

INSTRUCTIONS for ADv6a1 Service Plan Goals

PURPOSE OF FORM

The ADV6a1 documents a program of action, implementation alternatives to reach desired outcomes, and the completion and monitoring of the plan agreed upon by the Member and his/her Team.

HOW TO COMPLETE THE ADv6a1

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)

LONG TERM GOAL

Form

5. Enter the Member's long-term goal.

CHALLENGES/STRENGTHS

Form

6. List challenges that are keeping the Member from reaching the goal. Challenges should not outnumber the strengths.
7. List the strengths that will help the Member achieve the goal.

ANTICIPATED OUTCOMES/ACTION STEPS

Form

8. Enter each outcome expected that will result from the implementation of the action steps and in order to meet the long term goal. These should be measurable and time specific.
9. Enter the action steps required to meet each outcome. These should be measurable and time specific.
10. Have Member initial each page.
11. Enter the page number and total number of pages included in the space provided. Use the continued and final pages as needed.
12. In the case of a Service Plan Addendum ADv6e1, add outcomes and action steps as needed.

SIGNATURES

Explain to Member

13. 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

14. Have the Member (or legal agent) sign and date the document.
15. 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.
16. The Case Manager signs and dates the document.
17. Enter page number and total number of pages.

ROUTING

1. Mail copies of document as part of Service Plan Authorization Request Packet to *ADvantage* Operations, PO Box 50550, Tulsa, OK 74150-0550.
 2. Copy to Team members present at planning meeting.
- #### **ADvantage Administration**
3. Copy of documentation placed in Member file.