

 DEPARTMENT OF ECONOMIC SECURITY <i>Your Partner For A Stronger Arizona</i>	REQUEST FOR QUALIFIED VENDOR APPLICATION AMENDMENT		Arizona Department of Economic Security 1789 W Jefferson Street, Mail Drop 2HC3, Phoenix, AZ 85007
	RFQVA No.: DDD-710000		
	Amendment No. 6	Date: 08/06/2018	

In accordance with Section 6 - 6.6 Agreement Changes, the below revisions are posted for review and comment from August 06, 2018 through September 05, 2018.

Written comments and opinions will be accepted by the Division until September 05, 2018 at 11:59 p.m. and will be considered when the changes are to be made final. Comments should be submitted to the Division via email sent to: DDDQVAAmendment@azdes.gov. Please include the subject line "Proposed Changes to RFQVA # DDD 710000 _ A 6" and include the following information in the email: Commenter's Full Name, Organization's Name, and Contact Information. For each comment submitted, please clearly identify the section of the document you are referring to by referencing the document line number, which is indicated in the left margin of the draft copy.

REQUEST FOR QUALIFIED VENDOR APPLICATION AMENDMENT #6

EFFECTIVE October 1, 2018, THE ABOVE REFERENCED REQUEST FOR QUALIFIED VENDOR APPLICATION IS HEREBY AMENDED AS FOLLOWS:

1. Section 7 – Service Specifications:
 - a) Section 7 is revised to add a new service titled "Respite (In Institutional Setting)" which is hereby attached .

2. Section 5 – Service Requirements:
 - a) Section 5 – Service Requirement Attachment is revised and replaced. Sections added or revised are as follow:
 - 1) Section 5.1.13 added as new AHCCCS requirements.
 - 2) Section 5.1.14 added as new AHCCCS requirement
 - 3) Section 5.6. Vendor Call has been revised and replaced.

2. ALL OTHER REQUIREMENTS, SPECIFICATIONS, AND TERMS AND CONDITIONS REMAIN UNCHANGED

SECTION 7

RESPIRE (IN AN INSTITUTIONAL SETTING)

1 **RESPITE**

2 **(IN AN INSTITUTIONAL SETTING)**

3 **Service Description**

JN H048

4 A service that provides short-term care and supervision consistent with the health needs of the
5 person to supplement care to provide a safe living environment and/or to support or relieve
6 caregivers for the benefit of the person.

7
8 Services are provided as a planned or unplanned non-routine interval of rest and/or relief to a
9 family member or other unpaid person who resides with and provides ongoing care for a Division
10 member.

11
12 **Service Requirements and Limitations**

- 13
14 1. This service must be provided in an institutional setting. Institutional settings include
15 Nursing Facilities, Intermediate Care Facilities, Behavioral Health Inpatient Facilities,
16 and Institution for Mental Disease.
17
18 2. This service is only available to members who require a specialized level of care, as
19 determined by the Division.
20
21 3. The facility shall not provide services to more members than its license allows.
22
23 4. This service shall not be provided when the member is hospitalized.
24
25 5. This service shall not be provided to members living in group homes or vendor supported
26 developmental homes (child or adult) when the home is the member's primary ongoing
27 residence, skilled nursing facilities, Intermediate Care Facilities ("ICFs"), or Level I
28 behavioral health inpatient facilities or Level II behavioral health residential facilities, or
29 to members living independently.
30
31 6. The current annual limit for this service is six hundred (600) hours per member and not
32 to exceed twenty-five (25) days. For Respite the benefit year is October 1st through
33 September 30th. Service Goals and Objectives

34
35 **Service Goals**

- 36
37 1. To provide relief to a family member or person caring for a member.
38
39 2. To provide supervision either in or outside of the home, as well as supporting the
40 emotional, physical, and mental well-being of the member.
41
42

43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86

Service Objectives

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

1. Determine the member’s routine plan of care from the member/member’s caregiver.
2. As identified in the member’s planning document [e.g., Individual Support Plan (“ISP”)] and/or routine plan of care, provide respite care and service to the member.
 - 2.1 Provide for the social, emotional, and physical needs of the member.
 - 2.2 Assist with self-administration of medication or medication reminders.
 - 2.3 Provide first aid and appropriate attention to injury and illness.
 - 2.4 Ensure provision of food to meet daily dietary needs. Therapeutic diets requiring specialized ingredients or food supplements will be supplied by the family.
 - 2.5 Assist the member in using transportation to support the member in all daily living activities, e.g., day treatment and training, employment situation, and other activities.
 - 2.6 Carry out any programs identified in the member’s planning document including the nursing assessment and/or routine plan of care.

