

Purpose of form

Form 02CB016E, Notice of Change of ADvantage Program Services, notifies the member that there will be a reduction of ADvantage services.

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 #.

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

Date: Enter the date that the notice was given to the member.

Member signatures: 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, have it read to him or her.

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

Case manager signature: Enter the signature of the case manager completing the form.

Routing

The case manager keeps original for the case file and forwards a copy to:

ADvantage Administration Unit, PO Box 50550, Tulsa, OK 74150-0550.

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