

MEMBER NAME		AHCCCS ID #	DATE OF PLAN
SERVICES PROVIDED		FREQUENCY	PREFERENCE LEVEL
1.			
2.			
3.			
<p>MEMBER SERVICE PREFERENCE LEVEL – Based on member’s choice for how quickly a replacement caregiver will be needed if the scheduled caregiver becomes unavailable. Members shall must be informed that they have the right to request a back-up caregiver within two hours if they choose. Place Preference Level letter (A, B, C, etc.) on the corresponding service Preference Level line:</p>			
A	Shall Must be rescheduled within two hours of originally scheduled start time.		
B	Shall Must be rescheduled within 24 hours of originally scheduled start time.		
C	Shall Must be rescheduled within 48 hours of originally scheduled start time.		
D	Will be performed at the next scheduled visit.		
<p>MEMBER HAS BEEN ADVISED THAT THEY/S/HE¹ MAY CHANGE THE MEMBER SERVICE PREFERENCE LEVEL AND ALSO THEIR² HIS/HER BACK-UP PLAN, AS INDICATED BELOW, AT ANY TIME, INCLUDING AT THE TIME THE CAREGIVER IS LATE OR DOES NOT SHOW UP*</p>			
<p>_____</p> <p>AGENCY REPRESENTATIVE PRINTED NAME AND SIGNATURE</p>		<p>_____</p> <p>DATE</p>	

If my caregiver does not show up to provide services as scheduled, in the case of a life-threatening emergency, I will contact 9-1-1; otherwise, my back-up plan is as follows:

BACK-UP PLAN	NAME	PHONE NUMBER
STEP 1 I will contact my provider agency. My provider agency will answer my call or get back to me in 15 minutes.		
STEP 2 If my provider agency doesn’t respond in 15 minutes, I will contact <u>my Case Manager</u> . <u>If I need assistance after normal business hours, I will contact my Health Plan.</u> ³ Sandata EVV at Sandata Customer Care at 855-928-1140.		

¹ Revised to update pronoun.

² Updated pronouns. Modified throughout the document.

³ Removed reference to Sandata and updated process.

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STEP 3	I will call my non-paid caregiver to provide the service I need.		



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I understand that if I do not receive my critical services on time, I can call the Agency, ~~or Sandata~~⁴ [my case manager, or my Health Plan](#) to report the problem so they can assist in replacing my caregiver as soon as possible. I understand I also have the right to file a written complaint about the failure to provide services as scheduled.

I understand that in order to receive services I must be available and willing to accept the scheduled services. If I choose not to accept the services I understand I must tell my case manager or provider this. This plan has been reviewed with me and I agree with it. I will keep a copy of this plan. I understand I will talk with my provider at least once a year about my plan but I can change it at any time.

PLEASE HAVE MEMBER/HEALTH CARE DECISION MAKER SIGN HERE AT TIME OF INITIAL PLAN DEVELOPMENT AND ANNUALLY THEREAFTER⁵:

MEMBER/HEALTH CARE DECISION MAKER SIGNATURE

DATE

MEMBER/HEALTH CARE DECISION MAKER PRINTED NAME

DATE

RELATIONSHIP TO MEMBER

⁴ [Removed reference to Sandata.](#)

⁵ [Added clarifying language.](#)

MEMBER NAME		AHCCCS ID #	DATE OF PLAN
HPCCS	SERVICE TITLE	CONTINGENCY PLAN DEFAULT	
G0299	Nursing	Service <u>shall</u> must be rescheduled within 2 hours of originally scheduled start time	
G0300	Nursing	Service <u>shall</u> must be rescheduled within 2 hours of originally scheduled start time	
H2014	Skills Training and Development	Service <u>shall</u> must be rescheduled within 24 hours of originally scheduled start time	
S5125	Attendant Care	Service <u>shall</u> must be rescheduled within 2 hours of originally scheduled start time	
S5130	Homemaker	Service <u>shall</u> will be performed at next scheduled visit	
S5150	Respite Care	Service <u>shall</u> must be rescheduled within 24 hours of originally scheduled start time	
S5151	Respite Care	Service <u>shall</u> must be rescheduled within 24 hours of originally scheduled start time	
S9123	Private Duty Nursing	Service <u>shall</u> must be rescheduled within 2 hours of originally scheduled start time	
S9124	Private Duty Nursing	Service <u>shall</u> must be rescheduled within 2 hours of originally scheduled start time	
T1019	Personal Care	Service <u>shall</u> must be rescheduled within 2 hours of originally scheduled start time	
T2017	Habilitation	Service <u>shall</u> must be rescheduled within 24 hours of originally scheduled start time	
S5135	Companion Care	Service <u>shall</u> will be performed at next scheduled visit	
T1021	Home Health Aide	Service <u>shall</u> must be rescheduled within 2 hours of originally scheduled start time	
G0151	Physical Therapy	Service <u>shall</u> will be performed at next scheduled visit	
S9131	Physical Therapy	Service <u>shall</u> will be performed at next scheduled visit	
G0152	Occupational Therapy	Service <u>shall</u> will be performed at next scheduled visit	
S9129	Occupational Therapy	Service <u>shall</u> will be performed at next scheduled visit	
S5181	Respiratory Therapy	Service <u>shall</u> must be rescheduled within 2 hours of originally scheduled start time	
G0153	Speech Therapy	Service <u>shall</u> will be performed at next scheduled visit	
S9128	Speech Therapy	Service <u>shall</u> will be performed at next scheduled visit	