



Commonwealth of Massachusetts
**EXECUTIVE OFFICE OF HOUSING &
LIVABLE COMMUNITIES**

Maura T. Healey, Governor ♦ Kimberley Driscoll, Lieutenant Governor ♦ Edward M. Augustus Jr., Secretary

**Executive Office of Housing and Livable Communities
Division of Housing Stabilization**

EMERGENCY ASSISTANCE PROGRAM GUIDANCE ON WAITLIST AND PRIORITIZATION PROCEDURES

pursuant to

Capacity Declaration dated October 31, 2023

The following guidance is issued by EOHLC pursuant to the Capacity Declaration issued by Secretary Augustus on October 31, 2023 and extended on February 28, 2024 (the “Declaration”). This guidance will remain effective only so long as the Declaration remains in effect. This guidance sets forth a prioritization system and a waitlist for eligible households—processes which will be in effect, notwithstanding other EA regulations, only during the period that the Declaration remains in effect. This guidance supplements but does not replace existing EOHLC regulations.

1. **Shelter Capacity.** On October 31, 2023, Secretary Augustus declared the maximum capacity of the Emergency Assistance Shelter Program to be approximately 7,500 shelter units. Under the Declaration and this guidance, EOHLC shall manage the EA Shelter System to this maximum capacity, taking into account congregate shelter units, scattered-site and co-shelter units, hotel rooms and other forms of temporary emergency shelter for homeless families (i) procured directly by

EOHLC or shelter providers under contract to EOHLC or (ii) procured by other Commonwealth agencies or their contracted provider agencies.¹

- a. The actual number of shelter units in the system may fluctuate from day-to-day but in no event shall exceed 7,550 shelter units.

2. **Application Processing and EA Eligibility Determination**

- a. EOHLC shall continue to accept and process EA shelter applications to determine whether a family is eligible or presumptively eligible for EA shelter, and this guidance does not alter the meaning of those terms. So long as shelter units are available, EOHLC shall continue placing presumptively and fully eligible families into shelter.
- b. If the number of available shelter units is not sufficient to immediately place each family deemed fully or presumptively eligible, families shall be placed on a waitlist to be maintained by EOHLC.
- c. A family that has been placed on the waitlist will be removed from the waitlist if the family is subsequently determined to no longer be fully or presumptively eligible for shelter.

3. **Prioritization**

- a. **Priority Categories**: EOHLC shall prioritize families for placement on the basis of the following criteria, developed in consultation with the Department of Public Health (DPH), the Department of Transitional Assistance (DTA) and the Department of Children and Families (DCF):
 - i. **Priority 1**: Families with any of the following characteristics shall be deemed Priority 1 (with no distinction in priority between them):
 1. Families that have been determined by DTA to be at imminent risk of harm due to domestic violence.

¹ The 7,500 shelter units shall not include (a) sites set aside for the purpose of performing clinical assessments for health risks, (b) domestic violence shelters operated by or on behalf of the Department of Transitional Assistance, or (c) substance use disorder shelters operated by or on behalf of the Bureau of Substance Addiction Services.

2. Families that DCF has determined to be at the highest risk of harm if they are unhoused or remain in their current housing situation as a part of the existing Health and Safety Assessment (HAS) process.
3. Families that meet one or more of the following criteria:
 - a. Family member aged 0-3 months
 - b. Family member with immunocompromised condition
 - c. Family member with high-risk pregnancy
 - d. Family member with medical device (tracheostomy only)
4. Families rendered homeless by fire, flood or other natural or man-made disasters, as verified by the American Red Cross of Massachusetts, Massachusetts Emergency Management Agency, or Massachusetts municipal fire department, police department, or arson squad.
5. Families referred by DCF for shelter placement under the reunification and placement protocol described in a Memorandum of Understanding between the Department of Housing and Community Development and DCF dated January 2, 2015.

ii. Priority 2: Families that do not qualify for Priority 1 shall be deemed Priority 2 (with no distinction in priority between them) if they meet one or more of the following criteria:

- a. Family member aged more than 3 months up to 6 months
- b. Family member in 3-trimester pregnancy
- c. Family member with three or more chronic conditions
- d. Family member with medications requiring refrigeration (insulin only)
- e. Family member with medical device other than tracheostomy

iii. Priority 3: Families that do not qualify for Priority 1 or 2 shall be deemed Priority 3 (with no distinction in priority between them) if they meet one or more of the following criteria:

- a. Family member who is aged more than 6 months up to 9 months

- b. Family with primary caregiver aged 70 years or more
- c. Family member with medications requiring refrigeration, other than insulin

iv. Priority 4: Families that do not qualify for Priority 1, 2 or 3 shall be deemed Priority 4 (with no distinction in priority between them).

b. **Assessment**: All applicants for EA shelter shall be asked to complete a health pre-screen questionnaire for self-reporting immediate clinical and safety risk concerns. Translated forms will be available. If the family self-reports on the pre-screen questionnaire that they meet any of the criteria for full assessment the family shall be offered three options for clinical and safety risk assessment:

