

WISCONSIN MEDICAID STERILIZATION INFORMED CONSENT FORM INSTRUCTIONS

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Wisconsin Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

The use of this form is mandatory in order for Wisconsin Medicaid to reimburse providers for services. Any corrections to the form must be signed by the physician and/or recipient, as appropriate. The use of opaque correction fluids on the Sterilization Informed Consent form is prohibited. Instead, strike the incorrect information and initial the corrected information.

CONSENT TO STERILIZATION

The person who obtains the informed consent must provide orally all of the requirements for the informed consent as listed on the consent form, must offer to answer any questions, and must provide a copy of the consent form to the recipient to be sterilized for consideration during the waiting period. (The person obtaining consent need not be the physician performing the procedure.)

Suitable arrangements must be made to ensure that the required information is effectively communicated to the recipient to be sterilized if he or she is blind, deaf, or otherwise handicapped.

Element 1 — Doctor or Clinic (required)

The physician named in Element 1 is not required to match Elements 5 or 23. A recipient may receive information from one doctor/clinic and be sterilized by another. Corrections to this field must be initialed by the person obtaining consent or the physician.

Element 2 — Procedure (required)

The information given in Element 2 must be comparable, but not necessarily identical, to Elements 6, 14, or 21. If the full name of the operation is provided in one of Elements 2, 6, 14, or 21, it is permissible to use an abbreviation for the other elements. Corrections to this field must be initialed by the recipient.

Element 3 — Date of Birth (required)

Recipient's date of birth. The month, day, and year must be clearly indicated. Corrections to this field must be lined through and initialed by the recipient. (This correction does **not** require a new 30-day waiting period.)

Element 4 — Name of Recipient (required)

The recipient's name must be legible. **Initials are acceptable for the first and/or middle name only.** The name may be typed. If this element does not match the signature in Element 7, check the Eligibility Verification System (EVS) to verify that this is the same person. Consider the name in Element 4 to be the valid name. Corrections to this field must be initialed by the recipient. (This correction does **not** require a new 30-day waiting period.)

Element 5 — Doctor (required)

The name of the doctor, affiliates, or associates is acceptable. The physician in Element 5 is not required to match Element 1 or 23. Corrections to this element must be initialed by the person obtaining consent or the physician. (A consent form *is* transferable and does **not** necessitate a new 30-day waiting period.)

Element 6 — Procedure (required)

The information given in Element 6 must be comparable, but not necessarily identical to Elements 2, 14, or 21. If the full name of the operation is provided in one of Elements 2, 6, 14, or 21, it is permissible to use an abbreviation for the other elements. Corrections to this field must be initialed by the recipient.

Element 7 — Signature (required)

The recipient's signature does not need to **exactly** match the name in Element 4. It is unacceptable for the recipient's signature to be **completely** different from the name in Element 4. Initials are acceptable for the first and/or middle name. An "X" is acceptable as a signature *if* a witness of the recipient's choice has signed the form. The individual obtaining consent may not act as a witness. There is no field on the form for a witness' signature; it should appear directly below the recipient signature element and be followed by the date of witness, which must match the recipient's signature date in Element 8. Corrections to Element 7 must be initialed by the recipient. (A correction does **not** require a new 30-day waiting period.)

Element 8 — Date (required)

The recipient must be at least 21 years old on this date. If the signature date is the recipient's 21st birthday, the claim is acceptable. At least 30 days but not more than 180 days, excluding the consent and surgery dates, must have passed between the date of the written informed consent and the date of sterilization, except in the case of premature delivery. Corrections to this field must be initialed by the recipient. (A correction does **not** require a new 30-day waiting period.)

Element 9 — Race and Ethnic Designation (not required)

INTERPRETER'S STATEMENT

An interpreter must be provided to assist the recipient if the recipient does not understand the language used on the consent form or the language used by the person obtaining the consent.

Elements 10 to 12 — Language, Interpreter, Date

If applicable, the date the interpreter signs can be on or prior to the recipient's signature date in Element 8.

STATEMENT OF PERSON OBTAINING CONSENT

Element 13 — Name of Recipient (required)

The recipient's name does not need to **exactly** match the name in Element 4. Corrections to this field must be initialed by the recipient. (This correction does **not** require a new 30-day waiting period.)

Element 14 — Procedure (required)

The information given in Element 14 must be comparable, but not necessarily identical, to Elements 2, 6, or 21. If the full name of the operation is provided in one of Elements 2, 6, 14, or 21, it is permissible to use an abbreviation for the other elements. Corrections to this field must be initialed by the recipient.

Elements 15 to 18 — Signature of Person Obtaining Consent, Date, Facility, Address (required)

The person obtaining the consent may be, but is not required to be, the physician performing the procedure. A facility and/or facility address must be indicated, but only one (of the provider's choice) is required. Additionally, the signature date (Element 16) can be prior to, on, or after the date the recipient signs (Element 8). Corrections to this field must be initialed by the person obtaining consent.

