I. INSTRUCTIONS FOR COMPLETING THE NPS LOG

The Non-Provision of Services (NPS) Log form should be completed by the Provider/Agency and/or Program Contractor. An NPS takes place anytime a service that has an open authorization does not occur at the time authorized and for the amount of hours authorized. Examples of NPS are

- when the authorized services are not provided at the time scheduled
- when scheduled services are no longer available because a replacement cannot be found
- when a request for DDD nonscheduled respite is made and not met
- When a member is not home due to a hospitalization

Note: Non-Provision of Services are not limited to the examples above.

Program Contractors will determine what fields should be completed by the Provider/Agency and any additional instructions for the completion of the form. Program Contractors will need to complete any fields that the Provider/Agency does not complete. Reporting timelines will be provided by the Program Contractors.

If you have any questions please call your respective ALTCS Program Contractor.

II. NPS

Column # Instruction/Explanation

0. **Program Contractor ID # -** Program Contractor fills in column with identification number 110306, 110049, etc.
1. **Provider Registration Number -** Provider's AHCCCS Identification numbers. Column to be filled in by Provider or Program Contractor. Please ensure that this Column is completed.
2. **Date Called In -** The date the Agency was notified of the NPS. Use the following format 02/01/05.
3. **Time Called In -** The time the Agency was notified. **Use military time** i.e., 08:00, 13:30, etc. Please round to the nearest 15-minute increment.
4. **NPS Date -** The date the NPS occurs. This date may be the same as the date in column 1 or the consumer may have waited to call. Use the following format 11/01/04.
5. **Time Service Scheduled to Begin -** Insert the time the service was regularly scheduled to begin. **Use military time** i.e., 08:00, 13:30, etc. Please round to the nearest 15-minute increment.
6. **County Code -** The County of **residence** code from the following chart:

County	Code
Apache	01
Cochise	03
Coconino	05
Gila	07
Graham	09
Greenlee	11
La Paz	29
Maricopa	13
Mohave	15
Navajo	17
Pima	19
Pinal	21
Santa Cruz	23
Yavapai	25
Yuma	27

7. **Member's Name** - List consumer's name, last name, first name and middle initial – Jones, Mary J.

8. **Member's Zip Code** - Member's Zip Code – this column can be filled in either by the Program Contractor or the Provider.

9. **Member's AHCCCS ID** - List consumer's AHCCCS Identification Number – A12345678.

10. **Select from the following authorized service type** - Select what service the consumer was to receive and list the corresponding alphabetical bullet in Column 10. A consumer may be receiving more than one service i.e., personal care and homemaker. Please list member's name twice and use a separate line to record the second service.

Service type	
Attendant Care	A
Homemaker	B
Personal Care	C
Respite	D

11. **Member Service Preference Level at the time of notice** – Agencies shall obtain from the member/representative the Member Service Preference Level at time the Provider/Agency either receives a call from consumer advising of a NPS or the Provider/Agency contacts the member/representative. The Member Service Preference Level is a designation of how quickly the member chooses to have a service gap filled if the scheduled caregiver of that critical service is not available. The member may have indicated a lower preference level previously but immediate circumstances indicate a higher preference level now.

    Insert the Member Service Preference Level as indicated by the member/representative at the time the Provider/Agency makes contact with the member. Column to be filled in by Agency/Provider.

Member Service Preference Level	
Needs services within 2 hours	1
Needs services today	2
Needs services within 48 hours	3
Can wait until next scheduled day	4

12. **Member Service Preference Level** at time of last Case Manager's visit - Insert the Member Service Preference Level indicated by the member/representative during the initial or reassessment interviews. Column to be filled in by Program Contractors.

Member Service Preference Level	
Needs services within 2 hours	1
Needs services today	2
Needs services within 48 hours	3
Can wait until next scheduled day	4

13. **Reason for the NPS** - List the reason the non-provision of services occurred. Use the corresponding numerical bullet only. Use #8, only when a non-scheduled respite service has been requested and the Agency does not have a caregiver available. Provide a brief explanation in Column 22, "Comments", if "Other" is used.

Reason for non-provision of service	
Caregiver Cancelled	1
Caregiver Did Not Show	2
Caregiver Left Early	3
Caregiver refuses to go or return to an unsafe or threatening environment at the member's residence	4
Caregiver quit	5
Member not available to receive services when caregiver arrives at the scheduled time	6
Replacement caregiver not available	7
Non scheduled respite service request	8
Member refuses services	9
Member called to cancel/reschedule services	10
Other	11

III. RESOLUTION

14. **Explain how NPS was resolved** - List how the NPS was met on the day of the NPS. Use the corresponding alphabetical bullet only. Unpaid Community Organization could be the consumer's church or civic organization. Unpaid Caregiver could be an unpaid family member, neighbor, friend, etc. who has been designated by the member/representative to assist in an emergency. If an unpaid caregiver is willing to stay with the member until the Agency can get another caregiver to the home use "H".

