



**DETECTION & MITIGATION
OF COVID-19 IN HOMELESS
SERVICE SITES AND OTHER
CONGREGATE LIVING
FACILITIES GUIDANCE**

10/1/2021

Project E: Emerging Issues

Supported through the American Rescue Plan Act of 2021

CONTENTS

Background and Purpose	1
Funding Strategy	2
Allowable Costs	2
COVID-19 Terms and Conditions	3
Process for Workplan and Budget Submission	5
Required Tasks	7
Activities	7
Performance Measures	8
Summary of Reporting Requirements	8
Acknowledgement Letter: Due Within Five (5) Days of NOA Receipt	9

Detection & Mitigation of COVID-19 in Homeless Service Sites and Other Congregate Living Facilities

GUIDANCE

PROJECT E: EMERGING ISSUES

BACKGROUND AND PURPOSE

A total of \$80,000,000, made available through the *American Rescue Plan Act of 2021*, [P.L. 117-2](#), is being provided through the ELC Cooperative Agreement. This award is being issued as program-initiated component funding under *Project E: Emerging Issues* of CK19-1904, henceforth '*Testing in Homeless Sites & Other Congregate Facilities*', in coordination with the US Department of Housing and Urban Development (HUD).

The intention of this funding is to support COVID-19 testing and mitigation in homeless service sites, encampments, and other congregate settings like group homes. For the purposes of this guidance, the term 'homeless service sites' includes emergency night shelters, day shelters, meal service sites, transitional housing, permanent supportive housing sites, and other sites that provide services to people experiencing homelessness. The term 'encampment' is defined as an outdoor location not intended for human habitation where at least one person is residing and may also include locations where people experiencing unsheltered homelessness gather during the day. The term 'group homes' includes community-based residential facilities that house people with disabilities or other needs.

National estimates of cumulative incidence of COVID-19 among people experiencing homelessness are not available due to limitations in data collection related to COVID-19 and housing status. However, outbreaks in homeless shelters have been reported throughout the United States. Outbreak investigations in homeless shelters of two large urban areas showed point prevalence among residents/clients of 36% and 67%, demonstrating that COVID-19 can transmit rapidly in shelters (Bagget et al., 2020; Imbert et al., 2020). Across 634 point prevalence testing events in homeless shelters between May 2020 and July 2021, 6% of 20,295 homeless shelter clients and 3% of 3,984 homeless shelter staff tested positive for SARS-CoV-2 (National Health Care for the Homeless Council [COVID-19 Data Dashboard](#)). Additionally, evidence suggests that people experiencing homelessness with confirmed COVID-19 were more likely to be hospitalized and have more severe COVID-19 outcomes (such as being admitted to the intensive care unit and being intubated) than those with COVID-19 in the general population (Cha et al., 2021; Han et al., 2021; Hsu et al., 2020; Leifheit et al., 2021).

As COVID-19 continues to spread across the United States, particularly with the introduction of new variants, testing and mitigation in homeless shelters, encampments, and other congregate settings continues to be a critical need. In particular, robust testing strategies are needed to monitor trends and support identification and isolation of people who can transmit SARS-CoV-2 in these high-risk settings (<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/testing.html>).

FUNDING STRATEGY

The \$80,000,000, under the *'Testing in Homeless Sites & Other Congregate Facilities'* award, will be awarded to the current 64 ELC recipients based on a recipient's jurisdictional number of people experiencing homelessness divided into the total national homeless population.

Funds will be awarded in Budget Period 3 (i.e., August 1, 2021 through July 31, 2022); however, the awards will have an extended budget period to support activities through July 31, 2024.

The objectives and goals of this funding are focused on providing support to homeless service sites, encampments, and other congregate living facilities for the detection and mitigation of COVID-19. ELC recipients may choose to enter into agreements with other state entities to distribute funds for these purposes. A minimum of 65% of the award must directly support the activities, goals, and objectives of this guidance. Up to 35% may be used by recipients for coordination, management, technical assistance, monitoring, and data collection and reporting activities. Given the nature of this award and necessary community partnerships, it is estimated recipients will need to hire a full-time coordinator, which is part of the calculated 35% allocation.

Financial expenditures will be monitored and assessed with recipients monthly.

