A signed copy of the signature page (page 2) of this amendment must be included in the hard copy of the Application, or, if a Qualified Vendor Agreement has been awarded, the Qualified Vendor must return a signed copy of this amendment to:

Contract Management Section
Business Operations – Site Code 791A
Division of Developmental Disabilities
Arizona Department of Economic Security
P.O. Box 6123
Phoenix, Arizona 85005

The purpose of this amendment is to add new services. The RFQVA is amended as follows:

Section 1 – NOTICE OF REQUEST FOR QUALIFIED VENDOR APPLICATIONS (RFQVA)

Page 1-2, under “Services,” is amended to add “Person Centered Planning Facilitation”

Section 2 – TABLE OF CONTENTS

Page 2-2, under “Service Specifications,” is amended to add “Person Centered Planning Facilitation”

Section 4 – BACKGROUND

Page 4-1 & 4-5, Section 4 amended to include background information on Person Center Planning Facilitation

Section 7 – SERVICE SPECIFICATIONS

Amended to add “Person Centered Planning Facilitation” at the end

The following pages are attached:

Revised SECTION 1 – NOTICE OF REQUEST FOR QUALIFIED VENDOR APPLICATIONS (RFQVA), page 1-2
Revised SECTION 2 – TABLE OF CONTENTS, page 2-2
Revised SECTION 4 – BACKGROUND, pages 4-1, 4-5, 4-5(a) and 4-5(b)
Revised SECTION 7 – SERVICE SPECIFICATIONS, pages 7-1 and 7-21 through 7-24
EXCEPT AS PREVIOUSLY AMENDED, ALL OTHER PROVISIONS OF THE RFQVA SHALL REMAIN IN THEIR ENTIRETY.

NOTE: IN ACCORDANCE WITH A.R.S. § 36-557.F (AS AMENDED BY LAWS 2005, CHAPTER 321, SECTION 2), RATES FOR THE SERVICES PURCHASED THROUGH THIS RFQVA ARE INCLUDED IN THE RATE BOOK, WHICH IS AVAILABLE ON THE DIVISION’S WEBSITE.

Applicant hereby acknowledges receipt and understanding of the above RFQVA amendment.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Typed Name and Title

<table>
<thead>
<tr>
<th>Name of Company</th>
</tr>
</thead>
</table>

Qualified vendor Number

<table>
<thead>
<tr>
<th>Antonia Valladares</th>
</tr>
</thead>
</table>

DDD Procurement Specialist

The above referenced RFQVA Amendment is hereby executed this 27th day of October, 2005, at Phoenix, Arizona.
By Mail to:

DDD Contract Unit
Business Operations – Site Code 791A
Division of Developmental Disabilities
Arizona Department of Economic Security
P.O. Box 6123
Phoenix, Arizona 85005

Services:

Support Coordination (Case Management)
Targeted Support Coordination (Targeted Case Management)
State Funded Support Coordination (State Funded Case Management)
Person Centered Planning Facilitation

Persons with a disability may request a reasonable accommodation by contacting the RFQVA contact person. (For TDD/TTY call through the Arizona Relay Service at 800 367-8939). Requests should be made as early as possible to allow time to arrange the accommodation.

Agreement Type: Qualified Vendor Agreement with Published Rate

Agreement Term: 12 months beginning no sooner than 5/17/04, with five one-year options for the Division to extend or renew the agreement, with all agreements ending 6/30/09. The agreement can be terminated as specified in Section 6, DES/DDD Terms and Conditions.

RFQVA Contact Person (Phone/email)

Cathie Rodman (602) 542-6896 /CRodman@azdes.gov

Antonio Valladares
DDD Procurement Specialist

AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY
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   C. Business Associates Agreement ............................................9 Att. C-1
SECTION 4
BACKGROUND

4.1 Mission, Vision and Values

Within the Department of Economic Security (DES), the Division of Developmental Disabilities (the Division or DDD) is responsible for providing community developmental services and supports to over 16,000 Arizonans with developmental disabilities and acute care only or support coordination (case management) only to an additional 5,000 Arizonans with developmental disabilities. In addition, over 16,000 Arizonans were enrolled in the Arizona Long Term Care Program and 7,753 were funded with state-only funds. Approximately 700 consumers were between the ages of 18 and 25. In carrying out this responsibility, the Division’s mission is:

“To support the choices of individuals with disabilities and their families by promoting and providing within communities, flexible, quality, consumer-driven services and supports.”

