

471-000-109 Form MMS-100 Sterilization Consent Form (Tubal Ligation and Vasectomy), and Completion Instructions

Use: Form MMS-100, "Consent Form," is required for Medicaid eligible clients prior to a sterilization procedure to show that:

1. The client has given informed and voluntary consent to the sterilization procedure.
2. The client was at least 21 years old and mentally competent at the time of the request.
3. Certain time requirements have been met before surgery is performed.

See 471 NAC 10-005.07 for hospitals or 18-004.06 for physicians for further information on sterilizations.

Number Prepared: One copy of Form MMS-1 00 is completed.

Completion: All blanks must be completed, with the exception of the interpreter's statement for English speaking clients and the race/ethnicity designation which is optional. The physician or clinic staff complete the form except where client completion or signature is indicated. In the interest of legibility, it is preferable that the form be typed except for areas requiring signatures.

I - Heading (Upper left corner of form)

Enter:

- the client's name
- the client's eleven-digit Medicaid ID number

II - Consent to Sterilization

Enter:

- the name of the doctor or clinic from whom the client received information about sterilization
- the specific name of the procedure to accomplish sterilization
- the client's birthdate (month, date and year)
- the legal name of the client
- the name of the physician authorized to perform the surgery
- the specific name of the sterilization procedure to be performed

The client should sign the signature blank and enter the date (month, day and year) signed. The **signature date must be on or after the client's 21st birthday.**

Race and ethnicity designation is optional.

For a client who cannot write her/his name, the client makes her/his mark in the presence of a witness. The witness' signature, designation as witness, and date witnessed are placed below the client's mark. When a client makes her/his mark, Section III: Interpreter's Statement must also be completed.

### III - Interpreter's Statement

An interpreter must be provided for a non-English speaking client, for a client who is deaf or has any other impairment making it difficult to read the consent form, or when the client makes her/his mark rather than signing Section II. In these instances, Section III needs to be completed.

The interpreter enters:

- the language used to interpret the form
- signature and month, day, and year signed.

### IV - Statement of Person Obtaining Consent

Enter:

- the name of the individual consenting to the sterilization
- the specific sterilization procedure to be performed
- the signature of the person obtaining the consent
- the date(month, day and year) signed by the person obtaining the consent. This date must be on or after the date of the client's signature in Section II.
- the name and address (street, city, state and zip) of the facility where the person obtaining the consent is employed.

### V - Physician's Statement

This section must be completed **following** the sterilization. This is the only copy of the consent form sent to Health and Human Services (HHS) Finance and Support; no other claims submitted for this service can be paid until the consent is on file with the Department. Therefore, it will be extremely important to **promptly** sign and submit the consent form.

Enter:

- the name of the individual sterilized
- the date of the sterilization surgery
- the specific procedure performed

**VI - Instructions for use of alternative final paragraphs:**

- One paragraph must be crossed out  
If paragraph 2 is retained, check either -
- a. The box to indicate a premature delivery and indicate the expected date of delivery
- OR
- b. The box for emergency abdominal surgery and include a description of the circumstances.

The physician signs and dates the Physician's Statement **on or after** the date of the sterilization.

Distribution of Form MMS-100: The physician submits the form to Nebraska Medicaid per instructions on the form. It is not necessary to attach a consent form to any claims.

The information from the form will be entered into the Nebraska Medicaid computer file system as a reference for payment of all claims connected with the sterilization procedure. The physician performing the procedure must submit the signed consent in a timely fashion to prevent denial or delay in payment of other claims (e.g., anesthesia, hospital, ambulatory surgery center) connected with this service.

Retention: The surgeon is advised to photocopy the form to keep for her/his records until all claims for the procedure have been paid or otherwise resolved. Nebraska Medicaid will retain a copy of MMS-1 00 for ten years.



Client Name \_\_\_\_\_  
Medicaid ID # \_\_\_\_\_

### STERILIZATION CONSENT FORM (Tubal Ligation and Vasectomy)

**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 \_\_\_\_\_  
(Doctor or Clinic). 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 A.F.D.C. 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 \_\_\_\_\_  
(Name of Procedure). The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least 30 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, \_\_\_\_\_  
(Doctor's Name), hereby consent of my own free will to be sterilized by \_\_\_\_\_  
(Name of Procedure) by a method called \_\_\_\_\_  
(Name of Procedure).

#### 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 and Human Services System 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.

Client Signature \_\_\_\_\_ Date (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 Alaska Native
- Black (not of Hispanic origin)
- Asian or Pacific Islander
- Hispanic
- 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.

Interpreter's Signature \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_\_

Nebraska Health and Human Services System  
Department of Finance and Support  
c/o Hospital Unit  
P.O. Box 95026  
Lincoln, Nebraska 68509-5026  
(402) 471-3121

#### STATEMENT OF PERSON OBTAINING CONSENT

Before \_\_\_\_\_  
(Name of Individual) signed the consent form, I explained to him/her the nature of the sterilization operation \_\_\_\_\_  
(Name of Procedure), 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 of Person Obtaining Consent \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

#### PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon \_\_\_\_\_  
(Name of Individual to be Sterilized)

on \_\_\_\_\_  
(Date of Sterilization Operation), I explained to him/her the nature of the sterilization operation \_\_\_\_\_  
(Specify Type of 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 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 delivery date \_\_\_\_\_  
(Month/Day/Year)

Emergency abdominal surgery:  
(Describe Circumstances): \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_\_

