DEPARTMENT OF VETERANS AFFAIRS

OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

VETERANS HEALTH ADMINISTRATION

Added Measures Could Reduce Veterans' Risk of COVID-19 Exposure in Transitional Housing

REVIEW | REPORT #20-02774-26 | DECEMBER 18, 2020

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Executive Summary

Individuals experiencing or at risk for homelessness are particularly vulnerable to the transmission of COVID-19 because of limited access to health care and to facilities that help them maintain hygiene and basic sanitation. People living in settings such as homeless shelters and other communal living spaces can experience rapid spread of the virus. Therefore, it is critical that VA and its transitional housing service providers implement measures to reduce veterans' risk of exposure to COVID-19. The VA Office of Inspector General (OIG) conducted this review to assess the measures taken by the Veterans Health Administration's (VHA) Homeless Program Office, medical facilities, and service providers to mitigate veterans' risks of COVID-19 exposure while in transitional housing. This review focused on two transitional housing service programs administered by the Homeless Program Office—the Health Care for Homeless Veterans (HCHV) and Grant and Per Diem (GPD) programs.[1]

What the Review Found

The OIG recognizes and appreciates the efforts of all staff from the VA Homeless Program Office, medical facilities, and transitional housing service providers who are working during the pandemic to reduce the risk of COVID-19 transmission among veterans experiencing or vulnerable to homelessness. The OIG found that service providers successfully implemented four of six specific Centers for Disease Control and Prevention (CDC) COVID-19 risk mitigation measures and could have strengthened their implementation of two of the six measures, as detailed beginning on page ii.

VA and Service Providers' Best Practices Supported Veterans' Well-Being

VA and service provider staff told the OIG review team they used important flexibilities provided by the Homeless Program Office to isolate vulnerable veterans, facilitate telehealth exams, and coordinate the provision of medical care in the community. Even though doing so was not required or recommended by the CDC, some service providers and VA medical facilities developed local or regional best practices for reducing COVID-19 risks to veterans in their transitional housing programs.[2] The best practices included implementing facility quarantine or isolation policies, using available hotels and other approved housing options, conducting COVID-19 testing for newly admitted veterans, and entering into a regional lodging contract for

[1] VA awards grants and makes per diem payments to community-based service providers that provide transitional housing and supportive services to homeless veterans through the GPD program.

[2] The Homeless Program Office's internal website contains a repository of emerging, promising, and best practices submitted by medical facilities, some of which are endorsed by the Homeless Program Office. In this report, the OIG uses the term "best practice" to describe practices beyond those the CDC recommended.

facilities to access additional space. As the pandemic continues, VHA and its service providers will need to sustain their efforts and, where possible, strengthen measures to protect veterans experiencing or at risk for homelessness to minimize their chances for COVID-19 exposure.

Homeless Program Office Leaders Streamlined Guidance for Medical Facility Staff to Provide a Coordinated COVID-19 Response

The review team assessed communications from the Homeless Program Office leaders for both the HCHV and GPD programs to medical facility staff after the World Health Organization's declaration of the pandemic on March 11, 2020. The HCHV and GPD program officials reported they gave frequent information updates to medical facility staff. By mid-March, the Homeless Program Office identified the need to streamline its communications based on feedback from medical facility staff. The office created the COVID-19 response team to send centralized responses and guidance to staff of medical facilities' programs for homeless veterans. As a result of the streamlined communications, staff and network homeless coordinators for the homeless programs reported they gained a better understanding of COVID-19 guidance, which allowed them to better assist the HCHV and GPD service providers.[3]

Service Providers Complied with Four of the Six Risk Mitigation Measures from the CDC's Interim Guidance

The review team assessed 14 service providers to see how well they complied with six judgmentally selected risk mitigation measures promulgated by the CDC in April 2020.[4] Specifically, the review team assessed whether service providers

1. used extra cleaning procedures, including disinfectant;
2. implemented new screening procedures such as temperature checks and screening questions to regularly assess veterans for symptoms of COVID-19;
3. isolated or had plans to isolate veterans suspected or confirmed to have COVID-19;
4. had sufficient soap, hand sanitizers, cleaning supplies, and face coverings or masks;
5. were notified by medical facility staff of veterans who could be at high risk of complications from COVID-19 or otherwise identified these veterans and encouraged them to take extra precautions; and
6. maintained at least six feet of space between veterans in sleeping and eating areas.

[3] Network homeless coordinators are responsible for overseeing and monitoring homeless programs within each Veterans Integrated Service Network or regional healthcare system, which encompasses various medical facilities.

[4] CDC, *Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)*, April 21, 2020.

The review team selected these six risk mitigation measures from the interim guidance because implementation called for service providers to make significant changes in their operations and in the veterans' living arrangements. More information on the measures appears in appendix A; information on the selection of the providers is in appendix B.

The review team found that staff at all 14 service provider facilities made substantial efforts to implement four of the six CDC risk mitigation measures. The four measures were cleaning frequently with disinfectant, screening veterans for symptoms, creating isolation site plans, and maintaining adequate cleaning and sanitation supplies and personal protective equipment. For example, facility staff had implemented procedures such as temperature checks and daily screening questions to monitor veterans for symptoms of COVID-19. Staff had also created isolation site plans in the event veterans needed to be isolated from others or quarantined. Additionally, staff at all service provider facilities reported they had sufficient cleaning supplies and personal protective equipment.

Several facilities appeared to struggle with implementing the remaining two mitigation measures related to identifying high-risk veterans to communicate suggested precautions and social distancing. The Homeless Program Office provided medical facility staff access to the online, internal *COVID-19 At-Risk Veteran Report*, which uses CDC criteria to help identify veterans in VA transitional housing programs, including the HCHV and GPD programs, who are at higher risk for severe illness from COVID-19. However, the team found medical facility and service provider staff at 10 of the 14 service provider facilities reviewed (71 percent) could improve their communication about precautions with high-risk veterans. Staff at the six service providers in Los Angeles and San Francisco reported they were not aware of the report because VA medical facility personnel did not share the report with them or provide them with information about higher-risk veterans. Service provider staff did not independently identify these veterans or generally discuss preventive measures with the veterans.

The review team also found that three of the 14 service providers could have strengthened their implementation of social-distancing measures. The three service providers, located in Los Angeles and San Francisco, provided dormitory-style housing with shared bedrooms and communal meal areas. All three of the service providers needed to improve social distancing in their sleeping quarters, and two of these three service providers also needed to improve social distancing in meal areas. Although space limitations were reported as the cause, the three service providers did not take advantage of options such as contracted hotel space or other sites, but in some cases used more stringent testing for new admissions to help mitigate risk.

Service Providers Expressed Concerns about the Availability of Personal Protective Equipment

The review team found that staff at all 14 of the service provider facilities gave personal protective equipment (such as masks and gloves) to veterans as recommended by the CDC to

mitigate the spread of COVID-19. However, service provider and medical facility staff expressed concerns about the service providers' ability to maintain enough personal protective equipment for veterans during the prolonged pandemic. Given the uncertainty surrounding the duration of the COVID-19 pandemic and surges, medical facility staff will need to coordinate with service providers to help them develop contingency plans and ensure sufficient personal protective equipment for veterans and staff.

