



# Temporary Changes and Suspensions for Coordinated Entry, Performance and Consolidated Homeless Grant funds due to COVID-19 Response

## In-person Coordinated Entry Access Points

Work with your local Public Health Department to determine whether or not closing your doors to the public is necessary. If the in-person access point continues to operate, be sure to follow the Department of Health's physical distancing and enhanced sanitation recommendations.

## COVID-19 Triage at Coordinated Entry (CE)

Work with your local Public Health Department to determine the role CE will play in screening people experiencing homelessness for COVID-19 or in referring people to isolation or quarantine units. Work with your local Public Health Department to develop the proper response to symptomatic and asymptomatic people who reach out to CE for services. For example, The Atlanta Continuum of Care (CoC) developed a triage-screening tool to address emerging COVID-19 concerns:

<https://www.hudexchange.info/resource/5989/covid19-client-triage-tool-atlanta-ga-coc-example/>

## Coordinated Entry Prioritization Process

In response to COVID-19, you may make emergency changes to your CE prioritization policy and process.

For adults and families experiencing homelessness, Commerce recommends that communities continue to prioritize people experiencing unsheltered homelessness and people fleeing violence because they cannot safely self-isolate or shelter in place. You *must consider these factors* as part of the prioritization process.

Commerce is waiving the requirement for CE to prioritize chronic homelessness and the length of time homeless.

Communities should continue to include local prioritization factors as part of their process. For example, the COVID-19 response plan developed with your local Public Health Department may identify other prioritization factors, such as people with underlying health conditions.

## Phone and Virtual Coordinated Entry Assessments

We highly encourage making a phone or virtual assessments available as part of your CE process.

Asking tough questions over the phone can seem a bit impersonal, so make sure to build rapport and a connection with the person on the other end of the line. Ask how they are doing before asking

assessment questions. Take a conversational approach as opposed to reading a script. Building rapport and connection will support you in collecting more accurate information about the person's needs.

If a phone or virtual assessment is a new practice for you, advertise this change on the agency website, a sign on the office door, an updated voicemail message, and flyers out in the community: grocery stores, pharmacies, gas stations, etc.

If phone calls are overwhelming your agency, here is an *example* of a simple process to prioritize messages and calls: "Initial screening through the Coordinated Entry System Intake Line is available during normal business hours on Monday- Friday from 8:00 am- 4:00 pm, excluding holidays and weekends. Program participants have an opportunity to leave a message, and the Coordinated Entry Intake Line staff will first triage calls and are required to return all calls within three business days. You must return high priority calls (e.g., program participants contacting the intake line who are unsheltered) within one business day."

## Phased Assessment Approach for Coordinated Entry

We encourage you to practice a phased assessment approach, which is considered a best practice. Phased assessment will help you assist people with their immediate needs, while also limiting long periods of contact. It can also help you manage a higher volume of calls and inquiries. Phased assessment can be flexible; the components of phased assessment can be done over a couple of days, a week, or on the same day, if necessary.

Basic Phased Assessment Components:

**Crisis Needs Assessment:** Screening to defining the nature of the current crisis and ensuring the person's immediate safety. The outcome of a crisis needs assessment could include a referral to an emergency service such as a victim service provider, another community resource, or continuing to the next phase of the assessment process.

- Do you have a safe place tonight?
- Are you in danger, or do you need protection from violence?

If the Public Health Department has determined that CE will provide COVID-19 Triage, that should happen at the crisis needs assessment phase.

**Diversion & Problem Solving:** Identify options and help access natural supports. The outcome of a diversion and problem-solving could include a creative short term plan other than entering the homeless crisis response system.

- Do you have safe friends and family to stay with?
- Do you need help with mediation to stay where you are?
- Can flexible funding assist with this?

**Housing Needs Assessment:** When it becomes clear that diversion and self-resolution will not occur, move to ask questions that gather the necessary information needed to make eligibility, prioritization, and referral decisions.

For more information on phased assessments, please see:

<https://www.hudexchange.info/resource/5340/coordinated-entry-core-elements/>

## General Coordinated Entry Compliance

Coordinated Entry processes will not be monitored for the near future. Commerce and stakeholders are actively engaged in a process that will produce new CE guidance and tools. Do not hesitate to implement solutions to meet community needs and respond to the current crisis. If you have questions or would like support with modifying CE processes during this time, please reach out to Andrea Avila, Coordinated Entry Specialist, [andrea.avila@commerce.wa.gov](mailto:andrea.avila@commerce.wa.gov) 206-600-0638, or your grant manager.

## CHG Performance: System Prioritization Requirements

Commerce recommends that communities continue to prioritize people experiencing unsheltered homelessness and people fleeing violence because they cannot safely self-isolate or shelter in place. This means that these factors must be considered as part of the prioritization process.

Communities should continue to include local prioritization factors as part of their process. If the COVID-19 response plan developed with your local Public Health Department identifies other prioritization factors, such as people with underlying health conditions, this will be accounted for during the performance monitoring process.

The prioritization requirement does not constitute a spending cap or limit. The prioritization requirement does not prohibit you from serving people who are at-risk of homelessness. Remember that compliance with the prioritization requirement and other performance requirements are evaluated by Commerce based on state and local administrative data, and qualitative data gathered from key stakeholders. Community context and extenuating circumstances are always considered during the performance monitoring process.

## CHG Allowable Expenses

With the new COVID-19 Housing Grant, we suggest you consider using those funds for quarantine and isolation, sanitation and hygiene, expanding shelter capacity, and COVID related costs. Using that fund source for COVID-19 expenses can help leave more CHG funding available for rent assistance.

