**Sample Emergency Operation Policies**

Background

**The Connecticut Balance of State Continuum of Care (CT BOS CoC) is providing these sample policies to help agencies to meet HUD, CT DOH, and CT DMHAS requirements related to the COVID-19 crisis.**

In light of the crisis, on March 31, 2020 HUD issued a [memorandum](https://hudexchange.us5.list-manage.com/track/click?u=87d7c8afc03ba69ee70d865b9&id=c7eebd3c89&e=330d06219a) authorizing certain waivers for the Continuum of Care (CoC), Emergency Solutions Grant (ESG) and HOPWA programs. HUD has indicated during weekly Office Hours that to use CoC and ESG funds for hazard pay and to use the available CoC and ESG COVID-19 waivers, agencies are required to have policies authorizing such pay and governing the use of such waivers.

On April 8, 2020, the CT BOS CoC issued a [memo to CT BOS CoC and DOH ESG funded provider agencies](https://www.ctbos.org/wp-content/uploads/2020/04/Memo-2020.04.08-CoC-ESG-Waivers-v3.docx) containing a summary of the available ESG and CoC waivers, and information about how to use the waivers. For consistency across funding streams, during the COVID-19 crisis, the Connecticut CT Department of Housing (CT DOH) has enabled use of applicable waivers for their Emergency Solutions Grant (ESG) and CoC Rapid Rehousing (RRH) projects and the CT Department of Mental Health and Addiction Services (CT DMHAS) enabled use of the applicable waivers for their CoC Permanent Supportive Housing (PSH) projects.

This document includes the following sample policies:

* Sample Policies for Emergency Operation of Homeless Assistance Programs in the Event of Public Heath Emergencies or Natural Disasters – necessary to enable use of CoC and ESG funds for hazard pay. (See below)
* Sample Implementation of Emergency Procedures for Continuum of Care and Emergency Solutions Grant Programs in Response to COVID-19 Health Emergency – necessary to enable use of COVID-19 CoC and ESG Program Waivers (See Appendix)

Instructions

For agencies wishing to expend CoC and/or ESG funds on hazard pay for staff:

* Regardless of whether your agency is a direct recipient or subrecipient of the HUD funds, you must adopt the Sample Policies for Emergency Operation of Homeless Assistance Programs in the Event of Public Heath Emergencies or Natural Disasters (See sample below) or similar policies

For agencies wishing to use all available CoC/ESG COVID-19 waivers:

* If your agency has a CoC grant agreement directly with HUD, you must adopt the Sample Implementation of Emergency Procedures for Continuum of Care and Emergency Solutions Grant Programs in Response to COVID-19 Health Emergency (See Appendix) or similar policies
* If your agency is a subrecipient on a CT DMHAS CoC grant and/or a DOH ESG or CoC grant, the state agency will adopt the necessary policies, which will cover subrecipient agencies.
* Subrecipients of ESG funds administered by a recipient other than CT DOH, should coordinate with the relevant ESG recipient to determine what waivers they intend to use and adopt the relevant portions of Sample Implementation of Emergency Procedures for Continuum of Care and Emergency Solutions Grant Programs in Response to COVID-19 Health Emergency (See Appendix) or similar policies

SAMPLE Policies for Emergency Operation of Homeless Assistance Programs in the Event of Public Heath

Emergencies or Natural Disasters

# Applicability

The Governing Board of the agency shall designate either the organization’s Chief Executive Officer, Chair of the Governing Board, or such other person(s) as the Governing Board shall decide as the Organization’s “Authorized Official,” authorized to make a formal determination to implement these Policies for Operation of Homeless Assistance Programs in the Event of Public Heath Emergencies or Natural Disasters [Emergency Policies].

This action can only be taken when a disaster or public health emergency has been declared by authorized State or Local Health Officials, the Governor of the State, or the President of the United States. When that declaration has been made, the Authorized Official must determine whether the agency is impacted by the crisis and the necessity of taking emergency actions to protect the health and well-being of all persons including agency staff, agency clients, and members of the public who may be affected by agency operations. If the determination is positive, the Authorized Official shall declare that the Emergency Policies are in effect.

