

Purpose of form

Form 02CB012E, Service Plan Cost Sheet Addendum (ADv6e1), documents changes to, 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 OKDHS assigned nine digit Client ID #.

Plan begin date: Enter the date the member's plan begins.

Plan end date: Enter the date the member's plan ends.

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

Total cost of ADvantage services prior to this addendum: Enter the total cost of current ADvantage services prior to this addendum.

Enter all formal and informal services being terminated on the plan.

Begin date: Enter the beginning date of the service to be terminated.

End date: Enter the last date of service for the service being terminated.

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 ending such as personal care, meals, or physical therapy.

Provider: Enter the full name of the agency or person giving 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 that were previously provided for each service.

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

Total units: Enter the total number of units of the service authorized from begin to the end date of service. 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).

Unit rate: Enter the reimbursement rate per unit for each service ending. Use ADvantage rates for ADvantage services, 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 hour for all informal services.

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

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 ending, multiply the units per year by the rate per unit and enter the resulting total annual cost in the column.

Enter all formal and informal services being added to the Plan

Begin date: Enter the first date of service for the service being authorized.

End date: Enter the last date of service for the service being authorized. This will be the end date of the current service plan if service continues to plan end date.

Service 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 added service such as personal care, meals, or physical therapy.

Provider: Enter the full name of the agency or person giving 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 each service to be provided.

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

Total units: Enter the total number of units of the service authorized from begin date to end date of service. 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).

Unit rate: 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 being added:

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 being added, multiply the units per year by the rate per unit and enter the resulting total annual cost in the column.

Total cost of ADvantage services after this addendum: Enter the total cost of ADvantage services after the requested adjustments have been calculated.

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.

Enter any justifications.

CASE MANAGEMENT.

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

Date Notice of Change of ADvantage Program Services given to member: Enter the date form 02CB016E, Notice of Change of ADvantage Program Services, was given to 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.

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 02CB012E, Service Plan Cost Sheet Addendum;
- Form 02CB013E, Service Plan Goals; and
- 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.