

INSTRUCTIONS for ADv6d Request for Environmental Modifications

PURPOSE OF FORM

The ADv6d documents: the physician's prescription and the licensed therapist's evaluation for environmental modifications; the bids obtained by the case manager for the prescribed services and specific descriptions of the service to be purchased; and the vendor selected to provide the required service(s), including total cost of the purchase and the case manager's assurance that the requested purchase complies with both the Member's Service Plan and with the ADvantage Program's purchasing guidelines.

HOW TO COMPLETE THE ADv6d

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. AFFIX PHYSICIAN'S PRESCRIPTION AND PHYSICAL THERAPIST/OCCUPATIONAL THERAPIST EVALUATION

The case manager obtains a physician's prescription and a licensed therapist's evaluation to verify the medical necessity and exact description(s) of the modification(s) required.

Form

5. Primary Diagnosis and Diagnostic Code
6. Secondary Diagnosis and Diagnostic Code
7. Related Diagnosis (if primary or secondary code does not justify purchase)

NO ITEM WILL BE AUTHORIZED FOR REIMBURSEMENT WITHOUT A PRESCRIPTION FROM THE PHYSICIAN AND AN EVALUATION FROM A LICENSED THERAPIST.

B. AFFIX BID(S) AND JUSTIFICATION FOR VENDOR SELECTION

Form

8. The case manager must verify that each bid contains the following:
 - a. Name of vendor
 - b. Information source of vendor's quote
 - c. Schematic drawing of all modifications with dimensions (with notation of any that do not comply with ADA/ANSI standards)
 - d. Cost breakdown by:
 1. Hours to completed, labor cost per hour and total labor cost
 2. Cost of materials by type and total material cost
 3. Total project cost; and
 4. Period for which quote is valid

Signature bids must be signed by the authorized agent of the company making the bid. Telephone bids obtained by the case manager include all the required information above, and the name of the vendor's authorized agent who was the source of bid information. The case manager attaches a copy of each bid to provide service to the ADv6d.

C. REQUEST FOR APPROVAL

Form

10. Enter the Provider name
11. Enter the requested item
12. Enter the dollar amount of bid
13. Enter the Case Management Agency/representative
14. The Case Manager signs and dates.

ROUTING

1. Ensure that the attachments for Sections A&B are affixed to the form.
2. Include copies of the ADv6e (initial or ADv6e1 Addendum Service Plan with the ADv6d and attachments).
3. Forward the entire packet to the *ADvantage* Administration.
4. *ADvantage* Administration will specify Service Begin and End Dates for items listed in Section B. If over \$2,500.00, then *ADvantage* Administration will notify case management of approved bid by forwarding a copy of the administrative approved ADv6d and an attached copy of the certified ADv6e.
5. Mail a copy of the document as part of Service Plan Authorization Request Packet to *ADvantage* Operations, PO Box 50550, Tulsa, OK 74150-0550.
6. Copy to Team members present at planning meeting.

ADvantage Administration

7. Copy of documentation placed in Member file.