STEPPING STONE
MEDICAL RESPITE

Stepping Stone Medical Respite Admission Criteria

*Must be at least 18 years of age
*Must be currently experiencing homelessness
*Must have an acute or post-acute medical illness which requires short term resolution or care
*Must be a referral from hospital acute care or emergency care
*Must be independent in mobility (or able to use assistive devices independently)
*Must be able to self-administer medications
*Must be agreeable to program requirements and behavioral agreements (to include adherence to medication regime, established Medication Assisted Treatment (MAT))
*Must not be an active suicide or homicide risk, and be psychiatrically stable to accept services
*Must be agreeable to a criminal background check (not necessarily a reason for exclusion)
*Must be up to date on immunizations (COVID testing per CDC recommendations)
*Must be independent in Activities of Daily Living (ADL's) with the ability to dress, bathe, eat/drink, transfer and ambulate independently or with mechanical assistance, continent of bowel/bladder, or able to self-manage continence care

Exclusion Criteria:

*Patients with unstable medical or psychiatric conditions that require an inpatient, residential, skilled nursing facility or basic care setting
*Patients whose behavior presents an imminent safety risk toward other patients or SMRR staff
*Actively suicidal or homicidal patients
* Patients who need support with ADL's

Inpatient/Acute Care Referral Process:

1. Patient is identified as having potential to meet the admission criteria for SSMR.
2. Patient is agreeable to SSMR based on referral information provided by inpatient staff, and signs Release of Information for referral to be made and records to be reviewed.
3. SSMR Referral Form completed and forwarded, with ROI, to SSMR Intake staff.
4. SSMR staff and RN review referral form and supporting documentation (EPIC)
5. SSMR staff meet with patient in the hospital to review program requirements, goals, and expectations.
6. Patient agrees to SSMR and is accepted by SSMR for care and services.
7. Discharge/Admission date is determined.
8. All discharge criteria are completed before transfer to SSMR.

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Stepping Stone Medical Respite Referral Form

Patient Name: _____ DOB: _____ Contact Number/Cell: _____

Date of Admission: _____ Date of Referral_____ Unit/Room #: _____
Is the patient currently experiencing homelessness? Y/N __ Social Supports:_____
Where did the patient stay the night before admission: _____
What **acute** need is the patient being referred for: _____
Co-morbidities: _____
Estimated LOS in Respite Care: _____

Is the patient independent in Activities of Daily Living (ADL's)?
☐ Able to **bathe** independently; Comments: _____
☐ Able to **dress** independently; Comments: _____
☐ Able to **feed/drink** independently; Comments: _____
☐ Able to **toilet** independently (or self-manage continence supplies); Comments: _____
☐ Independent in **mobility** (or use assistive devices independently); Comments: _____
☐ Able to **self-administer** their medications; Comments: _____

*Cognitive function: _____
*Dietary restrictions/needs (food allergies): _____
*Fall Risk assessment: _____
*Pain Assessment (controlled with oral meds?): _____
*Vision/Hearing impairments: _____
*Does the patient have any communicable diseases, or contagious illness? _____
*Immunization status (up to date?): _____
*Legal status (guardianship, parole, POA): _____
*Criminal background history: _____
*Does the patient have a history of psychiatric or substance use disorder? _____
_____
*Recent suicide or homicide risk? _____
*Is the patient agreeable to follow psychiatric plan of care (meds)? _____
*Is the patient currently receiving Medication Assisted Treatment (MAT)? Y__ N__ Which provider will manage MAT on discharge? _____
*Known community social service supports/case management:
*Current payer source: _____ If no insurance was Medicaid application submitted? Y__ N__
*Referrals to be made on discharge (home health, therapies): _____

SSMR Discharge Checklist:
*Current medication list (including known drug allergies)
*Discharge Instructions
*A two-week (14 day) supply of medications, according to discharge instructions (Medicine Shoppe Bismarck if they have insurance)
*Follow-up appointment scheduled with Primary Care Provider (PCP)
*Any necessary durable medical equipment (DME), or supplies