

CHAPTER 62 – QUALIFIED VENDOR MANAGEMENT OF GAPS IN CRITICAL SERVICES

EFFECTIVE DATE: September 22, 2017

REFERENCES: AMPM Policy 1620, ACOM 413

This policy applies to Qualified Vendors (QVs) of the Division of Developmental Disabilities (Division). This policy establishes requirements and timeframes for responding to, and reporting, gaps in critical services to Arizona Long Term Care (ALTCS) members receiving:

- Home and Community Based (HCBS) services (Attendant Care [ATC], Homemaker/Housekeeping [HSK] and Respite [RSP])
- Individually Designed Living Arrangement (IDLA) and Nursing services.

Gaps in Critical Services

The Division requires the reporting and tracking of gaps in critical services; critical services include:

- ATC, HSK, and RSP, including tasks such as bathing, toileting, dressing, feeding, transferring member to or from bed/wheelchair, and assistance with similar daily activities
- Individually Designed Living Arrangement (IDLA) and Nursing services. IDLA and Nursing services must be submitted as a separate report.

A gap in critical service is the difference between the number of hours of home care scheduled in each qualified member's planning documents and the hours of the scheduled type of critical service that are actually delivered to the qualified member.

AHCCCS implemented a court order, under the Ball v. Betlach lawsuit, which covers the provision of critical services.

Requirement to Implement Policies and Procedures

All QVs that provide in-home ATC, HSK, RSP, IDLA and/or Nursing services must:

- A. Implement policies and procedures to identify, resolve, and track gaps in critical services to ensure that appropriately trained additional staff is available within two hours of reporting when the primary staff person is unavailable.
- B. Ensure that each member's service preference level (back-up plan) is met as outlined in the member's planning document.

What QV Policies and Procedures Must Include

The QV's policies and procedures must, at a minimum, cover the following areas, and be made available to the Division upon request:

- A. Information provided to members (verbally and in writing) regarding how to contact the QV when a critical service is not provided as scheduled.

- B. Information provided to members (verbally and in writing) regarding their right to receive services as authorized, including the right to have:
 1. Any gap(s) in critical services filled within two hours
 2. A back-up caregiver to substitute when an unforeseeable gap in critical services occurs.
- C. Processes for providing services in the event of a gap in critical services, including a description of the process used to ensure that the QV provides a back-up caregiver in the event of an unforeseeable gap in critical services as outlined in each members' planning document.
- D. System for tracking, trending, and analyzing, to identify when gaps in critical services occur. The results must lead to solutions that will prevent future gaps in critical services.
- E. System to remediate identified trends with the support of the member's planning team, as appropriate.
- F. Maintenance of accurate documentation for all grievances that result from gaps in critical services.

Gaps in Critical Services Reporting Requirements

Regardless of whether a gap in critical services occurred during the reporting month, QVs with an open authorization for critical services must submit the following Gap in Critical Service Report Logs monthly:

- ATC, HSK, RSP (Log #1)
 - IDLA and Nursing (Log #2).
- A. By the *5th calendar day of each month*, prepare and submit Gap in Critical Service Logs as follows:
 1. Per the "Instructions for Completing the Gap in Critical Services Log" section (below), complete Gap in Critical Service Logs.

Note: Current instructions and logs are located on the DDD Website, under "Help for Providers"; links are called:

 - Gap In Critical Service Log Instructions
 - Gap In Critical Service Log #1 (ATC, HSK, RSP)
 - Gap In Critical Service Log #2 (IDLA and Nursing)
 2. Ensure accuracy in reporting and proper formatting (refer to instructions below) for the member's and vendor's identifying information (member AHCCCS ID, Provider Registration Number, Contractor ID).

3. Submit Gap in Critical Service Logs to the District Gap Lead.
- B. Provide additional and/or clarifying information to the District's Gap Lead, on the Gap in Critical Services Log, as requested.

