

INSTRUCTIONS for ADv9 Provider Communication

PURPOSE OF FORM

The ADv9 is a communication tool to be used to inform either LTCA or other service providers of status changes or other pertinent information that may impact services.

HOW TO COMPLETE THE ADv9

MEMBER INFORMATION

1. Enter the Member's County of Residence
2. Enter the name of the person communication is sent
3. Enter who is sending the communication
4. Select whether you request a response or if it is for information only
5. Enter the Member's Name:
 - a. Last;
 - b. First;
 - c. Middle
6. Enter the Member's Medicaid number (9 digit unique identifier)

A. STATUS CHANGE (If applicable)

Form

7. If communicating a change of status, enter the appropriate date next to the desired change category.

B. ACTION (If applicable)

Form

8. Check the appropriate box and enter the date the action goes into effect. NOTE: The effective date can be different from the date of the status change. Ex: Member is discharged from the hospital on 03/21/99 but services don't resume until 03/25/99 because the Member stayed with a family member.

C. ADDITIONAL COMMENTS RELATED TO STATUS CHANGE

Form

9. Record the name of the hospital or nursing facility the Member entered. If admitted to nursing facility as a result of a hospitalization, indicate related diagnosis and anticipated length of stay.
10. If hospitalized, give diagnosis or reason for hospitalization if known. Record any other information that is relative to the status of the Member.

D. COMMENTS/OTHER

Form

11. Enter any information other than status changes that needs to be related to ADvantage Administration or other service provider regarding services.

E. DISTRIBUTION

Form

12. Distribution of ADv9 copy(s) to appropriate agency(s).

SIGNATURES

Form

13. Sign and date the form.
14. Enter the name of the agency.

ROUTING

1. Copy to case management agency and/or provider(s) for whom communication is intended.
2. Copy from service provider **only in cases with an unresolved grievance or change in the active status of the Member** to: ADvantage Administration, PO Box 50550, Tulsa, OK 74150-0550.