

**INSTRUCTIONS for ADv15
Discharge Evaluation**

PURPOSE OF FORM

The ADv15 documents the ADvantage Member's reason(s) for discharge (i.e. termination of ADvantage Program Services) and other factors concerning the Member's status at the time of discharge.

HOW TO COMPLETE THE ADv15

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 Medicaid number (9 digit unique identifier)
4. If the Contact (Contact Name) is someone other than the Member, enter this person's name
5. Enter the Contact telephone number
6. Enter the relationship of the Contact to the Member

A. ABBREVIATIONS

Key to abbreviations used in form.

A. ABBREVIATIONS

NF - Nursing Facility **LoC** - Level of Care **PC** - Personal Care **UNK** - Unknown **CM** - Case Manager

B. EVALUATION

7. Complete the questionnaire, check appropriate boxes and/or complete the statements for items 1 through 9. Mark all of the indicators that apply at the time of discharge including specific information as needed.

SIGNATURES

Form

8. Case Manager signs and dates the form.

ROUTING

DHS

1. Case Manager keeps original for the case file and forwards a copy of the form to the ADvantage Operations, PO Box 50550, Tulsa, OK 74150-0550.

ADvantage Administration

2. Copy of documentation placed in Member file.