The Division’s vision is:

“Individuals with developmental disabilities are valued members of their communities and are involved and participating based on their own choices.”

This results in the Division supporting a program that values:

- Healthy relationships with people;
- Individual and family priorities and choices;
- Equal access to quality services and supports for all individuals and families;
- Partnerships and ongoing communication with individuals, family members, advocates, providers, and community members;
- Developmental approaches – changing conditions that affect people rather than changing people who are affected by conditions;
- Individual freedom from abuse, neglect and exploitation with a balance between the right to make choices and experience life and individual safety;
- A diverse workforce that is motivated, skilled and knowledgeable of and uses the most effective practices known;
- An environment rich in diversity in which each person is respected and has the opportunity to reach their optimal potential;

An individual’s right to choose to participate in and contribute to all aspects of home and community life;
Case Management), and about 15% received State Funded Support Coordination (State Funded Case Management). In District II, the breakdown was 59% Support Coordination (Case Management), 18% Targeted Support Coordination (Targeted Case Management), and 23% state funded. In District III, the percentages were 66%, 21%, and 13%. For District IV, 72%, 13%, and 15%. For District V, 50%, 29%, and 21%. And for District VI, 59%, 25% Targeted Support Coordination (Targeted Case Management), and 16% state funded.

The Division coordinates services and resources through a central administrative office, District offices and local offices in various communities throughout the state. A comprehensive array of services are provided to consumers based on the person’s identified needs, State and/or Federal guidelines and, when applicable, the availability of funds. While the Division provides a limited number of services directly, the majority of services are provided through contracts with individuals or provider agencies. These contracted services include Support Coordination (Case Management) services, home- and community-based services, institutional services and acute care services. Some of the services, such as acute care services, are available only to certain consumers. (See A.R.S. 36-558 and DES/DDD Policy and Procedure Manual, available on the Division’s website www.de.state.az.us/ddd, for a more detailed description of Division services.) Wherever possible, prior to authorizing services, the Division looks first at services or other forms of assistance that may be provided through existing community resources or family members.

Division services are funded through various means – Title XIX Medicaid (Federal and State matching monies) and State appropriations, with some additional funding available through Title XX and grants. However, Title XIX is the principle source of funds. The Division receives monthly capitation payments from AHCCCSA to deliver acute and long term care services to eligible ALTCS consumers and Targeted Support Coordination (Targeted Case Management) services to Arizona Health Care Cost Containment System (AHCCCS)-eligible consumers. These funds, in turn, are appropriated by the Arizona State Legislature to DES/DDD for expenditure.

Home- and community-based service costs for ALTCS-eligible consumers must not exceed the cost of an Intermediate Care Facility/Mental Retardation (ICF/MR) placement, unless the Division requests and receives approval from AHCCCSA. For total service costs, which exceed 80% of an ICF/MR placement, the Division must conduct a cost effectiveness study; including development of a plan to prospectively reduce the costs over the next six months. (See DES/DDD Policy and Procedures Manual – Chapter 905.)

Person centered planning refers to the facilitation and development of a plan developed in concert with a person with developmental disabilities, their families and others that are important to the person. The plan focuses both on paid and natural supports to assist a person in achieving their desired future. The planning process is a way to gather and organize information, respects the person’s choices and preferences, is positive and focused on capacities of both the person and the community in which he or she lives, provides an accurate picture of the person and their desires and is action oriented with actions steps and timeframes for evaluation.
There are several approaches that use person centered planning. Some that are the most well known in working with people with developmental disabilities include:

* Personal Futures Planning;
* Making Action Plans (MAPS)
* Planning Alternative Tomorrows with Hope (PATH)
* Essential Lifestyles Planning.

