

**I. INSTRUCTIONS**

The Contractor must submit a completed Gap In Critical Services Log (Gap Log) with Authorized Critical Hours Log Form to AHCCCS for all Gaps in Critical Services. The Contractor must monitor authorized critical hours and Gaps in Critical Services on a monthly basis. The Gap In Critical Services Log shall be submitted as specified in Contract with the data for each month.

**II. GAP**

COLUMN NUMBER	INSTRUCTION	EXPLANATION
<b>0.</b>	<b>CONTRACTOR ID #</b>	Contractor fills in column with identification number 110306, 110049, etc.
<b>1.</b>	<b>PROVIDER REGISTRATION NUMBER</b>	Provider’s AHCCCS Identification numbers. Column to be filled in by Provider or Contractor. Ensure that this Column is completed.
<b>2.</b>	<b>DATE CALLED IN</b>	The date the Agency was notified of the Gap in Critical Services. Use the following format 02/01/05.
<b>3.</b>	<b>TIME CALLED IN</b>	The time the Agency was notified. <b>Use military time</b> (e.g. 08:00, 13:30). Round to the nearest 15-minute increment.
<b>4.</b>	<b>GAP DATE</b>	The date the Gap in Critical Services occurs. This date may be the same as the date in column 1 or the member may have waited to call. Use the following format 11/01/04.
<b>5.</b>	<b>TIME SERVICE SCHEDULED TO BEGIN</b>	Insert the time the service was regularly scheduled to begin. <b>Use military time</b> (e.g. 08:00, 13:30). Round to the nearest 15-minute increment.
<b>6.</b>	<b>COUNTY CODE</b>	The County of <b>residence</b> 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

<b>COLUMN NUMBER</b>	<b>INSTRUCTION</b>	<b>EXPLANATION</b>
<b>7.</b>	<b>MEMBER'S NAME</b>	List member's name, last name, first name and middle initial – Jones, Mary J.
<b>8.</b>	<b>MEMBER'S ZIP CODE</b>	Member's Zip Code – this column can be filled in either by the Contractor or the Provider.
<b>9.</b>	<b>MEMBER'S AHCCCS ID</b>	List member's AHCCCS Identification Number – A12345678.
<b>10.</b>	<b>SELECT FROM THE FOLLOWING AUTHORIZED CRITICAL SERVICE TYPE</b>	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.

<b>SERVICE TYPE</b>	
Attendant Care	A
Homemaker	B
Personal Care	C
Respite	D

<b>COLUMN NUMBER</b>	<b>INSTRUCTION</b>	<b>EXPLANATION</b>
<b>11.</b>	<b>MEMBER CRITICAL SERVICE PREFERENCE LEVEL AT THE TIME OF NOTICE</b>	Insert the Member Critical Service Preference Level as indicated by the member/guardian/designated representative at the time the Provider/ Agency either receives a call from member advising of a Gap in Critical Services or the Provider/Agency contacts the member/guardian/designated representative to discuss the member's current needs. Agencies shall obtain from the member/guardian/designated 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.

<b>MEMBER CRITICAL SERVICE PREFERENCE LEVEL</b>	
Needs services within two hours	1
Needs services today	2
Needs services within 48 hours	3
Can wait until next scheduled day	4

COLUMN NUMBER	INSTRUCTION	EXPLANATION
12.	<b>MEMBER CRITICAL SERVICE PREFERENCE LEVEL</b>	At time of last Case Manager’s visit - Insert the Member Critical Service Preference Level indicated by the member/and family representative during the initial or reassessment interviews. Column to be filled in by Contractors.

<b>MEMBER CRITICAL SERVICE PREFERENCE LEVEL</b>	
Needs services within two hours	1
Needs services today	2
Needs services within 48 hours	3
Can wait until next scheduled day	4

COLUMN NUMBER	INSTRUCTION	EXPLANATION
13.	<b>REASON FOR GAP IN CRITICAL SERVICES</b>	List the reason the Gap in Critical Services hours occurred. Use the corresponding numerical bullet only. <b>#4 should be used only when there is an ongoing gap in service.</b> Provide a brief explanation in Column 24 if “Other” is used.