What the OIG Recommended

The OIG made four recommendations to the under secretary for health regarding additional measures VHA could take to strengthen the implementation of CDC guidelines at the service providers' facilities.[5] The OIG recommended the under secretary issue guidance on the use of VHA's web-based *COVID-19 At-Risk Veteran Report*, ensure service providers follow the most current CDC guidance and monitor its implementation, work with VHA's service providers to fully implement six-feet social-distancing measures, monitor the availability of personal protective equipment at service providers' residences, and help develop contingency plans.

Management Comments

The executive in charge, Office of the Under Secretary for Health, concurred with the recommendations and provided corrective action plans that are responsive to the intent of the recommendations. The OIG will monitor the implementation of planned actions and will close the recommendations when VHA provides sufficient evidence demonstrating progress in addressing the intent of the recommendations and the issues identified. Appendix C includes the full text of the comments received from the executive in charge.

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[5] Recommendations directed to the under secretary for health were submitted to the executive in charge, who has the authority to perform the functions and duties of the under secretary.

Contents

Abbreviations

CARES	Coronavirus Aid, Relief, and Economic Security
CDC	Centers for Disease Control and Prevention
COVID-19	coronavirus disease 2019
eCMS	Electronic Contract Management System
GPD	Grant and Per Diem
HCHV	Health Care for Homeless Veterans
OIG	Office of Inspector General
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Introduction

The VA Office of Inspector General (OIG) conducted this review to assess the measures taken by the Veterans Health Administration's (VHA) Homeless Program Office, medical facilities, and service providers to mitigate veterans' risk of COVID-19 exposure while in transitional housing. This review focused on two transitional housing service programs administered by the Homeless Program Office—the Health Care for Homeless Veterans (HCHV) and Grant and Per Diem (GPD) programs.

Early and sustained action to slow the spread of COVID-19 in homeless shelters and transitional housing is essential to protecting veterans and keeping staff healthy. According to the Centers for Disease Control and Prevention (CDC), people experiencing homelessness may be vulnerable to COVID-19 because of limited access to health care, poor physical and mental health, and an inability to practice good hygiene. Further, the CDC states the transmission of COVID-19 in the community could cause people experiencing homelessness to become ill, contribute to an increase in the use of emergency shelters, and result in illness and absenteeism among staff that can affect service providers' operations.

Beginning in January 2020, VHA reported its medical facilities began taking measures to protect veterans and employees from exposure to COVID-19. On March 11, 2020, the World Health Organization publicly characterized COVID-19 as a pandemic. On the same day, VA's deputy under secretary for health for operations and management sent VHA's 18 Veterans Integrated Service Network (VISN) directors a memorandum outlining the Homeless Program Office's suggested COVID-19 mitigation measures.[6] This memorandum contained recommended measures compiled from VHA and the CDC, with World Health Organization resources, and stated these suggestions would be supplemented or replaced when more homeless-specific guidance was issued. The CDC issued interim guidance on March 25, 2020, to help service providers plan and respond to COVID-19, and updated its guidance on April 21, 2020.[7]

VHA's Homeless Program Office

The Homeless Program Office administers VA's transitional housing programs, including the HCHV and GPD programs. Although the two programs both provide transitional housing to homeless veterans, the programs have their own staff, operating policies and procedures, and

[6] VHA Memorandum, "Homeless Program Office (HPO) Coronavirus Disease 2019 (COVID-19) Response Suggestions," March 11, 2020.

[7] CDC, *Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)*, March 25, 2020, updated April 21, 2020. Appendix A contains a summary of the CDC's interim guidance for service providers.

funding.[8] HCHV and GPD staff in the Homeless Program Office work with VISN and medical facility staff to manage and operate their respective programs at the medical facilities.

VHA's Health Care for Homeless Veterans Program

VA is authorized under the HCHV program to provide transitional housing assistance to veterans experiencing homelessness.[9] The goal of the program is to help veterans make the transition to permanent housing upon their discharge. The HCHV program administers the Contracted Residential Services Program, which allows VA to award contracts to non-VA community-based service providers who give up to six months of transitional housing to eligible veterans.[10] Participating service providers are expected to offer the veterans a safe environment that promotes community interaction; develop treatment plans for veterans in coordination with VA; and, depending on the contract, provide adequate and nutritious meals. In fiscal year 2019, VHA spent about $167 million on the HCHV program and reported over 6,300 veterans progressed from the HCHV Contracted Residential Services Program to permanent housing.

VHA's Grant and Per Diem Program

VA awards grants and makes per diem payments to community-based public or private nonprofit service providers that offer housing to eligible veterans through the GPD program.[11] The program's goal is to help veterans who are experiencing homelessness achieve residential stability, increase skills and income, and attain greater independence. The grants and per diem payments promote the service providers' development and provision of supportive housing and services. Participating service providers may offer eligible veterans supportive housing for up to 24 months to facilitate their transition to permanent housing or provide them with specific medical treatment, such as detoxification, respite care, or hospice. In fiscal year 2019, VHA spent approximately $202 million on the GPD program and reported over 13,400 veterans moved on from it to permanent housing.

Transitional Housing Settings

VA's HCHV and GPD programs provide veterans who are homeless with housing and services based on the availability of space in the service providers' facilities and the veterans' needs. The types of housing and living arrangements the service providers offer may vary greatly based on

[8] Service providers can have contracts and grants to operate HCHV and GPD programs at the same time. Veterans can obtain transitional housing in either the HCHV or GPD program, but not both programs at the same time.

[9] 38 U.S.C. § 2031; 38 C.F.R. § 63. The former authorizes VA to provide therapeutic transitional housing for homeless veterans, and the latter implements the HCHV program.

[10] Service providers may be nonprofit or for-profit organizations.

[11] 38 U.S.C. §§ 2011 and 2012; 38 C.F.R. § 61. The sections of the United States Code authorize VA to award grants and make per diem payments for transitional housing provided to homeless veterans; the Code of Federal Regulations section implements the GPD program.

the size of the program and the support services that are offered. VA does not specifically define or categorize the various types of living arrangements. The OIG therefore identified three types of arrangements during its review of service providers that veterans may encounter:

- Barracks—buildings with very large rooms providing the most communal living space of all the housing types. Dozens of veterans slept in a large room and shared all dining spaces and restrooms.
- Dormitories—large residential buildings with private or shared bedrooms and communal living spaces, such as bathrooms and kitchens. Two to four veterans shared rooms, but single occupancy was sometimes possible when the occupancy rate was low.
- Apartments—Buildings with two- or three-bedroom units with shared bathrooms and kitchen areas. Each bedroom was shared by two or three veterans.

