

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

POLICY DEVELOPMENT TOOL



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ECONOMIC SECURITY
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POLICY DEVELOPMENT TOOL

Table of Contents

1.0 Introduction

- 1.1 Purpose
- 1.2 Instructions
- 1.3 Key Components
- 1.4 Services Key
- 1.5 Policies by Services/Key

2.0 Policy Development Checklists

- 2.01 Attendant Care and Homemaker Monitoring & Supervision
- 2.02 Back-Up Planning
- 2.03 Behavior Management
- 2.04 Client Property and Funds Management
- 2.05 Communication with Responsible Parties
- 2.06 Contingency/Emergency Plan
- 2.07 Cultural Competency Plan
- 2.08 Daily Staffing Schedule
- 2.09 Developmental Homes
- 2.10 Developmental Home Training and Qualification (DHTAQ) Licensee
- 2.11 Dev. Home Training and Qualification (DHTAQ) Licensing WRK/SUP
- 2.12 Drugs, Alcohol, and Smoking
- 2.13 Electronic Visit Verification (EVV)
- 2.14 Family Feedback Satisfaction Survey
- 2.15 Fraud, Waste, and Abuse
- 2.16 Health and Medical Care
- 2.17 HIPAA/Confidentiality
- 2.18 Incident Reporting
- 2.19 Medication Administration
- 2.20 Medical Marijuana
- 2.21 Neglect and Abuse
- 2.22 Personnel, Hiring, and Training Plan
- 2.23 Planning Document
- 2.24 Pre-Service Orientation
- 2.25 Pool & Swimming Safety
- 2.26 Quality Management Plan
- 2.27 Record Retention/Data Security/TimeSheet Verification
- 2.28 Shift Change Communication
- 2.29 Sibling/Non-Division Eligible Others Ratio
- 2.30 Staff to Client Ratios
- 2.31 Transportation
- 2.32 Visitor/Visitation
- 2.33 Workforce Development

3.0 Additional Resources

- 3.1 Policy Manual URL List by Chapter
- 3.2 DDD Complete Set of All Policy Manuals

1.1 PURPOSE

This guide will assist Qualified Vendors with their responsibility for developing, standardizing, maintaining, and adapting policies based on Division requirements and member needs. The policy requirements identified in the checklists of this document serve as an outline to assist the Qualified Vendor in developing policies that are compliant with Division Rules and Policies. The forms/documents included in this tool are being provided for guidance only. It does not in any way relieve Qualified Vendors of their responsibility and accountability for compliance with the terms and conditions of the Qualified Vendor Agreement and all applicable laws.

1.2 INSTRUCTIONS

1. Review 1.3: Key Components to review the broad components you will need to have in place for each of your policies.
2. Review 1.4: Services Key and 1.5: Policies by Services Key to identify the policies you need to have in place. You will need to complete the applicable policy checklists located in Part 2.0: Policy Development Checklists.)
3. After you have identified your policies through 1.4: Services Key and 1.5: Policies by Services Key, consider the questions under the “Requirements” section of each checklist. Requirements that are specific to each policy will be found here.
4. When you are filling out your checklists, use the “Policy Page Reference” column within each checklist to identify, by page number, where your policy addresses each question. This will allow the reviewer to access this information quickly.

Note: Please add “N/A” to the “Policy Page Reference” column if the question is not applicable to your service.
5. Use the “Resources” area of each policy checklist to locate tools and resources that are needed to complete your policy or help with its development.
6. Use the “References” area at the end of each policy checklist to identify where the requirements for your policy originate from (e.g., DDD Provider Policy Manual.)
7. Use the “Comments” area within each policy checklist to leave notes or communicate with the Division about your policy.

1.3: KEY COMPONENTS FOR WRITTEN POLICY CONTENT

Key Components are required for your policies to be considered complete. They need to be in place for **every applicable policy within this tool**. If there are any Key Components missing, the policies and filled-out tool that you provided to the Division will be returned to you for revision until each Key Component is addressed in your policies. Requirements specific to each policy will be found in the “Requirements” section of each policy checklist. **Key Components that are required to be in each of your applicable policies are listed below:**

- 1.3.1 Policies developed will address all questions in each policy requirement checklist (Review 1.5: Policies by Services Key to determine what policies must be written.) HCBS Rules: The purpose of the HCBS Rules is to ensure individuals receiving HCBS are integrated into their communities and have full access to the benefits of community living. These new requirements, from the Centers for Medicare and Medicaid Services (CMS), impact individuals receiving services in residential and non-residential settings: Group Homes, Adult and Child Developmental Homes, IDLA homes with 24-hour staffing, Day Program, Center Based Employment Services, Group Supported Employment Programs.
- 1.3.2 Each policy will identify by title, the staff responsible for implementation (i.e., supervisor, manager, etc.). As we continue to move forward, it's important to ensure members are served by applying the guiding principles of the ALTCS program including, but not limited, member-centered case management practices, person-centered planning that safeguards against unjustified restrictions, and stakeholder collaboration. It is equally important that we continue to monitor for HCBS Rules in their day-to-day lives. The final rule addresses several sections of Medicaid law under which states may use federal Medicaid funds to pay for home and community-based services (HCBS). The rule supports enhanced quality in HCBS programs, adds protections for individuals receiving services. In addition, The Qualified Vendor has a policy that reflects full compliance with the HCBS Rules. This rule reflects CMS' intent to ensure that individuals receiving services and supports through Medicaid's HCBS programs have full access to the benefits of community living and are able to receiving services in the most integrated setting
- 1.3.3 Identify the necessary forms that will be used for documentation.
- 1.3.4 Describe the requirements for recordkeeping to ensure consistency throughout all settings.
- 1.3.5 Identify the training that will be needed to support the staff and Qualified Vendor policy.

- 1.3.6 Describe how staff will be trained (i.e. in-person, WebEx, etc.)
- 1.3.7 Identify who or what entity will develop and implement the training.
- 1.3.8 Explain what internal tracking and monitoring processes will be implemented to ensure Qualified Vendor compliance with the Division contract.
- 1.3.9 Each policy will identify by title, the staff responsible for the oversight and monitoring of the tracking system and documentation.
- 1.3.10 Describe the methods that will be used for tracking and monitoring to ensure continuous improvement and system change.
- 1.3.11 Each policy will identify specific timeframes based on Federal, State, and internal Qualified Vendor requirements
- 1.3.12 Ensure each policy addresses how the Qualified Vendor will address/meet reporting requirements, if applicable (as specified by Federal, State, and Division requirements).
- 1.3.14 Describe how the Qualified Vendor intends to ensure oversight for the implementation, review, and monitoring of the policy.

1.3: KEY COMPONENTS FOR WRITTEN POLICY CONTENT *(Continued)*

- 1.3.15 Identify the corrective measures that will be used to address infractions, concerns, or incidents that violate the policy.
- 1.3.16 Ensure your policy contains the following:
 - Document Number
 - Training Requirements
 - Document Name
 - Oversight of Policy
 - Effective Date
 - Policy Owner (and/or Author)
 - Description of Policy
 - Purpose
 - Compliance Guidelines (process for corrective action)
 - Any other forms associated with the policy (appendix)

REFERENCES

[AHCCCS Home and Community-Based Services](#)

[Medicaid Home and Community Based Services Final Regulation](#)

COMMENTS

1.4 SERVICES KEY	
POLICIES	
<p style="text-align: center;"><u>IN-HOME SUPPORT SERVICES</u></p> <p>ATC: Attendant Care HAH: Habilitation, Hourly Support HSK: Homemaker RSP / RSD: Respite Care</p>	<p style="text-align: center;"><u>DAY PROGRAMS</u></p> <p>DTA: Day Services - Adult DTT/DTS: Day Services - Child</p>
<p style="text-align: center;"><u>EMPLOYMENT SERVICES</u></p> <p>GSE: Group Supported Employment ISE: Individual Supported Employment ESA: Employment Support Aide CBE: Center Based Employment PTE: Pathway to Employment</p>	<p style="text-align: center;"><u>RESIDENTIAL SERVICES</u></p> <p>HAB: Habilitation, Group Home HAN: Habilitation, Nursing Supported Group Home HPD: Habilitation, Behavioral Supported Group Home HBA/HBC: Habilitation, Vendor Supported Developmental Home (Adult & Child) HAI/HID: Habilitation, Supported Living RRB: Room and Board, All Group Homes RBD: Room and Board, Vendor Supported Developmental Home (Adult & Child)</p>
<p style="text-align: center;"><u>PROFESSIONAL SERVICES</u></p> <p>OEA/OTA: Occupational Therapy HHA: Home Health Aide LHA: Licensed Health Aide SEA/STA: Speech Therapy PEA/PTA: Physical Therapy Nursing: HN1</p>	<p style="text-align: center;"><u>SPECIALIZED HABILITATION SERVICES</u></p> <p>HAM: Habilitation, Music Therapy</p>
<p style="text-align: center;"><u>TRANSPORTATION SERVICES</u></p> <p>TR1: Transportation</p>	

1.5 POLICY BY SERVICES/KEY

x - Requires policy

* - May have additional requirements based on local, State, and Federal laws and regulations (beyond DDD requirements, i.e. fire code, fire inspection, etc.)

POLICIES	SERVICES					
	In-Home Services	Day Treatment	Employment	Residential	Professional	Therapies
ATC / HSK Supervision & Monitoring	X (ATC, HSK)					
Back Up Planning	X				X	
Behavior Management	X	X	X	X*	X	X
Client Property & Funds Management	X	X		X		
Communication with Responsible Parties	X	X	X	X	X	X
Pandemic Plan	X	X	X	X	X	X
Contingency / Emergency Plan	X	X	X	X	X	X
Cultural Competency Plan	X	X	X	X	X	X
Daily Staffing Schedules Policy				X		
Developmental Home				X (Dev Home)		
Developmental Home Training and Qualifications Licensee				X (Dev Home)		
Dev. Home Training and Qualifications Lic. WK/Sup.				X (Dev Home)		
Drug, Alcohol and Smoking	X	X	X	X	X	X
Electronic Visit Verification (EVV)	X (ATC, HSK, HAH, RSP)				X (Nursing)	
Family Feedback / Satisfaction Survey	X	X	X	X	X	X
Fraud, Waste & Abuse	X	X	X	X	X	X
Health and Medical Care	X	X	X	X	X	
HIPAA/Confidentiality	X	X	X	X	X	X
Incident Reporting	X	X	X	X	X	X
Medication Administration				X		
Medical Marijuana	X	X	X	X	X	X
Neglect and Abuse	X	X	X	X	X	X
Personnel, Hiring and Training	X (*ATC, HSK)	X	X	X*	X	X*
Person Centered Service Plan (PCSP)	X	X	X	X	X	X
Pre-Service Orientation	X	X	X	X	X	X
Pool Safety & Swimming	X	X		X		X
Quality Management Plan	X	X	X	X	X	X
Record Retention / Data Security / Timesheet Verification	X	X	X*	X	X*	X*
Shift Change Communication				X*		
Sibling / Non-Division Eligible Others (Ratio)	X			X (Dev Home)		
Staff-to-Client Ratios	X	X	X	X		
Transportation	X	X	X	X		
Visitors	X	X		X		
Workforce Development	X	X	X	X	X	X
HCBS Rules	X (*HID)	X	X	X		

