to prioritize for RRH assistance those prioritized household types previously identified.

Case Management

Rapid Re-Housing (RRH) Homelessness Prevention (HP), and Permanent Supportive Housing (PSH) projects should immediately make changes to how services are provided to clients, including the following:

- Case Management Services for Unhoused and Housed
 - Telephonic or remote
 - Discontinue home-based case management services and in-person case management meetings, where possible. If utilizing telephone/remote case management, daily check-ins for high risk or vulnerable clients, per the guidance issued, *COVID-19 Screening Classifications and Definitions for People Experiencing Homelessness*, or weekly check in's for other clients are preferred and should be document the following in client files:

- Assure basic needs are being met
 - Assess for critical health needs
 - Assess for signs/symptoms of COVID-19
 - Continued support for housing stability
- Discontinue direct transport of clients by staff. Use vouchers for transit where needed and available. If direct transport of clients absolutely must occur, follow [CDC guidance](#) related to cleaning and disinfecting community spaces, which would include vehicles in this instance.
- Assessments and case closures, including [HP/RRH Case Review and Closure Checklist](#) and [Annual Service Needs & Move-Up Assessment for PSH](#). Should be done telephonically or remotely where possible, working with both the tenant and their other service providers (health, mental health, recovery and wellness etc.).
- Assess for High Risk Status; the use of the *COVID-19 Initial Screening Questions for Non-Medical Staff* is recommended.
 - CMs should assess if a tenant is high risk based on the following:
 - active substance use
 - changes/lack of support system due to social isolation
 - mental health disorder, history of isolation or self-harm
 - Encounters with other infected individuals
 - Managing chronic health conditions such as COPD, cancer, diabetes, heart disease, lung disease
 - Tenants identified as High Risk may require home visits for CM, as described below
- High Risk Tenant
 - Home visits should only be completed when absolutely necessary and the client has been remotely screened for COVID-19 symptoms first, using *COVID-19 Initial Screening Questions for Non-Medical Staff*.
 - For high risk tenants where home visits are needed, follow the [CDC precautions](#).
 - Overcoming Barriers to Remote Case Management Providers should consider adding minutes or data for text messaging for clients with limited minutes for the next 90 days and re-visit at that time. These costs can be invoiced to CSB on a CSB invoice (not an ESG or CoC invoice. Cell phone costs are not eligible under HUD funded programs).

- Providers could look into web-based communication devices such as tablets on a case-by-case basis if phone-based options are not feasible.
- Client Does Not Respond to Calls/Texts
 - Check with other providers that the tenant is connected to
 - Outreach to friends and family
 - Stop by if needed (guidance for home visits provided below)
- Meeting Needs of Housed Clients
 - Via phone, check on current and past clients to ensure they have access to needed supplies in order practice social distancing
 - If needed and able, deliver any needed supplies to clients. Partner with local food pantries, Red Cross, or other groups if your agency is not able to provide all supplies directly.

Exiting Clients

Rapid Re-Housing (RRH) Homelessness Prevention (HP) and Permanent Supportive Housing (PSH) projects should continue to plan for case closure while working with clients. Case managers and clients should periodically (e.g., monthly) review progress, service needs, and whether to conclude services. Factors to consider when closing a case include:

- Financial resources
- Lease compliance
- Goal plan and resource linkage

Programs should be able to complete most parts of their case closure checklist via phone, noting the inability to collect client signature currently. Providers should try to collect client signatures whenever they have the ability to such as via fax or mail. In the situations where a client signature is not possible, obtain verbal permission from the client and notate verbal permission was provided on the client signature line.

Considerations for Staff

When identifying staff to conduct home-based case management with High Risk tenant (as identified via protocol outlined in previous section), agencies should consider the extent to which staff may be more at risk. For example, agencies may want to prohibit staff from conducting home-based case management if they are over 60 or if they have an underlying medical condition, such as diabetes, asthma, etc.

