



Hospital Referrals to DHS

March 29, 2019

Housing Instability Webinar Series

Part 1: The Intersection between Health and Housing	Wednesday, November 14, 2018	Click here to view webinar
Part 2: Navigating the Shelter System	Wednesday, December 12, 2018	Click here to view webinar
Part 3: Permanent and Supportive Housing	Wednesday, January 16, 2019	Click here to view webinar
Part 4: Affordable Housing	Wednesday, January 30, 2019	Click here to view webinar
Part 5: Eviction Prevention	Wednesday, February 20, 2019	Click here to view webinar

Agenda

Check-In & Introductions

11:30am – 11:40am

Brief background on DHS / Changes in Referral Process

11:40am – 12:15pm

Discharge Planning Standards and Completing the DHS Referral Form

12:15pm – 1:30pm

Open Case Discussion: challenging cases, resource sharing, engaging patients around housing resources

1:30pm – 2:20pm

Q&A and Evaluations

2:20pm – 2:30pm

Learning Objectives

Attendees will learn:

- to **assess** patients for eligibility to enter the shelter system
- how to **request** special accommodations for medically complex patients
- how to **complete** shelter packets, as well as **learn** alternatives to shelter placements
- how to **engage** patients around their housing needs



Right to Shelter in New York City

- 1979 Callahan v Carey
- First US locality to provide a right to shelter
- Only other place to provide this right is Massachusetts, only for families with minor children
- In NYC, 90+% of homeless person are in shelter; In LA or San Diego, for ex., only ~25% are in shelter, the rest sleep on the streets or encampments



Street Outreach

Designated Homeless Outreach Teams (HOME-STAT)

- **Bronx:** BronxWorks
- **Brooklyn:** Breaking Ground
- **Manhattan:** Manhattan Outreach Consortium
 - CUCS
 - Breaking Ground
 - Goddard Riverside
- **Queens:** Breaking Ground
- **Staten Island:** Project Hospitality
- **MTA Subway System:** BRC, 212-533-5151
- Can reach any outreach team by calling 311

Code Blue/Code Red

- **Code Blue**
 - Temperature falls below 32 degrees or wind chill below 0 degrees (Fahrenheit).
 - Ice storms or freezing rain OR snow greater than 6 inches.
- **Code Red**
 - Heat index of 90 degrees is predicted by the National Weather Service within 24 hours.

Homeless Outreach Populations Estimate (HOPE) and HOME-STAT Counts

- HUD-mandated point-in-time count conducted last Monday of January
- HOME-STAT quarterly counts
- Bronx Health & Housing Consortium's Hospital Homeless Count

Emergency Shelter

Drop-In Centers*

- Provide hot meals, showers, laundry, clothing, medical care, recreational space.
*Typically no sleep-in beds. Connects people with case managers. For chronically street homeless, or other hard-to-reach homeless
- Referrals from street outreach; drop-in center
- Locations
 - **Manhattan:** Mainchance 120 East 32nd St. in East Midtown; Subway: 6 to 33rd St. 212-883-0680 Ext. 108
 - **Manhattan:** Olivieri Center 257 West 30th St. near Penn Station; Subway: 1/2/3/A/C/E to 34th St. Penn Station
 - **Bronx:** The Living Room 800 Barretto St., Bronx; Subway: 6 to Hunts Point Ave.
 - **Brooklyn:** The Gathering Place 2402 Atlantic Ave. in Brooklyn; Subway: A to Broadway Junction
 - **Staten Island:** Project Hospitality 25 Central Ave. in Staten Island
 - **Queens:** Sheltering Arms/Safe Space 89-74 162nd Street 3rd Floor
 - **Queens:** Sheltering Arms/Far Rockaway Site 1600 Central Avenue

Emergency Shelter

NYC Department of Homeless Services (DHS) Shelter

- Centralized intake process for men, women and families
- Intake process to be deemed homeless and eligible for shelter. Client is assigned to one shelter
- Shelter Intake Centers:
 - Adult Men
 - 30th Street, 400-430 East 30th St./1st Ave., Manhattan; Subway: 6 to 28th St.
 - Adult Women
 - Franklin Shelter, 1122 Franklin Ave., Bronx; Subway: 2/5 to 149th St., then #55 bus to 166th St. & 3rd Ave. or the #21 bus to 166th St. & Boston Road
 - HELP Women's Center: 116 Williams Ave., Brooklyn; Subway: C to Liberty Ave.
 - Adult families with no children under 21 years old
 - Adult Family Intake Center (AFIC): 400-430 East 29th St., Manhattan; Subway: 6 to 28th St.
 - Families with children under 21 AND pregnant women
 - Prevention Assistance and Temporary Housing Office (PATH): 151 East 151st St., Bronx; Subway: 2, 4 or 5 to 149th St. – Grand Concourse.