2.01 ATTENDANT CARE AND HOMEMAKER MONITORING & SUPERVISION (FOR ATC AND HSK)

Vendor Agency: _____ Contract # _____

Address: _____

REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the policy include the following for SUPERVISORY visits:				
a. Policy for submitting monitoring tools within 15 days of the visit to Support Coordinator.				
b. Utilizes DDD Form (<i>Attendant Care/Homemaker Service/Monitoring/Supervision</i>) or their agency form that must include at least the same information.				
c. The initial visit will occur by the 5th day from the initial service provision date.				
d. The 2nd visit will occur by the 30th day from the initial service provision date.				
e. A 60th day visit will occur ONLY if issues are identified during the 30th day visit.				
f. A 3rd visit will occur by the 90th day from the initial service provision date.				
g. After the initial 90th day visit, all other visits will occur at least every 90 days from the previous visit.				
h. A visit while the DCW is providing services and physically in the member's home, will occur once within the first 90 days of the DCW's initiation of services for each member served and annually thereafter (these visits can be combined with the 5th, 30th, 60th, or 90th day visits).				
2. Does the policy reflect the following for SUPERVISORY visits:				
a. Will occur within 90 days of provider hire date.				
b. Will occur annually thereafter.				
c. Process for maintaining the completed forms.				
3. Is there a procedure to maintain documentation of any familial relationship that the Direct Care Worker has with the member?				
4. Does the policy outline the training requirements specific to the service to include the Direct Care Worker (DCW) Training? (<i>See Staff Training and Qualifications section for required training for delivery of this service</i>)				

RESOURCES

- DDD-1431A FORFF (6-18)

REFERENCES

- Qualified Vendor Agreement, Service Specifications, Attendant Care
- Qualified Vendor Agreement, Service Specifications, Homemaker
- Qualified Vendor Agreement, Service Requirements
- AHCCCS Requirement: 1240-A - Direct Care Services (*Attendant Care, Personal Care, and Homemaker Services*)

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.02 BACK UP PLANNING

Vendor Agency: _____ Contract # _____

Address: _____

BACK UP PLANNING				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓	↓ DDD ONLY ↓		
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the policy describe a process for replacement staff to be available?				
2. Does the policy include safeguards to ensure member health and safety?				
3. Does the policy include member or responsible person's choice?				
4. Does the policy minimize risks?				
5. Does the policy include the member preference?				
6. Does the policy address the reporting of service gaps to the Division?				
7. Does the policy include the agencies "after hours" phone number?				
8. For ATC, RSP, and HSK, policy needs to include the following:				
a. The backup plan is completed by the Qualified Vendor to ensure the health and safety of the member. The Qualified Vendor is responsible for Contingency/Back-Up Planning and shall use the standardized Contingency/Back-Up Plan as specified in Electronic Visit Verification (EVV) policy.				
b. Must be documented in the member's backup plan.				
c. The backup plan must be in the member's files.				
9. Therapy Only: Do Make-up sessions follow the member's script?				

REFERENCES

- Qualified Vendor Agreement, Service Requirements/Scope of Work
- DDD Provider Policy Manual
 - Chapter 23 – Appointment Standards
 - Chapter 37 – Therapy Services – Occupational, Physical, and Speech Language
 - Chapter 62 - Electronic Visit Verification

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-809 J

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.03 BEHAVIOR MANAGEMENT

Vendor Agency: _____ Contract # _____

Address: _____

BEHAVIOR MANAGEMENT				
REQUIREMENTS (<i>Staff/Member Only</i>)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the policy indicate staff are trained in prevention and support as applicable?				
2. Are the policy and procedures consistent with Article 9 training and requirements?				
3. Is there a system for timely submission of behavior treatment plans to PRC (<i>within 90 days of placement and/or of the need being identified if applicable</i>)?				
4. Group Home (<i>Behavioral Supported</i>) Only: Qualified Vendors will participate in the development of a Behavior Treatment Plan that is function-based, evidence-based, and targets functionally equivalent replacement behaviors. Behavior Treatment Plans Must be submitted to the Department’s BHA for review and to Program Review Committee (PRC) for approval within 45 days of the member’s move into the home. Qualified Vendors will develop and meet objectively specified behavioral outcomes for 30, 45, and 90 days after the Member’s admission into the home. Intervention benchmarks will continue to be developed and met for each successive month for the duration of the member’s placement. These data-based objectives should result in the member’s successful transition into a less restrictive residential setting.				
5. Is there a system for Incident Reporting (<i>Emergency Measures</i>)?				
6. Is there a policy or procedure that outlines the requirement for quarterly Medication Review documentation components? (<i>As listed under A.R.S. R6-6-806.M?</i>)				
7. Is there a procedure for monitoring the effectiveness of behavior treatment plans?				
8. Does the policy include procedures for members using Behavior Modifying Medications including:				
a. Quarterly medication reviews				
b. Screening for Tardive Dyskinesia				
c. Prohibition regarding the use of psychotropic medications				
9. Group Homes and Behavioral Supported Group Homes only: Does the policy include procedures for members using Behavior Modifying Medications.				
10. Is there a procedure for the documentation of maladaptive behavior?				
11. Is there a procedure to document Direct Care Workers have been trained on the policy requirements?				
12. Does the vendor have a system for ensuring that the policy is reviewed by all Direct Care Workers upon hire and at least annually and when revisions are made?				

REFERENCES

- Qualified Vendor Agreement, Service Requirements/Scope of Work
- DDD Behavior Supports Manual Chapter 900 – Emergency Measures and Physical Management Techniques

REFERENCES

- DDD Provider Policy Manual
- Chapter 4 - Covered and Non-Covered Service
- Chapter 5 - Emergency Room Utilization
- Chapter 10 - Referrals to Specialists
- Chapter 23 - Appointment Standards
- Chapter 51 - Oversight and Monitoring of Developmental Home Services
- Chapter 54 – Group Home Requirements
- Chapter 66 – Behavioral Health
- DDD Behavior Support Manual

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-6-900
- A.A.C. R6-6-1007
- A.A.C. R6-6-1107
- A.A.C. R6-6-809.B
- A.A.C. R6-6-808.I
- A.A.C. R6-6-808.G

COMMENTS

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State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.04 CLIENT PROPERTY & FUNDS MANAGEMENT

Vendor Agency: _____ Contract # _____

Address: _____

CLIENT PROPERTY & FUNDS MANAGEMENT				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Is there a policy for Client Property & Funds that addresses the safeguarding, accounting for, and replacement of member property/ funds?				
2. Does the policy include the vendor's responsibility for acceptance, retention, disposition, and accounting for and administration of member funds?				
3. Does the policy address the process for making Member Fund Transactions when the Division is the payee by accounting for the following requirements:				
a. Excess funds are not to be used for non-approved purchases. If disbursed funds exceed the cost of the approved purchase, these excess funds shall be returned to the member's account with a reconciliation statement accounting for purchases.				
b. All non-personal spending money disbursed from the member's account for any good(s) or service(s) shall be verified within 30 days by an itemized receipt.				
4. Does the policy include parameters for vendor access to and oversight of member's discretionary funds with the prohibition of member/ vendor joint account?				
5. Does the policy address the security of member funds including locked storage procedures.				
6. Is there a procedure to maintain a separate ledger for each member's funds which includes a balance sheet featuring: <ul style="list-style-type: none"> • running totals, • source of funds, • date received, • all expenditures with descriptions of purchase, and • receipts? 				
7. Does the policy specify retention of records for a minimum of seven years?				
8. Is there a process for sending the ledger to Client Funds monthly (<i>on or before the 15th of the month?</i>) Note: If not received the next month, additional client funds will not be released until those ledgers are received.				
9. Is there a process for ensuring member funds do not exceed \$200 and, if applicable, are returned to the Client Fund System?				
10. Does the policy require the agency to maintain an inventory of the member's items they accrue and discard as well as a provision to send the updated inventory list to the member's representative and Support Coordinator as changes are made? (<i>for Residential Primarily</i>)				
11. Does the procedure include prohibitions against member funds being loaned, given or provided in any way or manner to other members, provider staff, relatives, or friends?				

CLIENT PROPERTY & FUNDS MANAGEMENT (Continued)				
REQUIREMENTS (Staff/Member Only)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
12. Does the policy specify how the service provider will report any lost or stolen funds to the division within 10 working days and will be replaced by the provider within 10 working days?				
13. Does the policy address the vendor's responsibility for resolution and/or repayment requirements?				
14. Is there a system for addressing violations of the policy including disciplinary action as well as a system based action to correct non-compliance?				
15. Is there a system for monitoring and ensuring employee compliance with the policy and procedures?				
16. Does the policy reference how the vendor will work with the representative payee if DDD is not the member's representative payee.				

REFERENCES

- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Service Specifications, Habilitation-Group Home
- Qualified Vendor Agreement, Service Specifications, Room and Board
- Operations Policy Manual Chapter 1001-A – Basic Human and Disability Related Rights

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-809.I
- A.A.C. R6-6-807.A

COMMENTS

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State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.05 COMMUNICATION WITH RESPONSIBLE PARTIES

Vendor Agency: _____ Contract # _____

Address: _____

COMMUNICATION WITH RESPONSIBLE PARTIES				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓	↓ DDD ONLY ↓		
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the policy specify standards for staff to be professional and courteous when communicating with members and/or responsible parties?				
2. Does the policy follow HIPAA requirements for the release of information signed by a member/guardian for communication of information about a member to others?				
3. Is there a procedure to determine and use preferred communication methods for each member's guardian/family member <i>(i.e., phone, email, text, progress reports, etc.)</i> ?				
4. Does the policy include timeframes for notifying the responsible party in an emergency?				
5. Therapy Only: Is there a procedure so therapy services can only be provided with a parent/family member/caregiver present and participating in the Therapy Session?				
REFERENCES				

- Qualified Vendor Agreement, Background
- Qualified Vendor Agreement, Service Requirements/Scope of Work
- Qualified Vendor Agreement, Service Specifications
- DDD Provider Policy Manual
 - Chapter 2 – Provider Responsibilities and Expectations
 - Chapter 37 – Therapy Services – Occupational, Physical, and Speech Language
- DDD Operations Policy Manual
 - Chapter 1001A – Basic Human and Disability Related Rights

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-108.C & H
- A.A.C. R6-6-804.8
- A.A.C. R6-6-805.B
- A.A.C. R6-6-806.K
- A.A.C. R6-6-808.G
- A.A.C. R6-6-809.G & H
- A.A.C. R6-6-808.I -
- A.R.S. Title 36, Chapter 5.1 36-551.01. P
- A.R.S. Title 36, Chapter 5.1 36-551.01. Q

COMMENTS

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Date Reviewed: _____ Unit: _____

2.06 CONTINGENCY/EMERGENCY PLAN

Vendor Agency: _____ Contract # _____

Address: _____

CONTINGENCY/EMERGENCY PLAN				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the policy specify a plan to ensure the health and safety of the member in the event of an emergency?				
2. Does the Contingency/Emergency Plan include:				
a. Key succession and performance planning if there is a sudden significant decrease in the vendor's workforce.				
b. Alternative methods to ensure there are services.				
c. An up-to-date list of Qualified Vendor contacts <i>(by title)</i> and organizational chart.				
d. A staff call chart <i>(Phone Tree)</i> in the event of an emergency.				
3. Does the Contingency/Emergency Plan include arrangements for:				
a. The loss of facilities/sites, as applicable.				
b. Electronic/telephone failure at primary place of business.				
c. Loss of computer systems/records.				
d. A facility evacuation plan, as applicable.				
e. A self-sheltering <i>(i.e. shelter in place)</i> plan which maintains adequate staffing levels, food, water, prescribed medications and equipment that meet the needs of the members for not less than 3 days and for the duration of the emergency/disaster.				

