

DHS-PB-2022-018

<p>SUBJECT:</p> <p>GUIDELINES FOR PLACING CLIENTS IN SINGLE ROOMS AND REDUCED DENSITY PLACEMENTS</p>	<p>APPLICABLE TO:</p> <p>All DHS Directly Operated or Contracted Facilities / Programs Serving Homeless Single Adults, Adult Families, and Families with Children</p>	<p>ISSUED</p> <p>December 20, 2022</p>
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<p>ADMINISTERED BY:</p> <p>DHS Programs, HRA CAS Office of Reasonable Accommodation</p>	<p>APPROVED BY:</p> <p>Joslyn Carter, Administrator Department of Social Services/ Department of Homeless Services</p>
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■ CONTEXT AND BACKGROUND

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Major scientific advances have occurred since the first case of COVID-19 was identified in the United States in early 2020, including effective outpatient treatment and in-hospital management as well as effective vaccines. The high levels of immunity in the US population, due to vaccination and/or previous infection, have reduced the risk of complications and deaths from COVID, and the majority of hospitalizations and death occur among persons who are unvaccinated

(https://www.cdc.gov/mmwr/volumes/71/wr/mm7133e1.htm?s_cid=mm7133e1_w).

Individuals who have moderate to severe immunosuppression, however, may not be able to mount an adequate immune response and may need additional vaccine doses and other protective measures (<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html>). At the same time, DHS recognizes that protection from COVID-19 is not the only reason a client may need placement in a single room or reduced density placement.

■ PURPOSE

During the COVID-19 emergency, DHS adopted temporary, interim guidelines (“Interim Guidelines”) for placing single adult clients in single or double rooms based on medical conditions that may have put them at a higher risk for severe illness if they contracted COVID-19. The Interim Guidelines were designed to respond to the COVID-19 emergency and did not prohibit DHS from returning single adults to congregate shelter when DHS determined it was safe to do so.

At this time, DHS is superseding the Interim Guidelines, and issuing the guidelines set forth below (“Guidelines”) for the provision of reduced density shelter placements, including single rooms, in the single adult shelter system, taking into consideration the current context of the COVID-19 pandemic and medical and public health advances. The portion of the revised guidelines related to risk of infection are based on CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>).

DHS will evaluate all reasonable accommodation requests in accordance with the Interim Reasonable Accommodation Procedure ([DHS-PB-2022-002](#)). Additionally, DHS will consider reduced density shelter placements for clients with safety concerns. Safety concerns not related to a disability, physical, or mental health condition are not evaluated as reasonable accommodation requests.

The Guidelines do not prohibit DHS from considering and offering other alternative reasonable accommodations that may be necessary to afford *Butler* Class Members access to DHS shelter and shelter-related services. A client that requests but does not qualify for a reduced density placement may qualify for alternative reasonable accommodations. A client who is not immunosuppressed and who has psychiatric or mental health conditions may receive a reasonable accommodation for a single room or reduced density placement based on other needs.

DHS may not provide shelter to clients who are not medically appropriate, including but not limited to clients who are severely immunosuppressed with ANC <500, and need to be isolated from others, as in most DHS facilities bathrooms and cafeterias continue to be shared, consistent with DHS’ Referral from Healthcare Facilities to DHS Single Adult Facilities ([DHS-PB-2018-009](#)) and DHS’ Medical Appropriateness Procedure ([DHS-PB-2021-012](#)).

■ REVISED SINGLE AND REDUCED DENSITY CRITERIA

Clients must provide documentation referencing their need for the required accommodation. A client's usual clinical provider or covering provider should be able to provide sufficient documentation of the conditions referenced in the tables below. However, clients may provide disability-related information from relevant and reliable sources in support of their request, including but not limited to doctors, medical professionals, social workers, rehabilitation counselors, or service providers. The table below is non-exhaustive; however, the client's documentation must provide evidence of how the provision of a reduced density placement or private bathroom would ameliorate the effects of the client's disability or functional limitations.

Durations/time-limits will depend on the duration of the client's condition or treatment.

REASONABLE ACCOMMODATIONS AVAILABLE TO IMMUNOCOMPROMISED CLIENTS	
Reasonable Accommodation	Criteria
SINGLE ROOM	<p>High risk of severe infection, moderately or severely immunocompromised, including but not limited to:</p> <ul style="list-style-type: none"> • Active treatment for solid tumor and hematologic malignancies • Hematologic malignancies associated with poor responses to COVID-19 vaccines regardless of current treatment status (e.g., chronic lymphocytic leukemia, non-Hodgkin lymphoma, multiple myeloma, acute leukemia) • Receipt of solid-organ transplant or an islet transplant and taking immunosuppressive therapy • Receipt of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppressive therapy) • Moderate or severe primary immunodeficiency (e.g., common variable immunodeficiency disease, severe combined immunodeficiency, DiGeorge syndrome, Wiskott-Aldrich syndrome) • Advanced or untreated HIV infection (people with HIV and CD4 cell counts less than 200/mm³, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV) • Active treatment with high-dose corticosteroids (i.e., 20 or more mg of prednisone or equivalent per day when administered for 2 or more weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory <p>https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html</p>

<p>REDUCED DENSITY PLACEMENT (FOUR OR LESS PER ROOM)</p>	<p>Mild risk of infection, including but not limited to:</p> <ul style="list-style-type: none"> • Mild immunosuppression, ANC (absolute neutrophil counts): 1,000ml – 1,500ml • End-stage organ failure, for example clients receiving dialysis • Certain instances of post-surgical period
<p>PRIVATE BATHROOM OR SINGLE-USE BATHROOM</p>	<ul style="list-style-type: none"> • Can be ongoing/permanent or durational/time limited. Will depend on conditions and risk of infection/level of immunosuppression. • Clients may alternatively be approved for a single-use bathroom depending on conditions and risk of infection/level of immunosuppression.

<p>REASONABLE ACCOMMODATIONS AVAILABLE TO CLIENTS WITH PSYCHIATRIC AND/OR OTHER DISABILITIES</p>	
<p>Reasonable Accommodation</p>	<p>Criteria</p>
<p>SINGLE ROOM OR REDUCED DENSITY PLACEMENT</p>	<ul style="list-style-type: none"> • Evaluated on a case-by-case basis. Clinician must demonstrate how the nature and severity of the limitations, because of mental health conditions, relate to the need for a single room. • Documentation may evidence that the client would benefit from placement in a reduced density shelter placement.

<p>PLACEMENTS AVAILABLE DUE TO SAFETY CONCERNS</p>	
<p>Reasonable Accommodation</p>	<p>Criteria</p>
<p>SINGLE ROOM OR REDUCED DENSITY PLACEMENT</p> <p>TGNC PLACEMENT</p> <p>SAFETY TRANSFER</p>	<ul style="list-style-type: none"> • Single rooms may also be provided to clients with safety concerns – reported instances of harassment, bullying, threats, intimidation, or violence. • Evaluated on a case-by-case basis. • These requests do not require clinical documentation. <p><i>*Note: Requests for single rooms based on safety do not supersede other safety transfer policies. A safety transfer may be sufficient and/or necessary to resolve safety issues. Requests for a placement based on safety concerns alone do not constitute an RA.</i></p>

Effective Immediately

RELATED ITEMS:

- [DHS-PB-2022-002](#) Interim Reasonable Accommodation Procedure
- [DHS-PB-2021-012](#) Medical Appropriateness Procedure
- [DHS-PB-2018-009](#) Referral from Healthcare Facilities to DHS Single Adult Facilities