

Purpose of form

Form 02CB011E, Service Plan Cost Sheet (ADv6e), documents the overall costs and authorizes payment sources for ADvantage Program service plans.

Instructions

Member name: Enter the member's name as it appears on the Oklahoma Department of Human Services (OKDHS) case. (No nicknames.)

Last name; first name; middle initial

Medicaid #: Enter the nine digit Client ID # assigned by OKDHS.

Plan Type: Check new or reassessment.

Address: Enter the member's street address, city, county, and zip code.

List all services, formal and informal, on the plan.

Code: Enter the service code for all ADvantage or State Plan Personal Care services. Leave column blank for any service provided by another pay source other than ADvantage or State Plan Personal Care.

Type of service: Enter the title or name of the service such as personal care, meals, or physical therapy.

Provider: Enter the full name of the agency or person providing each service. For medications enter State Plan for the first three prescriptions, then enter ADvantage beginning with the fourth prescription.

Number of units: Enter the number of units of service provided for each service.

Frequency: Abbreviate how often the number of units will be provided. (D=daily, W=weekly, M=monthly, Y=yearly)

Units per year: Enter the total number of units of the service projected for the entire year. Use the following formula: number of units multiplied by frequency, then multiplied by how often the frequency occurs in a year (Daily=365, Weekly=52, Monthly=12, Yearly=1).

Rate per unit: Enter the reimbursement rate per unit for each service. Use ADvantage rates for ADvantage services and Medicare rates for Medicare services. For medications, regardless of the actual cost, enter the current rate per prescription or Medicaid policy amount for current year. Use the current ADvantage Personal Care rate per unit for all informal services.

Pay source: Enter the appropriate pay source code for each service:

I=Informal: unpaid services by family or friends.

P=Private Pay: services paid by the member or other individual, but not by an organized community agency, the state, or an insurer.

O=Other: costs borne by an organized community agency or private insurer.

M=Medicare: service paid by federal insurance entitlement.

S=State Plan: regular state Medicaid (Title XIX) services.

A=ADvantage: services paid by the ADvantage Medicaid waiver.

Amount: For each service, multiply the units per year by the rate per unit and enter the resulting total annual cost in the column.

TOTAL AMOUNT BY PAY SOURCE.

Total the cost for each pay source and enter it in the appropriate column.

MEMBER SIGNATURE.

Have the member or legal agent read the document. Discuss any concerns to ensure it is understood. If the member is unable to read the document, arrange to have it read to him or her.

Agree to service plan: The member or legal agent enters a check mark to indicate acceptance (Yes) or non-acceptance (No) of the service plan.

Agree to services: The member or legal agent enters a check mark to indicate whether the member was informed of available services and service providers for those services.

Have the member or legal agent sign and date the document. Member must also initial each additional page. If the member signs with a mark, obtain the dated signatures of two witnesses with no conflict of interest in the member's affairs.

Justifications: Enter any justifications.

CASE MANAGEMENT.

Date Submitted: Enter the date the plan was forwarded from the provider agency to ADvantage Administration for authorization.

Authorization Date: Enter the authorization date from the Certified Service Plan (ADv 6g). This date is only needed for the member's first plan, not for reassessment.

Date Form 02CB016E, Notice of Change in ADvantage Services, given to member: Enter the date that Form 02CB016E, Notice of Change in ADvantage Services, was given to the member.

Print or type the name of the case manager and provider agency.

Case manager signs and dates form.

The agency case management supervisor signs upon completing management review of each service plan.

ADvantage personal care start date: Enter the date the personal care assistant is sent to the member's home to provide services.

Institutional discharge date: If applicable, enter the date the member was discharged from the nursing facility.

Routing

Case manager submits a packet that consists of the following documents to ADvantage Administration Unit, P O Box 50550, Tulsa, OK 74150-0550:

- Form 02CB003E, Service Plan Authorization Packet Checklist
- Form 02CB005E, Service Team Release of Information
- Form 02CB006E, Nursing Assessment Monitoring Tool
- Form 02CB011E, Service Plan Cost Sheet
- Form 02CB013E, Service Plan Goals
- Form 02CB014E, Backup Plan
- Any other necessary documents

Upon plan authorization, the ADvantage Administration Unit (AAU) sends a Certified Service Plan (ADv6g) to the case manager. The case manager provides a copy of the Certified Service Plan to the member and each service provider.

A copy of the completed form is scanned into the member file in the AAU.