REFERENCES

- Qualified Vendor Agreement, Contingency Plan, I
- Qualified Vendor Agreement, Standard Terms and Conditions
- DDD Provider Policy Manual
 - Chapter 36 – Fire Safety

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.07 CULTURAL COMPETENCY PLAN

Vendor Agency: _____ Contract # _____

Address: _____

CULTURAL COMPETENCY PLAN				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. What is the method the Qualified Vendor will use to ensure the member receives services in their preferred language <i>(Ex. recruiting staff that can meet the language needs of the members served)</i> ?				
2. What methods will the Qualified Vendor use for providing interpretation services at no cost to DDD members?				
3. What method will the Qualified Vendor use for translating written documents at no cost for DDD members?				
4. How will the Qualified Vendor train staff to meet members' cultural needs?				
5. Does the policy include a description of additional/ongoing training and assistance provided to staff on providing culturally competent services to members.				
6. How will the Qualified Vendor encourage member participation in cultural events in the community?				
7. How will the Qualified Vendor support the member's religious and spiritual needs?				
8. How will the Qualified Vendor support the member's gender preference. <i>(ex. Using the member's preferred gender pronouns)</i> ?				
9. How will the Qualified Vendor obtain feedback from members and families to ensure their cultural and individual needs and preferences are respected?				

- | REFERENCES |
|--|
| <ul style="list-style-type: none"> Qualified Vendor Agreement, Service Requirements Qualified Vendor Agreement, Standard Terms and Conditions Qualified Vendor Agreement, Standard Terms and Conditions Provider Policy Manual, Chapter 26 |

COMMENTS

FOR DDD STAFF USE ONLY
<p>State Reviewer: _____</p> <p>Date Reviewed: _____ Unit: _____</p>

2.08 DAILY STAFFING SCHEDULE

Vendor Agency: _____ Contract # _____

Address: _____

DAILY STAFFING SCHEDULE				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the policy state that the Qualified Vendor will maintain staffing ratios that are determined based on the collective needs of all members at the site?				
2. Does the policy state the Qualified Vendor will submit all Staffing Schedules to the Division for review and approval 5 days before members move into an Expansion Home or IDLA (HID) setting or all known/planned events and within 2 days after unplanned events?				
3. Does the policy state the Qualified Vendor will submit a new schedule for changes in occupancy, capacity (with approval from Network), address, behavior or medication status that results in a modification to the staffing range or home closure?				
4. Does the policy state the Qualified Vendor will submit a new schedule for school/holiday breaks or an inability of members to attend a day or work program that will result in changes in staffing range?				
5. Does the policy state the following to address emergency situations: a. The Qualified Vendor will staff the home as appropriate for the immediate circumstance?				
6. Does the policy state the following to address emergency situations: a. If the staffing range changes, notify the Network Manager the next business day and the Support Coordinator as soon as possible but no later than the next business day?				
7. Does the policy state the staffing schedules will include member's first and last name? <ul style="list-style-type: none"> • Members who have Behavior Plans, • Work/day program schedule, • Additional staffing supports needs, • Specific details regarding members' staffing needs • and if a change is needed, explain the reason for the schedule change? 				
8. Does the policy state the Qualified Vendor will submit a staffing schedule annually for approval for IDLAs? For temporary staffing schedules, does the policy state a new staffing schedule will be submitted when the temporary schedule ends?				
9. Does the policy state the Qualified Vendor will meet with Network to review the daily habilitation staffing schedules for Group Homes on an annual basis?				
10. Does the policy state that the Qualified Vendor will submit all agreed-upon updates to the Staffing Schedules to DDD within 14 calendar days following the annual review?				

REFERENCES

- DDD Provider Policy Manual
 - Chapter 52 - Daily Habilitation Staffing Schedule

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.09 DEVELOPMENTAL HOMES

Vendor Agency: _____ Contract # _____

Address: _____

DEVELOPMENTAL HOMES				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓	↓ DDD ONLY ↓		
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the policy outline the requirements and timeline for a Life Safety Inspection?				
2. Does the policy outline requirements for a designated smoking area outside (as applicable)?				
3. Does the policy include the Qualified Vendor’s responsibilities				
a. Addresses the review of Vendor Calls and responding to direct referrals from the Division timely to support member’s needs?				
b. Address not accepting new residents into homes with open licensing investigations, open protective service investigations, or if a home has received a notice of an adverse licensing action?				
c. Identifies the education and experience requirements for a licensing worker?				
d. Identifies the education and experience requirements for a licensing worker supervisor per Chapter 51 in the DES/DDD Provider manual?				
e. Identifies the required training, technical assistance, and oversight required by the Qualified Vendor?				
f. Identifies the limit of twenty (20) homes per full-time licensing worker to provide oversight?				
g. Identifies storage of records in a secure electronic or locked file?				
h. Identifies the availability of records to DES/DDD upon request?				
i. Identifies the process for transferring members and their records to another Qualified Vendor?				
j. Identifies the process for transfers of members within the same qualified vendor?				
k. Identifies the process of receiving a member from another qualified vendor and updating any missing items in the licensing file within thirty (30) days of the transfer?				
l. Identifies what forms must be maintained in the licensing file Chapter 51 in the DES/DDD Provider manual?				
m. Outlines the process for informing a potential application of the requirements for licensure?				
n. Outlines the process to assist applicants with whom they decline to work with locating an alternative vendor or refer to another vendor?				
o. Outlines the pre-licensure and annual training requirements for a licensee and ensures a pre-placement orientation is completed?				
p. Outlines the requirements and timelines for the use of Quick Connect per DES/DDD chapter 51?				
q. Outlines the requirements, timelines and documentation required for Home Studies, Home Visits, and Technical Assistance?				
r. Describes the requirements, timelines and documentation required for the Quick Connect System?				

DEVELOPMENTAL HOMES (Continued)				
REQUIREMENTS (Staff/Member Only)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
s. Outlines the timelines for Quarterly monitoring visits? <i>(based on a calendar year - March 31st, June 30th, September 30th, December 31st)</i>				
t. Outlines the requirements of an annual renewal process including submittal in Quick Connect 30 days prior to the expiration of license?				
u. Outlines the requirements and timelines required to respond to the Division regarding any investigation or licensing concern?				
v. Identifies the process to submit a census for each home no later than the last day of the reporting month to DES/DDD as outlined in Chapter 51 in the DES/DDD Provider manual?				
w. Outlines the process to submit a change in member's residence within 2 business days?				
x. Outlines the process for identifying an alternative caregiver, cadence for usage, notification when using an alternative caregiver and documenting this agreement in the planning document.				

REFERENCES

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-1001
- A.A.C. R6-6-1101
- DDD Provider Policy Manual
 - Chapter 2 – Provider Responsibilities and Expectations
 - Chapter 50 – Vendor Call Requirements for Qualified Vendors
 - Chapter 51 – Oversight and Monitoring of Developmental Home Services

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.10 PERSONNEL HIRING AND TRAINING PLAN: TRAINING AND QUALIFICATIONS *(Only for Developmental Home)*

Vendor Agency: _____ Contract # _____

Address: _____

PERSONNEL HIRING AND TRAINING PLAN: TRAINING AND QUALIFICATIONS <i>(Only for Developmental Home)</i>				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
<p>The training policy will address the following training, requirements, and methodology:</p> <p>Prior to initial licensure, all Child and Adult Developmental home applicants must have:</p>				
<p>1. CPR and First Aid training, taught by an instructor certified by a nationally recognized entity <i>(such as the American Red Cross, the American Heart Association, etc.)</i> that requires the applicant to demonstrate mastery of skills in person to the instructor.</p>				
<p>In addition, receive training <i>(with supporting documentation verifying completion)</i> in all of the following core topics and subtopics; totaling a minimum of 18 hours of course or instruction time <i>(Courses marked with an asterisk [*] are available on the Division's website)</i>:</p>				
<p>2. Article 9, including member rights, taught by a certified instructor</p>				
<p>3. DDD Philosophy and Mission Statement*</p> <ul style="list-style-type: none"> a. DDD Mission Statement b. Individual and family involvement in making choices and expressing preferences. c. Equal access to quality services and supports for all individuals. d. Individuals as welcomed, participating and contributing members in all aspects of family and community life. e. The rights of all individuals and the preservation of their worth, value and dignity. 				
<p>4. Introduction to the Four Developmental Disabilities*</p> <ul style="list-style-type: none"> a. What are the Four Developmental Disabilities? <ul style="list-style-type: none"> i. Cognitive/ Intellectual Disability ii. Epilepsy iii. Cerebral Palsy iv. Autism; b. Diagnostic Criteria c. Functional Criteria d. Substantial Functional Limitation(s) e. Treatment 				
<p>5. The Planning Process and skill-building*</p> <ul style="list-style-type: none"> a. The planning process b. Components of a plan c. Long and short-term goals d. Measurable objectives e. Data collection procedures and systems f. Progress reports g. Assessing strengths and needs h. Methods of teaching i. Types of reinforcement j. The use of teaching strategies/plans 				

PERSONNEL HIRING AND TRAINING PLAN: TRAINING AND QUALIFICATIONS (Only for Developmental Home) (Continued)				
REQUIREMENTS (Staff/Member Only)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
6. Medication Administration* a. Medication storage b. Medication container and label c. The medication logs d. Correct dosage e. Forms of medication f. Routes of medication administration g. Medication error procedures				
7. Incident Reporting and Reporting Abuse, Neglect, or Exploitation* a. Understanding the incident reporting process b. Identifying emergency situations and signs of abuse c. Understanding mandatory reporting requirements d. Demonstrating how to complete an incident report				
8. Confidentiality/HIPAA* a. Limits access to member records and personally identifiable information b. Qualified Vendor procedures designed to protect/safeguard member confidentiality c. Procedures for obtaining consent prior to the release of information. d. Review of ARS 36-568.01				
9. Choking and Aspiration* a. Preventing aspiration and choking b. Common issues c. Assessment d. Intervention and prevention strategies				
10. Principles of Positive Behavior Support a. Prevention vs. intervention b. Recognizing cues c. Reinforcing appropriate behavior d. Redirection e. Consistency f. Clear communication g. Evaluating the environment h. Defensive positioning i. Providing opportunities for choices and decision making				
11. Cultural Competency (covered for CDH applicants in the ADCS/Foster Parent College Based Pre-Service Training Program)				
12. Client Funds Training*				
13. Documentation and Progress Reporting Requirements and vendor policies with signed and dated verification of the review.				
14. Abuse, Neglect, and Exploitation Training*				
15. Review of Article 10 or 11 with signed and dated verification of the review.				
16. Review of the Child or Adult Developmental Home Third Party Agreement with signed and dated verification of the review.				
17. Supporting positive relationships with family members, schools, or day programs and professional communication (covered for CDH applicants in the ADCS/Foster Parent College Based Pre-Service Training Program).				

**PERSONNEL HIRING AND TRAINING PLAN: TRAINING AND QUALIFICATIONS
(Only for Developmental Home) (Continued)**

REQUIREMENTS (Staff/Member Only)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
In addition to the DDD specific training noted above:				
18. Applicants for a Child Developmental Home license are required to complete the ADCS/Foster Parent College Based Pre-Service Training Program.				
19. If required in a member’s planning documents, training in Prevention and Support				
20. Licensees are additionally required to complete ten (10) hours of training annually.				

