

Subject: Medical Appropriateness Procedure	Applicable To: DHS Adult Services, Office of the Medical Director, HERO	Effective Date: September 15, 2022
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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 shelters. Single adult facilities do not provide and can not accommodate onsite home care services for individuals who are dependent on such care for their activities of daily living. 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 after DHS fulfills their approved reasonable accommodations, which may include reasonable accommodations for home care services.

■ PURPOSE

The purpose of this procedure is to document the actions 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. See Interim Reasonable Accommodation Request Process ([DHS-PB-2022-002](#)) and Reasonable Accommodations for Clients with Complex Medical Needs Being Discharged from a Healthcare Facility ([DHS-PB-2021-017](#)).

NOTE: Adults seeking to enter the shelter system in the Adult Family (AF) program may be found medically inappropriate for shelter if together they cannot care for their needs.

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, via their Program Administrator, 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 – only a clinician can assess an individual's 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, and 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 by completing the Disability Screening Questionnaire.
 - a. If an RA is necessary, the intake manager must proceed with the interim RA process, see Interim Reasonable Accommodation Request Process ([DHS-PB-2022-002](#)) 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 and/or functional limitations 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 by completing the Disability Screening Questionnaire 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-2022-022](#)) 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 may be medically inappropriate for shelter. The intake manager must determine if an RA would resolve the issue by completing the Disability Screening Questionnaire with the client.
 - 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-2022-022](#)) 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 meet the client’s medical needs, 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 the DHS shelter system according to the specified absolute exclusion criteria above and assist in identifying necessary RAs that may help the client care for themselves independently.

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](#)).

The intake manager or their designee must provide the individual with the Medical Appropriateness Determination Letter (DHS-14o) and the Medical Appropriateness Appeal Request Form (DHS-14p) in their preferred reading language.

Note: If the individual can be accommodated in a different shelter than assigned, with RAs in place as determined in consultation with the individual, then they are medically appropriate for shelter. See Interim Reasonable Accommodation Request Process ([DHS-PB-2022-002](#)) and Reasonable Accommodations for Clients with Complex Medical Needs Being Discharged from a Healthcare Facility ([DHS-PB-2021-017](#)).

IV. ASSESS OVERNIGHTING APPROPRIATENESS (OUTSIDE CLINIC BUSINESS HOURS)

If the ADL Assessment contains any “no” answers, it is determined an RA would not sufficiently meet the individual’s needs, 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 can independently remain at the site for one night or weekend pending further medical assessment and/or consultation the next business day.
 - a. If the individual seems medically inappropriate for shelter and an RA or combination of RAs would not meet the individual’s needs 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 seems medically inappropriate for shelter and an RA or combination of RAs would not meet the individual’s needs 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.

- The intake manager or their designee must provide the individual with the Medical Appropriateness Determination Letter (**DHS-14o**) and the Medical Appropriateness Appeal Request Form (**DHS-14p**) in their preferred reading language.

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

If the individual is medically inappropriate for shelter and an RA or combination of RAs would not meet the individual's needs and the person reports an 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**) the Medical Appropriateness Appeal Request Form (**DHS-14p**) 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.

VI. APPEALS

Copies of the Medical Appropriateness Determination Letter (**DHS-14o**) must be provided to The Legal Aid Society and the Coalition for the Homeless.

If client is determined to be medically inappropriate for shelter, the client may appeal the determination within ten (“10”) calendar days by completing the Medical Appropriateness Appeal Request Form (**DHS-14p**). The intake manager must offer to assist the client in completing the form, and provide such assistance upon request.

Clients may submit the Medical Appropriateness Appeal Request Form by following the instructions contained therein. Facility staff must offer to assist the client in submitting the form, and provide such assistance upon request, prior to the client being provided transportation to an HCF.

Note: DHS facilities cannot provide shelter to clients determined to be inappropriate pending the appeal determination.

The Medical Appropriateness Appeal Review Committee shall consist of a representative from the DHS Office of the Medical Director and a representative from DHS Adult Services with a clinical background. DHS will provide the client with a Medical Appropriateness Appeal Determination Letter (**DHS-14q**) to the client within 10 calendar days of receiving the appeal.

If the DHS Medical Appropriateness Appeal Review Committee approves a client’s appeal, DHS will inform the client about how to access services when providing the Medical Appropriateness Appeal Determination Letter.

Effective Immediately

RELATED ITEMS:

<u>DHS-PB-2020-012</u>	Interim Reasonable Accommodation Request Process
<u>DHS-PB-2018-009</u>	Referral from Healthcare Facilities to DHS Single Adult Facilities
<u>DHS-PB-2021-017</u>	Reasonable Accommodations for Clients with Complex Medical Needs Being Discharged from a Healthcare Facility
<u>DHS-PB-2018-005</u>	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-14p

Medical Appropriateness Appeal Form

DHS-14q

Medical Appropriateness Appeal 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:

--

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 DHS determined that you are not medically appropriate for shelter. This means that DHS cannot meet your medical needs in shelter and you are unable to care for yourself independently, even after we considered reasonable accommodations that could help you. We will provide you with information for the local hospital emergency department to help with your medical needs. If your medical needs change, you may be able to enter shelter.

