

1 **40 INSURANCE REQUIREMENTS FOR QUALIFIED VENDORS**

2 REVISION DATE: XX-XX-XXXX

3 REVIEW DATE: 5/5/2023

4 EFFECTIVE DATE: November 10, 2016

5 REFERENCES: RFQVA DDD-2024

6
7 **PURPOSE**

8 **The purpose of this policy is to outline the Division's general**
9 **insurance and Sexual Abuse and Molestation (SAM) coverage**
10 **requirements for Qualified Vendors.**

11 **DEFINITIONS**

- 12 **1. "Qualified Vendor" or "QV" means a provider of**
13 **community developmental disability services that has**
14 **applied for Qualified Vendor status, meets the criteria for**
15 **Qualified Vendor status, and has entered into a Qualified**
16 **Vendor Agreement with the Department.**
- 17 **2. "Qualified Vendor Agreement" or "QVA" means the valid,**
18 **executed contract between the Department and a**
19 **Qualified Vendor describing the services the Qualified**
20 **Vendor is qualified to provide and the terms and**
21 **conditions governing the relationship between the**

Department and the Qualified Vendor including any amendments, attachments, schedules, or exhibits.

3. Sexual Abuse and Molestation Insurance or "SAM" means liability coverage for claims that may arise related to abusive behaviors committed by the insured and insured's employees.

A. GENERAL INSURANCE REQUIREMENTS~~Insurance Requirements~~

1. The Qualified Vendor shall obtain and maintain current insurance coverage as required by the [RFQVA DDD-2024](#).

2. The Qualified Vendor shall submit all required liability insurance coverage documentation and insurance agent's contact information to the Department's insurance tracking and monitoring system portal.

B. ADDITIONAL SEXUAL ABUSE AND MOLESTATION (SAM) INSURANCE REQUIREMENTS FOR QUALIFIED VENDORS PROVIDING THERAPY SERVICES

1. Qualified Vendors that provide occupational, physical therapy, or speech therapy services to Members shall document the name and relationship of the paid or unpaid caregiver present with the

42 Member during each evaluation or therapy session, including
43 telehealth sessions.

44
45 2. Qualified Vendors that provide occupational, physical therapy, or
46 speech therapy services to Members without a caregiver present
47 shall carry SAM insurance coverage as required in the RFQVA
48 DDD-2024 in the section titled, "For All Other Qualified Vendors".

49 ~~Qualified Vendors (QV) are required to maintain continuous insurance~~
50 ~~coverage through the duration of the Agreement; failure to~~
51 ~~comply may result in enrollment suspense and termination.~~

52 ~~Insurance requirements are set forth in the Agreement under~~
53 ~~Section 6.7 DES/DDD Standard Terms and Conditions for QV:~~

54 ~~https://des.az.gov/sites/default/files/qv2014.section_6_standard_terms_and~~
55 ~~[_conditions.pdf](https://des.az.gov/sites/default/files/qv2014.section_6_standard_terms_and)~~

57 ~~Reporting Requirements~~

58
59 ~~Proof of continuous insurance must be provided to the Division:~~

60 ~~A. Prior to the expiration of the policy, and~~

61 ~~B. Through a Certificate of Insurance (COI) submitted on an ACORD~~
62 ~~form 25 (or an equivalent form that has been approved by the~~
63 ~~State of Arizona).~~

64 **Certificate of Insurance Requirements**

65
66 ~~A.— The QV’s insurance provider is responsible for completing the COI.~~

67 ~~B.— The QV is responsible for informing the insurance provider of the~~
68 ~~following requirements:~~

69 ~~1.— The “Insured” box of the COI must reflect the name of the QV on the~~
70 ~~agreement and the address must be the same as the vendor address listed~~
71 ~~in Section 2 of the Qualified Vendor Agreement (QVA).~~

72 ~~2.— The description section of the COI must include the solicitation number~~
73 ~~“RFQVA DDD 710000”, and your contract or QVA number.~~

74 ~~3.— Each COI submitted must reflect the State of Arizona, Department of~~
75 ~~Economic Security as the “Certificate Holder” with. One of the following~~
76 ~~addresses must be present in the Certificate Holder section of the~~

77 ~~COI certificate:~~

78 ~~a.— State of Arizona~~

79 ~~Department of Economic Security~~

80 ~~Division of Developmental Disabilities~~

81 ~~Contract Management Unit~~

82 ~~Business Operations—Site Code 791A~~

83 ~~b.— State of Arizona~~

84 ~~Department of Economic Security~~
85 ~~Division of Developmental Disabilities~~
86 ~~P.O. Box 6123~~
87 ~~Phoenix, AZ 85005-6123~~
88 ~~c. State of Arizona~~
89 ~~Department of Economic Security~~
90 ~~Division of Developmental Disabilities~~
91 ~~1789 West Jefferson St~~
92 ~~Site Code 791-A~~
93 ~~Phoenix, AZ 85007~~
94 ~~4. The COI must include the policy number, effective~~
95 ~~date, and expiration date for each type of insurance.~~