

413 GAP IN CRITICAL SERVICES

EFFECTIVE DATES: 04/01/07, 10/01/15, 10/01/17, 10/01/18

REVISION DATES: 07/01/10, 01/08/14, 06/18/15, 04/20/17, 07/11/18

I. PURPOSE

This Policy applies to ALTCS/EPD and DES/DDD (DDD) Contractors. This Policy establishes requirements, criteria and timeframes for responding to and reporting of gaps in the provision of critical services provided to ALTCS members receiving Home and Community Based (HCBS) services.

II. DEFINITIONS

CONTINGENCY PLAN OR BACK-UP PLAN	Includes information about actions that the member/guardian/designated representative should take to report any gaps in critical services.
CRITICAL SERVICES	Include Attendant Care, Personal Care, Homemaker and Respite care, and is inclusive of, but not limited to, tasks such as bathing, toileting, dressing, feeding, transferring to or from bed or wheelchair, and assistance with similar daily activities.
DIRECT CARE WORKER (DCW)	A person who assists an elderly person or an individual with a disability with activities necessary to allow them to reside in their home. These individuals, also known as Direct Support Professionals, shall be employed by DCW Agencies or, in the case of member-directed options, by ALTCS members. The DCW Agency or ALTCS member establishes DCW terms of employment. See AMPM Policy 1240-A.
GAP IN CRITICAL SERVICES	The difference between the number of hours of critical services scheduled in each member's Service Plan and the hours of the scheduled type of critical services that are actually delivered to the member.
MEMBER CRITICAL SERVICE PREFERENCE LEVEL	Indication of the timeframe in which the member chooses to have a gap in critical services filled if the scheduled Direct Care Worker (DCW) of that critical service is not available.
SERVICE PLAN	A complete written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.

III. POLICY

The Contractor shall implement policies and procedures to identify, correct, and track Gaps in Critical Services as outlined in Contract, AMPM Policy 1620, and this Policy. These policies and procedures shall, at a minimum, cover the following areas:

1. Information (both verbally and in writing) to members, regarding the Contractor's responsibility for providing members with all medically necessary authorized services, for ensuring any Gap in Critical Services are filled within two hours and for providing members with a back-up Direct Care Worker (DCW) in situations when an unforeseeable Gap in Critical Services occurs,
2. Information to members on how to contact the Contractor, its Subcontractor, or AHCCCS when a Critical Service is not provided as scheduled,
3. At the time of the initial and quarterly reassessment case managers are required to assess a member's needs, including a Member Critical Service Preference Level if a Gap in Critical Services were to occur and develop a Contingency Plan in the event of a Gap in a member's Critical Services,
4. The Contractor's process for providing services in the event of a Gap in Critical Services. This shall include a description of the process used to ensure that the Contractor or its subcontractor timely provide a back-up caregiver in the event of an unforeseeable Gap in Critical Services, and
5. Tracking and trending Gaps in Critical Services and grievances as a result of a Gap in Critical Services.

A. GAP IN CRITICAL SERVICES REPORT

1. The Gap In Critical Services Report shall be submitted to the designated Operations and Compliance Officer as specified in Contract.
2. The Report shall contain at a minimum:
 - a. Data
 - i. Total number of authorized Critical Service hours,
 - ii. Total number of authorized Critical Service hours that were gap hours,
 - iii. Percentage of gap hours to authorized Critical Service hours,
 - iv. Number of hours provided to resolve gaps,
 - v. Percentage of hours provided to resolve gaps to total gap hours reported,
 - vi. Number hours to resolve gaps provided by unpaid DCWs,
 - vii. Percentage of hours provided by unpaid DCWs to resolve gaps to total gap hours reported,
 - viii. Number of members with gaps,
 - ix. Percentage of members whose Member Critical Service Preference Level were not met,

- x. Total number of providers,
- xi. Monthly average number of providers reporting gaps,
- xii. Number of service gaps reported, and
- xiii. Data a. through l. above from the previous reporting period.
- b. Narrative Summary
 - i. Percent of gap critical hours to authorized critical hours,
 - ii. Grievances,
 - iii. Trends identified – By GSA, County, and provider-specific issues,
 - iv. Corrective Action Plans initiated,
 - v. Network Development, and
 - vi. Telephone Survey Results.

B. GAP IN CRITICAL SERVICES LOG

1. The Contractor shall monitor authorized critical hours and Gaps in Critical Services on a monthly basis utilizing Attachment A and the Log Forms Attachment A-1 and A-2.
2. The Gap In Critical Services Log shall be submitted quarterly as specified in Contract with the data for each month during the quarter (Attachment A-1 and A-2).

C. TELEPHONE SURVEY REPORTING

1. The Contractor shall conduct telephone surveys quarterly, verifying that each contracted provider agency of Critical Services has availability after normal business hours, including weekends.
2. The results of the telephone surveys shall be submitted semi-annually as part of the Gap in Critical Services Report as specified in Contract.
3. AHCCCS may at any time direct a Contractor to conduct Telephone Surveys more frequently.
4. A provider agency is considered available to address a member's potential Gap in Critical Services if:
 - a. The provider immediately answers the phone call, or
 - b. The provider returns the phone call within 15 minutes.
5. See Attachment B for the Telephone Survey Instructions and Template.