SAMPLE

- DHS called 911 to take you to the nearest hospital.
- DHS referred you to the local hospital emergency department below:

LEGAL ASSISTANCE:

If you think you need a lawyer to help you with this situation, you may be able to get a lawyer at no cost to you by contacting The Legal Aid Society’s Homeless Rights Project at **800-649-9125** or the Urban Justice Center at **646-602-5600**. Call 311 for names of other legal services organizations.

If you need assistance with accessing a shelter placement, you may also call Coalition for the Homeless at **888-358-2384**.

If you want DHS to share your contact information with The Legal Aid Society’s Homeless Rights Project and Coalition for the Homeless, please check the box on the next page and provide the information requested

(Turn page)

Medical Appropriateness Determination Letter *(continued)*

I want DHS to share my contact information with The Legal Aid Society's Homeless Rights Project and Coalition for the Homeless.

My telephone number is: _____

My e-mail address is: _____

My last known address is: _____

You or your representative may appeal this Determination by filing an Appeal within ten (10) calendars days of receipt of this Determination.

Complete the *Medical Appropriateness Appeal Request Form* and send it to DHS by:



MAIL: DHS MA Appeals Committee
33 Beaver Street
New York, NY 10004



E-MAIL: DHSMAappeals@dss.nyc.gov



FAX: 212-437-2803

SAMPLE

Upon request, assistance shall be provided by the Ombudsman's Office to file an Appeal. You can call them at 800-994-6494. You can also ask intake staff for help.

A medical or mental health condition or disability may make it hard for you to understand this notice or to do what this notice is asking you to do. This kind of condition may make it hard for you to get other services at DHS. **If this is true for you, we can help you.** Please ask DHS staff and/or the Ombudsman's Office for help. You have a right to ask for this kind of help under the law.

Acknowledgement of Receipt

Client's Signature or Initials

Date

DHS Signature

Date

Medical Appropriateness Appeal Request Form

If you do not agree with our decision that you are medically inappropriate for shelter, you can file an appeal. We will look at your appeal and decide if we were wrong. You will not be provided with a conditional shelter placement during the appeal process.

If you want to appeal, you must do it within ten (10) calendar days of receiving your Medical Appropriateness Determination Letter.

SECTION I: (This section must be completed by or with the client)

Name: _____

Facility/Program: _____

Client ID/SSN: _____ Phone: _____

SECTION II: Please explain why you think the decision was wrong. (Attach pages as needed)

SAMPLE

If you have any documents related to this appeal request, please submit them with this form.

Medical Appropriateness Appeal Request Form *(continued)*

How to submit your appeal:

You can submit your appeal request by sending this completed form and any new or additional documents to DHS by:



MAIL - DHS MA Appeals Committee
33 Beaver Street
New York, NY 10004



E-MAIL - DHSMAappeals@dss.nyc.gov



FAX - 212-437-2803

Upon request, assistance shall be provided by the Ombudsman's Office to file an Appeal.
You can call them at 800-994-6494. You can also ask intake staff for help

SAMPLE

Acknowledgement of Receipt

Client Signature or Initials

Date

DHS Signature

Date

Medical Appropriateness Appeal Determination Letter

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

On _____, you asked for an appeal of DHS's determination that you are not medically appropriate for shelter. Your appeal is:

Approved. You may access shelter at:

Denied because DHS determined that you are not medically appropriate for shelter. This means that DHS cannot meet your medical needs in shelter, even after we considered reasonable accommodations that could help you to care for yourself independently.

On _____, we provided you with information for the local hospital emergency department for help with your medical needs.

SAMPLE

If your medical needs change, you may be able to enter shelter.

LEGAL ASSISTANCE:

If you think you need a lawyer to help you with this situation, you may be able to get a lawyer at no cost to you by contacting The Legal Aid Society's Homeless Rights Project at **1-800-649-9125**, or the Urban Justice Center at **646-602-5600**. Call **311** for names of other legal services organizations.

If you need assistance with accessing a shelter placement, you may also call Coalition for the Homeless at **1-888-358-2384**.

I want DHS to share my contact information with The Legal Aid Society Homeless Rights Project and Coalition for the Homeless.

My telephone number is: _____

My e-mail address is: _____

My last known address is: _____

(Turn page)

Medical Appropriateness Appeal Determination Letter *(continued)*

A medical or mental health condition or disability A medical or mental health condition or disability may make it hard for you to understand this notice or to do what this notice is asking you to do. This kind of condition may make it hard for you to get other services at DHS. If this is true for you, we can help you. Please ask DHS staff and/or the Ombudsman's Office (**800-994-6494**) for help. You have a right to ask for this kind of help under the law.

Acknowledgement of Receipt

Client's Signature or Initials

Date

DHS Signature

Date

SAMPLE