REFERENCES

- Qualified Vendor Agreement, Service Requirements/Scope of Work
- Qualified Vendor Agreement, Service Requirements/Scope of Work
- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Standard Terms and Conditions
- DDD Provider Policy Manual
 - Chapter 20 – Fraud, Waste and Abuse
 - Chapter 26 – Cultural Competency
 - Chapter 35 – Progress Reporting Requirement
 - Chapter 41 – Termination of a Qualified Vendor Agreement Upon Request of the Qualified Vendor
 - Chapter 49 – Responsible Driving
 - Chapter 51 – Oversight and Monitoring of Developmental Home Services
 - Chapter 61 – HCBS Certification and Registration
 - Chapter 64 – Preventing Member Abuse, Neglect, and Exploitation
 - Chapter 70 – Qualified Vendor Incident Reporting
- DDD Operations Policy Manual
 - Chapter 4004 – Management of Member Funds

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-905
- A.A.C. R6-6-906
- A.A.C. R6-6-1005
- A.A.C. R6-6-110
- A.A.C 5R6-6-1520 - through R6-6-1633 (specific to services)
- A.R.S. Title 36, Chapter 5.1 36-558.01
- A.R.S. Title 36, Chapter 5.1 36-558.01

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.11 PERSONNEL HIRING AND TRAINING PLAN: TRAINING AND QUALIFICATIONS *(Only for Developmental Home)*

Vendor Agency: _____ Contract # _____

Address: _____

PERSONNEL HIRING AND TRAINING PLAN: TRAINING AND QUALIFICATIONS <i>(Only for Developmental Home)</i>				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
The training policy will address the following trainings, requirements, and methodology:				
A licensing worker must have one or more of the following:				
1. A bachelor's degree in a related human services field				
2. Two (2) years of post-secondary education in a related human service field and two (2) years of directly related work experience.				
3. A minimum of five (5) years of directly related work experience. Directly related work experience includes work in the field of developmental disabilities, family home licensing, or child welfare.				
A licensing supervisor must:				
4. Meet the requirements of licensing worker				
5. And have two (2) years of supervisory experience or demonstrated leadership experience.				
6. If a licensing supervisor is completing the duties of both the supervisor and the licensing worker, it is necessary to meet the supervisor requirements.				
7. All existing licensing staff must be in compliance with the required education and experience within 24 months of the effective date of this policy.				
A licensing worker or supervisor must:				
8. Complete a current Level 1 Fingerprint Clearance for worker(s).				
9. Worker(s) have completed all the following <i>(below)</i> training areas within the first ninety (90) days of employment.				
The training policy will address the following trainings, requirements, and methodology:				
10. The policy meets the Article 9 requirements for training				
11. Articles 10 & 11				
12. Mandated reporting				
13. Incident reporting				
14. Cultural Competency				
15. HIPAA				
16. DES/DDD Provider Manual Chapter 51: Oversight and Monitoring of Developmental Home Services				
17. Prevention & Support <i>(Requires a certified instructor)</i>				
18. The Placement Process				
19. The Planning Process				
20. Introduction to the Four Developmental Disabilities				

PERSONNEL HIRING AND TRAINING PLAN: TRAINING AND QUALIFICATIONS (Only For Developmental Home) (Continued)				
REQUIREMENTS (Staff/Member Only)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
21. Licensing forms & Quick Connect				
22. Record keeping				
23. Behavior treatment planning				
24. Positive Behavior Support				
25. Medication management				
26. Life safety rules				
27. Member fund management				
28. Investigations				
29. Guardianship and Legal issues				
30. The Child and Family Team Process				
31. Licensing workers and supervisors are required to attend the Division's licensing and home assessment seminar within six (6) months of being assigned to a licensee.				
32. In addition, a licensing worker or supervisor is required to complete a minimum of ten (10) hours of training per year.				

REFERENCES

- Qualified Vendor Agreement, Service Requirements/Scope of Work
- Qualified Vendor Agreement, Service Requirements/Scope of Work
- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Standard Terms and Conditions
- Behavior Supports Manual, Chapter 700 – Behavior Modifying Medication, Monitoring Medications, and Treatment Plans
- Provider Policy Manual, Chapter 2 – Provider Responsibilities and Expectations
- Provider Policy Manual, Chapter 26 – Cultural Competency and Member and Family Centered Care
- Provider Policy Manual, Chapter 35 – Progress Reporting Requirement
- Provider Policy Manual, Chapter 49 – Responsible Driving
- Provider Policy Manual, Chapter 51 – Oversight and Monitoring of Developmental Home Services
- Provider Policy Manual, Chapter 64 – Preventing Member Abuse, Neglect and Exploitation
- Provider Policy Manual, Chapter 70 – Qualified Vendor Incident Reporting
- DDD Operations Policy Manual, Chapter 4004, Management of Member Funds

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-905
- A.A.C. R6-6-906
- A.A.C. R6-6-1005
- A.A.C. R6-6-110
- A.A.C 5R6-6-1520 - through R6-6-1633 (specific to services)
- A.R.S. Title 36, Chapter 5.1 36-558.01
- A.R.S. Title 36, Chapter 5.1 36-593.01

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.12 DRUGS, ALCOHOL AND SMOKING

Vendor Agency: _____ Contract # _____

Address: _____

DRUGS, ALCOHOL AND SMOKING				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Group Homes and Behavioral Supported Group Homes only: Does the policy incorporate Arizona Administrative Code R6-6-809.F regarding the consumption of alcohol/tobacco use?				
2. Does the policy identify the procedures for documenting permissions and parameters for a member's use of alcohol/tobacco in the community/residential setting DTA/working programs?				
3. Does the policy address the storage and consumption of alcoholic beverages by members and staff?				
4. Does the policy address the rights of members regarding alcohol?				
5. Is there a procedure for identifying and documenting parameters for member use in the setting and while under vendor supervision as per their planning documents?				
6. Does the policy cover the prohibition of alcohol use by staff on duty?				
7. Is there a system for addressing violations of the policy including disciplinary action as well as a system-based action to correct noncompliance?				
8. Does the policy reference a system to ensure each member has the right to live in a smoke-free environment?				
9. Does the policy reference how and where members and staff will use tobacco while ensuring all members' right to a smoke-free environment?				
FOR INTERNAL REVIEW: Does the policy violate any member rights in regards to Article 9?				

REFERENCES

- DDD Operations Policy Manual
 - Chapter 1001A - Basic Human and Disability Related Rights
 - Chapter 1001B - Responsibilities of Individuals Applying for and/or Receiving Supports and Services

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-809 E & F
- A.A.C. R6-6 1004.03
- A.A.C. R6-6-808.G to I
- A.A.C. R6-6-809.E & F
- A.R.S. Title 36 Chapter 5.1 - 36-568.02
- Federal Controlled Substances Act (21 U.S.C. § 811)
- [Federal Controlled Substances Act (21 U.S.C. § 811) A.R.S. 41-1001(17): R9-17-202, R9-17-204 & R9-17-310 - Marijuana and all derivatives Class 1 Substance including CBD]

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.13 ELECTRONIC VISIT VERIFICATION (EVV)

Vendor Agency: _____ Contract # _____

Address: _____

The list of provider types and services that are mandated to use EVV can be found on the AHCCCS website and include but are not limited to Attendant Care, Habilitation Nursing, Homemaker, and Respite.

ELECTRONIC VISIT VERIFICATION (EVV)				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓	↓ DDD ONLY ↓		
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Service Verification:				
a. Does the policy address when The member/Health Care Decision Maker, or Designee, shall verify hours worked by the DCW at the point of care or within 14 days of the visit.				
b. Does the policy address how a visit will be verified when a member/responsible person is unable to verify the visit?				
c. Does the policy address Exceptions to the Designee age requirement?				
d. Does the policy address how services will be verified when services are provided by the Health Care Decision Maker nor a Designee?				
2. Does the policy address a system for Paper timesheets?				
3. EVV Modalities:				
a. Does the policy address that the member/Health Care Decision Maker is able to choose, at a minimum on an annual basis, the device that best fits their lifestyle and the way in which they manage their care?				
b. Does the policy address that Qualified Vendors shall ensure that at least two different types of visit verification modalities are available to accommodate member preferences and service delivery areas with limited/intermittent or no access to landline, cell, or internet service?				
c. Does the policy address a back-up system if the Qualified Vendor allows staff to utilize their own personal electronic devices such as a smartphone to meet EVV requirements?				
d. Does the policy address the following for GPS tracking: <ul style="list-style-type: none"> • That the Qualified Vendor shall disclose to members how and why the DCW is being tracked? • How the disclosure should be documented and then filed? 				
e. Does the policy identify that members shall be afforded the opportunity to change their preference for the visit verification device that the DCW will use?				

ELECTRONIC VISIT VERIFICATION (EVV) (Continued)

REQUIREMENTS (Staff/Member Only)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
4. Contingency/Back-Up Planning:				
a. Does the policy address the following: <ul style="list-style-type: none"> • The vendor is responsible for the generation of the Contingency/Back-Up Plan? • The vendor must use Electronic Visit Verification (EVV) Member Contingency/Back-Up Plan form (DDD-2099A)? • The Contingency/Back-Up Plan is reviewed with the member at least annually? • Provides a copy of the Contingency/Back-Up Plan to the assigned Support Coordinator? • What actions will the vendor take in the event that the service is either late or missed? • That the member/Health Care Decision Maker can change decisions about their preference levels and the Contingency/Back-Up Plan at any time? • Should the member not choose a preference, a default preference shall be applied based upon the service. 				
b. Does the policy identify to comply with member responsiveness including requirements that Qualified Vendors shall answer the phone 24/7 or return a phone call within 15 minutes to members or responsible persons who are reporting a missed or late visit?				
c. Does the policy address the development of a general weekly schedule for each service?				
d. Does the policy identify that the Qualified Vendor must be available 24/7, which includes responding within 15 minutes to calls made after normal business hours?				
e. Does the policy address an internal mechanism for the Qualified Vendor to evaluate their after-hours telephone system?				

