Guidance: How to Review Caseload for COVID-19 Vulnerability and/or PRK Eligibility.

The following is guidance for how to systematically review caseload leveraging available assessment data. Homeless Management Information System (HMIS) contains some health information from the Coordinated Entry System (CES) assessments that are helpful in assessing a client’s risk to severe illness if they contract COVID-19 and thus eligibility for Project Roomkey (PRK). However, since it is not a complete picture of medical history, you may have to contact many clients about the Assessment questions.

- Go through caseload and review everyone who is above 65 and not currently housed. Confirm with those who are eligible whether they wish to be considered for Project Roomkey.
- Go through caseload and review everyone who said yes to HIV/AIDS and is not currently housed. Confirm with those individuals whether they wish to be considered for Project Roomkey.
- Go through caseload and review everyone that said yes to having a chronic condition. Determine whether chronic condition meets entry standards for Project Roomkey. If so, confirm whether they wish to be considered for Project Roomkey. If condition does not qualify, be sure to ask client remainder of COVID-19 vulnerability questions in order to insure a comprehensive assessment.
- Reach out to clients who responded ‘unsure’, ‘no’, refused reply to chronic health question, or otherwise have not completed question, in order to complete a full COVID-19 vulnerability assessment.

For all cases where upon a case’s initial document review it appears as though a client may not qualify and/or there is missing information, providers should try to reach the client to ask the full set of COVID-19 vulnerability questions. Organizations may need to strategically redeploy their staff to ensure that caseloads are fully reviewed, and contact is made with clients to accurately assess COVID-19 vulnerability and eligibility for Project Roomkey. It is important that all assessment questions are asked in an impartial and non-judgmental manner.

Updates to HMIS: New “Review” Flag Added.

A new flag has been implemented in HMIS, called ‘Reviewed for COVID-19 vulnerability and Project Roomkey?’. The purpose of this flag is to support providers in systematically assessing for COVID-19 vulnerability and PRK eligibility across their case load. It will also allow for LAHSA to take a comprehensive look across the Coordinated Entry System to determine what proportion of clients have been assessed for COVID-19 vulnerability and PRK eligibility. Please note that updating this flag is done separately from filling out the Assessment.

Below is an explanation of when different responses to ‘Reviewed for Covid-19 vulnerability and Project Room Key’ should be marked:

- **No**- Case manager has not yet reviewed the case
Yes - Case worker has thoroughly reviewed a case and confirmed health status information with a client. This status is selected whether or not a client ultimately has HMIS-documented COVID-19 vulnerability or is eligible for PRK

Potentially Eligible, Review needed – Upon initial case review, client appears to be eligible, but additional review and client follow up necessary

N/A (housed)- Client has already matched to a non-interim housing resource (i.e. PSH, RRH)

Missing Key Data/ Client follow up necessary- Case manager needs to follow up with client in order to comprehensively assess for COVID-19 vulnerability and/or PRK eligibility

Guidance: How to Complete a “COVID-19 Vulnerability Assessment & Tier 1 Referral” in HMIS.
Released previously (4/29/20), this how-to guide describes the process for documenting COVID-19 vulnerability and, if relevant, making a referral into Project Roomkey. The following is a summary of recent revisions to the Assessment.

Revisions to Assessment: Eligible Health Conditions.

In alignment with CDC guidance, the list of medical conditions that make a client eligible for PRK have been updated to include those with high-risk pregnancies and people with blood disorders. The BMI benchmark has also been shifted from 40+ to 30+, as emerging scientific data has found that obesity (BMI of 30+), along with hypertension and diabetes, are very common comorbidities of those who have been hospitalized due to COVID-19 infection. The criterion for PRK eligibility through of immunosuppression from smoking has been clarified using CDC guidance to have multipart questions about smoking. Updates to HMIS also include the addition of “tool tips” with further examples of conditions and suggested language for use when screening clients. If a client does not have any of the listed conditions, at the end of the COVID-19 vulnerability questions check the box to indicate that and submit the vulnerability assessment.

Revisions to Assessment: Health & Safety Considerations for PRK Referrals

We have expanded on the assessment questions that specifically address the clients’ abilities to perform the activities of daily living and their needs for accommodation, so that we can determine if PRK is appropriate for the client and if there is additional support providers can provide to enable a client to be admitted to PRK. It is important to note that some people have needs that cannot currently be met at PRK sites; there are serious health and safety issues associated with admitting PEH to a room alone when they are unable to take care of their basic needs without assistance. We have also refined questions related to needed ADA accommodations and health supports so that we can appropriately serve clients’ needs. Please note that assistance animals (e.g. service dogs, emotional support animals) of clients can be accommodated at PRK sites. In addition, if a client has a companion and/or caregiver who supports them with their daily needs, they can be jointly referred into PRK. These questions are being asked in order to both 1) support providers in assessing what resources their clients would need to have a smooth transition if they are enrolled in a PRK site and 2) gather information that would be useful for PRK site operators.
Providers can assist clients in contacting their medical providers to obtain the necessary durable medical equipment, including assistive devices such as walkers, shower chairs, and wheelchairs. These items are usually covered by Medicare and/or Medi-Cal, if the client has medical need. There is an expedited process for clients to obtain an in-home service provider (caregiver to assist with ADLs) through In-Home Supportive Services (IHSS), and providers can help connect clients with this service before a client is potentially admitted to a PRK room. Please refer to this resource for guidance on how to apply for durable medical equipment, IHSS enrollment, and related supports.