<b>REASON FOR GAP IN CRITICAL SERVICES</b>	
Caregiver Cancelled	1
Caregiver Did Not Show	2
Care Giver Left Early	3
Replacement Caregiver Not Available	4
Reserved	5
Other	6

**II. RESOLUTION**

COLUMN NUMBER	INSTRUCTION	EXPLANATION
14.	<b>EXPLAIN HOW GAP IN CRITICAL SERVICES WAS RESOLVED</b>	List how the Gap in Critical Services was met on the day of the gap. If Critical Services are not provided on the day of the gap regardless of the reason (e.g. member chose next scheduled visit) the column will be blank. Use the corresponding alphabetical bullet only. Unpaid Community Organization could be the member’s church or civic organization. Unpaid Caregiver could be an unpaid family member, neighbor, friend, etc. who has been designated by the member/ and family 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.

<b>EXPLAIN HOW GAP IN CRITICAL SERVICES WAS RESOLVED</b>	
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 23 must be completed.  
 2) If “G” is used then an explanation must be included. Provide an explanation of “Other” in Column 24. A “G” should not be used to indicate that no critical services were provided. **If no critical services are provided leave the column blank.**

COLUMN NUMBER	INSTRUCTION	EXPLANATION
15.	<b>ORIGINAL CRITICAL HOURS AUTHORIZED</b>	The amount of critical hours authorized by the Case Manager for the date of the Gap in Critical Services.
16.	<b>NUMBER OF CRITICAL HOURS NOT REPLACED</b>	The number of authorized critical hours that were not replaced. For example, Case Manager authorized 4 hours of respite services and 0 hours were filled so a total of 4 hours should be recorded.

COLUMN NUMBER	INSTRUCTION	EXPLANATION
17.	<b>UNPAID HOURS PROVIDED TO RESOLVE GAP IN CRITICAL SERVICES ON THE DAY OF THE GAP</b>	Number of unpaid 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 six hours and Unpaid Caregiver provided two hours until replacement arrived so a total of two hours should be recorded. Note: If Column 17 is less than the number of hours authorized in Column 15, then Column 20 must be completed.
18.	<b>PAID HOURS PROVIDED TO RESOLVE GAP IN CRITICAL SERVICES ON THE DAY OF THE GAP</b>	Number of paid hours provided by all entries in Column 14 above to meet member’s needs. For example, Case Manager authorized four hours of personal care and the Agency was able to get a replacement for three hours and one hour was not covered a total of three hours should be recorded. Note: If Column 18 is less than the number of hours authorized in Column 15, then Column 20 must be completed.

COLUMN NUMBER	INSTRUCTION	EXPLANATION
19.	<p align="center"><b>LENGTH OF TIME BEFORE CRITICAL SERVICES PROVIDED</b></p>	<p>Time to resolve a Gap in Critical Services hours – e.g. 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; one 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 Critical Service Preference Level indicated by the member/ and family representative at the time of the call was 1) – Within two 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 one 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 Critical Service Preference Level indicated by the member/ and family representative at the time of the call was 2) – 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 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 Critical Service Preference Level indicated by the member/ and family representative at the time of the call was 3) – 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 align="center"><b>WAS MEMBER CRITICAL SERVICE PREFERENCE LEVEL TIMELINE MET</b></p>	<p>Place a Y (Yes) or N (No) to indicate if the Gap in Critical Services was met within the timeline indicated by the Member Critical Service Preference Level at the time of the notice in Column 11. <b>The clock on the Gap in Critical Services begins when the provider is notified by the member/guardian/designated representative that the caregiver either will not or has not arrived to provide critical services. NOTE: if an “N” is recorded in Column 20, then Column 21 must be filled out.</b></p>
21.	<p align="center"><b>IF MEMBER CRITICAL SERVICE PREFERENCE LEVEL TIMELINE NOT MET</b></p>	<p>List the reason the Member Critical Service Preference Level timeline was not met. Use the corresponding numerical bullet. Provide a brief explanation in Column 24 if “Other” is used.</p>

**IF MEMBER CRITICAL SERVICE PREFERENCE**

<b>TIMELINES NOT MET EXPLAIN WHY</b>	
Reserved	1
Consumer Choice	2
Unable to find replacement	3
Not alerted of Critical Service gap	4
Other	5

<b>COLUMN NUMBER</b>	<b>INSTRUCTION</b>	<b>EXPLANATION</b>
<b>22.</b>	<b>IF TOTAL AUTHORIZED CRITICAL HOURS NOT REPLACED EXPLAIN WHY</b>	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.

<b>IF TOTAL CRITICAL HOURS WERE NOT REPLACED EXPLAIN WHY</b>	
Full replacement hours not needed	1
Consumer Choice	2
Unable to find replacement	3
Not alerted of Critical Service gap	4
Other	5

<b>COLUMN NUMBER</b>	<b>INSTRUCTION</b>	<b>EXPLANATION</b>
<b>23.</b>	<b>IF UNPAID CAREGIVER USED, EXPLAIN WHY</b>	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 23 must be completed. For example, the Agency is notified that the caregiver cancelled, the Agency calls the member/guardian/designated representative to determine the Member Critical 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 24.

