

# INSTRUCTIONS for ADv6d3

## Verification of Service Delivery for Environmental Modifications

### PURPOSE OF FORM

The ADv6d3 obtains confirmation from the Member that the product(s)/service(s) billed under the W4761 ADvantage waiver service code has been constructed or delivered and installed in the Member's home.

### HOW TO COMPLETE THE ADv6d3

#### 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. PROVIDER

5. Enter the full legal name of the provider agency/organization
6. Enter the provider number
7. Enter the month, day and year that the product/service was constructed or delivered and installed.

#### B. DESCRIPTION OF PRODUCTS AND SERVICES

##### **Form**

8. Describe the type of each item and/or service in the spaces provided; or, attach an itemized invoice with this information included. If an itemized invoice is used, provide the invoice number in the space provided.

##### **Explain to Member**

9. 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**

10. Have the Member (or legal agent) sign and date the document.
11. 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.

#### C. REQUEST FOR APPROVAL

##### **Form**

12. Enter the date of the assessment of home modification needs.
13. A therapist (preferably the therapist that did the evaluation) must sign and date the document.

#### ROUTING

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

##### **ADvantage Administration**

2. Place a copy in the Member's file and forward claim with a copy of the ADv6d3 to the OHCA.