

Documentation in Support of Reasonable Accommodation Request for Non-Congregate Shelter Assignment

In response to the COVID-19 pandemic, the New York City Department of Homeless Services (DHS) has put in place a number of procedures to safeguard homeless New Yorkers, including moving about 70 percent of single adults out of crowded, dorm-style shelters and into hotel rooms where they can practice social distancing by avoiding the use of communal bathrooms and cafeterias. The more than 13,000 homeless single adults in DHS “de-densification” hotels have access to the same services they received in their original, congregate-style shelters.

DHS is prioritizing clients at heightened risk of severe illness or death from COVID-19 for placement in single- and double-occupancy hotel rooms during the pandemic, and has developed the attached “Interim Guidelines for placing clients in single or double rooms during the COVID-19 emergency.” As such, you may be asked by your patient to provide a letter in support of their reasonable accommodation request for a single- or double-occupancy hotel room for the duration of the pandemic due to their heightened risk of severe illness and death as a result of their disability and/or medical condition(s) should they develop COVID-19. The congregate nature of some shelters increases the risk of SARS-CoV-2 transmission between residents.

To support your patient’s reasonable accommodation request for a single- or double-occupancy hotel room, please provide a letter (on your letterhead, if possible) outlining the following:

- Patient’s disability and/or medical condition(s) and severity of these condition(s) where applicable;
- Potential impact on patient’s health and wellbeing should they develop COVID-19; and
- Why patient’s assignment to a single-occupancy hotel room (or, double-occupancy hotel room, if applicable) is necessary due to patient’s disability and/or medical condition(s). Please clearly state the nexus between patient’s disability and/or medical condition(s) and their need for a single- or double-occupancy hotel room for the duration of the pandemic.

DHS may need to verify by phone the information provided in your letter, so please also include your phone number and the best time to contact you.

A sample letter in support of a reasonable accommodation request for a single-occupancy hotel room is attached.

Patients needing assistance with their shelter assignments can contact the Coalition for the Homeless’ Crisis Intervention Hotline at 1-888-358-2384 (Monday through Friday, 9 a.m. to 5 p.m.).



Revised 3/19/21

Interim Guidelines for placing clients in single or double rooms during the COVID-19 Emergency

These guidelines will help DHS to determine when to place single adult clients who have certain medical conditions that may put them at higher risk for severe illness if they contract COVID-19, in single or double rooms. These guidelines are temporary and designed to respond to the COVID-19 emergency. Nothing in these guidelines prohibits DHS from returning clients to congregate shelter when DHS, in conjunction with OTDA and DOHMH, determines it is safe to do so.

These guidelines are an enhancement of the Interim Reasonable Accommodation Procedure developed in the *Butler v. City of New York* settlement.

Enhancements to the RA Process

The established *Butler* Reasonable Accommodation process will be followed and, where necessary, medical documentation will be gathered and reviewed by the Office of Reasonable Accommodations (ORA) in the Customized Assistance Services (CAS) division of the Human Resources Administration (HRA). DHS shall provide provisional accommodations on a case by case basis, consistent with the *Butler* settlement. If the client's clinical documentation is relevant to the need for a single room related to COVID-19, CAS shall review requests expeditiously, usually within 48 hours.

Consistent with its current practice CAS will review the medical information as follows:

- Review written clinical documentation from a treating clinician who has expertise in the area being considered (for instance, an internist or cardiologist giving an opinion about someone with heart failure would be appropriate, while an eye doctor or psychiatrist weighing in on the same condition will not be sufficient).
- Consider the validity of the information (written on hospital or clinic letterhead, signed by the medical professional) and complete outreach to clinicians, if necessary.
- Consider whether the diagnosis/diagnoses are adequately documented, the severity of symptoms, chronic vs episodic, treated vs untreated, if treatment is required, and stable vs unstable.
- For COVID-related single room requests, consider the below criteria regarding conditions that place an individual at higher risk of severe illness if the individual contracted COVID.
- Tables 1 and 2 specify the conditions that may lead DHS to place clients in single and double rooms.
- Clients assigned a double room will be placed with another client with a similar risk profile (as defined below) to the extent feasible.



Revised 3/19/21

Highest priority for single rooms:

1. Two or more chronic conditions listed in Table 1
2. Age >69 years
3. Age 65-69 years and one of the chronic conditions in Table 1
4. Metastatic cancer, hematopoietic (blood) cancers, current or recent chemotherapy or radiation
5. Severe immunosuppression
6. Severe heart disease
7. Severe COPD
8. On renal dialysis

Note: If the client's eligibility for the category can be established without any further documentation, for example because of their age or if they have a dialysis card, no referral to CAS is required.

