

**INSTRUCTIONS for ADv6f**  
**Service Plan Authorization Request Packet Checklist**

**PURPOSE OF FORM**

The ADv6f confirms that complete packets of the documents required to certify an initial *ADvantage* Service Plan or Addendum; or a Reassessment were forwarded by case management and were received by the *ADvantage* Program for authorization.

**HOW TO COMPLETE THE ADv6f**

**MEMBER INFORMATION**

1. Enter the Member's County of Residence
2. Enter the Member's Name:
  - a. Last;    b. First,    c. Middle
3. Enter the Member's Address:
  - a. Street,    b. City,    c. State,    d. Zip
4. Enter the Member's Medicaid number (9 digit unique identifier)

**A. AUTHORIZATION**

**Form**

5. Check the box next to the appropriate section A, B, or C and complete according to the type of plan being submitted for authorization.
6. Enter the number of pages of each item being sent in the blank space to the left of each item. Enter N/A (not applicable) in the space, if item is not being sent.

**Note:** Mail the entire packet of **original** documents by U.S. Post. DO NOT send documents received with the ADv4 Initial Case Management Service Authorization. *ADvantage* Administration already has originals from DHS.

**D. PRIORITY**

7. Place a check mark in the box provided, **ONLY** when there is a documented Member health or safety emergency that requires Plan authorization within 24 hours.

**SIGNATURES**

8. The CM signs his or her full legal signature and enters the date of the signature in the space provided.

**ROUTING**

**Case Management**

1. Forward a copy of ADv6f, ADv6e or ADv6e1, ADv6a1, RN Evaluation, prescription for environmental modifications (if applicable), and ADv5. Include any necessary "Other" justifying documents to *ADvantage* Administration at PO Box 50550, Tulsa, OK 74150-0550.

***ADvantage Use Only box (completed by ADvantage Program Staff)***

1. On receipt of a facsimile packet, count the number of pages of each item CM indicated are in the packet. As each item is confirmed, check mark the "facsimile" column.
2. On receipt of a packet, count the number of pages of each item CM indicated are in the packet. As each item is confirmed, check mark the "originals" column.
3. When confirmation of entire packet is complete *ADvantage* Program Staff signs his or her legal signature and dates the signature in the spaces indicated.