SERVICE PLAN ADDENDUM

Member Name				DOB		Medicaid #	
	Last	*First*	*Middle*				
Address					County		
	Street	*City*	*State*	*Zip*			
Plan #		Plan Beginning Date		Plan Ending Date		Medicare #	

A. TRANSFER THE TOTAL $ COST OF CURRENT ADVANTAGE SERVICES PRIOR TO THIS ADDENDUM: $_____

LIST EACH SERVICE TO BE ENDED ON THE EXISTING SERVICE PLAN

I = Informal; P = Private Pay; O = Other, M = Medicare (for I, P, O, or M: use ✓) State Plan; Admin CM; ADvantage - use actual cost

Begin Date	End Date	Service Code	Types of Service	Provider	# of Units	Freq	Total Units	Rate/ Unit	I	P	O	M	State Plan	Admin. CM	ADvantage Title XIX
									☐	☐	☐	☐			
									☐	☐	☐	☐			
									☐	☐	☐	☐			
									☐	☐	☐	☐			

LIST EACH SERVICE TO BE ADDED TO THE EXISTING SERVICE PLAN

Begin Date	End Date	Service Code	Types of Service	Provider	# of Units	Freq	Total Units	Rate/ Unit	I	P	O	M	State Plan	Admin. CM	ADvantage Title XIX
									☐	☐	☐	☐			
									☐	☐	☐	☐			
									☐	☐	☐	☐			
									☐	☐	☐	☐			

B. INSERT THE NEW TOTAL $ COST OF ADVANTAGE SERVICES: $_____

CASE MANAGEMENT

DATE SUBMITTED

Date Notice of Change of ADvantage Program Services given & explained to member

CM Name (Print or Type)

CM Signature

CM Agency (Print or Type) | CM Supervisor Review (Signature)

MEMBER SIGNATURE

I have been informed of my right to request a fair hearing if I disagree with any action taken regarding my Medicaid services. A fair hearing is intended to safeguard my rights and interests by affording me due process. I understand I have the right to appeal any action of the Oklahoma Department of Human Services which I consider improper by reporting my complaint verbally or in writing to a local county office

Agreed to Addendum ☐ Yes ☐ No Date

Member's Signature

Witness Signature / Date | Witness Signature / Date

ADvantage Administration Use Only – Administrative Review

☐ High Cost Plan ☐ Approved ☐ Denied

☐ DME >$2,500 ☐ Approved ☐ Denied

☐ Env. Mod. >$2,500 ☐ Approved ☐ Denied

ADvantage Program Manager Signature | Date

ADvantage SPA Signature | Authorization Date

Conditions

Explanation