Once implemented, the Emergency Policies supersede any agency policies and procedures in effect prior to the Emergency Declaration. Where there is a conflict between what is specified in the Emergency Policies and what is specified in pre-existing agency policies, the Emergency Policies shall be followed. Any existing procedures not addressed by or not in conflict with the Emergency Policies remain in full effect.

Upon implementing the Emergency Policies, the Authorized Official will promptly notify staff and stakeholders that the Emergency Policies have been implemented. Emergency Policies can be implemented immediately upon notification. Emergency Policies will remain in effect until the sooner of announcement by authorized public officials that the Public Health Emergency or Natural Disaster has been resolved or determination by the Authorized Official that there is no longer a need for Emergency Policies.

The Authorized Official will promptly report to the Governing Board all actions taken with respect to the Emergency Policies. For long duration emergencies, the Authorized Official shall report to the Governing Board on a schedule specified by the Governing Board.

# Policies:

These Emergency Policies shall only be implemented upon adoption by the agency’s Governing Board.

Upon the declaration of a Public Health Emergency or Natural Disaster by responsible officials and the determination by the agency Authorized Official that the emergency or disaster will impact the agency, the Authorized Official will invoke the Emergency Policies.

Emergencies and disasters differ in their scope and intensity. As part of the determination to invoke the Emergency Policies, the Authorized Official will determine which of the Emergency Policies to implement.

In order to most effectively serve clients and to protect the health and well-being of staff, the Authorized Official may choose to implement some, or all the policies identified below. As part of the implementation of the Emergency Policies, the authorized official will specify which of the policies are in effect.

## Emergency Policy – Conduct of Required Activities

The existence of a public health emergency or a disaster may temporarily prevent the agency from performing activities that are specified requirements of funders and that are incorporated within the agency’s standard policies and procedures and grant agreements. This includes without limitation activities that involve direct contact with persons, physical inspections, or obtaining third party information from sources that may be inaccessible as a result of the emergency or disaster.

In the event of emergencies or disasters, government funding agencies frequently waive requirements for limited periods of time to accommodate the specific circumstances of the emergency/disaster. When a governmental funding agency issues emergency/disaster related waivers to standard procedures, the Authorized Official shall review those revised directives and determine based on the health and well-being of agency staff and clients whether to implement the waivers. If so, the Authorized Official will issue temporary policies and procedures to implement the waivers (See Appendix for sample temporary policies and procedures to implement CoC/ESG Program waivers in response to COIVD-19 health emergency).

This policy is limited to those circumstances when a governmental funding agency waives procedures incorporated within this agency’s standard policies and procedures. The policy will only remain in effect for the duration of the waivers issued. All requirements by the governmental funders with respect to documenting the use of emergency waivers shall be followed. Once the waivers issued by the funding/regulatory agencies have expired, the Authorized Official shall ensure that standard procedures resume.

## Emergency Policy – Record Keeping

Emergency or disaster situations may preclude the agency from maintaining records and documentation as specified in standard policies and procedures and grant agreements that the agency has entered into. When in the context of an emergency or disaster a governmental agency has relaxed or waived documentation or record keeping requirements, the Authorized Official will determine whether the agency is able to maintain its standard record keeping policies. If the Authorized Official determines that standard record keeping cannot be maintained, allowable waivers may be implemented.

The Authorized Official will ensure that records filed under Emergency Policies are reviewed once the emergency has lifted to see if it is necessary or possible to generate the records or documentation at that time. When possible and appropriate records shall be updated post-emergency.

## Emergency Policy – Procurement

In the context of a declared emergency, it may be necessary to make urgent acquisitions of goods and services vital to the health and well-being of staff and clients. Priority must be granted to meeting essential requirements for health and safety and standard procurement policies may be suspended in order to secure goods and services in a timely manner.

Upon the determination of the Authorized Official that it is necessary to suspend standard procurement policies, the agency may take such steps as necessary to acquire vital supplies and support. Depending on the urgency and immediacy of need, all procurement requirements may be waived.

Public funds should be employed in as responsible and transparent method as possible. Emergency procurement should only be used as essential for life and safety and deviations from standard procurement should be documented and publicly disclosed. This does not supersede the Agency’s Code of Conduct or the Agency’s Conflict of Interest Policies.

In the event that the Agency must employ emergency single source procurements, documentation shall be maintained on file regarding the specific emergency circumstances that necessitated this and provide a cost analysis (i.e., proposed cost data, cost projections, evaluation of specific elements of cost and profits).

