

# ROLES AND RESPONSIBILITIES PEP-V FOR COMPLIANCE

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CANDYCE J. COATES

SENIOR PROGRAM OFFICER – CONTRACT MONITORING AND COMPLIANCE

THE COMMUNITY PARTNERSHIP FOR THE PREVENTION OF HOMELESSNESS

# INTRODUCTION – WHAT IS PEP-V

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- PEP-V is an acronym for Pandemic Emergency Program for Medically Vulnerable Individuals (PEP-V)
  - This program was created to protect those who are medically vulnerable and experiencing homelessness and thought to be at the highest risk for severe complications if they contract COVID-19
  - It is a part of the District of Columbia's response to COVID-19 pandemic crisis.
  - This program has been approved by the Federal Emergency Management Agency (FEMA)

# PROGRAM ELIGIBILITY

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- Be 55 years of age or older or;
- Have been diagnosed with at least one of the following conditions
  - Chronic lung disease or have moderate to severe asthma;
  - A serious heart condition;
  - An immunocompromising health condition;
  - Severe obesity (body mass index [BMI] of 30 or higher);
  - Diabetes;
  - Chronic kidney disease;
  - Liver disease
  - Sickle cell disease
  - Hypertension
  - Cerebrovascular disease
  - Neurologic disease;
  - Other underlying chronic health condition

# CLIENT RESPONSIBILITIES ONCE IN PROGRAM

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- Refrain from the following behaviors while on the program's premises:
  - (A) The use or possession of alcohol or illegal drugs; •
  - (B) The use or possession of weapons;
  - (C) Assaulting or battering any individual, or threatening to do so; and
  - (D) Any other acts that endanger the health or safety of the client or any other individual on the premises;

# CLIENT RESPONSIBILITIES CONTINUED

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- Respect the safety, personal rights, and private property of staff members and other clients;
- Maintain clean sleeping and living areas, including bathroom and/or cooking areas;
- Use communal areas appropriately, with attention to cleanliness and respect for the interests of other clients;
- Be responsible for one's own personal property; and
- Follow all Program Rules established by the provider.

# CLIENT RESPONSIBILITIES TO PREVENT THE SPREAD OF COVID-19

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- Clients are required to maintain at least 6 feet distance between themselves and other clients and/or staff on the program premises;
- Clients are required to wear a mask when interacting with others except for eating, drinking, sleeping or bathing;
- Clients are strongly discouraged from sharing food, beverages, cigarettes and other behaviors that may potentially spread COVID-19;
- Clients will be provided masks and can request a new mask at any time;
- Clients are encouraged to wash thier hands with soap and water and/or use hand sanitizer frequently especially when retuning to the program or before mealtimes.

# PROVIDER RESPONSIBILITIES

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- Provide services free from discrimination on the basis of race, color, religion, national origin, language, culture, sex, gender identity and expression, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, and source of income.
- Deliver or provide access to culturally competent services and language assistance for clients with limited English proficiency.
- Collaborate and coordinate with other service providers to meet the client's needs, as deemed appropriate by the provider and the client.

# PROVIDER RESPONSIBILITIES CONTINUED

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- Provide clients with copies of printed information describing the range of services within the Continuum of Care.
- Provide reasonable modifications to policies, practices, and procedures when the modifications are necessary.
- Provide personal protective equipment to clients upon request.



# PROVIDER RESPONSIBILITIES CONTINUED

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- Provide housing-focused case management with the goal of exiting each client to permanent housing within 60 days of program entry.
- Conduct intake for new referrals including intake assessment, updating all required electronic databases such as Homeless Management Information System (HMIS).
- Participate in weekly status meetings that support exit planning for the client and address anticipated barriers with meeting housing goals.

# PROVIDER RESPONSIBILITIES CONTINUED

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- Utilize and access services established by the Department of Human Services (DHS), Human Services Branch (HSB) of the District of Columbia's Homeland Security and Emergency Management Agency (HSEMA), MBI Health Services which include but are not limited to transportation, behavioral health support, and or laundry.
  - Additional resources regarding this can be found in the PEP-V Operations Manual.
- Follow all relevant DHS COVID-19 guidance on screening, contact tracing, use of PPE and any other applicable guidance.

# PROVIDER STAFFING STANDARDS

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- Staffing of the program is very important and must include at least the following:
  - A Program Director – responsible for overseeing the daily operations of the PEP-V program including staff. This does not include the medical staff that may be onsite.
  - Site managers
  - Case managers
  - Other necessary staff

# CASE MANAGEMENT REQUIREMENTS

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- Within one day of client assignment, case managers will need to complete an intake assessment. All intake assessments must include:
  - The review of any relevant screenings, assessments, history including but not limited to case notes and HMIS to gain a clear understanding of the client's needs.
  - The completion of the PEP-V Housing questionnaire.
  - Complete a SPDAT if there has not been one completed within the past year (365 days) of program entry.

# CASE MANAGEMENT REQUIREMENTS CONTINUED

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- Within 3 days, case managers shall:
  - Develop a housing plan that outlines the plan for program exit to permanent housing.
    - This plan must include specific goals with timelines for the anticipated move to permanent housing.
    - The plan should account for the client's needs such as income, preference, and other anticipated barriers such as credit or criminal history.
- Ongoing case management
  - Update the housing plan weekly and update as necessary.
  - Work with the client regularly to obtain any needed documentation for obtaining housing.
  - Ensure that all progress notes and client contacts are recorded in the HMIS within 48 hours of the interaction.

# SUPPLIES AND EQUIPMENT

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- It is the responsibility of the provider to monitor the inventory of routine supplies and placing orders when inventories get low. Routine supplies include the following:
  - Personal Protective Equipment (PPE)
  - Client toiletry kits
  - Individual replacement items for toiletry kits
  - Individual items for Welcome Bags
    - Snacks
    - Water
    - Adult Diapers
    - Feminine hygiene
- Site managers can request these resources electronically.

# UNUSUAL INCIDENT AND FATALITY REPORTING

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- All unusual incidents are to be reported to the DHS by using the online database.
- Once the report is completed, submit a copy of the Unusual Incident to TCP by uploading it to the Unusual Incident Tracker.
- In the event that there is a fatality, this is to be reported to the DHS using the Unusual Incident Report system.
  - A copy of the UIR is to be submitted to TCP as previously described.
  - In addition to the UIR, TCP requires a fatality report to be submitted using a Fatality Report Tracker.

*All documents and links to trackers can be found on the TCP website.*

**QUESTIONS?**

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# CANDYCE J. COATES

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Senior Program Officer – Contract Monitoring and  
Compliance

(202) 903 – 5695

[CCoates@community-partnership.org](mailto:CCoates@community-partnership.org)