RESOURCES

- EVV Frequently Asked Questions (FAQs)

REFERENCES

- Provider Policy Manual Chapter 62: Electronic Visit Verification

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.14 FAMILY FEEDBACK/SATISFACTION SURVEY

Vendor Agency: _____ Contract # _____

Address: _____

FAMILY FEEDBACK/SATISFACTION SURVEY				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓	↓ DDD ONLY ↓		
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the policy specify the family satisfaction surveys will be done at least annually?				
2. Is there a process to track and trend results?				
3. Does the policy indicate who reviews the survey?				
4. Does the policy indicate who provides the formal and informal feedback to stakeholders?				
5. Does the policy describe how improvement efforts are measured or demonstrated <i>(i.e. fewer complaints, etc.)?</i>				

REFERENCES

- Qualified Vendor Agreement, Service Requirements

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.15 FRAUD, WASTE, AND ABUSE

Vendor Agency: _____ Contract # _____

Address: _____

FRAUD, WASTE, AND ABUSE				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does Policy address prevention and/or detection of fraud, waste, and abuse?				
2. Does the policy explain reporting requirements?				
3. Does the policy delineate monitoring and internal controls to prevent and/or reduce fraud, waste, and abuse?				
4. Does the policy specify requirements for Misconduct including:				
a. Reporting of suspicious actions observed and/or reported by member/representative or staff				
b. Explain referral and reporting				
c. Explain whistleblowing protections				
d. Well-publicized Code of Conduct				
e. Describe the investigative process				
f. Specify training				
5. Does the policy specify requirements for False Claims Act including:				
a. Describe the False Claims Act, including that it covers fraud involving any federally funded contract or program with the exception of tax fraud?				
b. Explain the Deficit Reduction Act of 2005				
c. Prevent and/or detect fraud, waste, and abuse				
d. Specify training requirements				
e. Describe Stark Law				
f. Describe Anti-Kickback Statute				
g. Delineate oversight and internal controls to prevent and/or reduce the risk for potential fraud, waste, and abuse				
h. Explain whistleblower protections				
i. identify remedies for false claims and statements				
j. identify any state laws for criminal or civil penalties for false claims and statements				
k. False or fraudulent claims for payment can constitute a violation of the False Claims Act ("FCA")				
l. A false record or statement to conceal, avoid, or decrease an obligation to pay money or transmit property to the Federal Government can constitute a violation of the False Claims Act ("FCA")				
m. Conspiring with others to get a false or fraudulent claim paid by the Federal Government can constitute a violation of the False Claims Act ("FCA")				

REFERENCES

- Provider Policy Manual Chapter 20 - Fraud, Waste and Abuse
- Provider Policy Manual Chapter 21 – False Claims Act

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.16 HEALTH AND MEDICAL CARE

Vendor Agency: _____ Contract # _____

Address: _____

HEALTH AND MEDICAL CARE				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Is there a policy <i>(or policies)</i> regarding routine and emergency health and medical care?				
2. Does the policy include a system for obtaining consent for routine medical care?				
3. Is there a procedure to maintain documentation of all medical appointments, emergency room visits, lab work, professional consultations, and treatments?				
4. Does the procedure specify that non-licensed personnel should call 911 and perform CPR until a licensed healthcare professional arrives, even with an Advance Directive in place?				
5. The policy includes Training for employees in the following areas:				
a. Detection of signs of injury and/or illness				
b. Change in health status				
c. Infectious disease and notifications process				
d. Response to non-emergency conditions that require medical attention				
e. The procedure for medical emergencies and rendering emergency medical care				
6. Residential Only: Does the policy reference that members are taken to their primary care provider for well checks at least annually and that any additional medical follow-up is completed?				
7. Residential Only: Does the policy reference how the vendor will provide results of all healthcare appointments and results to the guardian, at least monthly?				

REFERENCES

- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Standard Terms and Conditions
- DDD Provider Policy Manual
 - Chapter 5 – Emergency Room Utilization
 - Chapter 7 – Dental
 - Chapter 8 – Family Planning

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-806
- A.A.C. R6-6-1011
- A.A.C. R6-6-806.C&E -
- A.A.C. R6-6-808.G & I
- A.R.S. Title 36, Chapter 5.1 36-557 Q.

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.17 HIPAA/CONFIDENTIALITY

Vendor Agency: _____ Contract # _____

Address: _____

HIPAA/CONFIDENTIALITY				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Are there safeguards and storage requirements for member's health files and identifiable information?				
2. Is there a process of whom to share member's information (<i>i.e., documentation kept of who is asking, for what purpose, etc.</i>)?				
3. Does the policy include guidelines for photography and social media?				
4. Does the policy include a process for obtaining Informed Consent for release of confidential information?				
5. Does the policy include a process for record storage?				
6. Does the policy include the process for disclosure of PHI?				
7. Does the policy include a process for the destruction of documents?				
8. Does the policy include procedures for both verbal reporting and documentation of incidents involving confidentiality breaches? Is the policy aligned with the Divisions incident reporting procedure per DES/DDD policy and procedures?				
9. Does the policy include the process to employ the use of Photography Consents?				
10. Does the policy address confidentiality with regard to the use of social networking websites? (<i>i.e. Facebook, Twitter, etc.</i>)				
11. Does the policy address confidentiality and identify what portable equipment is acceptable for use by staff (<i>i.e. smartphone, flash drives, laptops</i>) and how the information will be kept safe when not in the home/office?				
12. Does the policy address confidentiality with regard to marketing/ advertising by the Qualified Vendor and/or its employees?				
13. Does the Qualified Vendor have mechanisms to review its confidentiality policies with staff and members?				
14. Does the policy address daily safeguards for confidential information?				

REFERENCES

- Qualified Vendor Agreement, Standard Terms and Conditions
- DDD Medical Policy Manual
 - Chapter 550 - Member Records and Confidentiality
- Care Coordination Requirements - 550 - Member Records and Confidentiality
- 36-568.01 Confidentiality of Records

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.R.S. 36-568.02
- A.A.C. R6-6-808.G
- A.A.C. R6-6-810.A & B
- A.A.C. R6-6-809 N
- A.A.C. R6-6-906 B

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.18 INCIDENT REPORTING

Vendor Agency: _____ Contract # _____

Address: _____

INCIDENT REPORTING				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the policy identify events and circumstances, which constitute serious and non-serious incidents per DES/DDD policy and procedures?				
2. Does the policy identify the provider's responsibility to ensure the member's health and safety?				
3. Does the policy identify staff roles and responsibilities in an emergency, like a resident choking on food including, what steps they will implement?				
4. Does the policy identify staff roles and responsibilities in an emergency such as fire or flooding?				
5. Does the policy identify the location of emergency and after-hours contacts for management staff and emergency responders?				
6. Does the policy have procedures to identify verbal reporting, documenting incidents and reporting to after-hours that is consistent with the DES/DDD policy and procedures?				
7. Does the policy differentiate between serious (<i>reported immediately with written follow-up within 24 hours</i>) and non-serious (<i>report sent to DDD within the next business day</i>) incident reports?				
8. Does the policy outline the notification process to other agencies if required (<i>APS, DCS, Law enforcement, parole officer, Tribal Social Services, etc.</i>) including mandatory reporting legal requirements?				
9. Does the policy outline the notification process to guardians, responsible parties, Support Coordination and/or Behavioral Health providers?				
10. Does the policy outline the notification process to guardians, responsible parties, Support Coordination and/or Behavioral Health providers?				
11. Does the policy identify the minimum required information to be included in an incident report form? (<i>Ensure Link to recommend use of DDD Form</i>)				
12. Does the policy include an Administrative review/revision of incidents for accuracy? The policy includes verification of the final report by a person who completed the original report and attaching the original report with the final incident report that is sent to the Division?				
13. Does the policy include a process to be followed when an alleged incident involves paid staff and the removal of staff from working with/ having contact with members?				
14. Does the policy incorporate DES/DDD policies regarding neglect and abuse?				
15. Does the policy incorporate DES/DDD policies regarding Confidentiality/HIPAA/FWA?				
16. Does the policy include roles and responsibilities of staff assigned to conduct fact-finding of incidents?				

INCIDENT REPORTING (Continued)				
REQUIREMENTS (Staff/Member Only)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
17. Does the policy identify how the vendor will ensure that all staff understand and comply with mandatory reporting requirements as outlined in Division policy Provider Manual Chapter 70?				
18. Does the policy identify how the vendor will ensure that the policy is reviewed by all direct care staff at least annually and when revisions are made?				

RESOURCES

- Provider Quick Guide for Incident Reporting
- DDD-0191A (07-2023)

REFERENCES

- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Service Requirements/Scope of Work
- Qualified Vendor Agreement, Service Requirements/Scope of Work
- DDD Operations Policy Manual
 - Chapter 2000
 - Chapter 6000
 - Chapter 6002
- Behavior Supports Manual
 - Chapter 900
- Provider Policy Manual
 - Chapter 70

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-803
- A.A.C. R6-6-807
- A.A.C. R6-6-809
- A.A.C. R6-6-901

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.19 MEDICATION ADMINISTRATION

Vendor Agency: _____ Contract # _____

Address: _____

MEDICATION ADMINISTRATION				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the policy identify if staff can or cannot administer medication?				
2. Does the policy outline verification the members PCSP/Planning Document to ensure the members have access to medications? NOTE: If a licensed setting, all members have to have the same access (medications are locked or unlocked).				
3. If employees are authorized to administer medications, does the policy include the following:				
a. Employee training to administer medication and date of expiration.				
b. Process for storage of medications.				
c. Process for recording and reporting medication errors to the family/guardian and DDD.				
d. A medication tracking log is used.				
e. Process for documenting and disposal of expired or discontinued medication.				
f. Process for documentation of "as needed" and behavior modifying medication.				
4. Does the policy specify that all medication must have written physician orders, even over the counter medication?				
5. Does policy include process for administration of "as needed" medication?				
6. Does the procedure specify step-by-step procedures staff are to use in the administration of medications, including:				
a. Prevention of contamination.				
b. Handling various types of medication, including oral, topical or rectal.				
c. Verifying that the right medication is given to the right person, at the right time, in the proper dosage, and via the proper route.				
d. Procedures to review, track and trend errors.				
e. Procedures for filling prescriptions and maintaining an adequate supply of medications.				
f. Provisions for member's self-administration of medications with written approval of the Planning Document team, as applicable, including the criteria for self administration and requirements for documentation of administration.				
g. Procedures for obtaining a written order within 72 hours, of a medical practitioner's verbal order.				

REFERENCES

- Qualified Vendor Agreement, Service Requirements/Recordkeeping
- Qualified Vendor Agreement, Standard Terms and Conditions
- DDD Operations Policy Manual
 - Chapter 6002
- DDD Medical Policy Manual
 - Chapter 310-V - Prescription Medication/Pharmacy Services
 - Chapter 1240-H – Home Health Aide
- R6-6-803 General Responsibilities of the Licensee. A.6.

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-806 C
- A.A.C. R6-6-807 A
- A.A.C. R6-6-808.G & I
- A.A.C. R6-6-809 C
- A.A.C. R6-6-902 B
- A.A.C. R6-6-903 A
- A.A.C. R6-6-908 B
- A.A.C. R6-6-609
- A.A.C. R6-6-1011 F
- A.A.C. R6-6-1109 B
- A.R.S. Title 36, Chapter 5.1 36-551.01. O
- A.R.S. Title 36, Chapter 5.1 36-557. O.

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.20 MEDICAL MARIJUANA

Vendor Agency: _____ Contract # _____

Address: _____

MEDICAL MARIJUANA				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO

Note: Under review by the Division of Developmental Disabilities.

REFERENCES

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

Note: Under review by the Division of Developmental Disabilities.

2.21 NEGLECT AND ABUSE

Vendor Agency: _____ Contract # _____

Address: _____

NEGLECT AND ABUSE				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the vendor have a policy for defining and addressing Neglect, Abuse and Exploitation?				
2. Does the policy include that vendors are required to post the DES/ DDD approved sign, "Everyone Has the Right to be Safe," in the service setting's telephone location and/or near posted emergency numbers?				
3. Does the policy indicate that all staff are mandatory reporters?				
4. Is there a procedure for verbally reporting & documenting incidents of neglect and abuse?				
5. Does the policy Identify how to recognize different types of abuse and/or neglect?				
6. Does the policy include procedures for detection of neglect and abuse, including cases occurring outside the Qualified Vendor?				
7. Does the policy address intervention techniques, treatment, and services, particularly addressing the risks and side effects that may adversely affect members?				
8. Does the policy address the following prohibited behavioral intervention techniques: use of locked time-out rooms, use of overcorrection, application of noxious stimuli, and physical, mechanical or pharmacologic restraints used as a negative consequence to a behavior?				
9. Is there a procedure for immediate interventions to prevent further neglect and abuse?				
10. Is there a procedure to review, investigate, and develop a corrective action plan?				
11. Does the policy address the misuse or abuse of medications.? <i>(i.e. routine medications, PRN, one time medications, etc.)</i>				
12. Does the policy identify a systematic process for correcting noncompliance and addressing violation <i>(i.e. disciplinary or Corrective Action Plans (CAP)?</i>				
13. Does the policy include Member Training?				

