Memo to the Field: COVID-19 and Consumers

COVID-19 is a far-reaching crisis impacting various aspects of American life. It has been creating novel challenges for homeless services systems. As a part of our efforts to support the field, the National Alliance to End Homelessness and the National Homelessness Law Center (in conjunction with its pro bono partner Fried Frank) came together to explore laws and policies that are particularly relevant at this time. The current memo provides an overview of issues related to consumers of homeless services.

Ensuring Access to Critical Health Resources

Addressing consumer healthcare needs is a primary component of the pandemic response. These efforts include:

Testing

The CDC has encouraged COVID-19 testing for people experiencing homelessness. Early research found many people testing positive in congregate shelters where the virus was introduced. Thus, the agency recommends:

> *". . . testing of all residents and staff members regardless of symptoms at shelters where clusters have been detected should be considered. If testing is easily accessible, regular testing in shelters* ***before*** *identifying clusters should be considered."*

Systems should continue to work with state and local health departments to ensure proper testing in congregate settings and other locations.

Many people experiencing homelessness need testing outside of group testing events. The Families First Coronavirus Response Act (FFCRA) requires Medicaid and private insurers to cover COVID-19 testing at no cost to patients. At least 17 states provide no-cost testing to uninsured people, mainly due to the legislation's incentives.[1] Finally, free tests are often obtainable through public health centers (including Healthcare for the Homeless programs) targeting vulnerable populations, and select pharmacies. These options will exist throughout the public health emergency.

1 Participating states include California, Colorado, Connecticut, Iowa, Illinois, Louisiana, Maine, Minnesota, Montana, North Carolina, New Hampshire, New Mexico, Nevada, South Carolina, Texas, Utah, and West Virginia.

Vaccinations

America is currently implementing a mass vaccination effort. The CDC has recommended that specific populations be prioritized during its early phases. Ultimately, state and local health departments are responsible for making these decisions. Thus far, at least 13 states have prioritized people experiencing homelessness, mainly due to their residence in congregate settings.[1] Members of the homeless services world can urge state and local health departments to establish such priorities.

When working with individual consumers, case managers and others may consider helping them sign up for vaccinations if they belong to another priority population (e.g., over age 75, over age 65, and/or with preexisting conditions). For more information on specific priorities, consult the Kaiser Family Foundation's (KFF) state listings or the websites of your state or local health departments.

Notably, Americans will largely receive the vaccine for free. Hundreds of millions of doses were purchased by the federal government's vaccination program. Providers tied to the program are offering the shots at no charge to recipients. Once these doses run out, Medicaid will continue to cover vaccinations at zero cost to program participants throughout the public health emergency, but uninsured individuals may incur costs associated with the vaccine and its administration.

Treatment

Typically, Medicaid covers care with little to no cost to patients. During the public health emergency, some states are eliminating all requirements for COVID-19 patients to pay for treatment. State and local Medicaid offices can answer questions about any recent policy changes impacting consumers enrolled in the program.

Uninsured patients may benefit from a relief fund created as a result of the CARES Act. Health care providers must decide to apply for the funds, subject to availability. However, if relief is granted, patient costs can be reduced or eliminated.

Equity Considerations

While receiving the above healthcare-related services, a consumer's race or ethnicity may matter. The Patient Protection and Affordable Care Act (ACA) prohibits discrimination by health programs and activities receiving federal funding. When working with consumers experiencing such challenges, referrals can be made to local legal services programs.

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1 States creating priorities for people experiencing homelessness (largely in shelters) include Alabama, Alaska, California, Delaware, Illinois, Iowa, Massachusetts, Nevada, New Mexico, North Dakota, Oklahoma, Virginia, and Washington.

Ensuring Proper Maintenance of Facilities

During a health crisis, there is an increased need to focus on facilities maintenance. The CDC's Interim Guidance recommends keeping soap, alcohol-based hand sanitizers, cleaning supplies, trash baskets, and tissues on hand at shelters and other facilities. The document places significant emphasis on ventilation—it should be working properly, and steps should be taken to ensure suitable airflow. HVAC professionals may need to be called in to assist.

In implementing the McKinney-Vento Act, HUD has established health and safety rules for Emergency Shelter Grant programs. In general, they make it a federal requirement to follow state and local safety and sanitation standards. They also require air ventilation in rooms and spaces and the maintenance of sanitary conditions. According to one of the provisions, "Each program participant in the shelter must have access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste."

Ensuring Equity within Housing and Services

Factors associated with the pandemic have been shifting the temporary and permanent housing offerings of homeless services systems. Particularly relevant are social distancing recommendations for shelters, motel/hotel programs, and new government investments (past, present, and future relief and stimulus dollars). New beds are being created and new services are being offered. As systems adjust to these changes, it is critical that they do so with an eye towards equity.

Various federal civil rights laws apply to programs receiving federal dollars to deliver services. They include the Equal Protection Clause of the 14th Amendment, Titles II and VI of the Civil Rights Act of 1964, the Fair Housing Act, Executive Order 11063, and Executive Order 12892. In general, these laws prohibit discrimination based on race or ethnicity.

Under certain circumstances, those who experience discrimination can sue for redress in a court of law. Factors such as the specifics of their complaints, statutory language, and existing case law are determinative. Significantly, impacted individuals can also file complaints with federal agencies like HUD, which can compel compliance with current law.

In addition to federal law, states have their own civil rights legislation and case law. Depending on the state, they can offer greater protections than what exists at the federal level.

Voluntarily working towards equity can help CoCs avoid such challenges. First, they should identify any problems. Collecting and tracking demographic information is a critical first step. Racial/ethnic differences in system treatment and outcomes should be investigated and corrected.

Conclusion

Several laws and policies are relevant to consumers during the COVID-19 crisis. Service providers can play a role in ensuring that consumers realize the best possible health outcomes and equitable access to services and housing opportunities.