COVID-19 Risk Mitigation Measures for Transitional Housing

The CDC's April 21, 2020, interim guidance for service providers for people experiencing homelessness included six core components for COVID-19 planning and response.[12] Each component in turn included several recommended risk mitigation measures. The review team judgmentally selected six risk mitigation measures from the interim guidance where implementation called for service providers to make significant changes in their operations and in the veterans' living arrangements.[13] Subsequently, the team assessed, through virtual site visits and interviews, whether the staff at the service providers' residential facilities

1. used extra cleaning procedures, including disinfectant;
2. implemented new screening procedures such as temperature checks and screening questions to regularly assess veterans for symptoms of COVID-19;
3. isolated or had plans to isolate veterans suspected or confirmed to have COVID-19;
4. had sufficient soap, hand sanitizers, cleaning supplies, and face coverings or masks;
5. were notified by medical facility staff of veterans who could be at high risk of complications from COVID-19 or otherwise identified these veterans and encouraged them to take extra precautions; and
6. maintained at least six feet of space in areas where veterans slept or ate.

[12] CDC, *Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)*.

[13] The six risk mitigation measures reviewed fell under four of the six core components: facility procedure considerations, staff considerations, facility layout considerations, and supplies.

Results and Recommendations

Finding: VHA and Its Service Providers Could Further Reduce Veterans' Risk of COVID-19 Exposure with Full Implementation of CDC Guidelines

VHA Homeless Program Office leaders, HCHV and GPD medical facility staff, and service providers took substantial steps and created best practices to mitigate the risks of COVID-19 in transitional housing and ensure the well-being of the veterans in their care.[14] The Homeless Program Office responded quickly to the pandemic by streamlining communication with and guidance for VA medical facility staff, which included the CDC's interim guidance for service providers.[15] VA medical facility staff and service providers then implemented the CDC's guidelines to protect veterans in transitional housing programs. Staff for 14 service providers offering transitional housing cleaned frequently, screened veterans for symptoms, created isolation site plans, and maintained adequate cleaning supplies and personal protective equipment (four of six measures examined by the review team).

However, the OIG determined additional efforts are needed to fully implement two measures from the CDC's guidelines: identification of at-risk veterans to educate them about taking preventive measures and implementation of social distancing. Specifically, the OIG found 10 of the service providers' personnel did not consistently talk with high-risk veterans about their need to take extra precautions, and staff at three of the service providers did not ensure adequate social distancing in sleeping or eating areas.[16] The OIG also became aware of an additional concern related to the continued availability of personal protective equipment for veterans and service providers' staff.

As the pandemic continues, VHA and its service providers will need to sustain their efforts, continue to collaborate, and, where possible, strengthen measures to fully implement the CDC's guidelines to reduce veterans' risks of exposure to COVID-19 in transitional housing.

[14] The Homeless Program Office's internal website contains a repository of emerging, promising, and best practices submitted by medical facilities, some of which are endorsed by the Homeless Program Office. In this report, the OIG uses the term "best practice" to describe practices beyond those the CDC recommended.

[15] In addition to the CDC's guidance, the review team evaluated the Homeless Program Office's internal website, which contained memorandums and other guidance for medical facility staff.

[16] According to the CDC, high-risk people who need to take extra precautions include (1) older adults and people with underlying medical conditions who are at increased risk for severe illness from COVID-19, (2) racial and ethnic minority groups, (3) people with disabilities, (4) people with developmental and behavioral disorders, (5) people experiencing homelessness, and (6) pregnant women and those who are breastfeeding.

This finding focuses on

- VA and service providers' best practices to ensure veterans' well-being,
- guidance provided by Homeless Program Office leaders to HCHV and GPD staff at VA medical facilities,
- service providers' compliance with four of six risk mitigation measures from the CDC's interim guidance,
- service providers' partial implementation of two of six risk mitigation measures from the CDC's interim guidance, and
- service providers' concerns about the availability of personal protective equipment.

What the OIG Did

The review team assessed COVID-19-related communications from the national program office to VISNs and medical facilities, including memorandums, guidance, and related emails to understand the instructions given to service providers. The team also assessed transitional housing service provider compliance with, and implementation of, the six CDC risk mitigation measures selected for review.

The review team interviewed selected Homeless Program Office management officials, VISN homeless coordinators, and medical facility homeless program staff. The team's interviews engaged VHA staff in the homeless programs from six geographically dispersed VA medical facilities: San Francisco and Los Angeles, California; New York and Northport, New York; Eastern Kansas; and Southern Arizona. The team also surveyed 14 service providers (10 in the HCHV program and four in the GPD program), reviewed their pandemic policies, and interviewed officials and staff from these 14 service providers. The team also interviewed 27 veterans who were listed in VHA's *COVID-19 At-Risk Veteran Report* and resided in the 14 service providers' residential facilities at the time of the review.[17] Through these interviews, the team obtained the veterans' perceptions of the medical facilities' responses, of the service providers' implementation of the selected COVID-19 risk mitigation measures, and of challenges the veterans were experiencing.

The team determined through its interviews and surveys that the staff at local VA medical facilities oversee the programs operated by the contracted service providers. VISN leaders and staff have roles that generally involve communicating and providing guidance to local facilities.

[17] The Homeless Program Office developed the *COVID-19 At-Risk Veteran Report* to identify veterans in each transitional housing program who meet the CDC's criteria for being at high risk for complications from COVID-19. Using the *COVID-19 At-Risk Veteran Report*, the review team specifically selected at-risk veterans residing in the selected service providers' housing as of May 6, 2020, for interviews.

VA and Service Providers' Best Practices Ensured Veterans' Well-Being

The review team encountered dedicated staff in VA program offices and facilities as well as service providers who were united in their mission to provide high-quality care to the veterans they serve who are experiencing homelessness. The team recognized and appreciated their efforts as they worked tirelessly under stressful conditions and risked potential COVID-19 exposure while caring for veterans. To ensure veterans' well-being during the pandemic, VA and provider staff used flexibilities provided by the Homeless Program Office to protectively isolate vulnerable veterans, facilitate the use of telehealth, and coordinate community resources such as on-site medical care.

The Homeless Program Office gave VA medical facilities and service providers significant flexibilities to respond to the demands of the pandemic and protect veterans in transitional housing programs. These flexibilities allowed service providers to use space at existing locations, obtain additional space in new locations, transfer veterans to another HCHV or GPD program location, and rent rooms in hotels and motels for veterans. Using these flexibilities, one HCHV provider and San Francisco VA Medical Center staff reported collaborating with a contracting officer to expeditiously approve the service provider's transfer of veterans at high risk of complications from COVID-19 to hotels offered through a city program. Moreover, staff from the New York Harbor Healthcare System reported identifying at-risk veterans and prioritizing their transfer to hotels using funding from VA's Supportive Services for Veteran Families.