Emergency Shelter

DHS Single Adult Shelter

- >140 single adult shelters citywide
- Dormitory style
- 10 pm Curfew
- Services: bed, meals, laundry, case management, housing placement, employment assistance

DHS Family Shelters

- >160 shelters citywide for families with children under 21
- Private family units subject to inspection at any time
- 10 pm curfew; 9 pm children must be in unit with responsible adult
- Visitors in common areas only, not the unit
- Average length of stay over 400 days
- Must meet additional criteria for rental subsidies
- Services: bed, meals, laundry, case management, housing placement, employment assistance

DHS Adult Families

- 24 shelters citywide
- Defined as legally married or domestically partnered, medical dependence, children over 21, sibling, grandparent, aunt/uncle, or caretaker role
- Single rooms, 10 pm curfew
- Services: bed, meals, laundry, case management, housing placement, employment assistance

Expectations for People in Shelter

- Cooperate in carrying out, developing, and completing their Independent Living Plan (ILP), which includes the steps toward obtaining permanent housing
- Apply for and maintain Public Assistance (PA)
- If able to work, actively seek employment and accept a suitable job when offered
- Work closely with their caseworker or housing specialist to locate and view available apartments and accept a suitable apartment when it is offered
- Follow shelter rules that prohibit behavior that places other clients and staff at risk
- For client complaints or issues: Office of the Ombudsman, 800-994-6494. Calls are answered Monday – Friday, 9 am and 4 pm

Discharge Planning Standards and Completing the DHS Referral Form

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Director of Social Work, BronxCare Health System



[DHS Institutional Referral Form](#)

CMS and its Condition or Participation

TAG	Standard or CoP
482.43 (a)	<p><u>IDENTIFICATION OF PATIENTS IN NEED OF DISCHARGE PLANNING</u></p> <p>The hospital must identify at an early stage of hospitalization all patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning.</p>
482.43 (b)(1)	<p><u>DISCHARGE PLANNING EVALUATION</u></p> <p>The hospital must provide a discharge planning evaluation to the patients identified in paragraph (a) of this section, and to other patients upon the patient's request, the request of a person acting on the patient's behalf, or the request of the physician.</p>
482.43 (b)(2)	<p>A registered nurse, social worker, or other appropriately qualified personnel must develop, or supervise the development of, the evaluation.</p>
482.43 (b)(3)	<p>The discharge planning evaluation must include an evaluation of the likelihood of a patient needing post-hospital services and of the availability of the services.</p>
482.43 (b)(4)	<p>The discharge planning evaluation must include an evaluation of the likelihood of a patient's capacity for self-care or of the possibility of the patient being cared for in the environment from which he or she entered the hospital.</p>
482.43 (b)(5)	<p>The hospital personnel must complete the evaluation on a timely basis so that appropriate arrangements for post-hospital care are made before discharge, and to avoid unnecessary delays in discharge.</p>
482.43 (b)(6)	<p>The hospital ... must discuss the results of the evaluation with the patient or individual acting on his or her behalf.</p> <p>[The hospital must] include the discharge planning evaluation in the patient's medical record for use in establishing an appropriate discharge plan....</p>
482.43 (c)	<p><u>DISCHARGE PLAN</u></p>
482.43 (c)(1)	<p>A registered nurse, social worker, or other appropriately qualified personnel must develop, or supervise the development of, a discharge plan if the discharge planning evaluation indicates a need for a discharge plan.</p>
482.43 (c)(2)	<p>In the absence of a finding by the hospital that a patient needs a discharge plan, the patient's physician may request a discharge plan. In such a case, the hospital must develop a discharge plan for the patient.</p>

CMS and its Condition or Participation

TAG	Standard or CoP
482.43 (c)(3)	The hospital must arrange for the initial implementation of the patient's discharge plan....
482.43 (c)(4)	The hospital must reassess the patient's discharge plan if there are factors that may affect continuing care needs or the appropriateness of the discharge plan.
482.43 (c)(5)	As needed, the patient and family members or interested persons must be counseled to prepare them for post-hospital care.
482.43 (c)(6)	The hospital must include in the discharge plan a list of HHAs or SNFs that are available to the patient, that are participating in the Medicare program, and that serve the geographic area (as defined by the HHA) in which the patient resides, or in the case of a SNF, in the geographic area requested by the patient. HHAs must request to be listed by the hospital as available.
482.43 (c)(6) (i)	This list must only be presented to patients for whom home health care or post-hospital extended care services are indicated and appropriate as determined by the discharge planning evaluation.
482.43 (c)(6) (ii)	For patients enrolled in managed care organizations, the hospital must indicate the availability of home health and post-hospital extended care services through individuals and entities that have a contract with the managed care organizations.
482.43 (c)(6) (iii)	The hospital must document in the patient's medical record that the list was presented to the patient or to the individual acting on the patient's behalf.
482.43 (c)(7)	The hospital, as part of the discharge planning process, must inform the patient or the patient's family of their freedom to choose among participating Medicare providers of post-hospital care services and must, when possible, respect patient and family preferences when they are expressed. The hospital must not specify or otherwise limit the qualified providers that are available to the patient.
482.43 (c)(8)	The discharge plan must identify any HHA or SNF to which the patient is referred in which the hospital has a disclosable financial interest, as specified by the Secretary, and any HHA or SNF that has a disclosable financial interest in a hospital under Medicare. Financial interests that are disclosable under Medicare are determined in accordance with the provisions of Part 420, Subpart C, of this chapter.
482.43 (d)	<p><u>TRANSFER OR REFERRAL</u></p> <p>The hospital must transfer or refer patients, along with necessary medical information, to appropriate facilities, agencies, or outpatient services, as needed, for follow-up or ancillary care.</p>
482.43 (e)	<p><u>REASSESSMENT</u></p> <p>The hospital must reassess its discharge planning process on an on-going basis. The reassessment must include a review of discharge plans to ensure that they are responsive to discharge needs.</p>

Upcoming Workshops

Housing and Families	Monday, April 29 th 9:30am – 11:30am	Click here to Register
Housing and Aging	Tuesday, May 14 th 1:30pm – 3:30pm	Click here to Register
Housing and Mental Illness	May – Date TBA	Registration details pending
Housing and Youth	June – Date TBA	
Housing and Active Substance Use	Date TBA	
Housing and Formerly Incarcerated	Date TBA	

Space is limited for all workshops, so please be sure to register upon announcement.

Thank You!
(and evaluations)

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