

Q: Are there actions a Continuum of Care may take within its Coordinated Entry process to prioritize persons who are at increased risk of severe illness from COVID-19?

A: Yes, a Continuum of Care (CoC) may choose to incorporate specific factors into its Coordinated Entry process (CE) that will assist to identify and prioritize persons most at risk of severe illness from COVID-19. The processes of *assessment, scoring, prioritization* and *determining eligibility* comprise four distinct elements of the CE process that connect CE participants to potential housing and services. In particular, prioritization must be based on a specific and definable set of criteria that are:

- (1) made publicly available through written prioritization standards;
- (2) conducted according to the CoC's written prioritization policies and procedures; and
- (3) applied consistently throughout the CoC to all households being prioritized.

Given the significant public health crisis and the unique circumstances of the COVID-19 pandemic, it may be appropriate for CoCs to prioritize households who are at increased risk for severe illness from COVID-19 based on objective factors.

Based on currently available information, the CDC has identified that older adults and people of any age who have certain underlying medical conditions are at increased risk for severe illness from COVID-19.¹ The specific populations served by the CE process – individuals who are homeless, chronically homeless, or at risk of homelessness – who are also in high risk categories for severe illness from COVID-19 face unique challenges that must be urgently addressed.

Accordingly, taking into account the specific subpopulations served by HUD's homelessness programs and the demonstrated impact homelessness has on aging, it may be permissible, given the urgency of the present situation, to prioritize the following categories of persons for assistance within a CE process, provided that the persons in these categories are eligible for programs receiving CE referrals and the process is applied consistent with federal nondiscrimination requirements:

- (1) People 50 years and older
- (2) People of all ages with the following underlying medical conditions:
 - Cancer
 - Chronic kidney disease
 - COPD (chronic obstructive pulmonary disease)
 - Immunocompromised state (weakened immune system) from solid organ transplant
 - Obesity (body mass index [BMI] of 30 or higher)

¹ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>. HUD is relying on the CDC's guidance dated July 17, 2020, as the basis for identifying certain persons who are at increased risk of severe illness from COVID-19. If the CDC's guidance is subsequently revised, HUD will update this document.

- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

The CDC's guidance is updated to reflect available data, and HUD will update this accordingly.

For CoCs that choose to prioritize these high-risk groups, the CoC must prioritize all identified subgroups. In other words, the CoC must prioritize households who meet the identified age factor as well as households where any household member has any of the identified underlying medical conditions. Moreover, with respect to people with underlying medical conditions, any inquiry in the CE process must be focused on the presence of the medical condition, without asking intrusive or detailed questions. Extensive documentation of medical conditions should not be sought and certain individuals cannot be held to stricter documentation standards. For example, an intake worker may use the above list of underlying medical conditions and ask whether the person has any conditions that fall under any of those categories. Keep in mind, it is the responsibility of the project receiving referrals from CE to document a household's eligibility for the project, including documenting homeless or at-risk of homelessness status and any additional NOFA criteria. Not every household that is at increased risk of severe illness for COVID-19 will be eligible for each project.

In addition, CoCs may also choose to incorporate additional objective factors into their CE process to address the impact of COVID-19 on individuals and families who are homeless or at risk of homelessness. For example, permissible factors may include any of the following:

- Elevated risk of transmission at the location where the person is currently living, *e.g.*, on the street, in a congregate setting such as a shelter, jail, or prison, or other arrangements
- Inability to take steps to avoid transmission where the person lives or works, *e.g.*, multiple people sharing a sleeping space, work or living environment with close physical interactions and inadequate PPE, living in a place without access to running water
- Lack of access to healthcare, *e.g.*, lack of health insurance, lack of primary care provider, use of ER for all medical care

A CoC that chooses to incorporate any of these additional objective factors must clearly identify and incorporate the specific factors into its CE process and work with its providers to ensure uniform questions are asked consistently of all potential clients.

It may be appropriate for CoCs to prioritize for assistance persons who fall under any of the categories identified in this Q&A so long as the process meets all CE program requirements, including in particular ensuring that the criteria are applied uniformly throughout the CoC to all households being prioritized, and the process is applied consistent with federal nondiscrimination requirements. CoCs are prohibited from using the prioritization process to discriminate based on protected classes as defined by federal civil rights laws and requirements. These protected classes include race, color, religion, national origin, sex, age, familial status, or disability, as well as compliance with HUD's Equal Access Rule. For example, CoCs and housing providers must

provide reasonable accommodations for individuals with disabilities. Recipients of HUD funding must also ensure that designated accessible units are prioritized for individuals with mobility or sensory impairments who need the accessibility features of these units. For more information on the prioritization stage and fair housing requirements more generally, see [FAQ ID 3464](#) (“My CoC needs to prioritize households to meet the requirements of HUD’s Notice CPD-17-01, but we are concerned that we might inadvertently violate federal civil rights laws and requirements, including the Fair Housing Act. How do we prioritize related to vulnerability/need in a non-discriminatory way?”).