The review team found that VA medical facility staff used telehealth to limit face-to-face contact that could put veterans and VA staff at risk. VA staff reported veterans' wide use of telehealth, and the VISN 2, New York/New Jersey VA Health Care Network, homeless coordinator approved the Northport VA Medical Center's request to give veterans who are homeless smartphones so that they could also use telehealth.[18] Furthermore, one provider reported coordinating with the county to arrange multiple weekly visits by a physician's assistant so veterans would not have to leave their service providers' residential facilities for routine medical care.

Some service providers and VA medical facilities developed local or regional best practices for reducing COVID-19 risks to veterans in their transitional housing programs. The best practices ranged from a service provider's quarantine policy to VISN-wide lodging agreements that could benefit homeless veterans during possible future waves of the COVID-19 pandemic.

One service provider used by the Eastern Kansas Health Care System developed a policy to mitigate the COVID-19 risks posed by newly admitted veterans and those who routinely left the

[18] Network homeless coordinators are responsible for overseeing and monitoring homeless programs within each VISN or regional healthcare system, which encompasses various medical facilities.

service provider facility to work in the community. This provider required newly admitted veterans to be quarantined for 15 days on a floor separated from other residents. In addition, veterans who left the facility for work were required to be quarantined on the separate floor. While in quarantine, the veterans were not allowed in other areas of the facility, and staff brought food, medicine, and other essentials to their rooms.

The San Francisco VA Medical Center quickly used COVID-19 contracting and funding flexibilities afforded by the Homeless Program Office to help a service provider obtain approval for an additional transitional housing site.[19] Medical facility staff reported working with the network homeless coordinator and network contracting office to approve a service provider's request to use an additional housing site in 18 business days. As a result, medical facility staff stated the provider was able to further mitigate risk by improving its ability to comply with the CDC social-distancing guidelines.[20]

VISN 21, the Sierra Pacific Network, also established multiple blanket purchase agreements for their medical facilities to provide hotel rooms for veterans experiencing homelessness and affected by COVID-19 throughout the region.[21] Veterans who have tested positive for COVID-19, who are awaiting testing results, or who are healthy but have been exposed to COVID-19 are eligible for these hotel rooms. The network homeless coordinator stated the hotel rooms would serve as the last resort after city and county resources have been exhausted. The blanket purchase agreements will allow medical facilities in the VISN to obtain temporary housing for veterans through April 2022, providing an extra level of safety for possible future waves of COVID-19.

Lastly, supervisors for the homeless program at the San Francisco VA Medical Center and Greater Los Angeles Healthcare System also reported testing eligible veterans prior to their admission to transitional housing programs. The CDC states that the virus may spread easily in communal living settings such as homeless shelters. Therefore, the CDC lists testing approaches for early identification of asymptomatic individuals, including testing new entrants into the setting and initial and regular testing of everyone in the residence. Staff at these two medical facilities said the availability of VA testing, including rapid results testing, allowed them to screen the new admissions. Therefore, as VA improves its testing capabilities, medical facilities and their service providers could coordinate their COVID-19 testing plans to further mitigate the risks of transmission among veterans in transitional housing.

[19] This service provider was not part of the OIG's review.

[20] This best practice was the only one the review team identified on the Homeless Program Office's internal website.

[21] Federal Acquisition Regulation 8.405-3. The regulation states blanket purchase agreements are established by the contracting officer to meet repetitive needs for supplies or services.

Leaders in the Homeless Program Office Streamlined Guidance for Medical Facility Staff to Provide a Coordinated COVID-19 Response

Immediately following the World Health Organization's declaration of the pandemic on March 11, 2020, the national directors of the HCHV and GPD program offices provided frequent information updates to network homeless coordinators for dissemination to staff at medical facilities. The frequent updates were meant to facilitate implementation of the CDC's risk mitigation measures and other guidance as quickly as possible. Medical facility staff used the guidance to help their transitional housing service providers develop and carry out those strategies based on their individual conditions, such as the service providers' physical layouts.

Both HCHV and GPD program officials acknowledged that due to the urgency of the pandemic, they initially provided information to VISN and medical facility staff without always vetting that information with each other or other program offices, sometimes resulting in the dissemination of inconsistent information. In mid-March 2020, these officials began receiving feedback from the network homeless coordinators about the inconsistent information, and the response team initiated daily briefs to answer questions from the field related to the various homeless programs to address this concern by the end of March 2020. According to HCHV program officials, many of the questions they received related to the modification or establishment of contracts and procedures to support the social distancing and quarantining of high-risk veterans. The homeless program's website also became a repository for all COVID-19 guidance, ensuring staff at medical facilities had access to all relevant updates in one location. Due to these changes, medical facility staff and network homeless coordinators reported they more clearly understood the disseminated COVID-19 guidance and were better able to assist service providers.

Service Providers Complied with Four of the Six Risk Mitigation Measures from the CDC's Interim Guidance

VA medical facilities and their transitional housing service providers took meaningful steps to comply with the CDC's interim guidance for service providers. Based on interviews with network homeless coordinators, medical facility staff, service providers' managers and other staff, and selected veterans, the OIG review team found that personnel for all 14 service providers made substantial progress in implementing four of the six CDC risk mitigation measures. These four measures were cleaning frequently with disinfectant, screening veterans for symptoms, creating isolation site plans, and maintaining adequate supplies and personal protective equipment. Table 1 summarizes the results of the team's review.[22]

[22] Appendix B discusses the methodology used to evaluate service providers' implementation of the CDC's interim guidance.

Table 1. Service Providers' Implementation of Risk Mitigation Measures

I = implemented NI = not implemented PI = partially implemented

Service provider, type, and program	Cleaned with disinfectant	Screened veterans for symptoms	Isolated or had plans to isolate veterans	Had sufficient cleaning supplies, PPE*	Identified and notified high-risk veterans	Kept social distance of six feet
VISN 2/New York Harbor						
Patriot First, Apartment, HCHV	I	I	I	I	I	I
VISN 2/Northport						
United Veterans Beacon House Bayshore, Dormitory, HCHV	I	I	I	I	PI	I
United Veterans Beacon House Riverhead, Dormitory, HCHV	I	I	I	I	PI	I
United Veterans Beacon House, Dormitory, GPD	I	I	I	I	PI	I
VISN 15/Eastern Kansas						
Rose Villa Hope House, Dormitory, HCHV	I	I	I	I	PI	I
VISN 21/San Francisco						
Next Door, Barracks, HCHV	I	I	I	I	NI	I
Fresh Start, Dormitory, HCHV	I	I	I	I	NI	NI

Service provider, type, and program	Cleaned with disinfectant	Screened veterans for symptoms	Isolated or had plans to isolate veterans	Had sufficient cleaning supplies, PPE*	Identified and notified high-risk veterans	Kept social distance of six feet
VISN 22/Greater Los Angeles						
Good Samaritan, Dormitory, HCHV	I	I	I	I	NI	NI
Good Samaritan, Dormitory, GPD	I	I	I	I	NI	I
New Directions, Dormitory, HCHV	I	I	I	I	NI	I
New Directions, Dormitory, GPD	I	I	I	I	NI	PI
VISN 22/Southern Arizona						
Old Pueblo Rapid Emergent Housing, Apartment, HCHV	I	I	I	I	I	I
Old Pueblo Steps for Vets, Apartment, HCHV	I	I	I	I	I	I
Old Pueblo, Apartment, GPD	I	I	I	I	I	I

Source: OIG analysis of service providers' compliance with six of the CDC's interim guidance measures based on interviews conducted between April 2020 and July 2020.