## Documentation of Housing Status (4.4, 9.6 Appendix F, Verification of Household Eligibility and Income Recertification Form)

**CHG Self-Declaration Form:** Self-Declaration Form to collect a verbal statement is allowable for all housing status situations, and a client's signature is not required. Make a note of this circumstance on the Verification of Household Eligibility and Income Recertification Form as well. Example language for a note is *self-declaration utilized due to COVID-19 response*.

**CHG Third Party Verbal Verification Form:** Using the Third Party Verbal Verification Form is now temporarily allowable for all housing status situations. Make a note of this circumstance on the Verification of Household Eligibility and Income Recertification Form. Example language for a note is *verbal verification received due to COVID-19 response*.

## Documentation of Income (4.6, Verification of Household Eligibility and Income Recertification Form)

Collecting income source documentation is not required. Checking BVS for the HEN Referral for HEN eligibility is still needed.

**CHG Self-Declaration Form:** Self-Declaration Form to collect a verbal statement is also allowable for income documentation, and a client's signature is not required. Make a note of this circumstance on the Verification of Household Eligibility and Income Recertification Form as well. Example language for a note is *self-declaration utilized due to COVID-19 response*.

## Chronically Homeless Definition (4.2, PSH CHF and 4.3.2, Chronically Homeless)

For PSH CHF funding, households who are fleeing violence are added to the definition of chronically homeless that pertains to the household's current housing status. Households must still be homeless continuously for at least 12 months or on at least four separate occasions in the last three years, where the combined occasions must total at least 12 months.

## Eligibility Recertification (4.7 Verification of Household Eligibility and Income Recertification Form)

Not required at this time. Make a note of this circumstance on the Verification of Household Eligibility and Income Recertification Form.

## Housing Status Eligibility (4.3); At Imminent Risk of Homelessness (4.3.3).

Households will be considered at imminent risk of homelessness if one or more of the following occur:

- HH will lose primary nighttime residence (including systems of care or institutions) within 30 days of the date of application for assistance, and no subsequent residence has been identified and lacks the resources or support networks needed to obtain permanent housing.
- HH is sharing the housing of other persons (couch surfing, doubled up i.e.) and lacks the resources or support networks needed to obtain permanent housing.
- HH is living in a motel/hotel or RV and lacks the resources or support networks needed to obtain permanent housing.

## Targeted Prevention (7.3)

The CHG Targeted Prevention Eligibility Screening Form is temporarily not required.

## Flexible Funding (5.3.3)

The \$1,500 cap on flexible funding for households is temporarily waived.

## HMIS Data Timeliness (6.2.1)

Commerce will not monitor data timeliness during this time.

## CHG Reports with Invoices (2.3.1.1)

HMIS/Looker Reports are not required with monthly invoices.

## HMIS Telephonic Consent

Telephonic consent for HMIS entry is allowable. Telephonic consent from the individual may temporarily substitute written consent provided that written consent is obtained for the first time the individual is physically present at the agency. If someone offers telephonic consent and is never seen in person, it is fine to keep that record as consenting in HMIS. There are no documentation requirements, although telephonic consent can be noted in the client file, and you can utilize the public alerts under the client notes section in HMIS.

To obtain informed consent, use the Client Release of Information and Informed Consent form as a conversation guide: <https://www.commerce.wa.gov/wp-content/uploads/2018/06/hau-hmis-informed-consent-form-2018.pdf>

Telephonic consent is not required for people who will have anonymous record including clients who are:

- 1) in DV agencies; or
- 2) currently fleeing or in danger from domestic violence, dating violence, sexual assault or stalking situation; or
- 3) are being served in a program that requires disclosure of HIV/AIDS status (i.e.; HOPWA); or
- 4) under 13 with no parent or guardian available to consent to enter the minor's information in HMIS.

## Consent to Review Information in the Benefits Verification System (6.5.7)

Verbal consent will be allowed at this time as long as the staff follows the protocols below. However, staff should make every attempt to collect a signed BVS Client Consent form for the client file. Protocols for collecting BVS client consent verbally:

- Staff should use the below script when requesting verbal consent from clients (agency names, etc. can be changed).
- Consent must be memorialized in writing by the person proving the phone appointment
- Staff must note that verbal consent was collected due to extenuating circumstances until the COVID-19 outbreak is resolved.
- Remember, staff must attempt to collect a signed BVS Client Consent form from the client. If there is no way to obtain a physical signature, this should be noted.

**Partner read to Client:**

(Agency Name Here) is a contracted assisting agency with the Department of Social and Health Services. We can assist you submit an application or maintain eligibility for public assistance benefits.

We would like your permission to access some of the information DSHS keeps electronically about you.

We are committed to protecting your privacy. If you give permission, we will be able to see the following limited information about you:

1. Basic demographic information including name, age and how many recipients are in your household;
2. Verification of the type of assistance your household will receive such as Cash, Basic Food and Medical;
3. The amount of money your household will receive for each benefit type;
4. A list of the benefits your household received in the past 3 months;
5. Your household's earned and unearned income;
6. Child Care copay amount, child's name and provider information; and
7. Certification periods.

If you authorize us to view the listed information, you are not:

- Designating us as an authorized representative, or
- Allowing us to share or re-disclose your information.

If you do not authorize us to view the listed information, we will still help you; however, we will not access your confidential information.

Do you give us authorization to access the information I listed?

- Yes, I authorize access
- No, I do not authorize access

Did the client authorize release:

Did you verify the identity of the person by:

- In-person
- Verbally on Phone

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