Instructions for Completing the Gap in Critical Services Log

Column Number	Instruction	Explanation
0.	Contractor ID #	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 contractor. Ensure that this column is completed.
2.	Date Called In	The date the agency was notified of the gap in critical service. Use the following format 00/00/00 .
3.	Time Called In	The time the agency was notified. Use military time i.e., 08:00, 13:30, etc. Round to the nearest 15-minute increment.
4.	Gap Date	The date the gap in critical service occurs. This date may be the same as the date in Column 2 or the member may have waited to call. Use the following format 00/00/00 .
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. 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

County	Code
Mohave	15
Navajo	17
Pima	19
Pinal	21
Santa Cruz	23
Yavapai	25
Yuma	27

Column Number	Instruction	Explanation
7.	Member's Name	List member'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 contractor or the provider.
9.	Member's AHCCCS ID	List member's AHCCCS Identification Number – A12345678.
10.	Select from the following authorized critical service type	Select what critical service the member was to receive and list the corresponding alphabetical bullet in Column 10. A member may be receiving more than one critical service i.e., personal care and homemaker. List member's name twice and use a separate line to record the second critical service.

Log #1 ATC, HSK, RSP

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

Log#2 IDLA, Nursing

Service Type	
IDLA	A
Nursing	B
N/A	
N/A	

Note:

Vendor must use two SEPERATE Gaps in Critical Services Logs:

- Log #1 report gaps in ATC, HSK, and RSP Services
- Log #2 report gaps in IDLA and Nursing.

Column Number	Instruction	Explanation
11.	Member Critical Service Preference Level at the time of notice (Agency)	Insert the Member Critical Service Preference Level as indicated by the member/representative at the time the provider/agency either receives a call from member advising of a gap in critical service or the provider/agency contacts the member/representative to discuss the member's current needs. Agencies must obtain from the member/representative the Member Critical Service Preference Level at time of critical service gap notification as a member may have indicated a lower preference level previously but immediate circumstances indicate a higher preference level now. Column to be filled in by agency/provider.

Member Critical 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

Column Number	Instruction	Explanation
12.	Member Critical Service Preference Level (Contractor)	At time of last Support Coordinator's visit - Insert the Member Critical Service Preference Level indicated by the member/representative during the initial or reassessment interviews. Column to be filled in by contractors.

Member Critical 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

Column Number	Instruction	Explanation
13.	Reason for Critical Service Gap	List the reason the gap in critical service hours occurred. Use the corresponding numerical bullet only. #4 should be used only when there is an ongoing gap in service. Provide a brief explanation in Column 24, if "Other" is used.

Reason for Critical Service Gap	
Caregiver Cancelled	1
Caregiver Did Not Show	2
Caregiver Left Early	3
Replacement Caregiver Not Available	4
Reserved	5
Other	6

Column Number	Instruction	Explanation
14.	Explain how critical service gap was resolved	List how the critical service gap was met on the day of the gap. If critical services are not provided on the day of the gap regardless of the reason (i.e., member chose next scheduled visit), the column will be blank. Use the corresponding alphabetical bullet only. The unpaid community organization could be the member's church or civic organization. The 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." See scenario #2.

Log # 1		Log # 2	
Explain how critical service gap was resolved (ATC, HSK & RSP)		Explain how critical service gap was resolved (IDLA & NURSING)	
Attendant Care	A	IDLA	A
Homemaker	B	Nursing	B
Personal Care	C	N/A	C
Respite	D	N/A	D
Unpaid Caregiver	E	N/A	E
Unpaid Community Organization	F	Unpaid Community Organization	F
Other	G	Other	G
Unpaid/Paid Caregivers	H	Unpaid/Paid Caregivers	H

1. If an "E", "F" or "H" is recorded in Column 14, then Column 23 must be completed.
2. If "G" is used, include an explanation of "Other" in Column 24. Do NOT use a "G" to indicate that no critical services were provided. **If no critical services are provided leave the column blank.**