**PPE refers to personal protective equipment.*

The team found that staff at all 14 facilities had increased the disinfecting of common areas and that veterans received cleaning supplies for their living quarters. In addition, facility staff had implemented procedures such as temperature checks and daily screening questions to monitor veterans for symptoms of COVID-19. Staff had also identified additional site plans in case veterans needed to be isolated or quarantined. Lastly, staff at all service provider facilities

reported they had sufficient cleaning supplies and personal protective equipment at the time of the review.

Several Service Providers Did Not Fully Implement Two of Six Risk Mitigation Measures from the CDC's Interim Guidance

The review team determined that VHA and service providers could strengthen the implementation of recommended CDC mitigation measures in the identification of at-risk veterans for communicating precautions and social distancing, as shown in table 1.

High-Risk Veterans Were Not Always Identified and Advised of Precautions as Recommended by the CDC

The CDC states that older individuals or those vulnerable due to obesity, diabetes, and lung and heart conditions are at higher risk for severe illness from COVID-19.[23] On March 19, 2020, the Homeless Program Office introduced its web-based *COVID-19 At-Risk Veteran Report*, which identifies veterans in VA transitional housing programs, including the HCHV and GPD programs, who meet the CDC's criteria for people at higher risk for severe illness from COVID-19.[24] The CDC's updated guidance from April 2020 recommends service providers identify clients who could be at high risk for complications from COVID-19 or from other chronic or acute illnesses and encourage them to take extra precautions.[25]

Twenty-one of the 24 medical facility staff interviewed (88 percent) indicated they used the *COVID-19 At-Risk Veteran Report* to identify high-risk veterans. However, the team found medical facility and service provider staff could improve their communication with at-risk veterans for 10 of the 14 service providers reviewed (71 percent).

Specifically, the review team found staff at the six service providers in Los Angeles and San Francisco reported that medical facility staff did not make them aware of the *COVID-19 At-Risk Veteran Report* or provide them with information about higher-risk veterans; thus, service provider staff did not generally discuss this information with the veterans. Interviews with 10 of the 11 identified high-risk veterans living at these providers confirmed that service provider staff had not discussed issues with the veterans regarding precautions based on their

[23] At the time of the review, the CDC stated that individuals over 65 years old are at higher risk. However, on June 25, 2020, the CDC removed the specific age threshold and stated that the risk of severe illness from COVID-19 increases with age, with older adults at the highest risk. Furthermore, the CDC added more underlying medical conditions, including chronic kidney disease, chronic obstructive pulmonary disease, obesity, and type 2 diabetes, as conditions that would increase an individual's risk for severe illness.

[24] On June 25, 2020, the Homeless Program Office updated the *COVID-19 At-Risk Veteran Report* to reflect the CDC's updated guidance on at at-risk individuals. This report is on the Homeless Program Office's internal website and cannot be accessed by the general public or service providers.

[25] CDC, *Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19).*

high-risk status.[26] Only one of the 11 veterans interviewed said a manager for the service provider had informed him he was "at risk."

At four service providers' residential facilities in Northport and Eastern Kansas, the review team could not confirm that the providers' staff consistently offered guidance to veterans given their at-risk status. Staff for these service providers said they received the information identifying who was at high risk and shared the suggested precautions with veterans. However, five of the eight veterans the review team interviewed who were on the *COVID-19 At-Risk Veteran Report* said they had not been informed of their risks or told about recommended protective measures.

Although the Homeless Program Office created the *COVID-19 At-Risk Veteran Report* to help medical facilities identify high-risk veterans in their transitional housing programs, officials did not issue formal guidance or require the report's use. HCHV and GPD management officials, as well as the Homeless Program Office's national director for clinical operations, said they did not issue formal guidance because they considered use of the report a local decision.

The national coordinator from the Homeless Program Office's Office of Analytics and Operational Intelligence said the purpose of the report was to give medical facility staff a tool to obtain an overview of their homeless veterans' clinical information and COVID-19 risks. With the report, medical facility staff did not have to check individual veterans' electronic health records to identify higher-risk veterans. The national director for clinical operations said he had heard anecdotally that the report had been used to prioritize the movement of at-risk veterans to noncommunal settings such as hotels and believed that the report should be used to influence decision-making.

The review team concluded, based on its interviews with veterans, service provider and medical facility staff, and national Homeless Program Office staff, that the Homeless Program Office should issue guidance to ensure medical facility staff consistently share the *COVID-19 At-Risk Veteran Report* information with service provider staff. The high-risk identification information could help medical facility staff and service providers make decisions about implementing safety measures, such as the assignment of veterans to protective housing in noncommunal settings. The report information could also allow medical facility and service provider staff to educate high-risk veterans on their individual risk factors and the need for extra precautions as part of the veterans' case management.

Social-Distancing Measures Were Not Fully Implemented

The review team found that three of the 14 service providers could have strengthened their implementation of social-distancing measures, even as some took mitigating actions such as testing individuals before admittance. The three service providers, located in Los Angeles and

[26] At one service provider, the *COVID-19 At-Risk Veteran Report* identified only one at-risk veteran. Therefore, the team interviewed only one veteran at this service provider.

San Francisco, provided dormitory-style housing with shared bedrooms and communal meal areas. All three of the service providers needed to improve social distancing in their sleeping quarters, and two of these three also needed to improve social distancing in meal areas.

Sleeping Quarters

The review team contacted staff at all 14 of the service providers to determine if they had implemented the updated April 21, 2020, interim CDC guidance, which included a revised social-distancing guideline for sleeping quarters.[27] This interim guidance changed the recommended distance from at least three feet between beds to at least six feet between faces. Two service providers reported they had not implemented the revised guideline, and the review team could not confirm its implementation at the third service provider.

At the first service provider dormitory, the program manager was aware of the CDC guidance on social distancing in sleeping quarters. However, the program manager said she could not implement the guidance due to space constraints. Instead of ensuring social distancing inside the facility, the manager required veterans to obtain a medical clearance and test negative for COVID-19 prior to admission. The one veteran the review team interviewed confirmed that he was not able to keep six feet away from his roommate in his sleeping area as recommended.

At the second service provider dormitory, the program manager said he was aware of the CDC social-distancing guideline in sleeping areas but stated it was impossible to socially distance because there was not enough space to keep everyone six feet apart in the sleeping areas. The manager said he had implemented safeguards such as having the veterans sleep head to toe because four veterans shared a room and slept in bunk beds. The two veterans the review team interviewed confirmed they could not maintain social distancing in the sleeping quarters due to limited space.