REFERENCES

- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Standard Terms and Conditions
- DDD Operations Policy Manual
 - Chapter 2000
 - Chapter 6000
 - Chapter 6002-G – Abuse and Neglect
- DDD Provider Policy Manual
 - Chapter 20 – Fraud, Waste and Abuse
 - Chapter 64 – Preventing Member Abuse, Neglect and Exploitation

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-1600
- A.A.C. R6-6-808.I
- A.A.C. R6-6-809 D
- A.A.C. R6-6-906 B
- A.A.C. R6-6-809.C.2
- A.R.S. Title 36, Chapter 5.1 36-551.01
- A.R.S. 36-569 Title 36, Chapter 5.1
- A.R.S. Title 36, Chapter 5.1 13-3620
- A.R.S. Title 36, Chapter 5.1 46-454

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.22 PERSONNEL HIRING AND TRAINING PLAN: TRAINING AND QUALIFICATIONS

Vendor Agency: _____ Contract # _____

Address: _____

PERSONNEL HIRING AND TRAINING PLAN: TRAINING AND QUALIFICATIONS				
REQUIREMENTS (<i>Staff/Member Only</i>)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
Personnel and Hiring				
1. Does the personnel policy address/include the following:				
a. Class 1 Fingerprint Clearance Card.				
b. Minimum age of 18 years old;				
c. Notarized attestation from the DCW that he/she is not: i. Subject to registration as a sex offender in Arizona or any other jurisdiction, or ii. Awaiting trial on or has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit any criminal offense listed in A.R.S. §41-1758.03(B) or iii. Any similar offense in another state or jurisdiction.				
d. Notarized Criminal History Self Disclosure Declaration Statement. NOTE: If this statement is signed annually, it may be used in place of the notarized attestation (item C above.)				
e. Direct Service Position Declaration Form (<i>group homes, HCBS services, ADH/CDH</i>) (form DDD-1727A)				
f. Three references - verified by DDD.				
g. CPR certification – required every 2 years				
h. Monthly SAM & LEIE Checks.				
i. Central Registry Background Check (<i>DCS - APS</i>).				
j. First Aid training/certification (<i>not required for Therapy</i>) – required every 2 years				
k. Article 9 review and written documentation – required every 3 years				
l. Direct Care Worker (<i>DCW</i>) Training (<i>for ATC and HSK only, see reference section*</i>).				
m. Any additional training needed per the member’s Planning Document				
n. Prevention and Support (<i>if applicable</i>).				
o. Verification of date of hire, AZ Driver’s license, I-9 or E-Verify, Previous Experience.				
p. Therapy Only: Current Licensed Therapist or Therapy Assistant.				
Training Plan				
2. Group Home and Behavioral Supported Group Homes Only: Does your training address the following Emergency Plan, Medication Administration, Seizures, Mission and Values, Respect Dignity and Positive Interactions, Skill-building Techniques, Prevention of Behavioral Incidents, PCSP or IFSP process, Communication with Families, Client Rights and Confidentiality?				
a. Does the policy reference a system to document and track staff training and qualifications?				

PERSONNEL HIRING AND TRAINING PLAN: TRAINING AND QUALIFICATIONS (Continued)				
REQUIREMENTS (Staff/Member Only)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
<p>3. Group Home (Behavioral Supported) Only: Lead staff must have (2) years of experience in direct support and treatment of individuals with an intellectual and/or developmental disability and challenging behavior or two (2) years of experience in Behavioral Health, AND</p> <ul style="list-style-type: none"> a. Be certified as a Registered Behavioral Technicians (RBT) approved by the Behavior Analyst Certification Board (BACB) with adherence to BACB’s current RBT task list (https://www.bacb.com), in the areas of intellectual and/or development disability and challenging behavior; OR b. A Master’s degree in Psychology, Social Work, or Counseling w/ an emphasis in clinical work or rehabilitation substitutes for the required experience or a Bachelor’s degree in above fields and emphasis. c. DSPs who are not lead staff must have one year experience providing direct support to individuals with intellectual and/or developmental disabilities or dual diagnosis, and challenging behavior. Experience with Implementing Applied Behavior Analysis (ABA) programs is preferred; <ul style="list-style-type: none"> i. Supporting people with intellectual and/or developmental disabilities, ii. Supporting people with challenging behaviors, iii. Implementing Applied Behavior Analysis (ABA) programs. d. All DSPs must demonstrate competency in knowledge, application & generalization of skills to novel situations. e. All DSPs must participate in ongoing training to assure acquisition of specified behavioral and program components inclusive of assessment and measurement of behavior, skill acquisition strategies, behavior prevention and reduction, documentation/ reporting, professional conduct/scope of practice, and ability to promote independence. f. All DSPs must participate in direct observation to ensure they exhibit a willingness to engage with Member(s) in a positive, instructive, and nurturing manner. Direct observation must include recorded qualitative and quantitative data reflecting Staff and Member engagement. g. Clinical oversight must be provided by an independently licensed BHP. BHP means an individual licensed under A.R.S. Title 32 whose scope of practice allows the individual to: <ul style="list-style-type: none"> i. Independently engage in the practice of behavioral health as defined in A.R.S. § 32-3251; or ii. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. § 32-3251 under direct supervision as defined in A.A.C. R4-6-101. A BCBA is preferred. With Department approval, Qualified Vendors may temporarily use a subcontracted clinical consultant to meet the program and clinical oversight requirements. The consultant must have obtained a master’s degree or be enrolled in a Master’s degree program that leads to certification as a Board-Certified Behavior Analyst (BCBA) and work under the direct supervision of an independently licensed BCBA. 				

PERSONNEL HIRING AND TRAINING PLAN: TRAINING AND QUALIFICATIONS
(Continued)

REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
<p>This clinical oversight structure is aligned with the service delivery requirements for a Behavior Analysis Trainee under the AHCCCS Medical Policy Manual, Chapter 320-S, Behavior Analysis Services.</p> <p>h. The Qualified Vendor must provide clinical oversight in accordance with the Member’s Planning document, with a minimum of ten (10) hours provided each week with fifty percent (50%) of the hours provided onsite.</p> <p>Four (4) hours of clinical oversight Must include behavioral assessment interventions for each Member each month. Additional clinical oversight activities may include, but are not limited to:</p> <ul style="list-style-type: none"> i. Observation of DSP and Member interactions, provision of direct staff monitoring, staff feedback, and staff training; ii. Analysis of metrics and accountability; iii. Reporting to the Member and their PCSP team; iv. Attendance at Enhanced Behavioral Group Home as required by the Division; and v. Review and debriefing of special incidents using the DDD/BHA Incident Debriefing Form for behavioral incidents that result in medical attention, crisis, and police involvement. 				

KEY REQUIREMENTS	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Are staff violations covered in your policies? <i>(study, online, etc.)?</i>				
2. Is this topic covered in your training policies?				
3. Do your training policies cover the frequency of this topic?				
4. Do your training policies identify the method of training <i>(in-person, self-study, online, etc.)?</i>				
5. Does the vendor have documentation to verify employee’s comprehension and competency with the policies and training provided?				
6. Does the vendor have a system for monitoring and ensuring employee compliance with the policies and procedures?				
7. Does the vendor have a system for addressing violation(s) of the policies including disciplinary action as well as a system-based action to correct non-compliance?				
8. Do the policies identify the responsibilities for monitoring and oversight within the organizational structure?				

RESOURCES

- Quick Reference Guide - Personnel Hiring & Training Requirements
- AHCCCS DCW Training & Testing FAQs
 - DDD 1727-A: Direct Service Position Declaration Form

REFERENCES

- Qualified Vendor Agreement, Service Requirements/Scope of Work
- Qualified Vendor Agreement, Service Requirements/Scope of Work
- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Standard Terms and Conditions
- DDD Provider Policy Manual
 - Chapter 20 – Fraud, Waste and Abuse
 - Chapter 26 – Cultural Competency
 - Chapter 41 - Termination of a Qualified Vendor Agreement Upon Request of the Qualified Vendor
 - Chapter 49 – Responsible Driving
 - Chapter 61 - HCBS Certification and Registration

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-808
- A.A.C. R6-6-809 C
- A.A.C. R6-6-905
- A.A.C. R6-6-906
- A.R.S. Title 36, Chapter 5.1 36-558.01
- A.R.S. Title 36, Chapter 5.1 36-593.01
- * **AHCCCS Requirements:** 1240-A - Direct Care Services (*Attendant Care, Personal Care, and Homemaker Services*)

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.23 PERSON-CENTERED SERVICE PLAN (PCSP)

Vendor Agency: _____ Contract # _____

Address: _____

PERSON-CENTERED SERVICE PLAN (PCSP)				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓	↓ DDD ONLY ↓		
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the policy incorporate the role of the vendor in the planning document process including persons responsible for:				
a. Reviewing and requesting changes to the planning document				
b. Completing Planning Document assignments and team agreements				
c. Completing and sending Progress Reports				
2. Policy incorporates the process for ensuring the vendor will carry out the objectives and assignments specified in the planning document including:				
a. Documentation.				
b. Barriers to implementation.				
3. Does the policy include requirements for providers to review the following information in the Planning Document:				
a. Risk assessment.				
b. Backup plan.				
4. Is there a system for ensuring that the policy is reviewed by all direct care staff at least annually and when revisions are made?				
5. Is there a system for ensuring all direct care staff comprehend the requirements included in the policy and have demonstrated competency?				
6. Is there a system for monitoring and ensuring employee compliance with, and implementation of, the Planning Document?				

REFERENCES

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-809.M
- A.A.C. R6-6-805 C, E, F, G, I, & J
- A.A.C. R6-6-808.G & I

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.24 PRE-SERVICE ORIENTATION

Vendor Agency: _____ Contract # _____

Address: _____

PRE-SERVICE ORIENTATION (<i>Need Form</i>)				
REQUIREMENTS (<i>Staff/Member Only</i>)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Will the vendor use the DDD pre-service orientation form (DDD-0097A) or create their own pre-service orientation form that includes the same information?				
2. What is the process to ensure this is completed prior to working with DDD members?				
3. Does the policy identify a location where employees can review the information?				
4. Does the policy identify the process for sending completed/updated documentation to the DDD Support Coordinator?				
5. Is there a process for matching Direct Care Workers to member's needs and mutual agreement to serve?				
6. If used as verification of orientation to the specific needs of DDD Members: Does the provider review outline and include their Planning Document and individualized health and safety needs; Including behavior plans, medications, allergies, seizures, adaptive equipment etc.?				
7. If used as a verification of orientation to the specific needs of a DDD Member: Does the documentation identify that this document will be signed and dated by the staff being oriented and the supervisor or designee who verifies the orientation is complete?				

RESOURCES

- DDD-0097A
- DDD-0097A-S

REFERENCES

- Qualified Vendor Agreement, Service Requirements/Scope of Work
- Qualified Vendor Agreement, Service Requirements/Scope of Work
- DDD Provider Policy Manual
 - Chapter 51 - Oversight and Monitoring of Developmental Home Services

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-808 E
- A.A.C. R6-6-808 F
- A.A.C. R6-6-1512.C
- A.A.C. R6-6-1527

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.25 POOL & SWIMMING SAFETY

Vendor Agency: _____ Contract # _____

Address: _____

POOL & SWIMMING SAFETY				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does policy or procedure address situations involving bodies of water (e.g., pools, splash pads, rivers, fountains, hot tubs, fish ponds, etc.) as defined by AAC-6, Chapter 18, Article 1?				
2. For all settings that are Certified or Licensed, does the policy address/ include the following:				
a. For any Licensed Residential setting: Pools are enclosed per DHS rules (<i>Title 9 chapter 33</i>).				
b. Prior consent is obtained indicating limitations of use or to proximity to bodies of water by a member.				
c. Staff responsible for supervision are trained in water safety, first aid, and CPR.				