Column Number	Instruction	Explanation
15.	Original Critical Hours Authorized	Enter the amount of critical hours authorized by the Support Coordinator for the date of the gap in critical service.
16.	Number of Critical Hours Not Replaced	Enter the number of authorized critical hours that were not replaced. For example, the Support Coordinator authorized 4 hours of respite services and 0 hours were filled so a total of 4 hours should be recorded.
17.	Unpaid hours provided to resolve gap in critical services on the day of the gap	<p>Enter number of unpaid hours provided by all entries in Column 14 above to meet member's needs. For example, the Support Coordinator authorized 8 hours for attendant care services; agency was able to get a replacement caregiver to provide 6 hours and the unpaid caregiver provided 2 hours until replacement arrived so a total of 2 hours should be recorded.</p> <p>Note: If Column 17 is less than the number of hours authorized in Column 15, Column 20 must be completed.</p>
18.	Paid hours provided to resolve gap in critical services on the day of the gap	<p>Number of paid hours provided by all entries in Column 14 above to meet member's needs. For example, the Support Coordinator authorized 4 hours of attendant care and the agency was able to get a replacement for 3 hours and 1 hour was not covered a total of 3 hours should be recorded.</p> <p>Note: If Column 18 is less than the number of hours authorized in Column 15, Column 20 must be completed.</p>

Column Number	Instruction	Explanation
19.	<p>Length of time before critical services provided</p>	<p>Time to resolve gap in critical service hours, i.e., the time between the agency/contractor notification and the delivery of service. Record time to resolve gaps in hours – a half day as 12 hours; 1 day as 24 hours; next once a week scheduled visit as 168 hours.</p> <p>For example:</p> <p>A. The agency was notified at 8:30 AM that the caregiver cancelled the 8:00 AM scheduled critical 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 gap in critical service as 1 hour.</p> <p>B. The agency was notified at 8:30 AM that the caregiver cancelled the 8:00 AM regularly scheduled Tuesday critical 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 on Wednesday morning. Column 17 should record the length of time to resolve the gap in critical service as 23.5 hours.</p> <p>C. The agency was notified at 8:30 AM that the caregiver cancelled the 8:00 AM once a week Tuesday critical 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 gap in critical service as 167.5 hours.</p>
20.	<p>Was Member Critical Service Preference Level Timeline Met</p>	<p>Place a Y (Yes) or N (No) to indicate whether the critical service gap was met within the timeline indicated by the Member Service Preference Level at the time of the notice in Column 11.</p> <p>The clock on the critical service gap begins when the provider is notified by the member/representative or caregiver that the caregiver either will not or has not arrived to provide critical services.</p> <p>Note: If an “N” is recorded in Column 20, Column 21 must be filled out.</p>

Column Number	Instruction	Explanation
21.	If Member Critical 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 in Column 24, if "Other" is used.

If Member Critical Service Preference Timelines are not met, explain why.		
Reserved		1
Member Choice		2
Unable to find replacement		3
Not alerted of critical service gap		4
Other		5

Column Number	Instruction	Explanation
22.	If total Authorized Critical Hours not replaced explain why	List the reason the total critical authorized units not replaced on the day of the gap. Use the corresponding numerical bullet. Provide a brief explanation, if "Other" is used in Column 24.

If total critical hours were not replaced, explain why.		
Full replacement hours not needed		1
Member Choice		2
Unable to find replacement		3
Not alerted of critical service gap		4
Other		5

Column Number	Instruction	Explanation
23.	If an Unpaid Caregiver used, explain why	Use the corresponding number to indicate the reason an unpaid caregiver was used. Note if there is an "E", "F," or "H," used in Column 14, Column 23 must be completed. For example, the agency is notified that the caregiver cancelled and the agency calls the member/representative to determine the Member Critical Service Preference Level and discusses getting another caregiver out to the member. The member refuses and states he/she wishes to use an unpaid caregiver. A number 1 would be recorded in Column 21. Provide a brief explanation if "Other" is used in Column 24.

If an unpaid caregiver used, explain why.	
Member Choice	1
No Agency Staff Available	2
Other	3

Column Number	Instruction	Explanation
24.	Explanation Column	Complete this column when an explanation is required.