At the third service provider dormitory, the manager said staff were aware of the updated CDC guidance and asserted their sleeping areas allowed the faces of asymptomatic veterans to be at least six feet apart when they slept. The manager said beds were three feet apart, and the veterans slept head to toe to achieve six feet of distance. However, one veteran the review team interviewed, who reportedly shared a four-person room, estimated the veterans slept only four feet away from each other due to limited space. He also said they did not sleep head to toe.[28] Because the review team conducted virtual visits to the service provider and was not physically on-site, the team could not confirm the service provider had fully implemented the CDC's revised social-distancing guideline for sleeping quarters.

[27] CDC, *Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID 19)*.

[28] The other veteran the review team interviewed did not report having any roommates in his sleeping quarters, so social distancing was not an issue for him.

The social distancing at these three service providers could have been strengthened if medical facility staff had ensured the service providers followed the most current CDC guidance and had monitored the implementation of the guidance at the service providers. If the medical facility staff had identified inadequate social distancing in the sleeping quarters, they could have worked with service providers to explore the options the Homeless Program Office developed to address space constraints. These options include the addition of a new site through a grant change or modification to the contract, use of another HCHV or GPD facility, or use of a local motel or hotel.[29] Additionally, Congress passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which allowed VA to give the HCHV and GPD programs emergency response funding for veterans living without safe and stable housing.[30] The HCHV national director said VA has used CARES Act funding to obtain new space and establish new contracts. Moreover, the GPD deputy director said the CARES Act created some changes and the VA Secretary waived the per diem limit to remove financial restrictions that might limit GPD service providers' ability to find adequate space.[31]

Despite the availability of these options, staff for these three service providers did not use them or otherwise act to improve social distancing in the sleeping quarters because they

- believed hotels could only be used for sick veterans,
- thought the use of additional space for social distancing was unnecessary, or
- implemented stricter screening with COVID-19 testing for veterans to mitigate risk.

Regardless of stricter screening, accessing additional space options is necessary where space limitations at service providers' sleeping areas cannot be addressed through the reconfiguration of space. Depending on the policies and local stay-at-home orders, veterans and staff may leave and return to the service providers' residential facilities.[32] Given practical concerns such as any lag time in getting testing results and inaccuracy rates, testing alone does not eliminate the need for social-distancing measures.

[29] Internal guidance provided by the Homeless Program Office entitled "Options for Social Isolation Under the COVID-19 National Emergency Guidance for VA-Funded Community Homeless Programs," March 27, 2020.

[30] Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, 134 Stat. 583. The act was signed into law on March 27, 2020, to provide emergency assistance and health care for individuals, families, and businesses affected by the coronavirus pandemic. Through the CARES Act, the GPD program received $88 million, which will allow VA to waive per diem limits and thus allow grantees to provide emergency housing and supportive services. The Health Care for Homeless Veterans Program received $10 million to provide emergency shelter and supportive services, including using hotel rooms.

[31] The VA Secretary approved the per diem waiver on April 28, 2020, retroactive to the date the CARES Act was enacted, and the GPD program office notified all grantees of the waiver and method to request an increase in per diem on April 29, 2020.

[32] Stay-at-home orders are official orders issued during an emergency that direct people not to leave home unless necessary for food or health needs.

Meal Areas

Staff at two of the 14 reviewed service providers with dormitory layouts did not ensure adequate social distancing of six feet in meal areas. One of the service providers had staff who had not considered alternatives such as staggered mealtimes or take-away food, and the alternatives had not come up in discussions with medical facility HCHV staff. Staff at the other service provider sites said they were not aware of these alternatives at the time of the team's review but reported implementing staggered mealtimes in June 2020 after HCHV staff suggested it during a conference call. Staggered mealtimes or take-away food options helped 11 other service provider facilities achieve social distancing in meal areas, and the last facility reported it had a low occupancy so social distancing was not an issue.

Service Providers Expressed Concerns about the Availability of Personal Protective Equipment

The review team found that all 14 of the service providers gave cleaning supplies and personal protective equipment (such as masks and gloves) to veterans as recommended by the CDC to help prevent the spread of COVID-19. However, service provider and medical facility staff expressed concerns about service providers' ability to maintain adequate personal protective equipment for veterans in the event of a prolonged pandemic. The manager of one service provider said he was unsure whether VA would provide personal protective equipment if it was needed and believed that VA needed to clarify this point. One GPD liaison reported that a provider that was not part of this review had difficulty obtaining masks and that the medical facility could not help fill the gap due to its own supply challenges.

The concerns raised by service provider and medical facility staff mirror those raised by the chief executive officer for the National Coalition for Homeless Veterans during a House Veterans' Affairs Committee virtual forum on April 28, 2020. The executive officer brought up the challenges that service providers faced in obtaining these types of supplies and the need for more attention to this area. She explained that service providers must compete with others in the private market, and prices have increased significantly. Given the uncertainty surrounding the length of the COVID-19 pandemic, medical facility staff will need to work with service providers to develop contingency plans that will help ensure sufficient personal protective equipment for veterans and staff in the event of a prolonged pandemic or surge within service providers' residential facilities.

Conclusion

The OIG recognizes the significant steps and best practices VA staff and service providers have implemented to help support veterans' well-being during these challenging times. The Homeless Program Office's streamlined communication and guidance allowed program staff to quickly respond to the COVID-19 pandemic and implement recommended CDC risk mitigation

measures. Service providers took significant steps to protect homeless veterans living in transitional housing by implementing stronger cleaning procedures, checking veterans regularly for symptoms, creating isolation site plans, and maintaining sufficient cleaning supplies and personal protective equipment. However, VA staff and service providers need to continue making progress in identifying at-risk veterans to communicate recommended precautions and implementing social-distancing procedures even if doing so requires additional creative and flexible options for obtaining more or reconfigured space. VA also needs to monitor its service providers' ability to procure personal protective equipment as the pandemic continues.

Recommendations 1–4

The OIG made the following recommendations to the under secretary for health:[33]

1. Issue guidance to medical facility staff on how the *COVID-19 At-Risk Veteran Report* should be used to help service providers identify high-risk veterans and educate those veterans on the need for extra precautions.
2. Ensure medical facility staff are monitoring and assisting with the service providers' implementation of the Centers for Disease Control and Prevention guidance, including updates.
3. Identify service providers that have not fully implemented the Centers for Disease Control and Prevention's six-feet social-distancing guidelines, particularly for sleeping and meal areas, and encourage them to implement alternative measures or use VA options to help mitigate space limitations.
4. Monitor the availability of personal protective equipment at service providers' residences, and help develop contingency plans in the event of a prolonged pandemic or surge.

Management Comments

The executive in charge, Office of the Under Secretary for Health, concurred with recommendations 1 through 4 of the report. To address recommendation 1, the executive in charge reported the Homeless Program Office will develop written guidance and provide technical support for medical facility staff on the use of the *COVID-19 At-Risk Veteran Report*. In addition, technical assistance will be developed for grantees and contractors regarding the use of the report's information.