## Emergency Policy – Alternative Workplace

The authorized official shall determine whether continuing to work at the regular work/duty location poses a risk to the health and well-being of agency staff, clients, or stakeholders. If a risk is determined, the authorized official may implement alternative workplace policies.

When alternative workplace policies have been implemented:

* Agency staff may perform their job functions at alternative locations (their home or other designated workspace).
* Agency staff are expected to work their normal duty hours and must track and report to their supervisors their hours of work and activities.
* To ensure privacy, staff should use assigned agency cell phones or computers to communicate with agency clients. When this is not feasible, the Authorized Official will ensure that staff are required to and have been provided with instructions regarding how to safeguard any personal equipment used for this purpose.
* Staff working from alternative locations must continue to protect client privacy and confidentiality.
* The agency is not responsible for additional costs incurred by staff as a result of implementing Alternative Workplace policies. As soon as the Authorized Official has determined that the health emergency or disaster no longer requires alternative workplaces, agency staff will return to their normal duty locations.

## Emergency Policy – Hazardous Duty Pay

The Authorized Official may determine that the disaster or public health emergency requires that staff be provided with hazardous duty pay. The Authorized Official may decide to grant hazardous duty pay to specified staff performing identified hazardous duty and/or agency-wide compensation to offset harm brought on by the Emergency or Disaster.

Hazardous duty pay compensates staff for additional risks and/or costs necessitated by having to work during a Public Health Emergency or Natural Disaster. It may consist of an additional increment in hourly or weekly salary and/or lump sum payment(s) to all staff. Hazardous duty pay shall only be provided when a determination has been made that the agency has enough resources to provide the benefit to all eligible employees. If the agency does not have sufficient resources for all staff, priority shall be given to staff at greatest risk, e.g., those working directly with clients and to staff with the lowest levels of compensation.

Hazardous duty pay will remain in effect until the sooner of the following occurs:

* The responsible public official has made the determination that the health emergency or disaster conditions are no longer in effect and has declared an end to the emergency.
* The Authorized Official has determined that the agency no longer has need to implement the hazardous duty pay as staff are no longer encountering situations that require the additional compensation or that the agency no longer has sufficient resources to continue the hazardous duty pay.

## Emergency Policy – Reducing Inequity in Care

Emergencies and disasters have a disproportionately negative impact on marginalized communities including communities of color, people who are homeless, and those with extremely low incomes. In implementing Emergency Policies, the Authorized Official shall take affirmative steps to ensure that underserved and marginalized groups are prioritized for emergency assistance. The Authorized Official shall ensure that the agency provides monthly reports, aggregated to protect confidentiality, using data from HMIS. These reports will document the beneficiaries of assistance in standard demographic categories, where applicable, will identify those households whose applications for emergency assistance were denied and will compare the populations served pre-emergency/disaster with those served post-disaster. This information will be publicly available.

Whenever Emergency Policies are invoked, the Authorized Official shall report to the Governing Board on the impact of the Emergency Policies on reducing inequities in the delivery of care and services to those with the greatest need and histories of being underserved.

APPENDIX

SAMPLE Implementation of Emergency Procedures for Continuum of Care and Emergency Solutions Grant Programs in Response to COVID-19 Health Emergency

# Implementation of Waivers for HUD Continuum of Care and Emergency Solutions Grant Funded Projects

On March 31, 2020 HUD published a Memorandum from the Acting Assistant Secretary for Community Planning and Development (CPD) outlining a series of waivers from program requirements that HUD has implemented in response to the COVID-19 Health Emergency. This agency has notified the relevant HUD Field Office that it will be implementing these waivers on (INSERT DATE). These procedures outline the process that will be followed in implementing the waivers and the necessary documentation.

# 1. Fair Market Rent for Individual Units (Applies to CoC Leasing and ESG RRH Projects)

**Requirement:** When grants are used to pay rent for individual housing units, the rent paid must be reasonable in relation to rents being charged for comparable units, taking into account the location, size, type, quality, amenities, facilities, and management services. In addition, the rents may not exceed rents currently being charged for comparable units, and the rent paid may not exceed HUD-determined fair market rents.

