

INSTRUCTIONS for ADv1 Consumer Consents and Rights

PURPOSE OF FORM

The ADv1 documents that the ADvantage Consumer:

- a) Has selected a setting in which to receive services;
- b) Has selected, or allowed DHS to select, no preference for a case management agency;
- c) Agrees to release information to case management agency; and
- d) Understands the right to appeal any action of the DHS regarding his or her services or eligibility through a fair Administrative Hearing procedure.

HOW TO COMPLETE THE ADv1

CONSUMER INFORMATION

1. Enter the Consumer's County of Residence
2. Enter the Consumer's Name:
 - a. Last; b. First, c. Middle
3. Enter the Consumer's Address:
 - a. Street, b. City, c. State, d. Zip
4. Enter the Consumer's Social Security Number
5. Enter the Consumer's Medicaid number (9 digit unique identifier)



County

CONSUMER CONSENTS AND RIGHTS

| | | | |
|----------------------|---------------|-------------------|------------------|
| Consumer Name | 2 a | b | c |
| | <i>Last</i> | <i>First</i> | <i>Middle</i> |
| Address | 3 a | b | c d |
| | <i>Street</i> | <i>City</i> | <i>State Zip</i> |
| SSN | 4 | Medicaid # | 5 |

A. SERVICE SETTING

Explain to Consumer

6. Explain the Consumer's level of care determination.
7. Explain the Physician's Evaluation and Recommendation (LTC-300, Section G).
8. Explain the care alternatives available to the Consumer (nursing facility, in-home services, ADvantage Program) and obtain his or her choice of institutional or home-based setting.

Form

9. Select the service setting in which the Consumer chooses to receive services.

| | |
|---|---|
| A. SERVICE SETTING | |
| I understand that I have been assessed and that if I am eligible for nursing facility level of care: | |
| I choose to receive services: <input type="checkbox"/> as a resident of a nursing home / <input type="checkbox"/> as a resident of my own home. | 9 |

B. PROVIDER AGENCIES

Explain to Consumer

10. Explain case management to the Consumer and provide him or her with information on available case management agencies, including ADvantage Administrative/Quality Management services.

Form

11. Enter the Consumer's first choice and second choice and name of agency.
12. Select the checkbox if the Consumer has consented to allow the Case Management agency to be selected because he/she has no preference.

Explain to Consumer

13. Explain in-home provider service to the Consumer and provide him or her with information on available in-home provider agencies.

Form

14. Enter the Consumer's first choice and second choice on in-home provider agency.
15. Select the checkbox if the Consumer has consented to allow the Provider(s) to be selected because he/she has no preference.

B. PROVIDER AGENCIES

- 11 I have chosen my first choice: _____ or my second choice _____ as my case management agency. If these agencies are not available, I understand that one will be selected for me.
- 12 I have no preference, please select a case management agency for me.
- 14 I have chosen my first choice: _____ or my second choice _____ as my in-home provider agency. If these agencies are not available, I understand that one will be selected for me.
- 15 I have no preference, please select an in-home provider agency for me.

C. RELEASE OF INFORMATION

Explain to Consumer

16. Explain to the Consumer what information may be shared with Providers.

D. RIGHT TO FAIR HEARING

Explain to Consumer

17. Explain the Consumer's right to appeal actions of the DHS concerning his or her services or eligibility through the Oklahoma Administrative Code hearing process.
18. Give the Consumer the DHS Fair Hearing Procedures brochure.

SIGNATURES

Explain to Consumer

19. Have the Consumer (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 Consumer is unable to read the document, make arrangements to read or have it read to him or her.)

Form

20. Have the Consumer (or legal agent) sign and date the document.
21. If the Consumer signs with a mark, obtain the dated signatures of two witnesses with no interest or conflict of interest in the Consumer's affairs.

| | | | |
|--------------------------------------|------|---|------|
| 20 | | | |
| Signature of Consumer or Legal Agent | | <i>(If Consumer signs with mark, two witnesses are required.)</i> | |
| Date | | | |
| 21 | | | |
| Signature of Witness | Date | Signature of Witness | Date |

ROUTING

DHS

1. Original document to area nurse who forwards it to the *ADvantage* Operations, PO Box 50550, Tulsa, OK 74150-0550.
2. Copy to DHS Consumer file.

ADvantage Administration

3. Original documentation placed in Consumer file.