	MEDICAL ASSISTANCE BULLETIN **COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE**	
	SUBJECT Revised MA-51 Medical Evaluation Form	**BY** **Robert S. Zimmerman, Jr., M.P.H.** Deputy Secretary for Medical Assistance Programs
NUMBER:	24-98-02, 25-98-02, 34-98-03, 35-98-11, 36-98-11	
ISSUE DATE:	July 17, 1998	
EFFECTIVE DATE:	August 1, 1998	

PURPOSE:

To notify providers of the release of the revised MA-51, Medical Evaluation Form, which must be used for all medical evaluations beginning August 1, 1998.

SCOPE:

This bulletin applies to all county and general long term care facilities and all ICF-MR facilities enrolled in the Medical Assistance (MA) Program.

BACKGROUND:

Federal regulations at 42 CFR §456.360(a) require that a physician must certify for each MA applicant or recipient that services are needed. The MA-51 is the form that Pennsylvania requires the physician to complete as part of the assessment process.

In addition, state regulations at 55 Pa. Code §1187.31 state that a nursing facility shall ensure that before an MA applicant or recipient is admitted to a nursing facility, (or in the case of a resident, before authorization for MA payment for nursing facility services is made), the MA applicant, recipient or resident has been evaluated by the Department or an independent assessor and found to need nursing facility services.

DISCUSSION:

The MA 51 dated 11/97 will replace the current MA-51 dated 1/94. The Department has conferred with the Intergovernmental Council on Long Term Care, and, as a result of the discussions it was decided that some criteria could be eliminated in the nursing home admissions process.

The medical history, medical conditions, test results and complications sections from the past MA-51 have been condensed to a medical summary. The functional levels section has been eliminated since it is addressed on the Department of Aging's OPTIONS Assessment Form. The revised MA-51 has been streamlined to avoid duplicate collection of information by the Departments of Aging and Public Welfare.

PROCEDURE:

Effective August 1, 1998, all MA-51s dated prior to 11/97 are obsolete. A copy of the revised MA-51 is attached to this bulletin for your reference.

Instructions for the completion of the revised MA-51 are attached to the form as a cover sheet.

All facilities should have received an initial supply of the revised form prior to the issue of this bulletin. Additional copies can be obtained by ordering from the MA 300X, the Medical Assistance Provider Order Form.

Attachment

- MA-51

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.

1. This line may be blank. The applicant may not yet have a Medical Assistance (MA) number assigned.

2. Name of applicant. Self explanatory.

3. Social Security Number. Self explanatory.

4. Birth Date. Self explanatory.

5. Age. Self Explanatory.

6. Sex. Male (M) or Female (F).

7. Attending Physician. Self explanatory.

8. Physician License Number. This is the physician license number, not the medical assistance number.

9. Evaluation At. A coded number (1-5) must be entered here. If 5 is used, specify where the evaluation was completed.

10. Signature. The applicant should sign this line. If the applicant cannot sign, a legal guardian or a responsible person may sign. Documentation must be attached explaining why the applicant did not sign.

11. Essential Vital Signs. Self explanatory.

12. Medical Summary. Include - prior treatments, lab results, x-rays, recent hospitalizations, surgeries, pertinent medical history, decubitus ulcers, allergies, communicable diseases and any other medical information that is important for determination of level of care.

13. Vacating of building. How much assistance does the person require to vacate the building?

14. Self Administration of Medication. How much assistance does the person require to take his/her medications.

15. Diagnostic Codes and Diagnosis. ICD-9-CM diagnostic codes are to be put in the blocks. The physician should list the diagnosis starting with the primary, then secondary and finally tertiary. There is room for any other pertinent diagnosis.

16. Professional and Technical Care Needs. Self explanatory. Examples of "other" include mental health and case management.

17. Physician Orders. The needs mentioned in Box 16 should be reflected in the orders. Any medications ordered should have a diagnosis to support their use.

18. Prognosis. Make sure there are no inconsistencies between 18 and 19.

19. Rehabilitation potential. Self explanatory. (See 18)

20. A. Physician recommendation. The physician must check whether the applicant will be discharged. If yes, the physician must also check the expected length of stay.

    B. The physician checks the recommended level of care. If the box for "other" is used, the level of care recommended must be written in this area. The physician **must** sign and date the MA-51. The MA-51 **must** be signed by a licensed physician. It may not be signed by a "physician in training" (a Medical Doctor in training [MT] or an Osteopathic Doctor in Training [OT].)

21. A. Determination. The OPTION site completes this section.

    B. Length of stay. The OPTION site completes this section.

22. Comments. The OPTION site may write comments in this section.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Long Term Care Programs
Division of Client Services
P.O. Box 2675
Harrisburg, PA 17105 2675
(717) 772-2525

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.