

RFQVA AMENDMENT	DEPARTMENT OF ECONOMIC SECURITY
RFQVA No: DDD 704011 Disabilities	Agency: Division of Developmental
Amendment No: 13	Address: 1789 W. Jefferson, Site Code 791A Phoenix, Arizona 85005
Page 1 of 9	Phone: (602) 542-6874

A signed copy of the signature page 2 of this amendment must be submitted by RFQVA Applicants , or Qualified Vendors. This Solicitation Amendment is effective as of the date of issue of this amendment. All Qualified Vendors must return a signed copy of this amendment within 30 days of the date of issue 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

Purpose: This amendment is to allow for Qualified Vendors to add one new service to Qualified Vendor Agreement DDD-704011. The service is RESPIRATORY THERAPY. This new service will be effective the date that the service is awarded, but no earlier than July 1, 2010. In addition, this amendment will amend direct service qualifications for Speech Therapy to allow for Speech Language Pathologist Assistants as of July 1, 2010.

The RFQVA is amended as follows:

Section 2 – TABLE OF CONTENTS

Page 2-2, 7 is amended by adding RESPIRATORY THERAPY to the listing of services.

Section 7 – SERVICE SPECIFICATIONS

Amend SPEECH THERAPY & EVALUATION to include the utilization of Speech Language Pathology Assistants (SLPAs). Page 7-104

Amend SPEECH THERAPY EARLY INTERVENTION to include the utilization of Speech Language Pathology Assistants (SLPAs). Page 7-108

Pages 7-113 through 7 -115 is added by amendment.

The following pages are attached:

Revised SECTION 2 – TABLE OF CONTENTS, pages 2-2 and 2-3

Revised SECTION 7 – SERVICE SPECIFICATIONS, Direct Service Qualifications (REVISED)pages 7-104 – 7-104 , 7-108 – 7-108

Revised SECTION 7 – SERVICE SPECIFICATIONS, pages 7-113 – 7-115 added.

EXCEPT AS PREVIOUSLY AMENDED, ALL OTHER PROVISIONS OF THE RFQVA SHALL REMAIN IN THEIR ENTIRETY.

NOTE: IN ACCORDANCE WITH A.R.S. § 36-557.K, 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.

The above referenced RFQVA Amendment is hereby executed this 1st day of June, 2010, at Phoenix, Arizona

Signature Date

Antonia Valladares
Signature

Typed Name and Title

Antonia Valladares, DDD Contracts Administrator
Typed Name and Title

Name of Company

Qualified Vendor Number

Agreement Number

SECTION 2

TABLE OF CONTENTS**SECTION SECTION CONTENT****1. Service Specifications****Home-Based Services**

- Attendant Care
- Habilitation, Community Protection and Treatment Hourly
- Habilitation, Support
- Housekeeping
- Respite

Day Treatment and Training Services

- Day Treatment and Training, Adult
- Day Treatment and Training, Child (After-School)
- Day Treatment and Training, Child (Summer)

Developmental Home Services

- Habilitation, Vendor Supported Developmental Home (Child and Adult)
- Room and Board, Vendor Supported Developmental Home (Child and Adult)

Independent Living Services

- Habilitation, Individually Designed Living Arrangement

Group Home Services

- Habilitation, Community Protection and Treatment Group Home
- Habilitation, Group Home
- Habilitation, Nursing Supported Group Home
- Room and Board, All Group Homes

Professional Services

- Home Health Aide
- Nursing
- Occupational Therapy
- Occupational Therapy Early Intervention
- Physical Therapy
- Physical Therapy Early Intervention
- Speech Therapy (REVISED)
- Speech Therapy Early Intervention (REVISED)

Other Services

- Transportation

Added 7/1/2010

- Respiratory Therapy

SPEECH THERAPY AND SPEECH THERAPY EARLY INTERVENTION**Direct Service Staff Qualifications (Revised)**

Speech therapy services must be provided by:

1. A qualified Speech Language Pathologist that holds a license issued by the Arizona Department of Health Services (ADHS), or
2. A speech-language pathologist who has temporary license from ADHS and is completing a clinical fellowship year. He/she must be under the direct supervision of an ASHA certified speech-language pathologist. AHCCCS registration will be terminated at the end of two years if the fellowship is not completed at that time.
3. Laws 2006, Chapter 390, created A.R.S. §36-1940.04 for licensing speech language pathologist assistants (SLPA) to be supervised by licensed speech language pathologists (SLP). The final rule (R9-16-501et seq) was published December 25, 2009 in the Arizona Administrative Register and became effective 2/1/2010.
4. DDD will begin to allow SLPAs on 7/1/2010. SLPAs shall prior to service delivery:
 - a. Be licensed by ADHS and be AHCCCS registered providers.
 - b. SLPAs are required to obtain an AHCCCS provider ID number from AHCCCS Provider Registration.
 - c. Prior to applying for an AHCCCS ID number, the licensed SLPA must obtain their National Provider ID (NPI) number. NPI numbers may be obtained through <http://www.azahcccs.gov/commercial/NPI/obtain.aspx>. Information related to AHCCCS Provider Registration, including a registration packet, may be obtained at <http://www.azahcccs.gov/commercial/ProviderRegistration/registration.aspx>. AHCCCS will begin accepting and processing licensed SLPA applications on 1/4/2010.
 - d. Reimbursement for SLPAs who have their provider registration numbers begins with dates of service on or after 7/1/2010.
 - e. Claims for services provided by an SLPA must include the individual provider's AHCCCS Provider Identification Number and NPI.
 - f. A Speech Therapist may not be listed as the treating provider if the service was provided by the SLPA.