To address recommendation 2, the executive in charge reported the Homeless Program Office will develop written guidance and provide technical assistance for VA medical facility staff

[33] Recommendations directed to the under secretary for health were submitted to the executive in charge, who has the authority to perform the functions and duties of the under secretary.

regarding monitoring and assisting service providers' implementation of the CDC guidelines. He further stated that the Homeless Program Office will intervene with sites not implementing the CDC guidelines through the network homeless coordinators and VA medical facility staff.

To address recommendation 3, the executive in charge reported the Homeless Program Office will complete a follow-up risk assessment of community providers' transitional housing to assess the implementation of the CDC guidelines and intervene with sites not implementing the guidelines.

To address recommendation 4, the executive in charge reported VHA will provide guidance to medical facility staff and community providers to monitor the availability of personal protective equipment. In addition, the availability of personal protective equipment will be added to risk assessments of transitional housing, and the Homeless Program Office will monitor the availability at service providers' residences.

OIG Response

The executive in charge's corrective action plans are responsive to the intent of the recommendations. The OIG will monitor implementation of planned actions and will close the recommendations when VHA provides sufficient evidence demonstrating progress in addressing the intent of the recommendations and the issues identified. Appendix C includes the full text of comments received from the executive in charge.

Appendix A: Background

Interim CDC Guidance on Planning and Responding to COVID-19 for Service Providers Serving Individuals Experiencing Homelessness

The CDC first issued interim guidance for service providers on March 25, 2020. The CDC's initial interim guidance provided recommended actions for service providers to take before, during, and after an outbreak of COVID-19. The CDC revised its interim guidance on April 21, 2020, to further support community-wide response planning, including coordination with emergency management officials, public health authorities, and other service providers. This revised interim guidance had six major components, and each component included various risk mitigation measures. Because the OIG started this review on May 11, 2020, it used the CDC's interim guidance issued on April 21, 2020, to assess service providers.

At the time of this review, the CDC had again updated its interim guidance (on August 5, 2020), but the six major components of the guidance remained unchanged. Table A.1 summarizes the six major components of the CDC's April 21, 2020, interim guidance.

Table A.1. Features of the CDC's Interim Guidance for Service Providers Working with Individuals Experiencing Homelessness

Component	Description of CDC guidelines
Community coalition-based COVID-19 prevention and response 	Take a "whole community" approach, where service providers work with community partners on planning their response so that everyone's roles and responsibilities are clear. Community coalitions should identify additional housing alternatives that would provide appropriate services, supplies, and staffing and should include protective housing for those at highest risk for severe illness from COVID-19.
Communication 	Maintain effective communication with local and state health departments and with staff and clients to stay updated on local transmission levels. Homeless shelters should clearly communicate safety protocols through accessible health messages to diverse staff and clients on changes in facility procedures, program policies, or physical locations.
Supplies 	Keep supplies available to protect against COVID-19 transmission. For staff, volunteers, and clients, homeless shelters should have items such as soap, hand sanitizers that are at least 60 percent alcohol, cleaning supplies, and personal protective equipment as needed.
Staff considerations 	Ensure access to COVID-19 educational materials and that staff who are at higher risk for severe illness from COVID-19 are not assigned as caregivers for sick clients. Homeless shelter staff should wear personal protective equipment if in close contact while providing medical care to clients with suspected or confirmed COVID-19.
Facility layout considerations 	Use facility space to ensure social distancing and employ barriers as directed to protect against COVID-19 transmission. Staff should implement social distancing for meal services and sleeping accommodations and isolate or transfer clients with mild respiratory symptoms consistent with COVID-19 or those who are confirmed with COVID-19, regardless of symptoms.
Facility procedure considerations 	Continue normal operations as much as possible. Check clients and staff for symptoms regularly. Limit facility visits. Keep clients and staff physically distant from one another, for example by eating in shifts. Disinfect high-touch surfaces at least every day. Identify clients whose risk for complications from COVID-19 is high and urge them to take extra protective measures.

Source: The OIG team's summary of key elements of the CDC's Interim Guidance for Homeless Service Providers*, revised on April 21, 2020.*

Appendix B: Scope and Methodology

Scope

The OIG conducted its review from May through November 2020 and performed virtual site visits at six judgmentally selected VA medical facilities:

1. San Francisco VA Medical Center in California
2. Greater Los Angeles Healthcare System in California
3. Southern Arizona Health Care System in Tucson
4. New York Harbor Healthcare System in New York
5. Northport VA Medical Center in New York
6. Eastern Kansas Health Care System in Topeka

The OIG reviewed a nonstatistical sample of 14 transitional housing service providers. These 14 service providers were operated by eight organizations through 10 HCHV contracts and four GPD grants.[34] The review team used VHA's Homeless Operations Management and Evaluations System COVID-19 At-Risk Veteran Report to select two veterans to interview at each of the 14 service providers.[35]

Methodology

The OIG assessed the VHA Homeless Program Office's COVID-19 response through interviews with selected Homeless Program Office officials, network homeless coordinators, medical facility homeless program staff, and transitional housing service provider staff. The review team identified what CDC recommendations had been implemented to protect veterans experiencing homelessness from COVID-19. The team evaluated the program office's dissemination of COVID-19 policies, guidance, and other communication through network homeless coordinators and VA medical facility staff to the transitional housing service providers. The team assessed whether CDC guidance was effectively communicated, evaluated what measures had been carried out, and identified any ongoing challenges to their implementation. The team also used the at-risk report to select veterans for interviews at each site to validate service providers' responses and to discuss any challenges or risks the veterans were facing due to the COVID-19 pandemic.

[34] Four of the eight organizations had both HCHV contracts and GPD grants.

[35] The review team interviewed only one veteran for one service provider because the *COVID-19 At-Risk Veteran Report* identified only one at-risk veteran.

The team reviewed local and state COVID-19 guidance referenced by transitional housing service providers, pandemic policies developed by the service providers, emailed guidance, and VA and CDC risk mitigation strategies communicated by VA to corroborate the information obtained through interviews. If all the interviewees confirmed the CDC measure had been implemented, the team accepted that determination. Conversely, if all the interviewees' responses indicated the measure had not been implemented, the team concluded the service provider had not implemented the measure. If the interviewees differed or described processes, conditions, or policies involving the service providers' residences that did not appear to fully comply with the CDC measure under review, the team concluded the CDC measure was only partially implemented and could be strengthened.