<b>IF UNPAID CAREGIVER USED, EXPLAIN WHY</b>	
Consumer Choice	1
No Agency Staff Available	2
Other	3

<b>COLUMN NUMBER</b>	<b>INSTRUCTION</b>	<b>EXPLANATION</b>
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<b>24.</b>	<b>EXPLANATION COLUMN</b>	Complete this column when an explanation is required.
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**Authorized Critical Hours Worksheet** – (See tab at bottom of Excel page) The Contractor must track monthly the total hours of authorized Critical Services by Critical Service as provided on the second sheet of the Gap in Critical Services Log. This report will be done monthly and submitted quarterly. Do not modify the worksheet as any modifications interfere with the analysis.

(A) <i>MONTH</i>	(B) <i>CONTRACTOR ID NUMBER</i>	(C) <i>ATTENDANT CARE</i>	(D) <i>PERSONAL CARE</i>	(E) <i>HOMEMAKING</i>	(F) <i>RESPIRE</i>	(G) <i>TOTAL</i>
Insert Previous Month (Jan.)	123456	65,266	585	1,579	0	67,430
Insert Current Month (Feb.)	123456	67,422	531	1,804	0	69,757

(H) <i>MONTH</i>	(I) <i>NUMBER OF HCBS IN-HOME MEMBERS AS OF THE LAST DAY OF THE MONTH</i>	(J) <i>NUMBER OF GAP IN CRITICAL SERVICES HOURS REPORTED</i>	(K) <i>HOURS PROVIDED TO RESOLVE GAP IN CRITICAL SERVICES</i>	(L) <i>AVERAGE GAP IN CRITICAL SERVICES HOURS PER MEMBER</i>	(M) <i>TOTAL AUTHORIZED CRITICAL HOURS</i>	(N) <i>PERCENT OF GAP HOURS TO AUTHORIZED HOURS</i>
Previous Month (Jan.)	500	125	87	25	67,430	.19%
Current Month (Feb.)	490	91	69	19	69,757	.13%
(O) <i>PERCENT OF VARIANCE TO CURRENT</i>	<2%>	<37%>	<26%>	<32%>	3.34%	<46%>

(A)	<b>PREVIOUS MONTH</b>	This row should contain the name of the previous month's data. (e.g. January).
	<b>CURRENT MONTH</b>	This row should contain the name of the current month's data (e.g. February).
(B)	<b>CONTRACTOR ID NUMBER</b>	List Contractor identification number from Column 0 on the Gap in Critical Services Log.
(C)	<b>ATTENDANT CARE</b>	List the total number of attendant care hours authorized for the previous and current months.
(D)	<b>PERSONAL CARE</b>	List the total number of personal care hours authorized for the previous and current months.
(E)	<b>HOMEMAKER</b>	List the total number of homemaker hours authorized for the previous and current months.

<b>(F)</b>	<b>RESPIRE</b>	List the total number of respite hours authorized for the previous and current months.
<b>(G)</b>	<b>TOTAL</b>	List the totals of Columns (c), (d), (e), and (f).
<b>(H)</b>	<b>PREVIOUS MONTH</b>	This row should contain the name of the previous month's data. (e.g. January).
	<b>CURRENT MONTH</b>	This row should contain the name of the current month's data (e.g. February).
<b>(I)</b>	<b>NUMBER OF HCBS IN-HOME MEMBERS AS OF THE LAST DAY OF THE MONTH</b>	List the total number of in-home HCBS members for the month you are reporting on the appropriate line (e.g. January and February)
<b>(J)</b>	<b>NUMBER OF GAP IN CRITICAL SERVICES HOURS REPORTED</b>	List the total hours reported in columns 16 and 17 (Hours not Provided and Unpaid Hours Provided to Resolve Gap) of the Gap in Critical Services Log.
<b>(K)</b>	<b>HOURS PROVIDED TO RESOLVE GAP IN CRITICAL SERVICES</b>	List the total of hours reported in column 17 and 18 (Unpaid Hours Provided to Resolve Gap and Paid Hours Provided to Resolve Gap) of the Gap in Critical Services Log.
<b>(L)</b>	<b>AVERAGE GAP IN CRITICAL SERVICES HOURS PER MEMBER</b>	The total number of Gap in Critical Services hours (j) divided by the # of HCBS in-home members (i).
<b>(M)</b>	<b>TOTAL AUTHORIZED CRITICAL HOURS</b>	List the totals from column g above.
<b>(N)</b>	<b>PERCENT OF GAP IN CRITICAL SERVICES HOURS TO AUTHORIZED HOURS</b>	The total of Gap in Critical Services hours reported (j) divided by the total critical hours authorized (m).
<b>(O)</b>	<b>PERCENT OF VARIANCE TO CURRENT</b>	<p>The difference between the previous month's information and the current month's information divided by the current month's data.  <b>Provide comments/explanations of variances that may need clarification at the bottom of the Excel sheet.</b></p> <p>Use brackets (e.g. &lt;2%&gt;) to reflect a decrease in numbers as shown in the example.</p>