Criteria for Single Rooms at DHS Facilities**Table 1. Conditions linked to increased risk for severe illness due to COVID-19**

<i>Conditions with increased risk</i>	<i>Examples</i>	<i>Single Room</i>	<i>Double Room</i>	<i>Comments</i>
<i>Age</i>	>65 years		√	
<i>Cancer</i>	<ul style="list-style-type: none"> - Leukemia, lymphoma (blood cancers) have higher risk - Chemotherapy or radiation - Metastatic - Hematologic malignancy 	√		<p>Cured cancer or in remission, not on chemotherapy or radiation does not require single room.</p> <p>Recent chemotherapy or radiation may require a single room.</p> <p>Solid tumors do not require a single room.</p>
<i>Chronic kidney disease</i>	<ul style="list-style-type: none"> - On dialysis - Anemia - Hyperkalemia 	√		
<i>COPD (chronic obstructive pulmonary disease)</i>	<ul style="list-style-type: none"> - Emphysema - Chronic bronchitis - Oxygen therapy (portable O2) 	√		Mild Stage (FEV1 ≥ 80% or normal daily activity) does not require single room.
<i>Heart conditions</i>	<ul style="list-style-type: none"> - Heart failure - Cardiomyopathy - Coronary artery 	√		



Revised 3/19/21

	disease - Pulmonary hypertension			
<i>Immunocompromised state (weakened immune system)</i>	Transplant patients	√		Non-severe immunosuppression may not require a single room.
<i>Obesity (moderate or severe)</i>	BMI >30 has increased risk for severe illness		√	Offer weight loss and nutrition program.
<i>Sickle cell disease</i>		√		Those with past SC complications are at increased risk and may require a single room.
<i>Smoking</i>	Current smoker		√	Offer smoking cessation Insufficient evidence to link to severity and does not require a single room.
<i>Type 2 diabetes mellitus</i>	-Noncompliant patients or not on medication - Elevated HbA1c - With complications	√		Well controlled diabetes has a higher rate of survival and does not require a single room.
<i>Down Syndrome</i>		√		
<i>Multiple conditions</i>	Any two of the above	√		

Note: these charts may be updated as additional evidence becomes available regarding the different risk factors for COVID-19 complications

After receiving a recommendation from CAS, but prior to providing a single room, DHS Programs and the DHS Office of the Medical Director will consider whether clients are able to manage their ADLs without assistance, consistent with DHS-PB-2018-009 Referral from Healthcare Facilities to DHS Single Adult Facilities. In addition, DHS may consider a client's overdose and suicide risk prior to assigning a client to a single room, based on history of prior overdose and of suicide ideation or attempt. DHS Programs will discuss with shelter staff and/or the Office of the Medical Director.

If an appropriate single room is available at the time of the request, it may be provided provisionally on a case by case basis, consistent with the Butler settlement.



Revised 3/19/21

Clients determined to require a single room by CAS consistent with the table above shall receive a single room. If a single room is not immediately available, such clients will be prioritized for single rooms as they become available.

DHS will match roommates in double rooms, to the extent feasible, who have similar risk status based on the medical conditions in the tables above, smoking status, and age bracket. For example, two older persons would be placed together rather than placing an older at-risk person with a younger person who may be more likely to go out and become exposed to COVID or the flu. In addition, employment status, propensity of clients to put themselves in high risk situations and other factors that make clients more likely to put themselves at risk than others will be considered.

Table 2. Other conditions that might be at increased risk of severe illness due to COVID-19

These conditions will generally qualify clients for a double room, but may qualify a client for a single room based on the client's particular health situation.

Conditions	Examples	Single Room	Double Room	Comments
Asthma	Moderate-to-severe, poorly controlled		√	
Cerebrovascular disease	Higher risk in recent stroke		√	
Cystic fibrosis		√		
Hypertension or high blood pressure	High risk in uncontrolled or untreated patient		√	
Immunocompromised state (non-severe)	Immune deficiencies, HIV (uncontrolled), use of corticosteroids, or use of other immune weakening medicines		√	CD4 count <200 Increases risk and may require a single room. Topical or inhaled steroids do not increase risk and do not require a single room. Clients with HIV should be offered



Revised 3/19/21

				shelter from HRA HASA
Neurologic conditions, such as dementia			√	
Liver disease			√	Advanced cirrhosis or transplant candidate may require single room.
Pulmonary fibrosis		√		
Thalassemia or other hemoglobin disorders			√	
Type 1 diabetes mellitus			√	Only Type I with severe complications may require single room.

Note: these charts may be updated as additional evidence becomes available regarding the different risk factors for COVID-19 complications

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#copd>

Procedures at Intake

DHS will attempt to identify clients at intake and in assessment who are at higher risk for severe illness due to COVID-19. This will be done by asking the questions in the attached questionnaire.

Please note that a questionnaire is not attached. Instead, a web-based survey is used by DHS.

Current Single Adult Clients Provider Review

In addition to the above reasonable accommodation process, all single adult shelter providers will be asked to review all their current clients' age and health status using the criteria above, as set forth in the attached questionnaire (also referenced above).

[Date]

Department of Homeless Services
33 Beaver Street, 17th Floor
New York, NY 10004

To Whom It May Concern:

This letter is to verify that Jane Doe (d.o.b. [date of birth]) is currently under my medical care.

Ms. Doe attended an appointment at my office on [date of visit, if applicable] for a routine check-up. Ms. Doe is diagnosed with several co-occurring medical conditions, including type 2 diabetes, severe chronic asthma, rheumatoid arthritis, and fibromyalgia. She is prescribed medications to assist in the management of these conditions, one of which, [medication name], is an immuno-suppressant that decreases her immune response to viruses and infections, such as SARS-CoV-2. Additionally, her chronic respiratory condition puts her at increased risk of severe illness or death if she were to contract COVID-19.

It is my strong recommendation that Ms. Doe receive a single-occupancy room with a private bathroom for the duration of the COVID-19 pandemic due to these increased risks to her health and wellbeing.

Should you have any questions, I can be reached at the office Monday to Friday, 8:30am to 7pm.

Regards,

[signature]

Dr. John Citizen, M.D.
123 Park Street
New York NY
123-456-7890