ALLOWABLE COSTS

Recipients should consider requesting the following when developing the *'Testing in Homeless Sites & Other Congregate Facilities'* budgets.

1. Personnel (term, temporary, students, overtime, contract staff, etc.), specifically designated staff to manage COVID-19 testing and mitigation programs specific to people experiencing homelessness
2. Laboratory equipment used for COVID-19 testing and necessary maintenance contracts.
3. Collection supplies, test kits, reagents, consumables, and other necessary supplies for existing or new screening testing or onboarding new platforms to support testing.
4. Personal Protective Equipment (PPE) (e.g., masks, gloves, gowns) for those collecting samples and/or conducting testing.

5. Courier service contracts (new or expansion of existing agreements).
6. Service contracts for provision of end-to-end services such as tests, collection, and reporting.
7. Hardware and software necessary for reporting to public health and communication and coordination of follow up on any positive cases detected.
8. Tools that assist in the rapid identification, electronic reporting, monitoring, analysis, and evaluation of control measures to reduce the spread of COVID-19, that may be translatable to other diseases (e.g., GIS software, visualization dashboards, cloud services).
9. Contracts with academic institutions, private laboratories, other non-commercial healthcare entities, and/or commercial entities that may provide all or part of the testing needs.
10. Software or systems to assist with laboratory resource management (e.g., software for inventory management, temperature notifications, etc.), quality management, biosafety, or training needs.
11. Leasing/purchasing vehicles (e.g., mobile screening testing, etc.). Note: Recipients will need to submit quotes with their revised budgets and receive prior approval from the Office of Grant Services (OGS). If need arises before or after the revised Notice of Grant Award (NOA) is issued, requests for leasing/purchasing must be made through GrantSolutions and include the necessary quotes.
12. Stipends/incentives may be considered to encourage individuals to participate in screening testing. Recipients interested in exploring this option must submit a plan that covers all the following elements: (a) justification, (b) cost savings [e.g., how it will defray costs or have a positive return on investment], (c) defined amount, (d) qualifications for issuance, and (e) method of tracking. When submitting the revised budget within 90 days of award issuance, stipend/incentive plans must be included in the 'budget justification' section of the ELC budget workbook and receive CDC approval before implementation. After the revised NOA is issued, any subsequent requests for using funds to support stipends/incentives must be made in GrantSolutions, including the stipend/incentive plan, and must receive CDC approval before implementation.
13. Wrap-around services (e.g., hoteling, food, laundry, mental health services, etc.) for those who test positive.
14. Expenses associated with outreach and assistance (e.g., support provided through education leaders, community-based organizations).
15. Travel expenses to accomplish primary activities, outreach, or communication with homeless service sites, encampments, or other congregate living facilities.
16. Supplies needed for prevention strategies at homeless service sites or encampments, such as handwashing stations or supplies, hand sanitizer, or masks.

The above list covers the anticipated, most relevant costs associated with achieving the activities in this guidance. This list does not represent a full list of allowable costs. Recipients are referred to the cost principles regulation found at [45 CFR Part 75 Subpart E – Cost Principles](#).

In determining if costs are allowable, consideration must be given to applicable regulations; the overall underlying cooperative agreement (CK19-1904); be considered necessary and reasonable; and be considered allocable (see: [45 CFR 75.403](#)). Any questions about specific budget items should be directed to the OGS and the ELC Project Officer.

COVID-19 TERMS AND CONDITIONS

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-

139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, in accordance with HHS' regulatory requirements for pass-through entities at 45 CFR 75.352, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, Recipient must distribute or administer vaccine without discriminating on non-public-health grounds within a prioritized group.

Acknowledgement of Federal Funding: When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as toolkits, resource guides, websites, and presentations (hereafter "statements") --describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1. The percentage and dollar amount of the total costs of the program or project funded with federal money; and,
2. The percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by CDC/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify the HHS Awarding Agency in advance to allow for coordination.

Termination

This award may be terminated in whole or in part consistent with 45 CFR 75.372.

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

PROCESS FOR WORKPLAN AND BUDGET SUBMISSION

Within five (5) business days of receipt of this guidance, the recipient's Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions. The acknowledgement must be submitted on the recipient's official agency letterhead and utilize the 'Acknowledgement Letter for CK19-1904 – COVID Supplemental Funds' template provided at the end of this guidance document.

