

Subject: Medical Appropriateness Procedure	Applicable To: DHS Adult Services, Office of the Medical Director, HERO	Effective Date: October 26, 2021
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Administered By: Adult Services Division, Office of the Medical Director	Approved By: Joslyn Carter, Administrator
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■ **INTRODUCTION**

DHS provides temporary shelter to individuals while they seek permanent housing. DHS does not operate medical or respite shelter. Single adult facilities do not provide, nor can they accommodate, onsite homecare (beyond wound care or IM/IV medication administration and beyond 2 weeks). Only medically appropriate individuals can be admitted into the single adult shelter system. Individuals entering DHS shelters must be able to independently care for themselves.

■ **PURPOSE**

The purpose of this procedure is to document the action steps necessary during intake when individuals present as potentially medically inappropriate for shelter. Reasonable accommodations (RAs) must always be fully explored as a means of preemptively resolving instances of suspected medical inappropriateness whenever possible, see Interim Reasonable Accommodation Request Process ([DHS-PB-2020-012](#)).

The onsite medical provider must assist intake staff in determining medical appropriateness for individuals applying for shelter when the need arises during clinic hours. When the clinic is closed, the intake manager must:

- review the Institutional Referral (IR), see Referral from Healthcare Facilities to DHS Single Adult Facilities ([DHS-PB-2018-009](#)), if applicable,
- complete an assessment of activities of daily living (ADLs), see ADL Assessment for Institutional Referrals ([DHS 14a](#)), and
- discuss the above and any applicable RAs with the individual to determine ability to manage independently in a congregate setting, at least on an overnight basis (including through holidays or weekends, if necessary), pending further medical assessment by the onsite medical provider the next business day.

The following specifies the absolute exclusion criteria, the relative exclusion criteria, examples of common conditions that can be accommodated, the procedure at intake for determining medical appropriateness, and the action steps necessary at intake when an individual is determined medically inappropriate for shelter placement.

Note: If a client assigned to assessment or official shelter placement experiences deterioration of health or condition while in placement and appears to lack decisional capacity, requires assistance from shelter staff to care for self, or meets any of the absolute exclusion criteria below, staff must consult with the onsite medical provider, when available, and DHS' Office of the Medical Director, when necessary, to determine next steps, see Guidelines for Addressing Clinical Needs ([DHS-PB-2018-005](#)) and Request for Consultation from the DHS Office of the Medical Director.

■ ABSOLUTE EXCLUSION CRITERIA

The following absolute exclusion criteria (as determined through clinician assessment where needed) render a single adult medically inappropriate for DHS facilities:

- inability to care for self and independently manage activities of daily living;
- lack of decisional capacity;
- need for home care or nurse visits beyond wound care or IM/IV medication administration and beyond two weeks;
- severe immunosuppression (chemotherapy, end-stage AIDS, post-transplant, with an absolute neutrophil count (ANC) <500/ml);
- major dementia with cognitive deficits (MMSE <25);
- inability to understand spoken, signed, visual, or tactile language even with the assistance of an interpreter;
- inability to make needs known or follow directions;
- poses imminent risk of physical harm to themselves or others;
- inability to independently manage chronic illnesses or medication administration, schedule, and reminders, including inability to self-administer insulin;
- inability to independently manage urinary catheters;
- peritoneal dialysis;

- inability to manage urinary or bowel incontinence or explosive diarrhea;
- unresolved delirium;
- cranial halo devices or stabilizing protective gear worn continuously; or
- on a ventilator.

■ RELATIVE EXCLUSION CRITERIA

The following clinical conditions require a discussion with the DHS Office of the Medical Director (OMD) prior to approval. The client must be independent in managing all activities of daily living (ADLs) and the conditions listed below:

- gastrostomy tube (client must have their own access to the nutrients for the gastrostomy tube);
- intra-muscular or intra-venous medication administration for acute condition only (up to twice per day, for no more than two weeks by a visiting nurse);
- tracheostomy (client must be able to care for the tracheostomy and live in a congregate setting);
- infusion pumps or PICC line;
- Colostomy (client must be able to care for the colostomy and bag).

■ PROCEDURE

If individuals present at shelter intake and are observed at any point to be potentially medically inappropriate for shelter, staff must create a record in CARES, if one does not already exist, and notify the intake manager who must proceed with the action steps below.