Scope Limitations

The OIG interviewed the Homeless Program Office staff, medical facility HCHV and GPD program staff, service providers' staff, and veterans. The review team obtained VHA and service provider documentation to assess the measures taken by VHA's Homeless Program Office and service providers to mitigate homeless veterans' risks of exposure to COVID-19. However, the OIG did not conduct extensive work to verify the information conveyed during these interviews. The OIG also did not physically visit medical facilities or service providers to assess controls and verify the implementation of the reported risk mitigation strategies in order to avoid any potential for spreading the virus and exposing staff from all entities to COVID-19 and to minimize disruption to operations at the VA medical facilities and the service providers' residential sites. Instead, the review team relied on documents provided by various VA and transitional housing officials and staff and, where possible, used multiple interviews and sources to corroborate information and form the basis for its conclusions. While the OIG did not perform a thorough internal control assessment and conduct extensive verification work, the information it obtained was sufficient to achieve its review objective and provide a snapshot in this report of the conditions, perceptions, and challenges VHA staff and service providers were facing during the pandemic.

Fraud Assessment

The OIG assessed the risk that fraud, violations of legal and regulatory requirements, and abuse could occur during this review. The OIG exercised due diligence in staying alert to any fraud indicators and did not identify any instances of fraud or potential fraud during this review.

Data Reliability

The OIG relied on computer-processed data obtained from the Electronic Contract Management System (eCMS) and the Homeless Operations Management and Evaluation System COVID-19 At-Risk Veteran Report. To determine the reliability of data obtained from eCMS, the OIG compared the list of transitional housing service providers through a query tool, eCMS

MicroStrategy, to information on eCMS and contract documents, such as contract numbers, award date, and transitional housing service providers' names, for the eight judgmentally selected service providers. Furthermore, the OIG assessed the appropriateness and reliability of the Homeless Operations Management and Evaluation System data, such as veterans' names and social security numbers, by cross-referencing the data against information contained in the Computerized Patient Record System. The OIG determined the data used were appropriate and sufficient for the review's purposes.

Government Standards

The OIG conducted this review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation.*

Appendix C: Management Comments

Department of Veterans Affairs Memorandum

Date: November 27, 2020

From: Executive in Charge, Office of the Under Secretary for Health (10)

Subj: OIG Draft Report – Added Measures Could Reduce Veterans' Risk of COVID-19 Exposure in Transitional Housing (2020-02774-R7-0003) (VIEWS 3976133)

To: Assistant Inspector General for Audits and Evaluation (52)

1. Thank you for the opportunity to review and comment on the Office of Inspector General (OIG) draft report, *Added Measures Could Reduce Veterans' Risk of COVID-19 Exposure in Transitional Housing*. The Veterans Health Administration (VHA) concurs with the four Executive in Charge recommendations and provides an action plan along with technical comments.

2. In addition to the congregate living arrangements described in the draft report, VHA transitional living arrangements include configurations for individual Veterans such as individual rooms, apartments and Single-Room Occupancy units.

The OIG removed point of contact information prior to publication.

(original signed by)

Richard A. Stone, M.D.

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Action Plan

OIG Draft Report: Added Measures Could Reduce Veterans' Risk of COVID-19 Exposure in Transitional Housing

Recommendation 1. Issue guidance to medical facility staff on how the COVID-19 At-Risk Veteran Report should be used to help service providers identify high-risk veterans and educate those veterans on the need for extra precautions.

VHA Comments: Concur. VHA agrees that service providers should identify homeless Veterans who could be at high risk for complications from COVID-19 or from other chronic or acute illnesses and encourage them to take extra precautions per the Centers for Disease Control (CDC) and Prevention guidelines. The VHA Homeless Program Office (HPO) created the COVID-19 At-Risk Veteran Report to conform to these guidelines. However, OIG's findings indicate that VHA homeless programs are inconsistently using HPO's At-Risk Veteran Report.

VHA HPO will develop written guidance and provide technical support for medical center staff on the use of the At-Risk Veteran Report. Technical assistance will also be developed for grantees and contractors regarding the use of the At-Risk Veteran Report information to support individualized planning that takes into consideration health risks when placing Veterans in VHA homeless programs.

Status: In progress **Target Completion Date:** December 2020

Recommendation 2. Ensure medical facility staff are monitoring and assisting with the service providers' implementation of the Centers for Disease Control and Prevention guidance, including updates.

VHA Comments: Concur. VHA is committed to continued education, consultation, and support for medical center staff and homeless service providers to ensure safe living environments for homeless Veterans. VHA agrees that the implementation of CDC guidelines for homeless service providers are a key component in reducing the risk of infection for homeless Veterans residing in VHA homeless transitional housing.

VHA's HPO will develop written guidance and provide technical assistance for VA medical center staff regarding monitoring and assisting the service providers' implementation of the CDC guidelines that are specific to homeless service providers. This will be accessible by medical facility staff on a central site and updated as CDC provides updates to their guidance. VHA's HPO will complete a follow up risk assessment inventory of community providers' transitional housing to assess the implementation of CDC guidelines post dissemination of the guidance. VHA's HPO will intervene with sites not implementing CDC guidelines through the Network Homeless Coordinators and local VA medical center staff.

Status: In progress **Target Completion Date:** March 2021

Recommendation 3. Identify service providers that have not fully implemented the Centers for Disease Control and Prevention's six-feet social-distancing guidelines, particularly for sleeping and meal areas, and encourage them to implement alternative measures or use VA options to help mitigate space limitations.

VHA Comments: Concur. VHA agrees that is important to identify service providers that have not fully implemented CDC's 6-feet social distancing guidelines for sleeping and meal areas. VHA's HPO will continue to remind community providers of the importance of following CDC guidelines and ensure VA staff monitors this requirement.

VHA Health Care of Homeless Veterans and Grant Per Diem programs have provided ongoing technical assistance to VA medical center staff and community service providers regarding options and resources available to support social distancing in transitional housing programs. VHA's HPO has written guidance on social distancing and isolation options available to community service providers, consultation with VA and community provider organizations and technical assistance webinars.

VHA's HPO will develop written guidance and provide technical assistance for VA medical center staff regarding monitoring and assisting the service providers' implementation of the CDC guidelines that are specific to homeless service providers. This will be accessible by medical facility staff on a central site and updated as CDC provides updates to their guidance. VHA's HPO will complete a follow up risk assessment inventory of community providers' transitional housing to assess the implementation of CDC guidelines post dissemination of the guidance. VHA's HPO will intervene with sites not implementing CDC guidelines through the Network Homeless Coordinators and local VA medical center staff.

Status: In progress **Target Completion Date:** March 2021

Recommendation 4. Monitor the availability of personal protective equipment at service providers' residences and help develop contingency plans in the event of a prolonged pandemic or surge.

VHA Comments: Concur. VHA concurs that the availability of personal protective equipment for service providers' residences is vital to ensure the safety of Veterans and staff. The additional funds provided to VHA through the Coronavirus Aid, Relief, and Economic Security (CARES) Act assists community service provides with the costs associated with personal protective equipment.

VHA will provide guidance to medical center staff and community providers to monitor the availability of personal protective equipment. In addition, the availability of personal protective equipment will be added to VHA HPO risk assessments of transitional housing and HPO will monitor the availability at service providers' residences.

Status: In progress **Target Completion Date:** March 2021

For accessibility, the original format of this appendix has been modified to comply with Section 508 of the Rehabilitation Act of 1973, as amended.

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