Additionally, agencies need to ensure that staff are not placing clients at risk of infection when conducting home-based case management visits. To that end, agencies must require:

- Staff who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:

- Immediately stop work, put on a facemask, and self-isolate at home;
- Inform the program or clinical manager of information on individuals, equipment, and locations the person came in contact with; and
- Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).
- Refer to the [CDC guidance](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidancerisk-assesment-hcp.html) for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidancerisk-assesment-hcp.html>

Direct Client Assistance (DCA)

Case managers are encouraged to limit in person contact and maintain social distancing standards while completing DCA applications. Case managers should encourage landlords to email or fax all required documentation that they need to provide. Please follow the guidance below while completing DCA applications at this time.

- Verbal Consent/Authorization from Clients
 - Case Managers must continue to be obtain client consent while completing DCA applications. If you email a client and obtain their consent to submit DCA documentation on their behalf, please include the email with the submission of the DCA application.
 - You may obtain verbal consent from clients regarding the documents listed below. If you have obtained verbal consent from a client, please write “Verbal Consent was received.” All applications that include verbal consent from client should include the Verbal Consent/Authorization form. Verbal Consent/Authorization is appropriate for:
 - Self-Declaration of Income
 - Rental Assistance Agreement (Landlord should still sign off on this; the signed document can be emailed or faxed)
 - Unit Checklist
 - Client Signature Page
 - Client Confirmation of Lead Based Paint Pamphlet
 - The Verbal/Consent Authorization form should include an explanation of any attempts that were made to obtain the clients signatures on the documentation.
- Employer Verification of Income
 - If you are unable to obtain Employer Verification of Income, a self-declaration of income may be used.
- Unit Inspections
 - Unit Checklist
 - Required for DCA and Homelessness Prevention/FCCS only

- Client should verbally complete the unit checklist with the case manager.
- Case manager should obtain verbal consent to submit that inspection checklist on client's behalf.
- HQS Inspection
 - Required for Jobs2Housing and YHDP Programs
 - HUD has waived the requirement for initial inspections if programs can visually inspect the unit using technology, such as video streaming, to ensure the unit meets HQS before any assistance is provided.
 - Programs should also use the landlord self-certification form to verify that the housing is safe, decent, and sanitary.
 -
 - Include the landlord inspection form with the DCA application.
 - Programs should physically reinspect the unit within 3 months after health officials determine special measures to prevent the spread of COVID-19 are no longer necessary.
 - CSB will track clients requiring an updated inspection form.
 - Agencies should track this as well
- Habitability and Lead Based Paint Inspections
 - Required for Rapid Re-Housing Programs and Homelessness Prevention for Expectant Mothers
 - For OSDA-funded ESG programs, OSDA has waived the requirement for initial inspections if programs can visually inspect the unit using technology, such as video streaming, to ensure the unit meets habitability standards before any assistance is provided. Programs should also use the landlord self-certification form referenced above to verify that the housing is safe, decent, and sanitary.
 - The landlord should complete the inspection form and sign off on it.
 - Include inspection form with the DCA application.
 - When the agency returns to business as usual, case managers should complete the inspection on all units that the landlord signed off on.
 - CSB will track clients requiring an updated inspection form.
 - Agencies should track this as well
- Obtaining a Copy of Client's ID
 - If you do not have a copy of client's ID, the client may take a picture of their ID and e-mail it to you. Please work to ensure that the ID is legible. Include the picture that the client sent of the ID within the DCA application.

- PMA's, W9's and Leases
 - These documents are required, as always, with DCA applications. Landlords are encouraged to email or fax the documentation to be submitted with the DCA application.
 - Please refer to the most recent list of W9 Verified Landlords to see whether a new W9 will need to be submitted with the DCA application.

- Imminent Risk of Homelessness Letter
 - If this is required for your program's DCA application, you can verbally confirm with the host family that the client must leave the home and write out the statement yourself. The letter should still include the host families name, address, and phone number as well as a specific date that the client's family is being asked to leave by.
 - Please certify the letter by signing and dating it yourself.
 - If verbally confirming this information and writing the letter yourself, please document all attempts made to obtain this document from the host family.

