

Medical Group Home Criteria Worksheet

| NAME: | | DOB: | |
|--|--|---------------|--------------------------------|
| For anyone not currently in the waiver, are there any other funding options or a different level of care that would meet the needs of the individual, ie skilled nursing facility? If No, what options have been researched? Attach results on a separate document. | | Yes | No See attached |
| | Nursing needs/technology | Points | Score |
| 1 | Tracheostomy | 20 | |
| 2 | C-PAP/BiPAP | 5 | |
| 3 | Oxygen, continuous | 5 | |
| 4 | Oxygen, noncontinuous, unstable | 5 | |
| 5 | G-tube/ J-tube feedings (continuous feeding, not bolus feedings) | 5 | |
| 6 | Receives IV therapy or has a central line | 20 | |
| | | | |
| | Medications | | |
| 7 | Medications, complex with over 8 meds | 5 | |
| 8 | Medications, less than 8 meds | 3 | |
| 9 | Medication requiring nursing administration | 5 | |
| 10 | Pain medications given by injection | 10 | |
| 11 | Insulin dependent diabetes requiring calculation of insulin based on glucose reading | 10 | |
| | | | |
| | Assessments | | |
| 12 | VS, respiratory or neuro assessments q 4 hours or longer | 2 | |
| 13 | VS, respiratory or neuro assessments q 2 to 4 hours | 3 | |
| 14 | VS, respiratory or neuro assessments q <1 to 2 hours | 4 | |
| | | | |
| | Skin | | |
| 15 | Dressings involving prescription medications and aseptic technique | 20 | |
| 16 | Care of extensive decubitus ulcers or other widespread skin disorders | 18 | |
| 17 | Stoma care | 3 | |

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| 18 | High risk, requires ongoing monitoring/treatment of skin conditions | 5 | |
| | | | |
| | GI/Feeding | | |
| 19 | Difficult and prolonged oral feeding | 4 | |
| 20 | Complex dietary needs/nutritional status unstable | 3 | |
| 21 | Bowel management that involves on-going observation and preventative measures | 3 | |

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|--|--|---------------|--------------|
| Neurological | | Points | Score |
| 22 | Seizures, severe, requiring intervention such as diastat | 10 | |
| 23 | Seizures, mild to moderate, requiring moderate intervention | 6 | |
| 24 | Alzheimer's or Parkinson's, requires increased monitoring and assessment | 3 | |
| | | | |
| | Urinary/kidney | | |
| 25 | Requires catheterization of bladder regularly | 8 | |
| 26 | Peritoneal dialysis | 20 | |
| 27 | Recurrent, frequent urinary tract infections requiring assessment and monitoring | 3 | |
| | | | |
| | Respiratory | | |
| 28 | Suctioning, via nasopharyngeal or oral route (see above if trach present) | 5 | |
| 29 | Med Nebulizer treatments or chest percussion more than every 4 hours | 3 | |
| 30 | Pneumonias, aspiration requiring frequent assessment and monitoring | 3 | |
| | | | |
| | Cardiac | | |
| 31 | Atrial fibrillation or other rhythm disturbance requiring frequent assessment | 3 | |
| 32 | Unstable congestive heart failure | 3 | |
| 33 | Pulmonary hypertension | 3 | |

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| Completed by: | TOTAL SCORE: |
| Contact phone number: | Date: |

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