|  |  |  |
| --- | --- | --- |
| **Services Provided**  | **Frequency** | **Preference Level** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| **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 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:* |
|  |

|  |  |
| --- | --- |
| **A** | Must be rescheduled within two hours of originally scheduled start time.  |
| **B** | Must be rescheduled within 24 hours of originally scheduled start time. |
| **C** | Must be rescheduled within 48 hours of originally scheduled start time. |
| **D** | Will be performed at the next scheduled visit. |
| **Member has been advised that s/he may change the Member Service Preference Level and also his/her back-up plan, as indicated below, at any time, including at the time the caregiver is late or does not show up\*** |
|  |  |  |  |  |
|  | ***Agency Representative Printed Name and Signature*** |  | ***Date*** |  |
| 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 Sandata EVV at Sandata Customer Care at 855-928-1140. |  |  |
| Step 3 | I will call my non-paid caregiver to provide the service I need. |  |  |

I understand that if I do not receive my critical services on time I can call the Agency or Sandata 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:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ***Member/Health Care Decision Maker Signature*** |  | ***Date*** |
|  |  |  |
|  ***Member/Health Care Decision Maker Printed Name*** |  | ***Date*** |
|  |  |  |
|  ***Relationship to Member*** |  |  |

|  |  |  |
| --- | --- | --- |
| **HCPCS** | **Service Title** | **Contingency Plan Default** |
| G0299 | Nursing | Service must be rescheduled within 2 hours of originally scheduled start time |
| G0300 | Nursing | Service must be rescheduled within 2 hours of originally scheduled start time |
| H2014 | Skills Training and Development | Service must be rescheduled within 24 hours of originally scheduled start time |
| S5125 | Attendant Care | Service must be rescheduled within 2 hours of originally scheduled start time |
| S5130 | Homemaker | Service will be performed at next scheduled visit |
| S5150 | Respite Care | Service must be rescheduled within 24 hours of originally scheduled start time |
| S5151 | Respite Care | Service must be rescheduled within 24 hours of originally scheduled start time |
| S9123 | Private Duty Nursing | Service must be rescheduled within 2 hours of originally scheduled start time |
| S9124 | Private Duty Nursing | Service must be rescheduled within 2 hours of originally scheduled start time |
| T1019 | Personal Care | Service must be rescheduled within 2 hours of originally scheduled start time |
| T2017 | Habilitation | Service must be rescheduled within 24 hours of originally scheduled start time |
| S5135 | Companion Care | Service will be performed at next scheduled visit |
| T1021 | Home Health Aide | Service must be rescheduled within 2 hours of originally scheduled start time |
| G0151 | Physical Therapy | Service will be performed at next scheduled visit |
| S9131 | Physical Therapy | Service will be performed at next scheduled visit |
| G0152 | OccupationalTherapy | Service will be performed at next scheduled visit |
| S9129 | OccupationalTherapy | Service will be performed at next scheduled visit |
| S5181 | Respiratory Therapy | Service must be rescheduled within 2 hours of originally scheduled start time |
| G0153 | Speech Therapy | Service will be performed at next scheduled visit |
| S9128 | Speech Therapy | Service will be performed at next scheduled visit |