All approaches are acceptable as long as the person centered plan:

- Ensures that the primary direction comes from the consumer,
- Involves family members and friends of the person’s choice and has a reliance on personal relationships as the primary source of support to the individual,
- Focuses on capacities and assets rather than on limitations,
- Has an emphasis on the settings, services, supports and routines available to the community at large rather than those designed for people with disabilities,
- Focuses on quality of life with an emphasis on personal dreams, desired outcomes, and meaningful experiences.

This service is provided to consumers who are eligible for the Arizona Long Term Care Program. The service is provided to consumers who are experiencing life transitions such as exiting high school to work, moving from the person’s family home, young adults 18-25 years old who have family members requesting the use of “attendant care family” services, moving from a nursing home, psychiatric hospital or Intermediate Care Facility to the community. The service may also be provided to consumers who are seeking an Individually Designed Living Arrangement, who are participating in the Member Directed Supports initiative or who are a priority for planning in order to identify the supports they will need when an aging caregiver no longer able to provide supports in their home. The Qualified Vendor may not deliver direct services and Person Centered Planning facilitation to the same consumer.

The primary focus of the person centered planning facilitation service is for consumers between the ages of 18-25 years of age, living in his/her family home. This is due to the issuance of Administrative Directive 100, which provides guidance regarding attendant care services when a consumer turns 18 years of age and these services have the potential to be provided by a parent or other caregiver, based on assessed need, including the family’s ability to provide natural supports.

The Directive states that the Division does not endorse lifelong residency in the family home, unless that is the choice of the consumer and family and is in the Consumer’s best interest. Therefore, to ensure all options have been considered, the Directive requires the facilitation of a person centered plan and personal, private interview of the Consumer by the Support Coordinator, if the use of Attendant Care Family service is proposed between the ages of 18-25.
This service provides resources for the one time provision of the person centered plan facilitation. While person centered planning may also be provided to other consumers experiencing life transitions such as exiting high school to work, moving from the person’s family home, moving from a nursing home, psychiatric hospital or Intermediate Care Facility to the community, those seeking member directed supports or planning due to having an aging caregiver, the primary focus of the service is for young adults who have requested attendant care.

In State Fiscal Year 2004 the Division provided attendant care to approximately 2,800 consumers and, of these, 700 were between the ages of 18-25. Table 4.3 below depicts the number of consumers who received attendant care services and who are between the ages of 18-25 by District.

### Table 4.3
Number of Consumers Receiving Attendant Care Services Between the Ages of 18-25 Years of Age by District State Fiscal Year 2004

<table>
<thead>
<tr>
<th>Attendant Care</th>
<th>District 1</th>
<th>District 2</th>
<th>District 3</th>
<th>District 4</th>
<th>District 5</th>
<th>District 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>446</td>
<td>105</td>
<td>66</td>
<td>32</td>
<td>32</td>
<td>36</td>
</tr>
</tbody>
</table>

While there may be other referrals as listed above, the chart provides the primary recipient group of this one time planning service.

#### 4.4 Consumer Choice

Building upon its core mission and value statements, the Division has, over the past several years, begun an initiative to move its current program toward a model of self-determination – promoting and increasing consumer and family control over the purchase and selection of services and providers. Recent amendments to A.R.S. §36-557 and the implementation of rules pursuant to A.R.S. §36-557 establish consumer choice of providers in law and rule. Consumer
SECTION 7
SERVICE SPECIFICATIONS

This section sets forth the service specifications for the following services:

Support Coordination (Case Management)
Targeted Support Coordination (Targeted Case Management)
State Funded Support Coordination (State Funded Case Management)
Person Centered Planning Facilitation

In addition to the general requirements included in Section 5 and the terms and conditions in Section 6, the Qualified Vendor shall meet the requirements in the following service specifications.
PERSON CENTERED PLANNING FACILITATION

Service Description

Person centered planning facilitation is a planning approach for determining, planning for and working toward the preferred future of a person with developmental disabilities in community life. A component of Support Coordination (Case Management) services, this service refers to the facilitation and development of a plan developed in concert with a consumer, his/her family and others that are important to the person. The plan focuses both on paid and natural supports to assist a consumer in achieving his/her desired future. The planning process is a way to gather and organize information, respects the consumer’s choices and preferences, is positive and focused on capacities of both the consumer and the community in which he or she lives, provides an accurate picture of the consumer and his/her desires and is action oriented with actions steps and timeframes for evaluation.