**Citation:** CoC: 24 CFR 578.49(b)(2); ESG: 24 CFR 576.106(d)(1)

**Explanation:** The CoC and ESG regulations prohibit using leasing/ESG funds to assist units whose rent exceeds the applicable Fair Market Rents. The Memorandum from the Acting Assistant Secretary of Community Planning and Development (CPD) authorized the waiver of the FMR limitation.

**Justification**: Waiving the FMR ceiling for leasing of units under the is necessary to help program participants rapidly locate and secure housing. In the context of the epidemic it is critical that participants be able to locate and secure housing as quickly as possible.

**Time Frame:** This shall apply to any participant seeking Continuum of Care assistance through leasing and shall remain in effect until September 30, 2020.

**Procedure:** The recipient/subrecipient must still ensure that rent paid for individual units that are leased with CoC Program leasing dollars meet the rent reasonableness standard in 24 CFR 578.49(b)(2). This agency will lease units above FMR only as necessary. Doing so will also help to ensure that after the waiver expires, participants can remain in their current unit without having to renegotiate the rent amount with the landlord. The FMR waiver applies to the lease term, i.e., projects can continue to pay the higher rent for units leased during the waiver period through the end of the lease term, even if that term extends beyond the waiver period. For example, a CoC Leasing project could continue to pay rent that exceeds FMR for a 12-month lease executed on 5/1/20 and expiring on 4/30/21.

**Documentation:** Prior to entering into any lease for a unit assisted with leasing dollars, the recipient must determine rent reasonableness and maintain documentation that the rent was reasonable in participant files. The recipient must also maintain in participant files a copy of the lease demonstrating a start date within the waiver period.

## 2. Disability Determination in Permanent Supportive Housing (Applies to CoC PSH Projects)

**Requirement**: A recipient providing PSH must serve individual and families where one member of the household has a qualifying disability (for chronic homelessness dedicated projects and DedicatedPlus projects that individual must be the head of household). Further, the recipient must document a qualifying disability of one of the household members. When documentation of disability is the intake worker’s observation, the regulation requires the recipient to obtain additional confirming evidence within 45 days.

**Citation:** 24 CFR 578.103(a) and 24 CFR 578.103(a)(4)(i)(B)

**Explanation:** In order to be eligible for PSH, a prospective participant must meet the HUD homeless definition and the definition of a disabled person or household. The requirement has been that the disability required third party verification including a determination by SSA or the VA, or documentary evidence submitted by licensed health professionals. Current requirements allow staff to record and observation of the disability with confirming documentation received no longer than 45 days from the application for admission. In the context of the current pandemic and the resultant unparalleled strain on the health care system, requiring documentation from health care professionals could either be difficult to obtain or inappropriately tax an already overwhelmed health care system.

**Justification:**  Temporarily removing the requirement for third party documentation will expedite the process of placing at-risk households into housing and will not burden the health care system.

**Timeframe:** This waiver will remain in effect until the sooner of: the expiration of the waiver on 9/30/20 or until public health officials determine no additional special measures are necessary to prevent the spread of COVID-19.

**Procedure:**  Once the waiver authority has been implemented, this agency will obtain third-party disability verification using the existing [CT Disabling Condition Verification Form](http://www.ctbos.org/wp-content/uploads/2019/12/Disabling-condition-CT-BOS-CoC-Form-re.-10.10.19.pdf) prior to admission whenever feasible. This agency will use this waiver only as necessary to ensure that applicants suspected to have a qualifying disability are not prevented from accessing PSH when third-party disability verification is not available. For all participants for whom the above verification cannot be obtained, this agency will obtain documentation from an intake worker, case manager, CAN staff person, or referring agency staff person recording that they have observed a suspected qualifying disability. For all participants for whom neither the usual third-party disability documentation nor documentation of staff observation of a suspected qualifying disability is not immediately available, this agency will obtain a written self-certification from the individual seeking PSH assistance that they have a qualifying disability. Such self-certification is acceptable to initiate assistance,

If this agency admits a PSH participant based on self-certification or worker observation of disability it is **NOT** required to obtain third-party verification once the crisis is over. When admitting a participant based on self-certification, this agency will obtain worker observation of disability as soon as feasible. The requirements described above pertain to both individuals and families.