**Authorized Critical Hours Worksheet** - (See tab at bottom of Excel page) The Contractor must indicate on the line on the second page of the Gap in Critical Services Log that it has received from each contracted provider a report or acknowledgement that they have had no Gaps in Critical Service for the reporting month. If no report or acknowledgement is received, the Contractor must send, under separate cover, an explanation of why no report or acknowledgement was received.

Yes/No - All Contracted Providers Reporting; If No, Provide Explanation under Separate  
Documentation

**Critical Service Gap Scenarios**- See Critical Services Gap Tracking Log for recording of scenarios.



**SCENARIO 1:**

History	J. Smith, with quadriplegia lives at home alone and requires services in the morning and evening. Member has limited to minimal informal support systems.
Assessment/ Authorized	Case Manager has assessed and authorized a total of six hours of attendant care to be split three hours in the morning and 3 hours at night, to begin at 8:00 AM and 7:00 PM, seven days a week. Member Critical Service Preference Level indicated by the member/guardian/designated 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. Agency calls member to discuss situation and member indicates immediate priority needs. (Agencies shall obtain from the member/guardian/designated representative the Member Critical Service Preference Level at time of service gap notification as a member may have indicated a lower Member Critical Service Preference Level previously but immediate circumstances indicate a higher Member Critical Service Preference Level now).
Resolution	Agency is able to obtain another caregiver and has them at the member’s home at 10:00 AM and will provide two hours of personal care services. The replacement morning caregiver will also be able to cover the three 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.

**SCENARIO 2:**

History	T. Jones is an older person with dementia who tends to wander and cannot be left alone. Member lives with his son. The son works outside of the home.
Assessment/ Authorized	Case Manager has assessed and authorized a total of 9 hours of attendant care six days a week. Caregiver is scheduled to begin at 7:00 AM. Member Critical Service Preference Level indicated by the member/guardian/designated 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 can not 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 is nine (five unpaid caregiver and four by paid caregiver) therefore, an “H” is recorded under column 14.

**SCENARIO 3:**

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
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	a Spanish speaking family who live 30 miles from town. The Browns would prefer Spanish speaking caregivers.
Assessment/ Authorized	Case Manager has assessed and authorized two hours of personal care seven days a week and two 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 Critical Service Preference Level indicated by the member/guardian/designated 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	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 Critical 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 Critical 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 two 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 can not 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."**

**SCENARIO 4:**

History	S. White is married and lives with her elderly spouse. The spouse is unable to do housework, shopping, laundry, etc.
Assessment/ Authorized	Case Manager has assessed and authorized two hours of Homemaker services Monday, Wednesday, and Friday beginning at 11:00 AM. Member Critical Service Preference Level indicated by the member/and family 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 Critical 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 five hours.

**SCENARIO 5:**

Situation	The member is to receive attendant care services 3 times a week for six hours a day. Caregiver
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	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 (e.g. looked in windows, checked with a neighbor, called the member's telephone number) 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 Critical Services 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	Case Manager has assessed and authorized two hours of homemaker services twice a week. Services are scheduled Tuesdays and Thursdays beginning at 10:00 AM. Member Critical Service Preference Level indicated by the member/and family 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 Critical 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	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 Case Manager continues to discuss with the member alternative service/ placement options to meet her needs. Member chooses to remain in her son's home. The Case Manager and the member develop a Managed Risk Agreement.

**SCENARIO 7:**

History	Ms. Brown is a 48 year old member with MS who lives alone but has friends in her home frequently. 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.
Assessment/ Authorized	Case Manager has assessed and authorized five hours per day of Attendant Care, seven days/week. Member Critical Service Preference Level is 2.
Situation	Member's current caregiver arrives at member's home at scheduled time and finds 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 can not stay to provide care. One of member's friends becomes verbally aggressive towards 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.
Resolution	The case manager 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 case manager 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 Services Log.