This funding will be awarded in the ELC Budget Period 3 (BP3) (i.e., August 1, 2021 – July 31, 2022) under CK19-1904. However, recipients should note that this supplemental funding is intended to support activities through BP5, which ends on July 31, 2024. Therefore, workplans and revised budgets should reflect activities and associated costs that will end on July 31, 2024.

Within 90 days of receipt of the Notice of Award (NOA), the recipient is required to submit a workplan and revised budget describing its proposed activities. Upon submission, budgets and workplans will be reviewed by CDC and feedback will be provided and discussed with the recipient. Any necessary or recommended changes may be agreed upon between the recipient and CDC and documented in REDCap; and any agreed upon changes must be captured in GrantSolutions, the system of record, as necessary.

To appropriately document workplans, budgets, and facilitate recipients meeting the 90-day requirement:

1. Workplan entries will be completed in the 'Testing in Homeless Sites & Other Congregate Facilities' portal in REDCap; and

2. Revised budgets must be completed by using the Excel budget workbook template provided via GrantSolutions Grant Notes at time of NOA issuance. **Note:** If a recipient does not meet the 90-day submission requirement and has not received written approval for an extension from CDC, then the Payment Management System (PMS) account associated with this award may be restricted. The restriction will result in a manual drawdown process that requires CDC approval of each PMS charge. This restriction will remain in effect until the recipient satisfactorily meets the workplan and budget submission requirement.
 - a. Funds will be awarded under the 'Other' cost category and will be accessible in the Payment Management System (PMS) during the 90-day budget revision period for use in accomplishing activities outlined in this guidance;
 - b. Recipients will adjust the cost category allocations of awarded funds to reflect the areas where financial assistance is needed;
 - c. Recipients will upload the revised budget into GrantSolutions via a budget revision amendment, with a courtesy copy into REDCap 'Testing in Homeless Sites & Other Congregate Facilities' portal, by the 90-day post award deadline; and
 - d. The ELC Project Officer and OGS will process the budget revision amendment in GrantSolutions, and the recipient will receive a revised NOA reflecting the requested cost category allocations.
3. A letter, indicating that all ELC Governance Team members (i.e., Project Director, Epidemiology Lead, Laboratory Lead, Health Information Systems Lead, and Financial Lead) have both contributed to and agreed upon the workplan and revised budget submitted, must be signed by all Governance Team Members (hard copy or digital signature) and submitted with the documents in the REDCap portal.

GrantSolutions

Within 90 days of receipt of the NOA, the recipient is required to submit a '**Budget Revision Amendment**' as part of the recipient's current award (CK19-1904), Budget Period 3.

The 'budget revision amendment' must consist of the following documents:

1. **Budget Information: SF-424A**
 - a. Recipient can use the form generated by the ELC budget workbook;
 - b. Or, recipient can submit a PDF of this form.
 - c. Please do not use the e-form in GrantSolutions as it creates issues when processing the revised NOA.
2. **Cover Letter** signed by the Authorized Official of record in GrantSolutions.
3. **Completed revised budget** using the ELC budget workbook that was provided in GrantSolutions as a Grant Note.

Note: In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC responsibilities, in coordination with HUD, include but are not limited to:

1. Provide ongoing guidance, programmatic support (including guidance on evaluation, performance measurement, and workplan changes), technical assistance and subject matter expertise to the activities outlined in this supplemental funding announcement guidance.
2. Convene trainings, meetings, conference calls, and site visits with recipients.
3. Share best practices identified and provide national coordination of activities, where appropriate.

REQUIRED TASKS

Note: If a recipient does not meet the below required tasks and has not received written approval for an extension from CDC, recipient may have their funds restricted in the Payment Management System (PMS) for specific costs/activities. Recurring or repeat non-compliance may result in additional restrictions or other actions being taken, consistent with applicable grant regulations.