**Documentation:**  For all households receiving PSH, there must be documentation of disability in the participant/household file. Acceptable documentation includes written evidence that the participant is receiving disability benefits from another federal agency. Third party verification from a licensed medical professional is also acceptable provided that the medical provider is attesting to a condition that he/she is licensed to diagnose and treat. During the duration of this waiver, written self-certification from the individual seeking Permanent Supportive Housing (PSH) assistance that they have a qualifying disability is acceptable to initiate assistance, while the usual third-party or staff observation documentation is obtained. When use of the existing [CT Disabling Condition Verification Form](http://www.ctbos.org/wp-content/uploads/2019/12/Disabling-condition-CT-BOS-CoC-Form-re.-10.10.19.pdf) is not feasible, this agency will use the [CT Disabling Condition Form with COVID-19 Waiver Option.](https://www.ctbos.org/wp-content/uploads/2020/04/CTBOS-Disabling-cond.verification-w.-self-certv6.docx)

## 3. Limit on Eligible Housing Search and Counseling Services (Applicable to CoC projects with a Supportive Services Budget Line Item)

**Requirement:** Under the interim rule (24 CFR 578.53(ed)(8)(ii)(B)) only the costs of credit counseling, accessing a free personal credit report, and resolving personal credit issues are the only means to address a program participant’s debts.

**Citation:**  24 CFR 578.53(e)(8)(ii)(B) and 578.53(d)

**Explanation:** 24 CFR 578.53(e)(8) allows recipients and subrecipients to use CoC funds to pay for housing search and counseling services to help eligible program participants locate, obtain, and retain suitable housing. For program participants whose debt problems make it difficult to obtain housing, 24 CFR 578.53(e)(8)(ii)(B) makes eligible the costs of credit counseling, accessing a free personal credit report, and resolving personal credit issues. However, payment of rental or utility arrears is not included as an eligible cost. 24 CFR 578.53(d) limits eligible supportive service costs to those explicitly listed in 24 CFR 578.53(e), which is a more limited list than is eligible under the McKinney-Vento Act.

**Justification:** Rapidly accessing housing will help reduce the spread and harm of COVID-19 among a vulnerable population. Prior debts for rental and utility payments can present a barrier to quickly accessing housing.

**Timeframe:** Upon the implementation of this waiver and until March 31, 2021 CoC Program funds may be used for up to 6 months of a program participant’s utility arrears and up to 6 months of program participant’s rent arrears, when those arrears make it difficult to obtain housing.

**Procedure:**  When participants in CoC funded programs have difficulty in obtaining housing and the difficulty is related to rent or utility arrearages, CoC funds may be used to pay for up to six months of rent arrears and six months of utility arrears. This is only permitted when the missed payments result in difficulty in obtaining housing. “Difficulty in obtaining housing” means that a property owner has informed the participant that because of the past rent or utility nonpayment, the owner is not willing to rent to the participant or the public utility will not provide utility service to the participant as a result of unpaid prior bills. When this barrier to obtaining housing has been documented, the agency may make payments totaling six months of rent and/or utilities. These payments must be made directly to the vendor to the payment is owed and not paid to program participants.

**Documentation:**  When this waiver is utilized, the agency must document in the participant file that the participant experienced ‘difficulty obtaining housing’ as a result of unpaid rent and utility bills. The documentation must show that the total of these payments made by the CoC program do not exceed six months of rent or utility payments and that the cost was incurred during the authorized waiver period.

## 4. Permanent Housing-Rapid Re-housing Monthly Case Management (Applies to CoC and ESG RRH)

**Requirement:** Recipients must require program participants of permanent housing – rapid re-housing projects to meet with a case manager at least monthly.

**Citation:** CoC - 24 CFR 578.37(a)(1)(ii)(F); ESG - 24 CFR 576.401(e)

**Explanation:** The CoC and ESG regulations require program participants to meet with a case manager not less than once per month to assist them in ensuring long-term housing stability.

**Justification:** Meeting the requirement to provide monthly case management has been made challenging by the COVID-19 pandemic. This agency has limited staff capacity as staff are home for a range of reasons related to the epidemic (quarantining, children home from school, or working on other urgent epidemic related matters). Additionally, not all participants are able to meet via phone or internet – often due to lack of access. Waiving the monthly case management requirement as specified below will allow recipients to provide case management on an as needed basis and reduce the possible spread and harm of COVID-19.

