

# INSTRUCTIONS for ADv6e Service Plan

## PURPOSE OF FORM

The ADv6e documents the overall costs and authorizes payment sources for ADvantage Program Service Plans.

## HOW TO COMPLETE THE ADv6e

### MEMBER INFORMATION

1. Check whether Plan Type is New or a Reassessment
2. Enter the Member's Name:
  - a. Last;
  - b. First,
  - c. Middle
3. Enter the Member's Date of Birth
4. Enter the Member's Address:
  - a. Street,
  - b. City,
  - c. State,
  - d. Zip
5. Enter the Member's County of Residence
6. Enter the Member's Medicaid number (9 digit unique identifier)

### SERVICE PLAN

Enter all formal and informal services on the plan.

7. List ADvantage and/or State Plan services by their Service Code (the letter "W" followed by four numbers). Leave column blank for non-Medicaid and informal services.
8. Enter the title, or name of the service (e.g., Personal Care, Meals, Physical Therapy, etc.).
9. Enter the full name of the agency (or person) giving each service. (For medications enter State Plan for the first 3 prescriptions, and ADvantage for prescriptions starting at the 4<sup>th</sup>.)
10. Enter the number of units of service to be provided for each service.
11. Abbreviate how often the # of Units will be provided, daily (D), weekly (W), monthly (M), or yearly (Y).
12. Enter the total number of units of the service projected for the entire year. Use the following formula:
  - a) multiply # of Units x Freq. x how often the frequency occurs in a year (Daily = 365), Weekly = 52, Monthly = 12, Yearly = 1).
13. Enter the reimbursement rate per unit for each service. Use ADvantage rates for ADvantage services, Medicare rates for Medicare services, etc. For Medications, regardless of the actual cost, enter the current rate per prescription (or Medicaid Policy amount for current year). Use the current Personal Care rate per hour for all Informal services.
14. For each service, multiply the Units/Year x Rate/Unit and enter the resulting total annual cost in the column that designates the appropriate payment source. (Column definitions: **Informal** = unpaid services by family or friends; **Private Pay** = services paid by the Member or other individual, *but not* by an organized community agency, the state or an insurer; **Other** = costs borne by an organized community agency or private insurer; **Medicare** = service paid by federal insurance entitlement; **State Plan** = regular state Medicaid (Title XIX) services; **Admin. C.M.** = **For DHS Only** ; **ADvantage Title XIX** services paid by the ADvantage Medicaid waiver.)
15. For each payment source, add all lines containing annual costs in that column and enter the resulting sum in the "Total" box at the bottom of each payment source column.
16. Enter the ADvantage total sum in the larger space marked "ADvantage XIX: =", the final box below the grid.

## CASE MANAGEMENT

### Form

17. Enter date plan forwarded out of provider agency to ADvantage Administration for authorization.
18. Enter date from the bottom right hand corner of the ADv4. This date is only needed for the Member's 1<sup>st</sup> plan, not a reassessment.
19. The case manager signs his/her legal signature.
20. Print or type the case manager's legal name (identical to signature).
21. Print or type the name of the CM Provider agency.
22. The agency CM Supervisor signs upon completing Management Review of each Service Plan.

## MEMBER APPROVAL

### Explain to Member

23. 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

24. Have the Member (or legal agent) sign and date the document.
25. The Member (or legal agent) enters a check mark to indicate acceptance ("Yes") or non-acceptance ("No"),
26. Enter the date.
27. 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.
28. Enter any justifications.

## ROUTING

1. Mail complete copy of Certification Request Packet identified on the Checklist (ADv 6f) by U.S. Mail to: ADvantage Operations, PO Box 50550, Tulsa, OK 74150-0550.

### ADvantage Administration

1. Certified plans are copied to the case management agency.
2. Copy of documentation to Member file.

### Case Management

1. Copy of Authorized Service Plan to Member.
2. Copy of Authorized Service Plan to each service provider.
3. Copy of Authorized Service Plan in Member file.

## ADvantage Use Only" /Administrative Review (Completed by ADvantage Administration/Service Plan Evaluator [SPE] and/or SPE Manager).

1. Check the space for the appropriate designation.
2. SPE Unit Manager or ADvantage Program Administrator signs her/his legal name and enters the date of the signature.
3. Enter the first date providers are authorized to deliver the listed services for Medicaid reimbursement and the last date Medicaid payment for services is authorized.
4. Enter the computer-generated number for the Member's plan.
5. Spell out any special circumstances under which the plan was, or can remain authorized.