RESOURCES

- LCR-1036A HBPNA (12-12)

REFERENCES

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-806. S
- A.A.C. R6-6-1009 A-1
- A.A.C. R6-6-1011 L.
- A.A.C. R6-6-1109 A-1
- A.A.C. R6-6-1111 L
- A.A.C. R6-6-1505 A
- OLCR Life Safety Inspections - Article 7

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.26 QUALITY MANAGEMENT PLAN

Vendor Agency: _____ Contract # _____

Address: _____

QUALITY MANAGEMENT PLAN				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the Quality Management plan address/include the following:				
a. Specify information about incident management, corrective action and preventions				
b. Description of how incident reports are reported both internally and externally.				
c. Description of the notification process for family/guardian/division/ police/APS/DCS/etc. including timelines.				
d. Describes how reporting protocols are shared with members/ families/guardians/ etc.?				
e. Description of the internal review process and how corrective action is implemented and monitored to completion.				
f. Description of how incidents are documented for tracking and trending.				
g. Specify information about Complaints and grievances				
h. It describes who can file a complaint/grievance				
i. It describes to whom resolves complaints/grievances				
j. It identifies the timeframe to process the complaint/grievance				
k. Describes how is this monitored				
l. Describes how complaints/grievances are documented for tracking and trending				
2. Specify how the Qualified Vendor will solicit input from members, families and/or member representative				
a. Describe how the Qualified Vendor will gain/obtain/solicit input from members/families/guardians is encouraged				
b. Describes how satisfaction with service is measured.				
c. Describes how members/families/guardians are involved in the hiring and/or evaluation of direct service staff.				
d. Describes how members/families/guardians are involved in the evaluation process for the improvement of services.				
3. Specify two or more of the examples of activities provided below for members/families/member representatives to be actively involved in Qualified Vendor operations:				
a. active advisory groups that include members/families/ representatives				
b. solicitation of feedback regarding policies and procedures, program enhancements				
c. open houses, periodic meetings to provide vendor updates, solicit input/feedback for members/families/ representatives				
d. sharing improvement activity results with members/ families/ representatives				
e. solicitation of input and feedback on Quality Management, Cultural Competency, and Network Plans				

QUALITY MANAGEMENT PLAN (Continued)				
REQUIREMENTS (Staff/Member Only)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
f. encouragement of members and families to self-direct and manage their own services to the extent they wish				
4. Specify how the Qualified Vendor will monitor and evaluate services provided, and the improvement of the quality and appropriateness of services by addressing each item below:				
a. Description of the vendor’s service gap analysis process.				
b. Description of the process used to monitor and evaluate services provided as they relate to the member’s Planning Document objectives.				
c. Description of any additional regular, systematic, and objective methods used to monitor the member’s well-being, health status, and effectiveness of services.				
d. How the quality of the training program is evaluated. (ex: parent reviews, surveys in class, drop-in assessment...)				
e. How financial integrity is ensured including accurate and timely submission of billing information.				
f. How the Qualified Vendor’s Quality Management Plan is developed, how it is shared, and how often it is reviewed and updated.				
g. Describe How vendor-owned physical environments are (residential, day, etc.) evaluated for cleanliness, safety, and potential risk factors. For DTA/DTT/DTS: Separation of children and adults is required to ensure the health and safety of Division members at all times. Each site must have one area designated solely for children and one area designated solely for adults to prevent any interaction between the two age groups. Each site shall provide a physical and visual barrier separating the two areas. Separate areas shall include: i. Bathrooms, and ii. Any interior space used for instruction, play, or similar activities. The site may have common areas (e.g kitchens, hallways, storage areas, reception areas, building entrances) accessible by both children and adults. iii. The Qualified Vendor shall provide the Division with written policies that include efforts to minimize contact between children and adults in a manner that will maintain the health and safety of all members. During the delivery of the service, transportation of children must be provided separately from transportation of adults. For Employment, Day Program Services and Residential Services - ELECTRONIC MONITORING/SURVEILLANCE SYSTEM IN PROGRAM SITES: The following requirements must be met: a. Prior to installing or using surveillance and monitoring equipment, the Qualified Vendor must notify the District Network Manager and provide a copy of the policy/procedures/notices that demonstrate there are no violations of the rights of any member as set forth in A.R.S §36-551.01.				

QUALITY MANAGEMENT PLAN (Continued)				
REQUIREMENTS (Staff/Member Only)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
b. Electronic surveillance and monitoring equipment and/or service may be used in residential settings in which residing members and their legal representatives, if applicable, request or consent to such surveillance and monitoring.				
c. Electronic surveillance and monitoring equipment and/or service may be used in common public settings including but not limited to workshops and employment programs.				
d. A sign must be posted in a conspicuous place in each common area that is under surveillance.				
e. The sign must indicate the days and hours of surveillance.				
f. Surveillance may only be conducted in areas that do not extend to the member's private space (e.g., bathroom, bedroom).				
g. Surveillance records (e.g., tapes) will be maintained in accordance with A.R.S. §122297 (Retention of Records) and must be produced upon request of the member or responsible person, the Division, law enforcement, protective agencies, and to other persons and entities entitled to access to public records under the law.				
h. Safeguards in place to protect and support members in the event of a natural disaster or other public emergency.				
i. If the Qualified Vendor outlines specific Quality Improvement projects each year, describe how they are shared and how they are analyzed for success.				

REFERENCES

- Qualified Vendor Agreement, Service Requirements
- Qualified Vendor Agreement, Service Requirements/Scope of Work
- QVA: Service requirements Monitoring and evaluation of services provided and the improvement of the quality and appropriateness of services
- Provider Manual Chapter 32 – SEPARATION OF CHILDREN AND ADULTS IN CENTER-BASED PROGRAMS.
- Provider Manual Chapter 42 – Electronic Monitoring in Program Sites
- Behavior Supports Manual Chapter 900 – Emergency Measures and Physical Management Techniques
- A.A.C. R6-6-901

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.27 RECORD RETENTION/DATA SECURITY/TIMESHEET VERIFICATION

Vendor Agency: _____ Contract # _____

Address: _____

RECORD RETENTION/DATA SECURITY/TIMESHEET VERIFICATION				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓	↓ DDD ONLY ↓		
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the policy specify the following documentation requirements:				
a. Tracking and verifying employee hours.				
b. Member/guardian sign off and verification of hours worked by the employee in writing.				
c. Maintain employee proof of hours worked.				
d. Maintaining a log of each member's attendance/hours of arrival & departure, as applicable.				
e. Teaching strategies are submitted within 20 business days or initiation or change, as applicable.				
2. Does the policy specify progress reports will be submitted?				
a. For DTS, HAB, HPD, HAN, HHA & LHA: Monthly progress report submitted to DDD within 10 business days following each month.				
b. For DTA, DTT, Habilitation Services (<i>other than group homes</i>), PTE, ISE, GSE, CBE, ESA and Nursing: Quarterly progress report submitted to DDD, the member/member representative and PCP by July 15, October 15, January 15, and April 15.				
c. For CBE, ESA, GSE, ISE, PTE: Semi-annual reports submitted to DPM or designee by January 31, and July 31.				
3. Therapy Services, does the policy also include:				
a. If utilizing assistants, supervision is addressed.				
b. Ongoing service will not be started without a prescription from the member's PCP and an authorization from DDD.				
c. Member's Third Party Liability (<i>TPL</i>) is kept up to date and shared with the Support Coordinator.				
d. Evaluation report is submitted to the Support Coordinator, the member/member's representative and the PCP within 3 weeks of completing the evaluation.				
4. Nursing Services, does the policy also include:				
a. A maintained current and signed plan of treatment and the most current nursing care plan for each member.				
b. A maintained list of all physician orders for the member in the member's file.				
c. Have the member's individualized care plan reviewed by a physician every sixty-two (62) days.				

RECORD RETENTION/DATA SECURITY/TIMESHEET VERIFICATION (Continued)				
REQUIREMENTS (Staff/Member Only)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
<p>5. Behavioral Supported Group Home, does the policy also include:</p> <p>a. Documentation of;</p> <p style="margin-left: 20px;">i. Behaviorally based intensive individualized intervention applied for each Member;</p> <p style="margin-left: 20px;">ii. Targeted behaviors tracked on daily basis and graphically tabulated; and</p> <p style="margin-left: 20px;">iii. Data-driven behavioral assessment begins when a member moves into the home.</p> <p>b. In collaboration with Members, Qualified Vendors are required to develop, at a minimum, a monthly on-site/community integrated schedule of daily activities.</p> <p style="margin-left: 20px;">i. Daily activities and schedules are based on the Members' choice, support needs, Planning Document goals, and enrichment of life experiences.</p> <p style="margin-left: 20px;">ii. Qualified Vendors Must allow reasonable opportunities for Members to choose and offer alternative activities, as necessary. This schedule Shall be available to the Member/ Responsible Person upon request.</p>				
<p>6. Does the policy specify the agency will provide all reports or publications which are intended for DDD members or applicants for services funded by the DDD, to DDD for review.</p>				

REFERENCES

- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Standard Terms and Conditions
- Qualified Vendor Agreement, Service Requirements
- Qualified Vendor Agreement, Service Requirements
- Qualified Vendor Agreement, Service Specifications - All Service Specifications have a Recordkeeping section
- DDD Provider Policy Manual
 - Chapter 35 – Progress Reporting Requirement
 - Chapter 41 - Termination of a Qualified Vendor Agreement Upon Request of the Qualified Vendor

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-809 N

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.28 SHIFT CHANGE COMMUNICATION (HAB, HPD, HAN)

Vendor Agency: _____ Contract # _____

Address: _____

SHIFT CHANGE COMMUNICATION (HAB, HPD, HAN)				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓	↓ DDD ONLY ↓		
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the Qualified Vendor have a policy/procedure for staff to communicate any needs and/or changes to a member during a shift to the relieving staff?				
2. Does the Qualified Vendor have a system to efficiently and effectively communicate events/changes occurring that affect member's lives? <i>(Should include Quality Management Plan, Policies and Procedures, Training Curriculum, Forms)</i>				
3. Does the agency have a system to address all monitoring standards per Article 8?				
4. Are staff empowered/encouraged to ask questions regarding changes in the member's status?				
5. Is there a procedure(s) for ensuring that significant events are reported internally and externally in a timely manner including reporting of incidents, medication errors, and medication changes?				
6. Is there an internal system for communicating with other service providers to ensure services address member's needs?				
7. Is there a method for documenting internal communication regarding members?				

