

Medical Group Home Screening Criteria

Requirements for screening into a Medical Group Home:

1. The individual requires nursing care on a daily basis.
2. All individuals must receive a score of 20 or more to be considered for medical group home admission.
3. The DDP State Medical Director must certify the need for admission and continuing stay at the medical group home.

Mark each criterion the individual meets with the points assigned.

Explanations/Hints for various criteria:

4: Oxygen, noncontinuous, unstable: individual has fluctuating respiratory status which requires assessment and adjustments in supplemental oxygen.

5: G-tube (PEG) or J-tube with continuous feeding over several hours each day which requires increased monitoring. Do not mark if has bolus feedings which can be done by direct care staff.

#7 or #8: Medications, complex, over 8 meds: individuals are on more than 6 medications given on different frequency schedules and **require monitoring of dosage/side effects**. If on less than 8 medications, mark #8.
(Supplements such as vitamins, and med nebulizer treatments do not count as meds)

#9 Medications, requiring nursing administration: individual requires medications that require a nurse to administer on a frequent basis such as medications given through a PEG or J-tube or dressings requiring a sterile technique.

#10 Pain medications: given throughout the day by either intramuscular or subcutaneous injection and requires assessment and monitoring of condition and response to meds.

11: Insulin dependent diabetes: requires glucose monitoring with calculation of insulin dose based on glucose readings.

#12, 13, or 14: Vital signs, respiratory or neuro assessments: individual requires assessment of vital signs and respiratory status or neurological assessments on frequent basis. Mark according to frequency required.

18 Skin: high risk, requiring ongoing monitoring: individual has a history of poor circulation, is nonambulatory or has SIB resulting in frequent skin breakdown or pressure ulcers requiring assessment and care on a regular basis.

19 Difficult and prolonged oral feeding: individual requires constant mealtime assistance and intervention to eat safely, prevent aspiration or choking, and is unable to obtain adequate calories and fluid without assistance. Interventions require specific positioning, support, eating devices and modifications of food for safety.

Medical Group Home Screening Criteria, continued

20 Complex dietary needs/nutritional status unstable: requires intensive nutritional intervention to address conditions such as **unplanned weight loss** of greater than 10% of usual weight in past six months, choking episodes and aspiration, and inability to consume adequate diet due to chewing or swallowing disorder.

21 Bowel management involving on-going observation and preventative measures: the individual requires daily management of bowel elimination and may require enemas, manual assessment for impaction, and is at significant increased risk for bowel obstruction.

22, 23 Seizures: (mark one criteria only) individual has generalized or grand mal seizures (not partial complex) that require significant monitoring or intervention to keep individual safe from harm vs less severe seizures that require only moderate or little intervention or occur infrequently.

24 Neurologic: Alzheimer's or Parkinson's disease: individual with either diagnosis that requires frequent nursing assessment/monitoring.

25 Catheterization of bladder needed on regular basis due to individual's inability to empty bladder without assistance.

28 Requires suctioning to clear oral secretions.

29 Requires treatments such as med nebulizers, chest percussion, assessment of lung status more frequently than every 4 hours.

30 History of frequent aspiration and pneumonia requiring frequent assessments to prevent recurrent hospitalization.

31 Cardiac rhythm disturbances such as atrial fibrillation that is unstable and requires frequent assessment.

32: Congestive heart failure that is unstable requiring assessment and frequent medication adjustments via communication with MD.