In addition to the programmatic activities noted below in further detail, recipient responsibilities include but are not limited to:

1. Within **five (5) business days** of receipt of this guidance the Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions. The acknowledgement must be submitted on the recipient's official agency letterhead and utilize the 'Acknowledgement Letter for CK19-1904 – COVID Supplemental Funds' template provided at the end of this guidance document.
2. Regular participation in calls with CDC/HHS for technical assistance and monitoring of activities supported through this cooperative agreement.
3. On-time submission of all requisite reporting. This may include but is not limited to reporting of performance measures, progress on milestones, and/or financial updates within REDCap.
4. Report expenditures and unliquidated obligations (ULOs) monthly. On the 5th day of the month, the expenditures and ULOs from the prior month shall be reported in the REDCap in the 'Financial Reporting' page found within the '*Testing in Homeless Sites & Other Congregate Facilities*' portal.
5. Documentation of any necessary budget change/reallocation through GrantSolutions and REDCap.

ACTIVITIES

This award has 14 allowable activities which are designed to identify SARS-CoV-2 infections and mitigate the spread of COVID-19 in homeless service sites, encampments, or other congregate living facilities. The first two (i.e., Activities #1 & #2) are required. The other twelve (12) activities (i.e., Activities #3 through #14) are optional to address needs within a recipient's jurisdiction.

Required Activities

- 1) Coordinate resources, develop strategies, and support relationships to mitigate COVID-19 in populations experiencing homelessness by establishing a full time homeless shelter and encampment COVID-19 mitigation coordinator.
- 2) Implement regular COVID-19 screening and diagnostic testing for homeless service site clients, homeless service site staff, people experiencing unsheltered homelessness, and outreach staff.

Optional Activities

- 3) Coordinate diagnostic and screening testing programs for residents and staff of other congregate settings (such as group homes or other settings based on local need).
- 4) Establish or support formal partnerships between health departments, homeless service providers, health care providers, and other relevant community organizations to respond to COVID-19 and other infectious diseases that may co-exist with COVID-19 within this population.
- 5) Establish or support processes to collect and report indicators on housing status and homelessness on COVID-19 and other infectious disease case report forms and in appropriate data collection systems.

- 6) Establish or support processes to share data with health departments, homeless service providers, and relevant public health agencies (including CDC) for the purposes of responding to cases and outbreaks.
- 7) Support facilities to implement distancing and decompression to reduce overcrowding.
- 8) Support implementation of infection control practices inside homeless service facilities.
- 9) Support sanitation and infectious disease prevention measures in encampments.
- 10) Purchase additional supplies for cleaning or sanitizing in homeless service sites or encampments. Funding must not supplant or duplicate existing expenditures on such supplies and can only be used to support enhanced cleaning efforts.
- 11) Respond to outbreaks in homeless shelters, encampments, and other congregate living facilities including supporting individual-level or location-based contact tracing.
- 12) Develop and implement procedures and systems to improve homeless service site preparedness and response efforts.
- 13) Coordinate preparedness and response efforts with state, local, tribal, and territorial public health departments to prevent, prepare for, and respond to COVID-19 among people experiencing homelessness.
- 14) Support COVID-19 and infectious disease prevention communication and outreach specifically for people experiencing homelessness.

PERFORMANCE MEASURES

Performance measures will be developed and shared with recipients within 30 days of award.

The ELC Program Office will utilize existing data sources whenever possible to reduce the reporting burden on recipients and, where appropriate.

SUMMARY OF REPORTING REQUIREMENTS

The following is a summary of the reporting requirements for the *'Testing in Homeless Sites & Other Congregate Facilities'* award.

1. Within five (5) business days of receipt of this guidance, the Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions.
2. Quarterly progress reports on milestones in approved workplans via REDCap.
3. Monthly fiscal reports (beginning 30 days after NOAs are issued).
4. Performance measure data.
5. CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.

ACKNOWLEDGEMENT LETTER: DUE WITHIN FIVE (5) DAYS OF NOA RECEIPT

‘Detection & mitigation of COVID-19 in homeless service sites and other congregate living facilities’

Date:

Organization Name:

Subject: Acknowledgement Letter for CK19-1904 – COVID-19 Supplemental Funds – *‘Detection & mitigation of COVID-19 in homeless service sites and other congregate living facilities’*

Reference: Guidance for the use of supplemental funding (August 2021) for CK19-1904 *‘Detection & mitigation of COVID-19 in homeless service sites and other congregate living facilities’* through the American Rescue Plan Act of 2021.

This is to acknowledge that I have received, reviewed, and understand the requirements in the attached programmatic guidance.

The federal funding received will be in support of the supplemental funding referenced herein and will be spent in accordance with the legislation and programmatic guidance.

Authorized Official