

INSTRUCTIONS for ADv10 Member Change of Provider

PURPOSE OF FORM

The ADv10 documents that the ADvantage Member has chosen a new service provider and agrees to release case information to that provider. It also documents the service provider's agreement to provide the service(s) listed on this form, as authorized.

HOW TO COMPLETE THE ADv10

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. Enter the service provider's name.
6. Have the Member (or legal agent) sign and date the document.
7. 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.

B.

Form

8. Enter the full legal name of the direct service Provider Agency.
9. Enter the title/name of each ADvantage and Medicaid State Plan service the identified agency will provide (e.g., Skilled Nursing, Personal Care, Speech Therapy). DO NOT enter non-Medicaid services.
10. Enter the proposed number of units.
11. Specify the type of occurrence for the service.
12. Print the name of the Authorized Representative.
13. Authorized Representative signs and dates the form.

C. CASE MANAGER AGREEMENT

14. The Case Manager signs and dates the form.
15. Enter the name of the Case Management Agency.

ROUTING

1. Case Manager forwards copy to provider agency.
 2. Case Manager forwards copy of document to ADvantage Administration, PO Box 50550, Tulsa, OK 74150-0550.
 3. Case Manager retains original in the Member file.
- ADvantage Administration**
4. Copy of documentation placed in Member file.