

New Jersey Department of Human Services

**INSTRUCTIONS FOR COMPLETING THE
PHYSICIAN CERTIFICATION (PA-4) FORM**

GENERAL

The PA-4 is to be completed by the attending physician for individuals seeking long term care services including Medicaid home and community based program. It is a statement, which substantiates the individual's diagnosis and describes the individual's related care needs.

The PA-4 form will be used to assist the assessor in determining whether home and community based long-term care services can best meet the needs of the individual.

PA-4 INSTRUCTIONS

Complete the top portion of the PA-4 with the individual's name, address, phone number, date of birth, veteran status, Social Security and Medicaid number.

Include individual's primary contact and phone number.

If additional space is required, please attach additional pages as needed.

MEDICAL AND CARE NEEDS

1. Provide the individual's primary diagnosis and list additional diagnoses.
2. Identify all prescribed and PRN medications.
3. Identify all physician-ordered therapies or treatments.
4. Describe in detail the individual's physical limitations. Also include whether the individual requires care or assistance with their activities of daily living (ADLs) as a result of these limitations.
5. Describe in detail the individual's emotional or behavioral status and indicate whether counseling or supportive therapy is indicated.
6. Indicate whether individual requires treatment for active tuberculosis.
7. Indicate whether individual requires active or supportive treatment for mental illness.
8. Indicate whether individual requires active or supportive treatment for an intellectual or developmental disability or a related condition.
9. Is there reasonable indication that the individual might require hospital or nursing home care within the next 30 days without home and community-based waiver services?

Review all of the completed information for content and accuracy

Print the physician's name, address, and phone number. The physician must sign the PA-4.

Please return the completed form to the County Welfare Agency.