



ADvantage Program
NOTICE OF CHANGE IN ADvantage SERVICES

Form with fields: Member last name, First name, Middle initial, Medicaid number, Street address, City, County, State OK, Zip

Date: _____

The ADvantage Program services you receive are being reduced because the Oklahoma Department of Human Services (OKDHS) has determined, based upon assessment, that the services necessary to safely meet your long-term care needs are less than previously authorized.

If you do not agree with this decision, you or your authorized representative may request a fair hearing. You must make your hearing request in writing within 30 days from the date you receive this notice.

If the hearing officer does not find in your favor and you received ADvantage Program services at the previous amount, you will be responsible for paying for the cost of those services from the start date of your revised ADvantage Service Plan as awarded by the hearing officer.

You or your authorized representative may contact your local OKDHS human services center (HSC) to request the hearing. OKDHS staff can provide you with the proper forms and assist you in completing them.

You have the right to have someone represent you at the hearing, including an attorney. OKDHS will not provide an attorney for you, but if you need a free attorney, your HSC can provide information on locating one.

Signature of member or legal agent Date
If member signs with a mark, two witnesses are required

Signature of witness Date Signature of witness Date

Signature of case manager Date