

# INSTRUCTIONS for ADv6e1 Service Plan Addendum

## PURPOSE OF FORM

The ADv6e1 documents changes to, and authorizes payment sources for *ADvantage* Program Service Plans.

## HOW TO COMPLETE THE ADv6e1

### MEMBER INFORMATION

1. Enter the Member's Name:
  - a. Last,
  - b. First,
  - c. Middle
2. Enter the Member's Date of Birth
3. Enter the Member's Address:
  - a. Street,
  - b. City,
  - c. State,
  - d. Zip
4. Enter the Member's County of Residence
5. Enter the Member's Medicaid number (9 digit unique identifier)
6. Enter the Plan #
7. Enter the Plan Beginning Date
8. Enter the Plan Ending Date
9. Enter the Member's Medicare number

### A. TOTAL COST OF SERVICES BE TRANSFERED

#### *Form*

10. Enter the total cost of current *ADvantage* services prior to this addendum on the blank line.

### SERVICES ENDING

#### *Form*

Enter all formal and informal services being terminated on the Plan.

11. Enter the beginning date of the service to be terminated.
12. Enter the last date of service for the service being terminated.
13. List all *ADvantage* and/or State Plan services ending, by their Medicaid-assigned Service Code (the letter "W" followed by four numbers or the appropriate HCPC code for Durable Medical Equipment and supplies). Leave the column blank for non-Medicaid and informal services.
14. Enter title, or name of service ending (e.g., Personal Care, Meals, Physical Therapy, etc.).
15. Enter name of agency or person giving each service that is ending. (For medications enter State Plan for first 3 prescriptions, and *ADvantage* for prescriptions starting at the 4<sup>th</sup>.)
16. Enter the number of units of service that were previously provided (use Unit definition from the Provider Manual for each service).
17. Enter how often # of Units were given. Frequency codes are daily (D), weekly (W), monthly (M), or yearly (Y).
18. Enter the total number of units of the service authorized from begin to the end date of service. Use the following formula: a) multiply # of Units x Freq. x how often the frequency occurs from begin date to end date of service (Daily = # days from begin to end dates, Weekly = # weeks from begin to end dates, Monthly = # months from begin to end dates, Yearly = 1).
19. Enter established rate per unit for each service ending. Use *ADvantage* rates for *ADvantage* services, Medicare rates for Medicare services, etc. For Medications, regardless of actual cost, enter current rate per prescription (or Medicaid Policy amount for current year). Use current Personal Care rate per hour for all Informal services.
20. Select whether the payor source is Informal, Private Pay, Other, or Medicare, if not
21. For each service ending, multiply the Units/Year x Rate/Unit and enter the resulting total annual cost in the column that designates the appropriate payment source.

## SERVICES TO BE ADDED

Enter all formal and informal services being added to the Plan

22. Enter the first date of service for the service being authorized.
23. Enter the last date of service for the service being authorized (this will be the end date of the current service plan if service continues to plan end date).
24. List all additional ADvantage and/or State Plan services by their Medicaid-assigned Service Code (the letter "W" followed by four numbers). Leave the column blank for non-Medicaid and informal services.
25. Types of Service column: enter the title/name of the added service (e.g., Personal Care, Meals, Physical Therapy).
26. Enter the name of the agency or person giving each added service. (For medications enter State Plan for the first 3 prescriptions, and ADvantage for prescriptions starting at the 4<sup>th</sup>.)
27. # of Units column: enter the number of units of added service to be provided (use Unit definition from the Provider Manual for each service).
28. Enter how often the # of Units may be given. Frequency codes are daily (D), weekly (W), monthly (M), or yearly (Y).
29. Enter the total number of units of the service authorized from begin to the end date of service. Use the following formula: a) multiply # of Units x Freq. x how often the frequency occurs from begin date to end date of service (Daily = # days from begin to end dates, Weekly = # weeks from begin to end dates, Monthly = # months from begin to end dates, Yearly = 1).
30. Enter established rate per unit for each service ending. Use ADvantage rates for ADvantage services, Medicare rates for Medicare services, etc. For Medications, regardless of actual cost, enter current rate per prescription (or Medicaid Policy amount for current year). Use current Personal Care rate per hour for all Informal services.
31. Select whether the payor source is Informal, Private Pay, Other, or Medicare, if not
32. For each added service, multiply the Units/Year x Rate/Unit and enter the resulting total annual cost in the column that designates the appropriate payment source.

## B. NEW TOTAL COST OF ADVANTAGE SERVICES

33. Enter total cost of ADvantage services on the blank line when the requested adjustments have been calculated.

## CASE MANAGEMENT

34. Enter date plan submitted to ADvantage Administration for authorization.
35. The case manager signs his/her legal signature.
36. Block print or type the case manager's legal name (identical to signature).
37. Block print or type the name of the CM Provider agency.
38. The CM Supervisor signs his/her legal signature.
39. Type or print justification for submitting an addendum to change the original service plan.

## MEMBER APPROVAL

### ***Explain to Member***

40. Have the Member (or legal representative) read the document and discuss any concerns to be sure it is understood and the selected service setting and case management provider is correctly marked. *(If the Member is unable to read the document, make arrangements to read or have it read to him or her.)*

### ***Form***

41. Have the Member (or legal agent) sign and date the document.
42. Member (or legal agent) enters a check mark to indicate acceptance ("Yes") or non-acceptance ("No"), and date
43. If the Member signs with a mark, obtain the dated signatures of two witnesses with no interest or conflict of interest in the Member's affairs.

## **ROUTING**

1. Present a copy of the Service Plan Authorization Request Checklist (ADv6f), Service Goals form (ADv6a), Service Plan Addendum form (ADv6e1), and any required copies of the physician's prescription to ADvantage Operations for authorization. Mail to: ADvantage Operations, PO Box 50550, Tulsa, OK, 74150-0550.

### **Case Management**

2. Copy of Authorized addendum to Member.
3. Copy of Authorized addendum to each service provider.
4. Copy of Authorized addendum in Member file.

### **ADvantage Administration**

5. Copy to Case Manager.
6. Update and copy Authorized Service Plan (ADv6g) to case management agency.
7. Copy of documentation to Member file.

## ***ADvantage Use Only" /Administrative Review (Completed by ADvantage Administration/Service Plan Evaluator [SPE] and/or SPE Manager).***

1. Check the space for the appropriate designation.
2. SPE Unit Manager or ADvantage Program Administrator signs her/his legal name and enters the date of the signature.
3. Enter the first date providers are authorized to deliver the listed services for Medicaid reimbursement and the last date Medicaid payment for services is authorized.
4. Enter the computer-generated number for the Member's plan.
5. Spell out any special circumstances under which the plan was, or can remain authorized.