

471-000-107 Instructions for Completing Form MILTC-4D. "Physician/RN Statement for Health Maintenance Activities"

Use: Form MILTC-4D is used by the worker to obtain a statement from the client's attending physician or registered nurse who must determine that specialized procedures can safely be performed in the home and community by an approved personal assistance service provider under the client's or caretaker's direction, The form provides a statement of determination for the safety of the health maintenance procedures to be performed by the personal assistance service provider(s) and the competency of the client or caretaker to determine that the provider is qualified to perform the procedure(s) needed.

Completion: Form MILTC-4D is completed by the worker and mailed to the client's physician or registered nurse, or given to the client who will mail or deliver the form to his/her physician or registered nurse. The client's physician's assistant may sign the form.

Enter the name and address of the client's physician or registered nurse after "To".

Enter the name of the client after "Re",

The worker signs his/her name and enters the local office address and telephone number after "Sincerely" .

Distribution: Form MILTC-4D is completed by the worker and mailed to the client's physician or registered nurse, or given to the client who will mail or deliver the form to his/her physician or registered nurse.

Retention: Upon receiving the signed Form MILTC-4D from the client's physician or registered nurse, it is retained by the local office in the client's file.

**Physician/RN Statement for
Health Maintenance Activities**



DATE: _____

To: _____

Re: Personal Assistance Services for _____

Medicaid guidelines state that specialized procedures that would enable a person to live in his/her home and community may be performed by a personal assistance service provider at the direction of a competent client or of a caretaker for a minor child or incompetent adult client. Such procedures are considered "health maintenance activities" under the Nebraska Nurse Practice Act (Neb. Rev. Stat. 71-1,132.30), and include, for example, insertion and care of catheters; irrigation of any body cavity; application of dressings involving prescription medication and sterile techniques; giving of injections into veins, muscles, or skin; filling insulin syringes; or administration of oxygen. The client's attending physician or registered nurse must determine that an approved personal assistance service provider under the client's or caretaker's direction can safely perform these procedures in the home and community.

I have made the determination that it is safe for the health maintenance procedures to be performed by a personal assistance service provider under the client's or caretaker's direction.

Signature _____ Date _____

Thank you for your assistance in completing and returning this to my attention.

Sincerely,

Case Managers Signature _____

Case Managers Telephone Number _____

Case Managers Address _____

FOR LOCAL OFFICE STAMP