

Hospital Discharge Coordination

NYC Department of Homeless Services (DHS)

2025

Hospital Discharge Planning Requirements

- Hospitals are required to submit an “Institutional Referral” to DHS when a patient is being discharged to Shelter or Safe haven after an in-patient stay
 - New clients are reviewed by the DHS Institutional Referral Program
 - Returning (Active) clients are reviewed by assigned shelter
- Hospitals should not discharge to DHS until they have received clearance!

Institutional Referral Form

- Often called the “Shelter Packet” for returning clients

- **Available online:** search “DHS hospital discharge”

- Hospital Referral Process - DHS

Client Name (First, Last):

DOB:

CARES ID:

DHS SITE/OMD USE ONLY

Reviewer name:	CARES number:
Gender:	SSN:
DOB:	HCF of origin:
Date and time review completed:	Destination shelter/ Safe Haven:
Does the client appear to need a reasonable accommodation?	Has the HCF requested a reasonable accommodation?
Status of referral:	If additional information needed, date/ time additional information requested:
If follow up referral, number of requests for information for this client:	

Person information was requested from:

If patient was medically inappropriate, reason why:

If referral was incomplete, specify missing information:

POST ARRIVAL AT DHS SITE

Date patient arrived at shelter:	
Arrived,	
in worse state than described in referral	despite determination of medical inappropriateness
medically inappropriate and was transported back to healthcare facility	within 24 hour period of referral being sent
at shelter outside of the hours between 9:00am and 3:00pm	medically inappropriate and was kept in shelter until situation resolved

Healthcare facility staff please begin form here:

Name of healthcare facility:	Type of HCF:
If not listed, please type:	
Name of primary person completing this form:	First alternate Email address:
Title:	Telephone/beeper:
Email Address:	Second Alternate Email address:
Telephone/beeper:	Telephone/beeper:
Date this form was completed:	Date of Admission:
Over 30 day length of stay: Yes <input type="radio"/> No <input type="radio"/>	Expected Date of Discharge:

Opening the Referral Email

- Hospitals get shelter director contact info from the **DHS Provider Referral Line**
- Hospitals usually send the referral as an “encrypted email”
- Shelters must look out for the emails from hospitals, and follow the instructions to open the email
 - If you have trouble opening an email, contact the hospital for help

Shelter Review Requirements

- **Shelters must review the referral and respond to the hospital within one day with questions or clearance to discharge**
 - If shelter does not respond in one day, hospital can discharge to assigned shelter
- **Shelters should review for:**
 - Activities of Daily Living (ADL)
 - Absolute Medical Exclusion Criteria
 - Services in place to mitigate (reduce) risk for chronic conditions

Who Should Review the Referral?

- Medical staff at the shelter or in the organization should be assigned to review hospital referrals, if available
 - Escalate concerns to Provider Organization Medical Director if available
- If no medical staff is available, the shelter Director or Social Service Director should review the referral
 - Consult with Program Administrator if needed

Activities of Daily Living

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.	<input type="checkbox"/>	<input type="checkbox"/>
DRESSING	Independently retrieve all clothing, dress, and undress, including shoes and outer garments.	<input type="checkbox"/>	<input type="checkbox"/>
GROOMING	Groom self independently including shaving, brushing teeth and hair, and other common grooming activities.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
BOWELS	Manage bowels, catheter, colostomy bag, or diapers independently and without leaks.	<input type="checkbox"/>	<input type="checkbox"/>
BLADDER	Control bladder functions without assistance, can include use of diapers to control leaking or minimal incontinence.	<input type="checkbox"/>	<input type="checkbox"/>
TRANSFERRING	Independently transfer from wheelchair to bed and vice versa. May use elevated bed.	<input type="checkbox"/>	<input type="checkbox"/>
FEEDING	Feed self independently, including for example carrying food tray, opening common food and drink containers, and cutting up own food.	<input type="checkbox"/>	<input type="checkbox"/>
MOBILITY	Independently ambulate or use a cane, walker, or propel a manual or motorized wheelchair.	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION	Communicate through spoken, signed, visual, or tactile language with or without an interpreter.	<input type="checkbox"/>	<input type="checkbox"/>
COGNITION	Understand directions and follow commands, and make needs known.	<input type="checkbox"/>	<input type="checkbox"/>
SELF-MANAGEMENT	Manage key responsibilities associated with independent living including medications and chronic illness(es).	<input type="checkbox"/>	<input type="checkbox"/>