- Subsequent Requests
 - If your client's employment situation has been impacted by the current pandemic, and you are already aware that they will need assistance with another month of rent then you may include multiple months of rent within a DCA application. For example, if you are applying for April's rent, you may also request rent for the month of May. If you do this, please provide a thorough explanation of client's situation on the Justification Sheet, including how the client's situation has changed and why the additional month is being requested.

- Maximum Allowable DCA Request
 - If your requested DCA amount exceeds the "Maximum Allowable DCA Request" on the Household Budget, you do not need to submit an appeal request with the application. Please provide a thorough explanation on the Justification Sheet as to why the amount requested exceeds the maximum allowable amount and how the client would benefit from receiving the amount requested. Please be advised that some applications could still be denied and require an appeal, but the explanation on the Justification Sheet will be heavily considered first.

Unified Supportive Housing System

Case managers are encouraged to limit in person contact and maintain social distancing standards while completing USHS applications. Please follow the guidance below while completing USHS applications at this time. Presentation of birth certificate, social security card, photo ID and income verification will most likely be required by landlords prior to lease signing.

- Authorization for Release of Information
 - Source Documentation:
 - Signed and dated USHS Release of Information (ROI).
 - Temporary Exception:
 - Verbal authorization from your client. Case manager will write "verbal consent" on the client signature line of the USHS ROI and sign underneath. Case manager will make all attempts to provide client with a copy of the form.
- Demographics
 - Source Documentation:
 - Signed and dated Demographics Form
 - Temporary Exception:
 - Verbal authorization from your client. Case manager will complete verbally with the client or complete the extent possible. Case Manager will write "verbal consent" on the client signature line of the Demographics Form and sign underneath. Case manager will make all attempts to provide client with a copy of the form.
- Certification of Disabling Condition:
 - Source Documentation
 - Written verification of the condition from a professional licensed by the state to diagnose and treat the condition. (Certification of Disability [COD])
 - Written verification from the Social Security Administration.
 - Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation).
 - Temporary Exception: During the COVID-19 pandemic, HUD has waived the requirement to obtain a Certification of Disability signed by a health professional. Intake staff confirmation and certification by the individual seeking assistance that they have a qualifying disability is considered acceptable documentation of disability.
 - Document case manager observation and certification by the individual seeking assistance of disabling condition on Alternative Documentation Disability Status Form. Verbal client certification is acceptable; write "verbal certification" on the form.
 - Obtain third-party documentation when possible after the public health crisis ends.
- Income Verification

- Source Documentation
 - Most recent wage statement, unemployment compensation statement, public benefits statement, W2, or bank statement for the assets held by the client and income received.
 - Declaration of Zero Income Form
- Temporary Exception: To the extent that source documents are unobtainable due to the current pandemic:
 - A written statement by the relevant third party (e.g., employer, government benefits administrator) OR
 - A written certification by case manager of the oral verification by the relevant third party of the income the program participant received over the most recent period. Certification must include facts, time and date of contact, and name and title of third party. OR
 - A written certification by the client of the amount of income that they reasonably expect to receive for the current month.
- Verification of identity and citizenship (for all household members):
 - Age
 - Source Document
 - Copy of Birth Certificate
 - Copy of Valid passport
 - Copy of Naturalization certificate
 - Temporary Exception: To the extent that source documents are unobtainable due to the current pandemic:
 - Copy of Baptismal Certificate
 - Copy of Military Discharge papers
 - Copy of Census document showing age
 - Social Security Number
 - Source Document
 - Copy of social security card
 - Temporary Exception: To the extent that source documents are unobtainable due to the current pandemic:
 - Copy of original document issued by a federal or state government agency which contains the name, SSN, and other identifying information of the individual
 - Photo ID
 - Copy of valid photo ID is still required
- Household Composition
 - Temporally Waived; Verification of custody of minor children may be required by landlord prior to lease signing.
- Verification of Veteran Status

Temporally Waived; Verification of Veteran Status may be required by landlord prior to lease signing.