MEDICAL E	VALUATION	NEW		UPDATED						
1. MA RECIPIENT NUM	MBER 2. NAME OF APP	PLICANT (Last, first	i, middle initial)		L SECURITY NO.	4. BIRTHDATE				
5. AGE 6. SEX 7	ATTENDING PHYSICIAN	N		8. PHYSICIAN LICENSE NUMBER						
01 Hospital 02 NF	02 NF county assistance office, Pennsylvania Department of Human Services or its agents.									
03 Personal Care/D 04 Own House/Apa 05 Other (Specify)	artment		SIGN	ATURE - APPLIC	ANT OR PERSON ACTING	FOR APPLICANT	DATE			
11. HEIGHT WE	IGHT BLOOD	) PRESSURE	TEMPERATUR	RE	PULSE RATE	CARDIAC RHYTHM				
12. MEDICAL SUMMA	RY									
	EMERGENCY THE PATIEN		THE BUILDING With Total Assist		PATIENT IS CAPABL	.E OF ADMINISTERING HIS/H	HER OWN MEDICATIONS			
1. Independently 15. ICD DIAGNOSTIC	CODES	(Principal)	With Total Process	ance L	1. 3611	2. Ullusi Supervision	U. 140			
	SECONDA	ARY								
	1	***								
Physical Therapy	16. PROFESSIONAL AND TECHNICAL CARE NEEDED - CHECK ✓ EACH CATEGORY THAT IS APPLICABLE  Physical Therapy Speech Therapy Occupational Therapy Inhalation Therapy Special Dressings Irrigations  Special Skin Care Parenteral Fluids Suctioning Other (Specify)									
17. PHYSICIAN ORDE	ERS									
Treatment										
Rehabilitative and I	TreatmentRehabilitative and Restorative Services									
NOTE OF THE PERSON OF THE PERS										
	s for Health and Safety or to									
18. PROGNOSIS - CH	HECK ✓ ONLY ONE  2. Improving	3. Deterio	orating			NTIAL - CHECK ✓ ONLY ONE  2. Limited	E 3. Poor			
20A PHYSICIAN'S		y knowledge, the pa	itient's medical c	ondition and	related needs are es	ssentially as indicated above.	I recommend that the			
RECOMMENDA  Nursing Facility Clinically Services to be provided a in a nursing facility	/ Eligible Personal Ca	are Home IC Se sare Home or	eds can be provided a CF/ID Care Services to be provided a r in an Intermediate care or the intellectually disab	at home re facility	rel of care indicated -  ICF/ORC Care Services to be provided or in an intermediate or for consumers with OR	d at home Inpatient Psychiatric Care are facility	Other (Please Specify)			
ON THE BASIS OF PRE	Y IF CONSUMER IS NUR ESENT MEDICAL FINDINGS THE PA TURN HOME OR BE DISCHARGED.	RSING FACILITY CL	are volcas to the control of the control	SIBLE AND V	WILL BE SERVED IN Check & Only One	N A NURSING FACILITY.  1. Within 180 days	2. Over 180 days			
20C. PHYSICIAN'S SI	GNATURE									
PHYSIC	CIAN (PRINTED NAME)	TE	ELEPHONE	(s <del>)</del>	PHYSICIA	N SIGNATURE	DATE			
	FOR DEPARTMENT				agency or its designee MUS	T evaluate each applicant's or recipient's n	need for admission by reviewing and			
	21 MEDICALLY ELIGIBLE Yes No 22 Comments. Attach a separate sheet if additional comments are necessary.									
					SERVICE CONTRACTOR CON		PMS (Part Albertamen and Part Albertamen)			
能能能										
		REVIEWER'S SIGNATU	JRE AND TITLE		<del></del>	DATE	-			



## INSTRUCTIONS FOR COMPLETING MA-51 MEDICAL EVALUATION



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

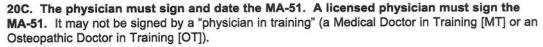
At the top of the page, mark if this is a new or updated MA-51.

Questions 1-7 are self-explanatory.

- 8. Physician License Number. Enter the physician license number, not the Medical Assistance number.
- 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	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.