REFERENCES

- Qualified Vendor Agreement, Service Specifications

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-809.G
- A.A.C. R6-6-803.A
- A.A.C. R6-6-806 L
- A.A.C. R6-6-806 M
- A.A.C. R6-6-808.I
- A.A.C. R6-6-808.G
- A.A.C. R6-6-906 B

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.29 SIBLING/NON-DIVISION ELIGIBLE OTHERS (RATIO)

Vendor Agency: _____ Contract # _____

Address: _____

SIBLING/NON-DIVISION ELIGIBLE OTHERS (<i>Ratio</i>)				
REQUIREMENTS (<i>Staff/Member Only</i>)	↓ QUALIFIED VENDOR ONLY		↓ DDD ONLY	
	↓	↓	↓	↓
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the policy specify if providers can or cannot provide care for other non-DDD individuals at the same time they are providing services for the DDD member? If yes, the policy needs to address the following:				
a. Does the policy ensure that a single staff member/employee supervises no more than a combined total of three DDD members and non-DDD individuals at the same time?				
b. If the policy allows for care of the other non-DDD individuals at the same time they are providing services for the DDD member, does the policy specify billing must reflect the specific ratio implemented (<i>i.e. if the employee is providing respite for a DDD member and two siblings the Qualified Vendor must bill up 1:3 ratio for the DDD member</i>).				

REFERENCES

- Qualified Vendor Agreement, Standard Terms and Conditions
- DDD Medical Policy Manual
- Chapter 1240-A - Attendant Care and Homemaker (Direct Care Services)
 - Exclusions (Attendant Care)
 - Exclusions (Homemaker)
- Provider Policy Manual, Chapter 51 - Oversight and Monitoring of Developmental Home Services
- Operations Policy Manual, Chapter 3001 Family Members as Paid Providers

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-809
- A.A.C. R6-6-803

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.30 STAFF TO CLIENT RATIOS

Vendor Agency: _____ Contract # _____

Address: _____

STAFF TO CLIENT RATIOS <i>(As Applicable by Service)</i>				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓	↓ DDD ONLY ↓		
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
Does the Qualified Vendor's policy address the following:				
1. Adequate staffing consistent with member's needs?				
2. Staffing for planned absenteeism?				
3. Staffing for unexpected absenteeism?				
4. Staffing for emergencies?				
5. Staffing for community activities?				
6. Procedures that ensure required staffing levels will always be maintained?				
7. A procedure to maintain appropriate staff to member ratio?				
8. A procedure to address enhanced ratios?				
9. A procedure to have enhanced ratios approved by the Division prior to being implemented?				
10. A member's use of unsupervised time as per the member's Planning Document?				
11. All staff being trained and oriented to the specialized needs of the member(s) before working with members?				
12. Member's right to personal care provided by staff of their choosing including gender?				

Note: Unsupervised time is not to be used to meet staffing needs or for staff/vendor convenience.

REFERENCES

- Qualified Vendor Agreement, Service Requirements/Scope of Work
- Qualified Vendor Agreement, Service Specifications

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

2.31 TRANSPORTATION

Vendor Agency: _____ Contract # _____

Address: _____

TRANSPORTATION (Not Applicable For Therapy, ESA, CBE, HSK, HHA/LHA, Nursing)				
REQUIREMENTS (Staff/Member Only)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the policy address the following (Section A):				
a. Each vehicle is equipped with a two-way radio or a cellular phone.				
b. Maintenance records and safety inspection files are maintained and tracked.				
c. Indicates whether employees are required to drive their own vehicle or if they must use a Qualified Vendor vehicle.				
d. Employee's driver's license and registration/car insurance are kept on file if applicable.				
e. Qualified Vendor ensures staff are provided with health and safety information of all members being transported.				
f. Process for transporting members in wheelchairs (shall be equipped with floor-mounted seat belts and wheelchair lock-downs or comparable safety equipment).				
2. Does the policy specify that all vehicles must have:				
a. Functional seat belts.				
b. Functional wheelchair mounts/lifts (if applicable).				
c. Age, size and weight appropriate car seats are available if appropriate or needed to transport children.				
d. A system for communication in case of emergency.				
e. A system to ensure ALL personal belongings have been removed.				
f. A system to ensure ALL members have exited from the vehicle.				
g. Current valid registration and license plates.				
h. Equipped with an operational heating and air conditioning system.				
i. A First Aid kit is available.				
j. Contractually required level of liability insurance.				
3. Does the policy specify that for all vehicles used to transport DDD members (contracted vehicles and/or personal vehicles,) the Qualified Vendor must maintain records on file regarding normal/regular service and maintenance of the vehicles.				
a. Normal and Regular Service/Maintenance of Vehicle(s) records on file.				
4. For TR1 (only), does the policy also include the following:				
a. Back-up plan if the scheduled driver or vehicle is late by 20 minutes or more.				
b. Logs of each member's pick up and drop off information. Including the time picked up from home, the time dropped off at program and time left the program and, the time dropped off at home.				

TRANSPORTATION				
(Not Applicable For Therapy, ESA, CBE, HSK, HHA/LHA, Nursing) (Continued)				
REQUIREMENTS <i>(Staff/Member Only)</i>	↓ QUALIFIED VENDOR ONLY ↓	↓ DDD ONLY ↓		
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
c. Maintain on file daily transportation log of services delivered to each member.				
d. Availability of age appropriate car seats <i>(if applicable)</i> .				

REFERENCES

- Qualified Vendor Agreement, Service Specifications/Transportation
- DDD Medical Policy Manual
 - Chapter 900
 - Chapter 1250-H - Transportation
- DDD Provider Policy Manual
 - Chapter 38 – Emergency Communication When Transporting a Member
 - Chapter 49 – Responsible Driving
 - Chapter 51 - Oversight and Monitoring of Developmental Home Services

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-1012
- A.A.C. R6-6-1112.
- A.A.C. R6-6-1512. H
- A.A.C. R6-6-1006 H

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

3.32 VISITOR/VISITATION

Vendor Agency: _____ Contract # _____

Address: _____

VISITOR/VISITATION				
REQUIREMENTS (Staff/Member Only)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the policy include visitor policy for staff?				
2. Does the policy include visitor policy for members that would not violate the members rights, unless there is an identified health or safety risk identified in the planning document?				
3. Is there a procedure to maintain sign in and sign out logs at each site, if applicable?				
4. Does the policy specify that ratios will be maintained while visitors are on site, if applicable?				

REFERENCES

- Eligibility Policy Manual Chapter 100 - Responsibilities
- DDD Operations Policy Manual
 - Chapter 1001-C - Rights of Persons with Developmental Disabilities Living in Residential Settings

When accessing the Arizona Revised Statute (A.A.C reference), identify the statute needed and find the statute on pages 1 through 5. Click the desired statute heading and the hyperlink will take you to that section of that statute.

- A.A.C. R6-6-108 H
- A.A.C. R6-6-804
- A.A.C. R6-6-1006 J
- A.A.C. R6-6-1009 A
- A.A.C. R6-6-1014
- A.A.C. R6-6-1114
- A.R.S. Title 36, Chapter 5.1 36-551.01

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

3.33 WORKFORCE DEVELOPMENT

Vendor Agency: _____ Contract # _____

Address: _____

WORKFORCE DEVELOPMENT				
REQUIREMENTS (Staff/Member Only)	↓ QUALIFIED VENDOR ONLY ↓		↓ DDD ONLY ↓	
	POLICY PAGE REFERENCE (Page #)	N/A	YES	NO
1. Does the policy include the requirement to develop a Workforce Development Plan?				
2. Are the required components outlined in the policy, including the development of goals?				
3. Does the policy include an annual review and update of the Workforce Development Plan, including an assessment of the progress toward the goals?				
4. Does the policy include the requirement to monitor the workforce development activities?				
5. Does the policy include the collection and analysis and ad hoc workforce data, including data recruitment, retention, turnover, and time to hire?				
6. Does the policy include maintaining the Workforce Development Plans on file, and submitting to the Division upon request?				

REFERENCES

- DDD Provider Policy Manual
 - Chapter 63 – Workforce Development
- DDD Operations Policy Manual, Chapter 407 – Workforce Development
- AHCCCS ACOM 407

COMMENTS

FOR DDD STAFF USE ONLY

State Reviewer: _____

Date Reviewed: _____ Unit: _____

CHAPTER 2000 – SUPPORT COORDINATION

- 2001 - Planning Team Members
- 2002 - Planning Meetings
- 2003 - Planning Documents
- 2004 - Service Authorizations
- 2005 - Referral And Placement In Services
- 2006 - Arizona Long Term Care Non-Users
- 2007 - Case Closure

CHAPTER 4004 – MANAGEMENT OF MEMBER FUNDS

- 4004 – Overview
- 4004A – Definitions
- 4004B - Member Funds System
- 4004C – Policy
- 4004D – Responsibilities
- 4004E - Safeguarding Member Funds
- 4004F - Member Funds Security
- 4004G - Disbursing Member Funds
- 4004H - Member Funds, Provider Responsibilities
- 4004I - Ledgers Maintained by Providers
- 4004J - Bank Reconciliation
- 4004K - Use of Member Funds
- 4004L - Reviewing Member's Accounts
- 4004M - Changes in a Member's Status
- 4004N - Investing Member Funds
- 4004O - Termination of a Member's Account or Change in Representative Payee

CHAPTER 6000 – ADMINISTRATIVE OPERATIONS

- 6001A - Confidentiality
- 6001B - Release of Information
- 6001C - Access to Personally Identifiable Information
- 6001D - Lawful Disclosure of Confidential Information
- 6001E - Violations and Penalties
- 6001F - Case Records
- 6001G - Documentation Requirements
- 6001H - Records Storage and Security
- 6001I - Management and Maintenance of Records Related to the Medicaid Line of Business
- 6002A - Definitions of Incidents and Serious Incidents
- 6002B - Incident Management System Definitions
- 6002C - Reporting Requirements
- 6002D - Members At-Risk if Missing
- 6002E - Incident Reports
- 6002F - Fact Finding
- 6002G - Abuse and Neglect
- 6002H - Referral to Other Investigative Agencies
- 6002I - Incident Closure and Corrective Actions

CHAPTER 6000 – ADMINISTRATIVE OPERATIONS *(Continued)*

6002J - Trending for Quality Improvement

6002K - Information Sharing

6002L - Mortality Review Audits

6002M - Mortality Review Process

6002N - Fraud and False Claims

6002O - Health Care Acquired Conditions

3.1 POLICY MANUAL URL LIST BY CHAPTER

The Division Policy Manuals are located on the DDD website at:

<https://des.az.gov/services/disabilities/developmental-disabilities/policies-and-rules/policies>

The first clickable option is at the bottom of the Welcome paragraph.

3.2 DDD COMPLETE SET OF ALL POLICY MANUALS

<https://des.az.gov/services/disabilities/developmental-disabilities/policies-and-rules/policies>

This allows you to download all seven DDD policy manuals to your desktop, as a reference manual. The policies are updated as often as once a week. You may want to download a new copy and replace your old version, if you want to see the best possible version for your research. The revision date will always be listed as part of the file name (example):

<https://des.az.gov/services/disabilities/developmental-disabilities/policies-and-rules/policies>

Next you will see the titles of the Policy Manuals in the light grey navigation bars stacked vertically in the middle of the page - and the little navy-blue arrows to the right of the titles will “drop-down” to see more detailed information about each manual. Click once to drop-down, click again to roll it back up.

When you drop-down to see the details, there will be a link to download the entire policy manual at the end of the introductory paragraph.

Next on the page is a table, which lists out every individual chapter contained in the manual, by chapter name and number. You can click on each chapter to read it online (the PDF will open into the browser window). From the browser menu options, you will have the option to download the PDF for that chapter and save it to your desktop for further reading.

The last link in the table is to the Revision History for that policy manual. It will show you the changes made to each chapter, sorted by month and year.

Scroll back up to the light grey navigation header and click on the blue arrow. The details and the table for that policy manual will roll up, and you can continue to research in the next manual, by going to the next navigation bar.