**Timeframe:** The requirement to meet with case mangers not less than once per month is waived for all permanent housing- rapid re-housing projects for two months beginning on March 31, 2020.

**Procedure:** The requirement for monthly case management contact is waived for the period specified. However, whenever possible case managers are expected to try and contact participants using remote technology including phone calls, video chats, and email communication. When such communication is not possible, this waiver will relieve the grantee of the monthly case management contact.

**Documentation:** The case manager shall note in the participant file efforts to contact the participant including date, time and means of attempted contact. If the case manager succeeds in contacting the participant, notes regarding the contact should be maintained in the participant file. If the case manager is not successful in reaching the participant, the efforts to contact should be noted in the participant’s file along with an indication that the monthly contact waiver is being exercised because of an inability to contact the participant.

## 5. Housing Quality Standards (HQS) Initial Inspection of Unit (Applies to ESG RRH projects and CoC projects with Leasing or Rental Assistance Budget Line Items)

**Requirement:** Recipients are required to physically inspect any CoC unit supported with leasing or rental assistance funds to assure that the unit meets housing quality standards (HQS) before any assistance will be provided on behalf of a program participant. CT DOH also requires this for ESG RRH projects.

**Citation:** 24 CFR 578.75(b)(1); CT Statewide RRH Guidelines

**Explanation:** In order to assure that program participants access decent, safe, and sanitary housing, the CoC and CT ESG RRH programs require that all units be inspected using HQS before any assistance will be provided for that unit on behalf of a program participant.

**Justification:** Sending program staff into the community to conduct HQS has the potential to create COVID-19 exposure opportunities. Additionally, stay-at-home orders in some jurisdictions may prevent staff from being able to conduct HQS. Reducing exposure to and preventing the spread of COVID-19 are important public health goals.

**Timeframe:** The requirement for an in-person HQS inspection is waived until 3/31/21. During this period, grantees must conduct alternative, remote inspections as indicated below, and must physically reinspect when it is safe to do so.

**Procedure:** This agency has changed its requirements for an initial physical inspection to determine conformity with HUD Housing Quality Standards (HQS) for all units assisted with CoC leasing or rental assistance and for ESG RRH projects. In order to protect the health and well-being of program staff, staff will not be required to physically inspect units. However, no leasing or rental assistance shall be provided for any unit until such time as the recipient, sub-recipient, or contractor has been able to conduct an initial visual inspection of the unit using remote technology such as video streaming to include video conference or chat using such platforms as Facetime, Google Duo, Skype or Zoom that allow both parties to share video images and talk. In lieu of video streaming, initial visual inspections may also rely on photo evidence demonstrating the unit conditions for each HQS inspection item.

The recipient or subrecipient must arrange with the owner or property manager to enable a designated person to video conference and to walk through the interior and exterior of the unit to be leased or to provide photographic evidence. The person conducting the HQS inspection on behalf of the recipient or subrecipient must verify that the unit being viewed is the unit being leased, for example via remote observation of the building and, if applicable, unit number. The inspector must also complete the HQS inspection form, noting on the first page of the form that this inspection has been conducted using remote video technology or photographic evidence. If the recipient/sub-recipient does not uncover any HQS deficiencies through this remote inspection process, ESG, CoC rental assistance or CoC leasing funds may be provided for the unit. If significant deficiencies are uncovered that would threaten participant health and safety, they must be corrected, and a remote video inspection of the improvements must be conducted or photographic evidence of the correction must be submitted prior to providing ESG, CoC rental assistance or CoC leasing funds.

When the community at large has been informed by public health authorities that special measures to prevent the spread of COVID-19 are no longer necessary, the recipient/sub-recipient/contractor must conduct an in-person physical inspection of all units approved using remote technology. This in-person physical inspection must occur within three (3) months of the date on which health officials notify that the COVID-19 special measures are no longer required. Inspections of units constructed prior to 1978 housing children under six and/or pregnant women will be prioritized for reinspection due to lead-based paint risks.