I. REVIEW THE INSTITUTIONAL REFERRAL

The intake manager must review CARES for IR history.

1. If there is an IR and the individual was determined medically appropriate based on the IR and is presenting in the same or similar condition as reported on the IR, the intake manager must determine if an RA is necessary.
 - a. If an RA is necessary, the intake manager must proceed with the interim RA process, see Interim Reasonable Accommodation Request Process ([DHS-PB-2020-012](#)) and placement.
 - b. If an RA is not necessary, the intake manager must proceed with placement.
2. The intake manager must proceed with assessment of ADLs if:
 - a. the individual was determined medically inappropriate based on the IR, or
 - b. the individual was determined medically appropriate based on the IR but is presenting with conditions not reported on the IR that meet the absolute exclusion criteria, or
 - c. if no IR history exists.

II. ASSESS ADLs

The intake manager must assess ADLs using the DHS ADL Assessment ([DHS 14a](#)).

1. If all responses on the ADL assessment are “Yes,” the intake manager must determine in consultation with the individual if an RA is necessary.
 - a. If an RA is necessary, the intake manager must proceed with the interim RA process, see Interim Reasonable Accommodation Request Process ([DHS-PB-2020-012](#)) and placement.
 - b. If an RA is not necessary, the intake manager must proceed with placement.
2. If any responses on the ADL assessment are “No,” the individual is accordingly determined potentially inappropriate for shelter. The intake manager must determine if an RA would resolve the issue.
 - a. If an RA would sufficiently ensure the individual’s medical needs are met, the intake manager must proceed with the interim RA process, see Interim Reasonable Accommodation Request Process ([DHS-PB-2020-012](#)) and placement.
 - b. If it is not immediately known whether an RA would sufficiently ensure the individual’s medical needs are met, the intake manager must proceed with either:
 - referral to the onsite medical provider to assess medical appropriateness (during clinic business hours) or
 - assessment of overnighting appropriateness (outside clinic business hours).

III. REFER TO THE ONSITE MEDICAL PROVIDER (*DURING CLINIC BUSINESS HOURS*)

If the ADL Assessment contains any “No” answers, it is determined an RA would not resolve the medical limitations, and it is during clinic business hours, the intake manager must refer the individual to the onsite medical provider. The onsite medical provider must assess for medical appropriateness for shelter according to the specified absolute exclusion criteria above.

1. If the individual is determined medically appropriate for the DHS single adult shelter system, the onsite medical provider must refer to the intake manager who will proceed with placement.
2. If the individual is determined medically inappropriate for the DHS single adult shelter system as a whole, the onsite medical provider must proceed with a referral to the emergency department, see Guidelines for Referral of DHS Clients to the Emergency Department ([DHS-PB-2018-002](#)).

Note: If the individual can be accommodated in a different shelter, as determined in consultation with the individual and including single occupancy placement, when available, the person is not medically inappropriate for shelter.

IV. ASSESS OVERNIGHTING APPROPRIATENESS (OUTSIDE CLINIC BUSINESS HOURS)

If the ADL Assessment contains any “No” answers, it is determined an RA would not resolve the medical limitations, and it is outside of clinic business hours, the intake manager must:

1. discuss the IR, if applicable, and the ADL assessment with the individual and ask if they are able to independently manage a room or navigate a congregate setting for one night or weekend pending further medical assessment and/or consultation the next business day.
 - a. If the individual is medically inappropriate for shelter and an RA would not resolve and the person reports ability to manage independently for one night or weekend,
 - proceed with placement in an overnight bed pending further medical assessment and/or consultation with the onsite medical provider the next business day.
 - Overnight clients will be monitored at times of regularly scheduled bed checks for any assistance needed, as happens with all clients.
 - b. If the individual is medically inappropriate for shelter and an RA would not resolve and the person reports inability to manage independently for even one night or weekend,
 - proceed with a referral to the emergency department, see Guidelines for Referral of DHS Clients to the Emergency Department ([DHS-PB-2018-002](#)) or prior healthcare facility.