Explain how NPS was resolved	
Attendant Care	A
Homemaker	B
Personal Care	C
Respite	D
Unpaid Caregiver	E
Unpaid Community Organization	F
Other	G
Unpaid/Paid Caregivers	H

Note: 1) If an "E", "F" or "H" is recorded in Column 14, then Column 21 must be completed.
2) If "G" is used then an explanation must be included. Begin explanation(s) of "Other" in column 22, "Comments". A "G" should not be used to indicate that no services were provided. If no services are provided leave the column blank.

15. **Original Hours Authorized** - The amount of hours authorized by the Case Manager for the date of the NPS being reported.

16. **Hours provided to resolve NPS on the day of the NPS**- Number of hours provided by all entries in Column 14 above to meet member's needs. For example, Case Manager authorized 8 hours for attendant care services; Agency was able to get a replacement caregiver to provide 6 hours and Unpaid Caregiver

provided 2 hours until replacement arrived so a total of 8 hours should be recorded. Note: If Column 16 is less than the number of hours authorized in Column 15, then Column 20 must be completed.

17. **Length of time before services replaced** - Time to resolve NPS in service hours – i.e., the time between the Agency/Contractor notification and the delivery of service. Please record time to resolve NPS in hours– a half day as 12 hours; 1 day as 24 hours; the next once a week scheduled visit as 168 hours.

    For example:

    A. the Agency was notified at 8:30 AM that the caregiver cancelled the 8:00 AM scheduled service. The Member Service Preference Level indicated by the member/representative at the time of the call was "1" – Within 2 hours. The Agency was able to get a substitute caregiver to the member's home by 9:30 AM. Column 17 should record the length of time to resolve the NPS as 1 hour.
    B. the Agency was notified at 8:30 AM that the caregiver cancelled the 8:00 AM regularly scheduled Tuesday services. The Member Service Preference Level indicated by the member/representative at the time of the call was 3 – Within 48 hours. The Agency is able to have a substitute caregiver there at 8:00 AM Wednesday morning. Column 17 should record the length of time to resolve the NPS as 23.5 hours.
    C. the Agency was notified at 8:30 AM that the caregiver cancelled the 8:00 AM once a week Tuesday services. The Member Service Preference Level indicated by the member/representative at the time of the call was 4 – Next Scheduled Visit. Column 17 should record the length of time to resolve the NPS as 167.5 hours.

18. **Was Member Service Preference Level Timeline Met** - Place a Y (Yes) or N (No) to indicate if the NPS was met within the timeline indicated by the Member Service Preference Level at the time of the notice in Column 11. **The clock on the NPS begins when the provider is notified by the member/representative or caregiver that the caregiver either will not or has not arrived to provide services. NOTE: if an "N" is recorded in Column 18, then Column 19 must be filled out.**

19. **If Member Service Preference Level Timeline Not Met** - List the reason the Member Service Preference Level timeline was not met. Use the corresponding numerical bullet. Provide a brief explanation if "Other" is used in column 22, "Comments".

If Member Service Preference Timelines not met explain why	
Reserved (Do Not Use)	1
Consumer Choice	2
Unable to find replacement	3
Not alerted of NPS	4
Other	5

20. **If total Authorized Hours not replaced explain why -** List the reason the total authorized units not replaced. Use the corresponding numerical bullet. Provide a brief explanation if "Other" is used in column 22, "Comments".

If total hours were not replaced explain why	
Full replacement hours not needed	1
Consumer Choice	2
Unable to find replacement	3
Not alerted of NPS	4
Other	5

21. If Unpaid Caregiver used, explain why – Use corresponding number to indicate the reason an unpaid caregiver was used. Note if there is an "E", "F" or "H" used in Column 14 then Column 21 must be completed. For example, the Agency is notified that the caregiver cancelled, the Agency calls the member/representative to determine the Member Service Preference Level and discusses getting another caregiver out to the member. The member refuses and states they wish to use an unpaid caregiver. A number 1 would be recorded in Column 21. Provide a brief explanation if "Other" is used in column 22, "Comments".

If Unpaid Caregiver used, explain why	
Consumer Choice	1
No Agency Staff Available	2
Other	3