PHYSICIAN'S STATEMENT

Element 19 — Name of recipient (required)

The recipient's name does not need to **exactly** match the name in Element 4. Corrections to this field must be initialed by the recipient. (This does **not** require a new 30-day waiting period.)

Element 20 — Date of sterilization (required)

The date must match the date of service (DOS) on the claim. Reimbursement is not allowed unless at least 30 days, but no more than 180 days, have passed between the date of informed consent and the date of the sterilization. This means the DOS must be at least the 31st day after the recipient signature date and no later than the 181st day after that date. Neither the date of informed consent nor the date of surgery will be counted as part of the 30-day requirement. In cases of premature delivery, the consent form must have been signed at least 30 days prior to the expected date of delivery as identified in Element 22 and at least 72 hours must have passed before premature delivery. In cases of emergency abdominal surgery, at least 72 hours must have passed from the date the recipient gave informed consent to be sterilized. Element 22 must be completed in the case of premature delivery or emergency abdominal surgery. Corrections to this field must be initialed by the physician.

Note: Element 20 extends to the next line on the form.

Element 21 — Specify type of operation (required)

Must be comparable to Elements 2, 6, and 14 or state “same.” If the full name of the operation is provided in one of Elements 2, 6, 14, or 21, it is permissible to use an abbreviation for the other elements. Corrections to this field must be initialed by the recipient. (This correction does *not* require a new 30-day waiting period.)

Element 22 — Exception to 30-Day Requirement (required if less than 31 days have passed between date of signed consent and sterilization date)

The individual's expected date of delivery must be stated in the case of premature delivery. In the case of emergency abdominal surgery, the circumstances must be described. Corrections to this field must be initialed by the physician.

Element 23 — Physician Signature and Date (required)

- Alterations to this field must be initialed by the physician.
- Initials may be used in the signature for the first and/or middle name only.
- A signature stamp or computer-generated signature is not acceptable.
- The physician's signature on the consent form does not need to exactly match the *performing* physician's name on the claim form. It is unacceptable for the physician's signature to be completely different from the name on the claim.
- Physician's signature date must be on or after the date the sterilization was performed.
- A nurse or other individual's signature is not acceptable.

WISCONSIN MEDICAID STERILIZATION INFORMED CONSENT

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from 1. When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as AFDC or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED **PERMANENT AND NOT REVERSIBLE**. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a/an 2. The discomforts, risks and benefits associated with the operation have been explained to me. All of my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally-funded programs.

I am at least 21 years of age and was born on 3.

I, 4, hereby consent of my own free will to be sterilized by 5 by a method called 6. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health, Education, and Welfare, or

Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

7 Date 8

SIGNATURE— Recipient

Month Day Year

You are requested to supply the following information, but it is not required:

Race and ethnicity designation (please check)

- American Indian or Black (not of Hispanic origin)
 Alaska native Hispanic
 Asian or Pacific Islander White (not of Hispanic origin)

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in 10 language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

11
SIGNATURE— Interpreter

12
Date Signed

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before 13 signed the consent form,

I explained to him/her the nature of the sterilization operation 14, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

15 16
SIGNATURE— Person Obtaining Consent Date Signed

17
Facility

18
Address

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon 19 on 20

19 on 20
Name of individual to be sterilized Date of sterilization
operation, I explained to him/her the nature of the sterilization operation 21, the fact that it is intended

21
specify type of operation
to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- Premature delivery
 Individual's expected date of delivery: _____
 Emergency abdominal surgery:
(describe circumstances): _____

23
SIGNATURE— Physician Date Signed

WISCONSIN MEDICAID STERILIZATION INFORMED CONSENT

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from _____, When I first asked for the _____
(doctor or clinic)

information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as AFDC or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED **PERMANENT AND NOT REVERSIBLE**. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a/an _____. The discomforts, risks and benefits associated with the operation have been explained to me. All of my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally-funded programs.

I am at least 21 years of age and was born on _____
Month Day Year

I, _____, hereby consent of my own free will to be sterilized by _____ by _____
(doctor)

a method called _____. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health, Education, and Welfare, or

Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

SIGNATURE— Recipient *Month Day Year* Date _____

You are requested to supply the following information, but it is not required:

Race and ethnicity designation (please check)

- American Indian or Black (not of Hispanic origin)
 Alaska native Hispanic
 Asian or Pacific Islander White (not of Hispanic origin)

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

SIGNATURE— Interpreter *Date Signed*

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ signed the consent form,
name of individual

I explained to him/her the nature of the sterilization operation _____, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

SIGNATURE— Person Obtaining Consent *Date Signed*

Facility

Address

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon _____ on _____
Name of individual to be sterilized Date of sterilization

_____, I explained to him/her the nature of the sterilization operation _____, the fact that it is intended _____
operation specify type of operation

to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- Premature delivery
 Individual's expected date of delivery: _____
 Emergency abdominal surgery:
(describe circumstances): _____

SIGNATURE— Physician *Date Signed*