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| **Medicare Benefits Schedule (MBS)** **Comprehensive medical assessment (CMA) for residents of residential aged care facilities (RACF)** **Check List**   |

*The use of this Check List is* ***not*** *mandatory. GPs undertaking the Comprehensive Medical Assessment for residents of residential aged care facilities should refer to the relevant MBS Explanatory Notes before using this Check List.*

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| Determine the need for a CMA (for an existing resident)  |  |
| Explain CMA to resident/representative and obtain consent (verbal/written) |  |
| Find out if the resident has given anyone power to make decisions about medical treatment on his/her behalf  |  |
| Obtain information from previous assessments (eg previous GP/specialists etc) and aged care home, relevant to CMA  |  |

**Detailed relevant medical history**

This may include a review of:

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| Results of relevant previous assessments by previous GPs and/or specialists, community based assessments  |  |
| Results of relevant previous investigations and allied health interventions  |  |
| Assessment and intervention by nursing staff of the RACF  |  |
| Details of allergies and any drug intolerance |  |
| Resident’s medication (prescription and non-prescription drugs), to inform a medication management review |  |
| Acute and chronic pain  |  |
| Falls in the last three months |  |
| Immunisation status for influenza, tetanus and pneumococcus  |  |
| Continence  |  |
| Factors leading to admission into the RACF  |  |

**Comprehensive medical examination of the resident**

This may include, as appropriate to the resident:

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| Cardiovascular and respiratory systems, and other systems  |  |
| Physical causes of acute and chronic pain |  |
| Assessment of physical function, including activities of daily living  |  |
| Assessment of psychological function, including cognition and mood |  |
| Assessment of oral health  |  |
| Assessment of nutrition status  |  |
| Assessment of dietary needs  |  |
| Assessment of skin integrity  |  |

**Additional matters where (and as) relevant to the resident:**

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| Fitness to drive  |  |
| Hearing |  |
| Vision |  |
| Smoking and alcohol use  |  |
| Foot care |  |
| Sleep |  |
| Cardiovascular risk factors  |  |

**Develop a list of diagnoses and/or problems, and prepare a written summary of the outcomes of the CMA**

The summary may include:

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| A list of principal diagnoses/problems identified in the CMA |  |
| Immediate action required |  |
| Allergies and drug tolerance |  |
| Current medication |  |
| Issues to be address in a medication management review  |  |
| Other services/treatment required  |  |

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| Provide a copy of the summary to the RACF  |  |
| Offer the resident a copy of the summary  |  |
| Copy of the summary filed in the resident’s medical record  |  |
| Resident billed for the service as per normal billing arrangement for any other Medicare service  |  |