

Louisiana Balance of State Continuum of Care

COVID-19 Interim Policies and Procedures

DRAFT 3-30-2020

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# Overview

This document contains interim guidance for the Louisiana Balance of State Continuum of Care (LA BOSCOC) for the duration of the COVID-19 ("coronavirus") emergency. This document both issues new guidance and modifies existing policies and procedures, including the LA BOSCOC Written Standards and the LA BOSCOC Coordinated Entry Policies and Procedures.

This document primarily affects the following projects and organizations:

* Continuum of Care (CoC) Program projects
* Emergency Solutions Grant (ESG) Program projects
* Coordinated Entry Access Points
* Other transitional or permanent housing projects that receive referrals from the Coordinated Entry System
* Any other projects or organizations that use the LA BOSCOC's Homeless Management Information System (HMIS)

New versions of this document will be issued as needed. They will be reviewed in advance by the most appropriate committee (usually Coordinated Entry, HMIS, or Written Standards) and approved by the LA BOSCOC Board. They will be released to the LA BOSCOC website at <https://laboscoc.org/policies-and-procedures> and distributed via the LA BOSCOC email distribution list.[[1]](#footnote-1)

# Written Standards

## Applicability and Implementation

This section is divided into multiple subsections:

* Section II.2, "Requirements for All Projects," applies to all CoC Program and ESG projects;
* Section II.3, "Project Type Specific Requirements," applies only to CoC Program and ESG projects of that project type.

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. Projects should ensure that implementing this document does not cause any current participant to return to homelessness.

## Requirements for All Projects

The requirements in this section apply to all projects funded by the CoC Program or ESG.

### COVID-19 Assessment

All projects are required to implement some level of COVID-19 symptom assessment for participants.

#### Single Site Projects

All single site projects (also called congregate facilities) are required to assess participants for COVID-19 symptoms when (1) a participant attempts to access the site and (2) periodically thereafter at the service provider's discretion.

For the purposes of this section, a single site project is any project that provides emergency shelter, transitional housing, or permanent housing to two or more participants on a given night.

Single site projects are required to use the LA BOSCOC COVID-19 ("Coronavirus") Participant Screening Tool to assess participants for COVID-19 symptoms. The most recent version of that Tool can be found on the LA BOSCOC's website in the Policies and Procedures section under the "COVID-19 Participant Screening Tool" heading: <https://laboscoc.org/policies-and-procedures>

Participants who are determined to be COVID-19 symptomatic according to the Tool above should not be admitted to a single site project; instead, they should be immediately referred to their local medical provider for screening and treatment.

#### Scattered Site Projects

All scattered site projects are required to assess participants for COVID-19 symptoms periodically at the service provider's discretion.

Scattered site projects are required to use the LA BOSCOC COVID-19 ("Coronavirus") Participant Screening Tool to assess participants for COVID-19 symptoms. The most recent version of that Tool can be found on the LA BOSCOC's website in the Policies and Procedures section under the "COVID-19 Participant Screening Tool" heading: <https://laboscoc.org/policies-and-procedures>

Note that while the above Tool was developed for use by congregate facilities, its substance can be used equally well by scattered site projects.

Participants who are determined to be COVID-19 symptomatic according to the Tool above should be immediately referred to their local medical provider for screening and treatment.

### Data Recording in HMIS

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

## Project Type Specific Requirements

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

### Homeless Prevention

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

### Emergency Shelter

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

### Transitional Housing

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

### Rapid Re-Housing

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

### Permanent Supportive Housing

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

# Coordinated Entry

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

# HMIS

## COVID-19 Data Recording in HMIS

### 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, limit the exposure of service providers and participants, and help connect participants to local medical providers for COVID-19 testing and treatment.**

### Process

The process for recording COVID-19 data in HMIS is being updated in real time to reflect changing guidance. You can access the most current version online via Google Docs here: <https://docs.google.com/document/d/18GVy4EzdSUr0ILlEa7vDcLeLNSNTAAyvtjHLG__8sDY/edit?usp=sharing>

## Data Privacy

### Overview

The LA BOSCOC 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](https://files.hudexchange.info/resources/documents/COVID-19-HMIS-Setup-and-Data-Sharing.pdf) and [HMIS Privacy and Security Standards and COVID-19 Response](https://files.hudexchange.info/resources/documents/HMIS-Privacy-Security-Standards-COVID-19-Response.pdf) 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.

### Authority

"The [HMIS Privacy and Security Standards](https://files.hudexchange.info/resources/documents/2004HUDDataandTechnicalStandards.pdf) 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](https://files.hudexchange.info/resources/documents/2004HUDDataandTechnicalStandards.pdf) 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."[[2]](#footnote-2)

### Disclosure Practices

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

### HIPAA Privacy

While the LA BOSCOC'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](https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf).

# Appendix A: Change Log

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

#### Written Standards

* Single site projects are required to assess incoming participants and periodically assess existing participants for COVID-19
* Scattered site projects are required to periodically assess existing participants for COVID-19
* All projects are required to refer participants assessed as COVID-19 symptomatic to their local medical provider for screening and treatment
* All projects are required to record participant COVID-19 status in HMIS

#### HMIS

* When a participant's COVID-19 status changes, CoC staff will inform providers who are currently or who have recently interacted with that participant about that participant's COVID-19 status

# Approval

## Approval Process Timeline

* April 3, 2020 -- Version 1.0 released
* April 3, 2020 -- Board approves full document
* April 1, 2020 -- Written Standards Committee approves Written Standards portion of document
* March 30, 2020 -- Full document released for public comment
* March 25, 2020 -- Board approves HMIS portion of document
* March 23, 2020 -- HMIS Committee approves HMIS portion of document
* March 20, 2020 -- HMIS portion of document released for public comment

## Signature

For this document to take effect, it must bear the signature of either the Board Chair or the Board Vice Chair.

This document is effective as of the date on its first page, not as of the date of this page’s authorizing signature. This document’s effective date cannot be earlier than the date of this page’s authorizing signature.

By signing below, the signatory certifies that this document has been reviewed and approved for release according to the procedures of both the LA BOSCOC’s Written Standards Committee and the LA BOSCOC Board. If the signatory is the Board Vice Chair, the signatory also certifies that they have the authority to sign this document as granted by most recently approved version of the LA BOSCOC Governance Charter.

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Winona Connor, Chair Date

LA BOSCOC Board

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1. To sign up for the LA BOSCOC email distribution list, contact Gordon Levine, Continuum of Care Manager, at glevine@lhc.la.gov [↑](#footnote-ref-1)
2. HUD. "COVID-19 HMIS Setup and Data Sharing." Page 1. <https://files.hudexchange.info/resources/documents/COVID-19-HMIS-Setup-and-Data-Sharing.pdf> Retrieved March 30, 2020. [↑](#footnote-ref-2)