**Documentation:** The recipient must maintain a HQS inspection report in the participant files. If the inspection was conducted remotely, this must be noted at the top of the inspection form and the date of the inspection must fall within the applicable waiver period. The recipient must maintain documentation of the in-person re-inspection which must occur within 3 months of the notification from health authorities that COVID-19 special measures are no longer necessary. Documentation of that determination must be maintained in the participant file along with the completed re-inspection form within the required three-month period. When using photo evidence, the inspector must obtain an oral or written certification from the person who took the photos indicating the date the photos were taken and the address and number of the unit depicted in the photos. This certification must be documented in the participants’ chart.

## 6. HQS – Re-Inspection of Units (Applies to ESG RRH projects and CoC projects with Leasing or Rental Assistance Budget Line Items)

**Requirement:** Recipients or subrecipients must inspect all units for which leasing or rental assistance funds are used, at least annually to ensure they continue to meet HQS. CT DOH also requires this for ESG RRH projects.

**Citation:** 24 CFR 578.75(b)(2); CT Statewide RRH Guidelines

**Explanation:**  Recipients or subrecipients are required to inspect all ESG RRH and CoC units supported by leasing or rental assistance funding under at least annually during the grant period to ensure the units continue to meet HQS.

**Justification:** Sending program staff into the community to conduct HQS has the potential to create COVID-19 exposure opportunities. Additionally, stay-at-home orders in some jurisdictions may prevent staff from being able to conduct HQS. Reducing exposure to and preventing the spread of COVID-19 are important public health goals. Also, HUD in other housing assistance programs, notably the Housing Choice Voucher program, routinely allows PHAs to conduct biennial inspections and this policy has not caused harm to participants.

**Timeframe:**  The requirement for annual re-inspections is waived for a one-year period extending until March 31, 2021.

**Procedure:**  For units that were already previously inspected and approved, neither a physical nor remote annual re-inspection is required during the waiver period. To ensure that units assisted through CoC/ESG funds provide safe, decent housing for project participants, this agency will continue to safely perform re-inspections as feasible during the crisis (e.g., using remote technology). When projects are unable to perform such inspections (e.g., due to COVID-19 related staff re-assignments), staff will ask participants regularly about unit conditions and seek photo evidence as determined necessary and feasible. This waiver does not eliminate the requirement that landlords and tenants maintain units in a manner that is consistent with HQS. This agency will re-inspect units no later than twenty-four months after the most recent inspection.

**Documentation:** For participants whose units are not being annually re-inspected, the recipient will note in the participant files that the unit was not re-inspected consistent with this waiver. Staff will ask participants regularly about unit conditions, seek photo evidence as determined necessary and feasible, document reported conditions, and maintain any photo evidence in the participant files.

# 7. One Year Lease Requirement (Applies to CoC RRH and PSH and ESG RRH projects)

**Requirement:** Program participants residing in PSH and RRH must be the tenant on a lease for a term of at least one year that is renewable and terminable for cause.

**Citation:** 24 CFR 578.3, definition of permanent housing, 24 CFR 578.51(l)(1); CT Statewide RRH Guidelines

**Explanation:** The CoC interim rule requires program participants residing in permanent housing to be the tenant on a lease for a term of one year that is renewable and terminable for cause. CT DOH also requires this for ESG RRH.

**Justification:** Waiving the one-year lease requirement as specified below will allow recipients to more quickly identify permanent housing for individuals and families experiencing homelessness, which is helpful in preventing the spread of COVID-19

**Timeframe:** The one-year lease requirement is waived until Sept. 30, 2020.

**Procedure:** Recipients may allow participants to enter into lease agreements provided that the initial lease term is greater than one-month. For example, during the waiver period, a two-month initial lease that then goes month-to-month would be allowable. This waiver is applicable to all initial leases executed during the waiver period, regardless of whether the lease term extends beyond 9/30/20. For example, it is allowable for a project to provide rental assistance for a unit with a 6-month lease that starts on 5/1/20 and expires on 10/31/20. This agency will help participants to secure a one-year initial lease whenever feasible. This agency shall identify the market circumstances that necessitate the use of a lease with a shorter initial term and link this shorter lease term to the ability to house participants more rapidly.

**Documentation:**  The recipient must maintain documentation in the participant file to indicate that it has exercised the one-year lease term waiver. The participant’s lease must be included in his/her participant file and the lease must show a term greater than one month and an execution date that is within the applicable waiver period.