- (1) In-person assessment at a clinical and safety risk assessment site (subject to availability). Families sent to a clinical and safety risk assessment site will be assessed within 24-48 hours of arrival by on-site clinical staff at each site. Results from the assessment will be used to determine prioritization for placement in EA shelter or on the EA waitlist. The maximum stay for families at clinical and safety risk assessment sites will be 24-48 hours.
- (2) Virtual CSR Assessment by Rapid Response Team Nurse. A Rapid Response Team of nurses will contact families who choose this option to arrange a virtual assessment via telephone.
- (3) Existing Medical Provider. Families who choose this option shall complete a release of information form and ask their medical provider to share clinical summary information via fax or phone call with the Rapid Response Team who will then perform an assessment to determine priority.

c. **Waitlist**:

- (1) Within each priority group, position on the waitlist will be determined based on the date of the determination that the family is presumptively or fully eligible.
- (2) The waitlist will be refreshed at least once per day.

- (3) Families will be offered available shelter units in order of position on the waitlist.
- (4) Families on the waitlist will be contacted by email, phone call and text, using contact information provided by the families.
- (5) Families will be required to contact EOHLC by 12 pm the next business day to accept an offer of placement. If the family does not accept the offer of placement by 12 pm on the next business day, EOHLC will offer the placement to another family on the waitlist according to placement on that waitlist. A family may be removed from the waitlist, and required to reapply if they still seek shelter, if they fail to respond to an offer of placement three times or more.
- (6) Families who have been on the waitlist for six months or longer shall be required to undergo an additional priority assessment prior to placement in shelter.
- (7) Families shall be required to report any changes in potential eligibility or priority to EOHLC without delay. Prioritization will be reassessed in light of any significant changes to family status.

EXHIBIT A

Prioritization Score Reference Table – Clinical Risk Assessment

1 (Highest Priority)	2 (Moderate Priority)	3 (Lower Priority)	4 (No Priority)
<ul style="list-style-type: none"> - Family member aged 0-3 months - Family member with immunocompromised condition - Family member with high-risk pregnancy - Family member with medical device (tracheostomy only) 	<ul style="list-style-type: none"> - Family member aged more than 3 months up to 6 months - Family member in 3-trimester pregnancy - Family member with three or more chronic conditions - Family member with medications requiring refrigeration (insulin only) - Family member with medical device other than tracheostomy 	<ul style="list-style-type: none"> - Family member who is aged more than 6 months up to 9 months - Family with primary caregiver aged 70 years or more - Family member with medications requiring refrigeration, other than insulin 	<p>(No qualifying condition)</p>

Glossary of Terms:

1. High risk pregnancy criteria
 - a. Genetic conditions
 - b. Pre-eclampsia
 - c. Gestational diabetes
 - d. Multiples
 - e. Preexisting medical conditions
 - f. Advanced maternal age -35 years and older
2. Chronic medical conditions
 - a. Diabetes
 - b. High blood pressure
 - c. Seizure disorder
 - d. COPD
 - e. Asthma
 - f. Sickle cell
 - g. HIV
 - h. Chronic kidney disease
 - i. Severe mental illness (i.e. bipolar disorder or schizophrenia)
 - j. Substance use disorder
3. Conditions suppressing immune system secondary to treatment
 - a. Cancer
 - b. Rheumatologic diseases
 - c. Organ transplant recipients
 - d. Inflammatory bowel disease
 - e. Sickle cell disease
4. Medical devices
 - a. Tracheostomy
 - b. Ventricular peritoneal (VP) shunt
 - c. Indwelling venous catheter
 - d. Gastrostomy tube

EXHIBIT B

Prescreen Questionnaire

Please answer all questions and fill in all information. Your answers will help us understand your health conditions and needs. Tell your Homeless Coordinator if you need help with this form. They can read the form to you or answer your questions.

Head of Household or Main Caregiver:

1. What is your youngest child's date of birth? _____

☐ I don't have any children

2. Is the main caregiver over the age of 70?

☐ Yes

☐ No

☐ I don't know

3. Is anyone in your family pregnant?

☐ Yes

☐ No

☐ I don't know

If yes, please answer these questions:

How many weeks pregnant is this person? (If you don't know the number of weeks, tell us the date of last menstrual period or when they are due) _____

Have they been told that their pregnancy is high-risk?

☐ Yes

☐ No

☐ I don't know

4 Does anyone in your family take medicine that needs to stay cold or be kept in the refrigerator?

☐ Yes

☐ No

☐ I don't know

5 Do you have a family member who needs special medical equipment to help them with everyday things? These may be eating, breathing, or drinking.

☐ Yes

☐ No

☐ I don't know

6 .Do you have a family member who has a weak immune system (they are immunocompromised)?

This may mean that they:

- Get chemotherapy treatment for cancer
- Have untreated HIV/AIDS
- Have Sickle Cell Disease

Take medicine for an organ transplant

- ☐ Yes
- ☐ No
- ☐ I don't know

7 . Do you have a family member with **3 or more** chronic medical conditions? These may be diabetes, high blood pressure, asthma, heart disease, severe mental illness, substance use disorder or others.

- ☐ Yes
- ☐ No
- ☐ I don't know