There are several approaches that use person centered planning. Some that are the most well known in working with people with developmental disabilities include:

- Personal Futures Planning
- Making Action Plans (MAPS)
- Planning Alternative Tomorrows with Hope (PATH)
- Essential Lifestyles Planning.

All approaches are acceptable as long as the person centered plan:

- Ensures that the primary direction comes from the consumer,
- Involves family members and friends of the consumer’s choice and has a reliance on personal relationships as the primary source of support to the consumer,
- Focuses on capacities and assets rather than on limitations,
- Has an emphasis on the settings, services, supports and routines available to the community at large rather than those designed for people with disabilities, and
- Focuses on quality of life with an emphasis on personal dreams, desired outcomes, and meaningful experiences.

Service Setting

This service may be provided in any setting agreed to by the consumer but is generally provided in the consumer’s home or another community setting.
Service Goals and Objectives

Service Goals

To facilitate a person centered plan for consumers and their families in order to provide a positive, community based work plan for life transitions such as school to work or moving from the family home.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

Facilitate and develop a person centered plan in conjunction with the consumer, their family and others closest to the person. Service components include:

1. Meet with the consumer to explain the person centered planning process and to determine others the consumer would like to have participate in the plan.
2. Work with the support coordinator to determine a time and location for the person centered planning session that assures the consumer’s participation as well as those the consumer would like to have in attendance.
3. Facilitate the person centered planning session. During the session, the facilitator should assist the consumer to participate as much as possible, establish ground rules, keep the group positive and focused on the consumer’s strengths and choices and record the consumer’s vision of the future. The vision should be broken down into achievable steps and consider both paid and natural supports. Maps should be recorded and include, at a minimum, maps/charts on relationships, choices, what works and what does not work, health and safety, vision of the future and action steps.
4. Write the plan up and provide a copy of the plan and maps/charts to the consumer and support coordinator.
5. If time allows, provide follow up on action steps by bringing the group back together within three months of the initial person centered planning session. If unable to personally bring the group back together, contact the support coordinator by phone to provide ideas and recommendations for next follow up meeting.

Division Responsibilities

The Division will provide person centered planning referrals to the Qualified Vendor. The support coordinator will attend the person centered planning session and assist in identifying location and times. The support coordinator will coordinate follow up on action steps identified in the person centered plan.
Service Utilization Guidelines

1. This service is provided to consumers who are eligible for the Arizona Long Term Care System (ALTCS).

2. This service is provided to consumers who are experiencing life transitions such as exiting high school to work, moving from the person’s family home, young adults 18-25 years old who have family members requesting the use of “attendant care family” services, or moving from a nursing home, psychiatric hospital or Intermediate Care Facility to the community.

3. This service may also be provided to consumers who are seeking an Individually Designed Living Arrangement, who are participating in the Member Directed Supports initiative or who are a priority for planning in order to identify the supports they will need when an aging caregiver is no longer able to provide supports in their home.

Qualified Vendor Requirements

1. The Qualified Vendor shall avoid any conflict of interest between the delivery of Person Centered Planning Facilitation services and the delivery of direct services to the consumer.

2. The Qualified Vendor may not deliver direct services and Person Centered Planning facilitation to the same consumer.

3. Unless the Qualified Vendor receives the approval from the Assistant Director for the Division, the Qualified Vendor must wait one year before delivering direct services to a consumer who previously received Person Centered Planning Facilitation services from the Qualified Vendor.

Rate

Published.

Unit of Service

The basis of payment for this service is the completion and receipt of a person centered plan. This is inclusive of approximately four hours of direct facilitation and up to two hours of preparation and report writing. Payment is provided when the plan is delivered to consumer.
Direct Service Staff Qualifications

The direct service staff must have successfully completed a Division-approved person centered planning facilitator’s training session.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor will provide a copy of the charts/maps to the consumer and provide the written plan to the consumer and support coordinator.

2. The Qualified Vendor must maintain on file proof of hours worked and a copy of completed plans. There must also be a signature sheet that includes the signature of the consumer or the consumer’s representative as having received a copy of the completed person centered plan.