



PART 7 - EXHIBIT CC
BUSINESS PLAN REVIEW TOOL

RFQVA DDD-2024 - Part 7 EXHIBIT CC

BUSINESS PLAN REVIEW TOOL

Applicants are requested to organize and present their Business Plan in the same order as shown in this tool, and strongly encouraged to use this tool to evaluate the quality and completeness of their Business Plan prior to its submission as part of the application.

SECTION

1. COVER PAGE

a. Business Name

b. Business Address

c. Business Phone Number

d. Business Email Address

2. TABLE OF CONTENTS

3. EXECUTIVE SUMMARY

a. List the legal form of ownership (e.g., Sole Proprietorship, Limited Liability Company, Corporation, Limited Liability Partnership).

page #

b. Provide a summary of the advantages to the State of Arizona should it enter into a contract with your business.

page #

c. Describe the business goals of your management team for this contract in the first, third, and fifth year of business.

page #

d. List the percentage of the business you anticipate to be funded by the Division in the first, third and fifth year of business.

page #

e. Summarize the experience and strengths your business has in providing the services, you are applying for, to individuals with ID/DDD.

page #



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f. Summarize the experience and successes your key personnel and management team have in running a business.	page #
g. Describe your business, the services currently provided, if any, and how, why and when the business was formed.	page #
4. MANAGEMENT AND ORGANIZATIONAL STRUCTURE	
a. Provide a chart identifying the organizational reporting structure	page #
b. Provide position descriptions for all positions in the organization, including primary job duties and assigned responsibilities	page #
c. Identify professional and advisory support (e.g., consultants, board of directors) and how these supports will be utilized.	page #
d. Identify all affiliations with other individuals, organizations, entities, share holders, voting members, and owners holding 5% or more interest in the business, including all holding companies and parent organizations.	page #
5. SERVICES	
a. Describe how you have or will implement person centered principles in training, oversight, service delivery and quality management.	page #
b. Identify the geographic area(s) in which the business proposes to provide services (e.g. Bisbee, Parker, Window Rock, Yuma).	page #
c. Identify the total number of individuals the business intends to provide services to through the QVA in the first twelve (12) months from the Contract Effective Date.	page #
6. OPERATIONAL & QUALITY MANAGEMENT PLANS	
a. Demonstrate your understanding and the importance of control systems in business, and describe the processes and procedures you have adopted or developed as part of your systems.	page #
b. Describe the systems in place designed to minimize risk and liability to individuals served, to staff, to the business, and the State.	page #



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7. FINANCIAL PLAN	
a. Identify sufficient operating capital for a minimum of three (3) months with no funding from the Division.	page #
b. Provide financial documents which are mathematically correct, current within 90 days of Management Level Review, consistent with information provided in the business plan and demonstrate sufficient operating capital per 7a.	page #
c. Describe anticipated expenses (e.g., payroll, training, certification, insurance, third-party collections, and facility costs) that will occur for operation and revenues for a three-year period. (e.g., break-even analysis, projected cash flow).	page #
d. Include a plan for phase-in and start-up considerations for each service that demonstrates an understanding of the proposed area of service delivery, the demand for the services in the area, the existing competition in the area, and an understanding of the Division's rate structure in the published RateBook.	page #
e. Identify a contingency plan if forecasted service delivery levels are not met.	page #
8. MARKETING PLAN	
a. Describe the market research you have and will conduct for each service, service area, existing competition, and projected service need.	page #
b. Describe how your staff recruitment process addresses member choice.	page #
9. GROWTH PLAN	
a. Describe your growth plan including increases to proposed service capacity and expansion of service areas while maintaining high quality of service delivery. Provide a projection of the anticipated pace of growth.	page #
b. Indicate the total number of members you intend to serve during the first twelve (12) months from the contract effective date.	page #
<u>Qualifications of Key Positions</u>	



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Mark an X by all that apply and provide the supporting credentials within the Business Plan. Include page #.

At all times throughout the term of this QVA, the individual holding the Key Position responsible for the business operation of the business entity, who may be an owner, chief executive officer (CEO), chief financial officer (CFO) business administrator or similar title, Shall meet one of the following requirements:

Earned a bachelor's degree or more in finance, business administration, or another closely related field from an accredited college or university , with at least two (2) years of experience working in finance, business administration, or another closely related field; or

page #

Earned an associate's degree or more in finance, business administration, or another closely related field from an accredited college or university , with at least five (5) years of experience working in finance, business administration, or another closely related field; or

page #

Have at least seven (7) years of experience working as an owner, CEO, CFO, director, administrator, business administrator, or similar title.

page #

Mark an X by all that apply and provide the supporting credentials within the Business Plan. Include page #.

At all times throughout the term of this QVA, an individual holding a Key Position responsible for program operation Shall meet at least one of the following requirements:

Earned a bachelor's degree or more in social science, health education, psychology, sociology, social work, health sciences, early childhood education, special education, rehabilitation counseling, or another closely related field from an accredited college or university, with at least two (2) years of management or supervision experience in a human service field or developmental disability service field; or

page #

Have at least five (5) years of experience in leadership or management of an entity that services the ID/ DD population or other similar population; or

page #

Have at least two (2) years of experience working directly with people with ID/DD, meet the federal requirements for a Qualified Intellectual Disabilities Professional (QIDP) specified in 42 C.F.R. § 483.430, and be licensed, certified, or registered in the State of Arizona as a(n):

page #

Must mark an X in box for the row above this one AND at least one other box in this section. Provide the supporting credentials within the Business Plan. Include page #.



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Doctor of medicine or osteopathy;	page #
Registered nurse;	page #
Occupational therapist;	page #
Occupational therapy assistant;	page #
Physical therapist;	page #
Psychologist;	page #
Social worker;	page #
Speech language pathologist;	page #
Audiologist;	page #
Professional dietitian, registered by the American Dietetic Association; or	page #
Have earned a bachelor's degree or more in a human services field, such as sociology, special education, rehabilitation counseling, or psychology.	page #
The individual responsible for business operations will be an authorized signatory of the QVA contract; or/and	page #
The individual responsible for program operations will be an authorized signatory of the QVA contract.	page #