INSTRUCTIONS FOR COMPLETING MA-51 MEDICAL EVALUATION



NOTE: THE MA-51 IS VALID AS LONG AS IT REFLECTS THE CURRENT CONDITIONS FOR THE APPLICANT

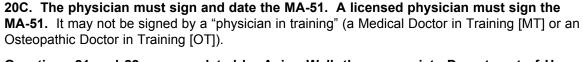
At the top of the page, mark if this is a new or updated MA-51.

Questions 1-7 are self-explanatory.

- 8. Physician License Number. Enter the physician license number, not the Medical Assistance number.
- **9. Evaluation At.** Enter 1-5 to describe where evaluation took place. If 5 is used, specify where evaluation was completed.
- 10. Signature. Applicant should sign if able. If unable, legal guardian or responsible party may sign.
- 11. Essential Vital Signs. Self-explanatory.
- **12. Medical Summary.** Include any medical information you feel is important for determination of level of care. Please list patient's known allergies in this section.
- 13. Vacating of building. How much assistance does the patient require to vacate the building?
- 14. Medication Administration. Is the patient capable of being trained to self-administer medications?
- **15. Diagnostic Codes and Diagnoses.** ICD diagnostic codes should be put in the blocks, then written by name in the space next to the block. List diagnoses starting with primary, then secondary, and finally tertiary.
- **16. Professional and Technical Care Needs.** Indicate care needed. Examples of "other" include mental health and case management.
- **17. Physician Orders.** Orders should meet needs indicated in box 16. Medications should have diagnoses to support their use.
- **18. Prognosis.** Indicate patient's prognosis based on current medical condition.
- 19. Rehabilitation Potential. Indicate based on current condition. Should be consistent with box 18.
- **20A. Physician's Recommendation.** Physician must recommend patient's level of care. If the box for "other" is checked, write in level of care. In order to provide assistance to a physician in the level of care recommendation, the following definitional guidelines should be considered:

Nursing Facility Clinically Eligible (NFCE)	Personal Care Home	ICF/ID Care	ICF/ORC Care	Inpatient Psychiatric Care
Requires health-related care and services because the physical condition necessitates care and services that can be provided in the community with Home and Community Based Services or in a Nursing Facility.	services such as meals, housekeeping, & ADL assistance as needed to residents who live on	care to ID individuals. More care than custodial care but less than in a NF.	Provides health-related care to ORC individuals. More care than custodial care but less than in a NF.	Provides inpatient psychiatric services for the diagnoses and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.

20B. Complete only if Consumer is NFCE and will be served in a Nursing Facility. Check whether the patient will be eventually discharged from facility based on current prognosis. If yes, check expected length of stay.





Questions 21 and 22 are completed by Aging Well, the appropriate Department of Human Services program office, or the Department's designee. These questions are used by the Department to certify the individual's medical eligibility for services.

MEDICAL E	EVALUATION NEW	UPDATED				
1. MA RECIPIENT NU	MBER 2. NAME OF APPLICANT (Last, first, middle initial)	3. SOCIAL SECURITY NO. 4. BIRTHDATE	影響			
5. AGE 6. SEX	. ATTENDING PHYSICIAN 8. PHYSICIAN LICENSE NUMBER					
9. EVALUATION AT (Description and code) 01 Hospital 02 NF 03 Personal Care/Dom Care 04 Own House/Apartment 10. For the purpose of determining my need for TITLE XIX INPATIENT CARE, Home and Community Based Services, and if applicable, my need for a shelter deduction, I authorize the release of any medical information by the physician to the county assistance office, Pennsylvania Department of Human Services or its agents.						
05 Other (Specify)	SIGN	ATURE - APPLICANT OR PERSON ACTING FOR APPLICANT	DATE			
11. HEIGHT WE	EIGHT BLOOD PRESSURE TEMPERATU	RE PULSE RATE CARDIAC RHYTHM				
12. MEDICAL SUMMA	ARY					
_	EMERGENCY THE PATIENT CAN VACATE THE BUILDING	14. PATIENT IS CAPABLE OF ADMINISTERING HIS/HE				
1. Independently		ance 1. Self 2. Under Supervision	3. No			
15. ICD DIAGNOSTIC CODES PRIMARY (Principal)						
	SECONDARY					
	TERTIARY					
16 PROFESSIONAL	AND TECHNICAL CARE NEEDED - CHECK ✓ FACH CATEG	ORY THAT IS APPLICABLE				
16. PROFESSIONAL AND TECHNICAL CARE NEEDED - CHECK ✓ EACH CATEGORY THAT IS APPLICABLE Physical Therapy Special Dressings Irrigations						
Special Skin Care Parenteral Fluids Suctioning Other (Specify)						
17. PHYSICIAN ORDE						
Medications						
Treatment						
Rehabilitative and Restorative Services						
Therapies						
Diet						
Activities						
Social Services	a far Haalth and Cafaty ar to Mact Objectives					
Special Procedures for Health and Safety or to Meet Objectives						
1. Stable	2. Improving 3. Deteriorating		3. Poor			
and BUNGLOLANIA	To the heat of any least death, the retirette and indicate					
PHYSICIAN'S RECOMMENDATION To the best of my knowledge, the patient's medical condition and related needs are essentially as indicated above. I recommend that the services and care to meet these needs can be provided at the level of care indicated - check ✓ only one Nursing Facility Clinically Eligible Services to be provided at home on in a nursing facility Personal Care Home Services to be provided at home or in an Intermediate care facility or in an Intermediate care facility Other (Please Specify) Other (Please Specify) Other (Please Specify)						
ON THE BASIS OF PR	for the intellectually disate. LY IF CONSUMER IS NURSING FACILITY CLINICALLY ELIGIBLE. RESENT MEDICAL FINDINGS THE PATIENT YES NO ETURN HOME OR BE DISCHARGED.		2. Over 180 days			
20C. PHYSICIAN'S SI	ETOTAL TIONNE ON BE BIOOTAL CEB.	· <u> </u>				
PHYSIC	CIAN (PRINTED NAME) TELEPHONE	PHYSICIAN SIGNATURE	DATE			
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FOR DEPARTMENT USE Medical and other professional personnel of the Medicaid agency or its designee MUST evaluate each applicant's or recipient's need for admission by reviewing and assessing the evaluations required by regulations.						
21 MEDICALLY ELIGIBLE Yes No 22 Comments. Attach a separate sheet if additional comments are necessary.						
M2 Y SSS						
黎羅						



DATE

REVIEWER'S SIGNATURE AND TITLE