Unit of Service (Revised)

1. One unit of evaluation equals one visit for evaluation.
2. The basis of payment for this service other than evaluation is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - If services were provided for 65 minutes, bill for 1 hour.
 - If services were provided for 68 minutes, bill for 1.25 hour.
 - If services were provided for 50 minutes, bill for 0.75 hour.
3. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.
4. Billing for missed appointments/"No Shows" is governed by Division policy.

RESPIRATORY THERAPY

Service Description

A service that provides treatment to restore, maintain or improve breathing.

Service Settings

1. This service may be provided in the following settings:
 - 1.1 The consumer's home;
 - 1.2 A group home;
 - 1.3 A developmental home (child or adult); or
 - 1.4 A Level I or Level II behavioral health facility.
2. This service shall not be provided when the consumer is hospitalized.
3. This service shall not be provided to consumers living in skilled nursing facilities or non-state operated ICFs/MR.

Service Goals and Objectives

Service Goals

1. To provide treatment to restore, maintain or improve respiratory functions.
2. To improve the functional capabilities and physical well-being of the client.

Service Objectives

1. Based upon physician's orders and authorization by the District Nurse, the respiratory therapist shall provide respiratory therapy to restore, maintain or improve respiratory functions.
 - 1.1 Conduct assessment and/or review previous assessment, including the need for special equipment.
 - 1.2 Discuss assessment(s) with the physician, and participate with the District Nurse and the ISP team to develop the client's treatment plan.
 - 1.3 Implement respiratory therapy treatment as indicated by the assessment(s) and the client's treatment plan.
 - 1.4 Monitor and reassess the client's needs on a regular basis.
 - 1.5 Provide written reports to Division staff as requested.
 - 1.6 Attend Individual Support Plan (ISP) meetings and Individual Family Service (IFSP) meetings if requested by Division staff.
2. Provide training and technical assistance to clients, parents, caregivers, and other appropriate individuals.
 - 2.1 Develop and teach therapy objectives and/or techniques to be implemented by the client, family member(s) and/or appropriate individuals.

- 2.2 Consult with clients, families, Support Coordinators, medical supply representatives and other professional and paraprofessional staff on the features and design of special equipment that clients may need.
- 2.3 Provide instruction on the use and care of special equipment.

Service Utilization Guidelines

1. Using the assessment and plan development processes, needs are assessed by the ISP team based upon what is normally expected to be performed by a consumer and/or his/her natural supports. Consideration should be made to age appropriate expectations of the consumer and his/her natural supports (what can reasonably be expected of each member based on his/her age). This service shall not supplant the care provided by the consumer's natural supports.
2. The assessment is documented in ISP Document.

Rate

1. Published. The published rate is based on 1 unit of direct service.

Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Provider Manual and/or the Division's RateBook.

Unit of Service

1. The basis of payment for this service is 1 hour of direct service time. Direct service time is the period of time spent with or on behalf of the child and verified by the child's family. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - If services were provided for 65 minutes, bill for 1 hour.
 - If services were provided for 68 minutes, bill for 1.25 hour.
 - If services were provided for 50 minutes, bill for 0.75 hour.
2. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the multiple client rate of direct service time for the number of multiple clients. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Direct Service Staff Qualifications

1. Respiratory therapy services must be performed by a person who is licensed by the Arizona State Board of Respiratory Care Examiners as pursuant to A.R.S. Section 32-3501 and a graduate of an accredited respiratory care education program curriculum that is accredited/approved by the American Medical Association's Committee on Allied Health Education and in collaboration with the Joint Review Committee for Respiratory Therapy Education.

2. Respiratory therapy services must be prescribed by a qualified, licensed physician as part of a written plan of care which must include the frequency, duration, and scope of the respiratory therapy.
3. A qualified, licensed physician is a person who is qualified and licensed pursuant to A.R.S. Title 32, Chapter 13 or Chapter 17, and any other applicable state and federal laws.
4. If respiratory therapy services are provided to an individual who is Title XIX eligible, the Contractor must be registered with AHCCCS.
5. The Contractor must comply with A.A.C. R6-6-901 through R-6-910 (Article 9), Managing Inappropriate Behaviors.
6. The Contractor must comply with A.R.S. Section 6-141 regarding fingerprinting and records check requirements.
7. The Contractor must not deliver this service until certified for this category of services

Direct Service Training Requirements

The Qualified Vendor shall:

- Confirm of licensure pursuant to A.R.S. Section 32-3501
- Confirm graduation from an accredited respiratory care education program curriculum that is accredited/approved by the American Medical Association's Committee on Allied Health Education and in collaboration with the Joint Review Committee for Respiratory Therapy Education.
- Confirm DDD HCBS Certification/AHCCCS Provider Registration.

Recordkeeping and Reporting Requirements

1. The respiratory therapist shall provide written reports as requested and the written reports will be maintained in the individual's file.
2. The Qualified Vendor shall maintain qualification files for each direct service provider as defined above.
3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer's representative as verification of hours served.