Examples of Critical Service Gap Tracking Log for Recording of Scenarios

<u>Scenario 1:</u>	
History	J. Smith, with quadriplegia lives at home alone and requires services in the morning and evening. The member has limited to minimal informal support systems.
Assessment/ Authorized	The Support Coordinator has assessed and authorized a total of 6 hours of attendant care to be split 3 hours in the morning and 3 hours at night, to begin at 8:00 AM and 7:00 PM, seven days a week. Member Service Preference Level indicated by the member/representative was a Level 1 and the agency has been notified.
Situation	At 8:00 AM the caregiver calls the member and then calls the agency letting both know that they will be unable to work today. The agency calls the member to discuss the situation and the member indicates immediate priority needs. (Agencies must obtain from the member/representative the Member Service Preference Level at time of service gap notification as a member may have indicated a lower preference level previously but immediate circumstances indicate a higher preference level now).
Resolution	The agency is able to obtain another caregiver and has them at the member's home at 10:00 AM and will provide 2 hours of personal care services. The replacement morning caregiver will also be able to cover the 3 hour evening shift therefore; a gap is not recorded for the evening shift because it was resolved before the scheduled time service was to begin.

<u>Scenario 2:</u>	
History	T. Jones is an elderly person with dementia who tends to wander and cannot be left alone. The member lives with his son. The son works outside of the home.
Assessment/ Authorized	The Support Coordinator has assessed and authorized a total of 9 hours of attendant care six days a week. The caregiver is scheduled to begin at 7:00 AM. The Member Service Preference Level indicated by the member/representative was a Level 1 and the agency has been notified.
Situation	At 7:30 AM the caregiver calls to say they will be unable to work today. The agency calls the member's son to discuss the situation and the son indicates immediate priority needs. The son is not part of the Contingency Plan due to his employment outside of the home.
Resolution	The agency makes several calls to try and find another caregiver. At 8:30 the primary agency calls the contractor and informs them they cannot find a replacement caregiver. The contractor contacts another contracted provider within their network and makes arrangements for a replacement caregiver to be at the member's home at noon. The son then stays with his father until the replacement caregiver arrives. Total number of service hours received from both paid and unpaid are 9 (5 by unpaid caregiver and 4 by paid caregiver); therefore, an "H" is recorded under Column 14.

<u>Scenario 3:</u>	
History	M. Brown is married and lives with his elderly spouse. The spouse is unable to assist with most personal care however, is able to assist with simple meals and the urinal. The Browns are a Spanish-speaking family who live 30 miles from town. The Browns would prefer Spanish-speaking caregivers.
Assessment/ Authorized	The Support Coordinator has assessed and authorized 2 hours of personal care 7 days a week and 2 hours of homemaker services Monday, Wednesday and Friday. Personal care hours are to begin at 7:30 AM and homemaker hours at 11:00 AM. Member Service Preference Level indicated by the member/representative was a Level 2 because of the Personal Care service. The spouse can get the member simple meals and is able to assist with the urinal. The member has indicated that when a Homemaker is not available the service can be delayed until the next scheduled visit.
Situation	The personal care worker called the agency at 7:30 AM on Wednesday and lets the agency know they won't be in to work. The agency calls the member to discuss the situation pertaining to Personal Care services and member confirms his Service Preference Level as a Level 2. The Homemaker calls the agency at 11:00 AM on Wednesday to let the agency know they wouldn't be in to work. The agency calls the member and discusses the Homemaker needs. The Member Service Preference Level is indicated by the member to be a Level 4 – Next Scheduled Visit.
Resolution	The agency only has a non-Spanish-speaking personal care worker available. That worker is sent to the member's home at 10:30 AM for 2 hours of care. The family refuses the caregiver because of the language issue and calls the primary agency. The agency calls the contractor and informs them they cannot find a Spanish-speaking replacement caregiver. The contractor contacts another contracted provider within their network and makes arrangements for a replacement caregiver to be at the member's home at 1:00 PM. The time recorded in Column 19 to resolve the gap in personal care services is 5.5 hours. On a separate line the hours recorded in Column 19 for the resolution of Homemaker services is 48 hours.

Note: As no Homemaker services were provided until the next scheduled visit Column 14 is blank. Column 20 now shows a "2" as member chose not to receive Homemaker services until the next scheduled visit.

