MEMBER NAME	AHCCCS ID #	DATE OF PLAN

	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. The Members shall 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	Shall be rescheduled within two hours of originally scheduled start time.
B	Shall be rescheduled within 24 hours of originally scheduled start time.
C	Shall be rescheduled within 48 hours of originally scheduled start time.
D	Will be performed at the next scheduled visit.

MEMBER HAS BEEN ADVISED THAT THEY MAY CHANGE THE MEMBER SERVICE PREFERENCE LEVEL AND ALSO THEIR 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 my Case Manager. If I need assistance after normal business hours, I will contact my Health Plan.		
STEP 3	I will call my non-paid caregiver to provide the service I need.		

EFFECTIVE DATE: 01/01/21, 08/06/26
APPROVAL DATE: 11/19/20, 07/17/26

MEMBER NAME	AHCCCS ID #	DATE OF PLAN

I understand that if I do not receive my critical services on time, I can call the Agency, my case manager, or my Health Plan 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 AND ANNUALLY THEREAFTER:

MEMBER/HEALTH CARE DECISION MAKER SIGNATURE	DATE
MEMBER/HEALTH CARE DECISION MAKER PRINTED NAME	DATE
RELATIONSHIP TO MEMBER	

MEMBER NAME | **AHCCCS ID #** | **DATE OF PLAN**

HCPCS	SERVICE TITLE	CONTINGENCY PLAN DEFAULT
G0299	Nursing	Service shall be rescheduled within 2 hours of originally scheduled start time
G0300	Nursing	Service shall be rescheduled within 2 hours of originally scheduled start time
H2014	Skills Training and Development	Service shall be rescheduled within 24 hours of originally scheduled start time
S5125	Attendant Care	Service shall be rescheduled within 2 hours of originally scheduled start time
S5130	Homemaker	Service shall be performed at next scheduled visit
S5150	Respite Care	Service shall be rescheduled within 24 hours of originally scheduled start time
S5151	Respite Care	Service shall be rescheduled within 24 hours of originally scheduled start time
S9123	Private Duty Nursing	Service shall be rescheduled within 2 hours of originally scheduled start time
S9124	Private Duty Nursing	Service shall be rescheduled within 2 hours of originally scheduled start time
T1019	Personal Care	Service shall be rescheduled within 2 hours of originally scheduled start time
T2017	Habilitation	Service shall be rescheduled within 24 hours of originally scheduled start time
S5135	Companion Care	Service shall be performed at next scheduled visit
T1021	Home Health Aide	Service shall be rescheduled within 2 hours of originally scheduled start time
G0151	Physical Therapy	Service shall be performed at next scheduled visit
S9131	Physical Therapy	Service shall be performed at next scheduled visit
G0152	Occupational Therapy	Service shall be performed at next scheduled visit
S9129	Occupational Therapy	Service shall be performed at next scheduled visit
S5181	Respiratory Therapy	Service shall be rescheduled within 2 hours of originally scheduled start time
G0153	Speech Therapy	Service shall be performed at next scheduled visit
S9128	Speech Therapy	Service shall be performed at next scheduled visit