V. REFER TO THE EMERGENCY DEPARTMENT OR PRIOR HEALTHCARE FACILITY (HCF)

If the individual is medically inappropriate for shelter and an RA would not resolve and the person reports inability to manage independently for even one night or weekend pending further medical assessment and/or consultation with the onsite medical provider the next business day, the intake manager must:

- notify the assigned Program Administrator and the Assistant Commissioner of Adult Intake and Assessment,
- if an IR was submitted by an HCF, contact the HCF to facilitate return to the facility, when possible,
- if there was no IR submitted or the HCF is unable or unwilling to permit return to the facility in a timely manner, notify the point of contact at the most appropriate or nearest emergency department of the situation and of the pending arrival and provide EMS with a copy of a completed Emergency Department Referral Form, see Guidelines for Referral of DHS Clients to the Emergency Department ([DHS-PB-2018-002](#)),
- provide the individual with the Medical Appropriateness Determination Letter (DHS-14o) in their preferred reading language,
- If applicable, notify the Office of the Medical Director, who will follow up with the emergency department or HCF the following day,
- transport the individual to the hospital or contact EMS for transport, if necessary, or contact the HCF who submitted the IR to arrange return transportation to the facility,
- establish contact with the emergency department to request appropriate planning as necessary with DHS prior to discharge, and
- document all activities in a CARES managerial flag and as a non-emergency incident.

Effective Immediately

RELATED ITEMS:

DHS-PB-2020-012	Interim Reasonable Accommodation Request Process
DHS-PB-2018-009	Referral from Healthcare Facilities to DHS Single Adult Facilities
DHS-PB-2018-005	Guidelines for Addressing Clinical Needs
DHS-PB-2018-002	Guidelines for Referral of DHS Clients to the Emergency Department

ATTACHMENTS:

DHS-14a	DHS ADL Assessment for Institutional Referrals
DHS-14o	Medical Appropriateness Determination Letter

**DHS ADL ASSESSMENT FOR INSTITUTIONAL REFERRALS
 TO BE COMPLETED BY HEALTHCARE FACILITY STAFF ONLY**

Patient Name

Patient Date of Birth

Name and Title of the person completing the assessment

Date

SCOPE	THE PATIENT IS ABLE TO....	YES (1)	No (0)
BATHING	Bathe self independently. May use devices such as shower chair and/or grab bars.		
DRESSING	Independently retrieve all clothing, dress, and undress, including shoes and outer garments.		
GROOMING	Groom self independently including shaving, brushing teeth and hair, and other common grooming activities.		
TOILETING	Successfully complete toileting independently including transferring and without supervision, preventing soiling of clothing and using toilet paper. May use raised toilet and/or grab bars.		
BOWELS	Manage bowels, catheter, colostomy bag, or diapers independently and without leaks.		
BLADDER	Control bladder functions without assistance, can include use of diapers to control leaking or minimal incontinence.		
TRANSFERRING	Independently transfer from wheelchair to bed and vice versa. May use elevated bed.		
FEEDING	Feed self independently, including carrying food tray, opening common food and drink containers, and cutting up own food.		
MOBILITY	Independently ambulate or use a cane, walker, or propel a manual or motorized wheelchair.		
COMMUNICATION	Communicate through spoken, signed, visual, or tactile language with or without an interpreter.		
COGNITION	Understand directions and follow commands, and make needs known.		
SELF-MANAGEMENT	Manage key responsibilities associated with independent living including medications and chronic illness(es).		

If score is less than 12, patient is not appropriate for shelter.

Total Score:

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Medical Appropriateness Determination Letter

Client Name (Please Print):	Preferred Name (Please Print):
CARES Case Number:	CARES ID:
Intake or Assessment Name/Address:	

On _____, you asked for help with temporary emergency housing assistance.

We cannot help you because it was determined that you are not medically appropriate for shelter, even after considering you for appropriate reasonable accommodations. You are being referred to the local emergency department for further assistance with your medical needs. Please note that appropriateness for shelter might change if your presenting condition changes.

LEGAL ASSISTANCE:

If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. To find the nearest Legal Aid Society or the names of other lawyers, go to the Legal Aid Society website www.legalaidnyc.org or call **(212) 577-3300**.

If you need legal assistance related to a request for temporary housing aid, singles, individuals and households without children may contact the Urban Justice Center at **(646) 602-5600** or the Coalition for the Homeless at **(212) 964-5900**.