<u>Scenario 4:</u>	
History	S. White is married and lives with her elderly spouse. The spouse is unable to do housework, shopping, laundry, etc.
Assessment/ Authorized	The Support Coordinator has assessed and authorized 2 hours of Homemaker services Monday, Wednesday and Friday beginning at 11:00 AM. Member Service Preference Level indicated by the member/representative was a Level 4 for Homemaker.
Situation	At 11:30 on Wednesday the member calls the agency to report the homemaker has not shown up. While on the phone, the agency and the Whites discuss the situation. The Whites explain that the homemaker

	always goes grocery shopping for them on Wednesdays and they can't wait until Friday for the service. The Member Service Preference Level is currently indicated as Level 2.
Resolution	The agency is able to have a homemaker out to the Whites at 4:30 PM the same day. The time recorded in Column 19 is 5 hours.

Scenario 5:	
Situation	The member is to receive attendant care services 3 times a week for 6 hours a day. The caregiver shows up at the regularly scheduled time and the member did not answer the door. The caregiver made a reasonable attempt to verify that the member was not home (i.e. looked in windows, checked with a neighbor, called the member's telephone number, etc.) The caregiver notified their agency who instructed them to wait 15 minutes before leaving.
Resolution	The provider agency records this as a Non-Provision of Service because this is not a gap in services, contractors would not record this on the Gap In Service Log submitted to AHCCCS.

Scenario 6:	
History	J. Johnson lives with her son who works outside the home. The son performs her morning and evening care. All the member requires is assistance with housekeeping.
Assessment/ Authorized	The Support Coordinator has assessed and authorized 2 hours of homemaker services twice a week. Services are scheduled Tuesdays and Thursdays beginning at 10:00 AM. Member Service Preference Level indicated by the member/representative was a Level 4.
Situation	At 10:15 AM on Tuesday the member calls the agency and states that the homemaker did not show up. The agency discusses the situation with the member who indicates the Member Service Preference Level is Level 4. The agency calls the homemaker and finds out the homemaker has been in an accident and is no longer available and they do not have another homemaker available today or in the foreseeable future. The agency calls the contractor and advises them of the situation.

Resolution	<p>The Contractor contacts other contracted providers in their network and is unable to find a replacement caregiver for today from any of them. All agencies will continue to look for a replacement caregiver for as soon as possible. On Friday, a provider agency (not the original agency) contacts the Contractor to report having found a replacement caregiver for this member to begin at 10:00 AM that day. This caregiver will only be available for one week while the member she usually takes care of is out of town. The Contractor contacts the original provider agency to advise them the non-provision of services has been temporarily resolved so this does not continue to be recorded. At the end of the week when the replacement caregiver is no longer available for the member neither the original nor any of the Contractor's other provider agencies are able to find another replacement caregiver. One month later a replacement caregiver has still not been found. Contractor, Agencies continue to look for a caregiver. The Support Coordinator continues to discuss with the member alternative service/placement options to meet her needs. Member chooses to remain in her son's home. The Support Coordinator and the member develop a Managed Risk Agreement.</p>
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<u>Scenario 7:</u>	
History	<p>Ms. Brown is a 48 year old member with MS who lives alone but has friends in her home frequently. The member has had numerous caregivers and agencies providing her care over the last several months. The current agency is the last of the contractor's contracted providers who are willing to serve this member.</p>
Assessment/ Authorized	<p>The Support Coordinator has assessed and authorized 5 hours per day of Attendant Care, 7 days/week. Member Service Preference Level is 2.</p>
Situation	<p>The member's current caregiver arrives at the member's home at the scheduled time and finds the member and a few friends actively using illegal drugs. This is not the first time this has occurred. The caregiver does not feel the situation is safe for her so she advises the member that she cannot stay to provide care. One of member's friends becomes verbally aggressive towards the caregiver so she immediately leaves the home. She drives away from the home and calls her employer agency to inform them of the situation. The provider contacts the Contractor to inform them that they are no longer willing to send a caregiver into this unsafe setting.</p>
Resolution	<p>The Support Coordinator contacts the member to inform her that as a result of the drug activity in her home, they are unable to find a caregiver for the member today and it is not known when another caregiver will be found. The next day the Support Coordinator and her supervisor visit the member in her home to update her Managed Risk Agreement which outlines what the barriers to care are and the potential consequences if the member's behaviors/choices continue. This is recorded as a Non-provision of service until a replacement caregiver is found. It is not a gap in service and therefore not recorded on the Gap In Critical Service Log.</p>