Supporting documentation for single-occupancy and reduced density shelter placements

In December 2022, the New York City Department of Homeless Services (DHS) published updated guidelines for single-occupancy rooms and reduced density placements (rooms with four people or less) in the shelter system, replacing previous pandemic-related eligibility criteria. According to the new criteria, DHS continues to prioritize clients at heightened risk of severe illness or death from communicable diseases, including COVID-19, for placement in single-occupancy rooms and reduced density placements. Clients with these risk factors and/or any other disability-related needs may continue to request this type of non-congregate shelter placement at any time via the Reasonable Accommodation (RA) request process. Although the RA request can be assessed without any supporting documentation, the inclusion of supporting documentation significantly increases the likelihood that the RA request will be approved. To support your patient's reasonable accommodation request for a single-occupancy room or reduced density placement, please provide a support letter that includes the following:

- Patient's disability and/or medical condition(s) and relevant information regarding the severity of and treatment for these condition(s);
- Potential impact on patient's health and wellbeing of residing in a congregate facility with dormstyle sleeping areas and communal bathrooms; and
- Why patient's assignment to a single-occupancy room (or reduced density placement, if applicable) is necessary due to patient's disability and/or medical condition(s). Please describe the relationship between the patient's disability and/or medical condition(s) and their need for the requested reasonable accommodations.

A sample letter in support of a Reasonable Accommodation request for a single-occupancy 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.).

SAMPLE LETTER

[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 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. Additionally, her chronic respiratory condition puts her at increased risk of severe illness or death if she were to contract any communicable disease in a congregate setting.

It is my strong recommendation that Ms. Doe receive placement in a single-occupancy room with a private bathroom due to the increased risks that sharing a room or bathroom pose 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 Jones, M.D. 123 Park Street New York NY 123-456-7890



OFFICE OF POLICY, PROCEDURES AND TRAINING

DHS-PB-2022-018

SUBJECT:	APPLICABLE TO:	ISSUED
GUIDELINES FOR PLACING CLIENTS IN SINGLE ROOMS AND REDUCED DENSITY PLACEMENTS	All DHS Directly Operated or Contracted Facilities / Programs Serving Homeless Single Adults, Adult Families, and Families with Children	December 20, 2022

ADMINISTERED BY:	APPROVED BY:
DHS Programs, HRA CAS Office of Reasonable Accommodation	Joslyn Carter, Administrator Department of Social Services/ Department of Homeless Services

■ CONTEXT AND BACKGROUND

Context and Background

Major scientific advances have occurred since the first case of COVID-19 was identified in the Unites States in early 2020, including effective outpatient treatment and inhospital 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 Accommodation High risk of severe infection, moderately or severely immunocompromised including but not limited to: • Active treatment for solid tumor and hematologic malignancies • Hematologic malignancies appointed with poer responses to	REASONABLE A
High risk of severe infection, moderately or severely immunocompromised including but not limited to: • Active treatment for solid tumor and hematologic malignancies	Reasonable
including but not limited to:Active treatment for solid tumor and hematologic malignancies	Accommodation
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 cel 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 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 (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html)	SINGLE ROOM

	Mild risk of infection, including but not limited to:
REDUCED DENSITY PLACEMENT (FOUR OR LESS	 Mild immunosuppression, ANC (absolute neutrophil counts):
	1,000ml – 1,500ml
	 End-stage organ failure, for example clients receiving dialysis
PER ROOM)	Certain instances of post-surgical period
	Can be ongoing/permanent or durational/time limited. Will depend
PRIVATE BATHROOM OR SINGLE-USE	on conditions and risk of infection/level of immunosuppression.
	 Clients may alternatively be approved for a single-use bathroom
BATHROOM	depending on conditions and risk of infection/level of
	immunosuppression.

REASONABLE ACCOMMODATIONS AVAILABLE TO CLIENTS WITH PSYCHIATRIC AND/OR OTHER DISABILITIES	
Reasonable Accommodation	Criteria
SINGLE ROOM OR REDUCED DENSITY PLACEMENT	 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.

PLACEMENTS AVAILABLE DUE TO SAFETY CONCERNS		
Reasonable	Criteria	
Accommodation		
SINGLE ROOM	Single rooms may also be provided to clients with safety	
OR	concerns – reported instances of harassment, bullying,	
REDUCED	threats, intimidation, or violence.	
DENSITY PLACEMENT	Evaluated on a case-by-case basis.	
	 These requests do not require clinical documentation. 	
TGNC		
PLACEMENT	*Note: Requests for single rooms based on safety do not supersede other safety transfer policies. A safety transfer may be sufficient	
SAFETY	and/or necessary to resolve safety issues. Requests for a	
TRANSFER	placement based on safety concerns alone do not constitute an RA.	

Effective Immediately

RELATED ITEMS:

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