Medical Exclusion Criteria

Absolute Exclusion Criteria for DHS single adult shelter or safe haven

If the patient has one or more of the health conditions, limitations of independent activities, or functional needs listed below, they are medically inappropriate for DHS single adult shelter or Safe Haven

- | | |
|--|---|
| <ul style="list-style-type: none"> • Inability to care for self and independently manage activities of daily living; use the ADL Assessment Form included on the Referral Form. An ADL score <12 indicates medical inappropriateness for shelter. The ADL Assessment Form must be completed by a clinician on the patient's team; • Lack of decisional capacity; • Need for home care or visiting nurse services beyond wound care or IM/IV medication administration and beyond 2 weeks; • Severe immunosuppression (chemotherapy, end-stage AIDS, post-transplant, with an Absolute Neutrophil Count (ANC) <500/mL); • Major dementia with cognitive deficits (MMSE <25); • Peritoneal dialysis; • Inability to make needs known or follow commands; • Unresolved delirium; | <ul style="list-style-type: none"> • Inability to independently manage chronic illnesses or medication administration, schedule, and reminders, including inability to self-administer insulin; • Inability to independently manage urinary catheters; • Inability to manage urinary or bowel incontinence or explosive diarrhea; • Oxygen-dependence requiring an oxygen tank/cylinder of any size, containing liquid or compressed oxygen (oxygen concentrators are allowed); • Cranial Halo Devices or stabilizing protective gear worn continuously; • Poses imminent risk of physical harm to themselves or others; • Inability to: understand spoken, signed, visual, or tactile language with or without an interpreter; • On a ventilator; or • CD4 count below 200. |
|--|---|

Needs more

- | | |
|---|--|
| <ul style="list-style-type: none"> • Requires infusion pumps/ PICC lines | <ul style="list-style-type: none"> • Intra-muscular or intra-venous medication administration via nurse- no more than twice per day, must be prearranged by HCF and limited to no more than 2 weeks |
| <ul style="list-style-type: none"> • Colostomy bag | |
| <ul style="list-style-type: none"> • Tracheostomy/ feeding tube | |

What to do if patient is not medically appropriate for shelter

- **Contact your Program Administrator to inform them of the situation immediately**
 - Copy shelter provider medical leadership, if available
- **Email the hospital with the statement:**

“Based on the information provided, this patient is not medically appropriate for shelter. Please do not discharge to shelter.”

 - Copy Program Administrator
- **If the hospital contests the determination,** escalate to the DHS Intuition Referral Program: dhs-hcfreferral@dhs.nyc.gov

If patient is medically appropriate for shelter

- Ensure client has necessary services in place to support stability in shelter:
 - Follow-up outpatient health care scheduled
 - Mobile mental health program if needed:
 - Shelter Partnered ACT
 - Safe Options Support (SOS)
 - Care Coordination, or other

Coordinate Discharge Date and Plan

- Coordinate with hospital to reserve bed one day before confirmed discharge date
- If no bed is available, inform the hospital the client can hold the patient until a bed opens up, or client may be reassigned to a vacant bed
- Location change can disrupt follow-up care, so please try to transfer to a shelter where the client can still access their follow-up care!

If client arrives to shelter in a medically inappropriate state

- Inform your Program Administrator and Medical leadership, if available
- If client is unable to care for self at all, send back to hospital they came from

When Clients Are Sent to the Hospital From Shelter

Advocating for appropriate care and discharge plan

Start advocating for needed care as soon as they go to hospital

- If you have a high need client who is hospitalized, start advocating for the necessary care on the day they go to the hospital:
 - Call the hospital (emergency room) to let them know your
 - Explain the danger to self or others, or inability to care for themselves in detail
 - Ask them to admit the client

Advocate for Safe Discharge Plan

- Remain in contact with hospital while in-patient to ensure client gets care and treatment they need to remain stable in shelter:
 - Set up appropriate follow-up care
 - Submit applications for SPACT or AOT if needed
 - Simplify medication regimens if client has trouble managing
- Other specialized services:
<https://sites.google.com/view/nycdhsinstitutionalreferral/mobile-health-programs>

Advocate for Alternate Placement

- If the client needs a higher level of care, begin advocating for discharge to another placement than shelter immediately upon admission:
 - Assisted living, Nursing home
 - See alternate discharge options:
<https://sites.google.com/view/nycdhsinstitutionalreferral/residential-placement>

**For help contact:
Institutional Referral
Program**

dhs-hcferreferral@dhs.nyc.gov