Service Utilization Information

1. The amount of Respite is determined on a yearly basis through the planning process not to exceed the amount set by Federal or State Medicaid rules [six hundred (600) hours].
2. The planning team shall decide, prior to the delivery of services, who and how service delivery will be monitored.
3. When families have more than one (1) member eligible for Respite from the Division and all eligible members will be receiving Respite at the same time, the hours will be deducted from the authorized level of Respite for each member. The Qualified Vendor shall provide sufficient staff to ensure the health and safety of the member.
4. The member will not be transferred to another certified/contracted Respite provider without the consent of the member/member’s representative.
5. If the member requires respite to be provided by a skilled nurse as assessed by the Division’s Health Care Services Nurse, the facility must provide nursing services. The nursing services are included in the rate for this service.

87

88 **Rate Basis**

89

90

1. Published. The published rate is based on one (1) hour of direct service.

91

92

2. 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 Policies and Procedures Manual, Billing Manual, RateBook, and/or other provider resources made available by the Division.

93

94

95

96

97

98 **Facility Requirements**

99

100 The institutional setting must be licensed by the Arizona Department of Health Services and
101 Medicare certified, when applicable. Direct Service Staff Qualifications

102

103

1. All direct service staff must have at least three (3) months experience in providing assistance to an individual to meet essential personal physical needs as described in Arizona Administrative Code (“A.A.C.”) R6-6-1532 (“such as showering, bathing, toileting, and eating”).

104

105

106

107

108

2. Direct service staff must have the ability to provide assistance to a member to meet essential personal, physical, and homemaking needs. This ability includes social, physical, and emotional fitness.

109

110

111

112 **Direct Service Training Requirements**

113

114 See Section 5.3.5 in *Service Requirements/Scope of Work* in the Qualified Vendor Agreement
115 pertaining to Direct Service Training Requirements.

116

117 **Recordkeeping and Reporting Requirements**

118

119

1. The Qualified Vendor shall maintain daily records on file as proof of the number of hours worked by each direct service staff providing direct service to members.

120

121

122

1.2 Each time sheet, equivalent document, or data system shall contain the original signature or other independent verification (that complies with A.R.S. § 41-132) of the member/member’s representative after service delivery as confirmation of hours worked. Proof of hours worked must be signed or verified by the member/member’s representative before the Qualified Vendor submits the claim for payment.

123

124

125

126

127

128

2. The Qualified Vendor shall adhere to the requirements of “non-provision of service” as required by Division policy (see Section 5.2.6 in *Service Requirements/Scope of Work* in the Qualified Vendor Agreement).

129

130

131

132 3. The Qualified Vendor shall maintain data that documents full compliance with all
133 programmatic and contractual requirements of the Department and the Division.

134

For Public Comment

SECTION 5

Services Requirements / Scope of Work

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45

SECTION 5
SERVICE REQUIREMENTS/SCOPE OF WORK

This section sets forth the general requirements that the Qualified Vendor shall comply with in the delivery of Qualified Vendor Agreement (“QVA” or “Agreement”) services. The Qualified Vendor shall also comply with the requirements in Section 7, *Service Specifications*, for each service identified in the Qualified Vendor Agreement Award Notice, as well as Section 6, *DES/DDD Standard Terms and Conditions for Qualified Vendors*, and all other provisions of the Request for Qualified Vendor Applications (“RFQVA”).

5.1 Provider Qualifications

The Qualified Vendor shall comply with all laws and meet all applicable license/certification requirements and performance standards throughout the term of the Agreement, including but not limited to the following:

5.1.1 The Qualified Vendor shall have the appropriate current Arizona license and comply with all licensing requirements prior to the delivery of service. Payment will not be made for services delivered prior to the issuance of the license.

5.1.2 The Qualified Vendor shall be certified by the Department as a home and community-based provider pursuant to Arizona Administrative Code (“A.A.C.”) Title 6, Chapter 6, Article 15, prior to the delivery of service. Payment will not be made for services delivered prior to the date of certification.

5.1.3 The Qualified Vendor shall be registered as a provider with the Arizona Health Care Cost Containment System Administration (“AHCCCSA”) prior to the delivery of service. Payment will not be made for services delivered prior to the date of registration.

5.1.4 Qualified Vendors that provide nursing and/or occupational, physical or speech therapy services shall also obtain a National Provider Identifier (“NPI”) and submit their NPI to AHCCCS. This requirement also applies to the individual practitioners who actually deliver the services in addition to the Qualified Vendors. An NPI can be obtained at <https://nppes.cms.hhs.gov/NPPES/Welcome.do> .

5.1.5 Qualified Vendors that are considered as Group Billers by AHCCCS shall also ensure that they obtain a Provider Participation Agreement from each individual practitioner who actually delivers the services. Currently, this only applies to Qualified Vendors that deliver occupational, physical, or speech therapy services. Please refer to <https://azahcccs.gov/PlansProviders/NewProviders/registration.html>

5.1.6 The Qualified Vendor shall comply with A.A.C. Title 6, Chapter 6, Article 9, and Managing Inappropriate Behaviors.

5.1.7 The Qualified Vendor shall comply with all applicable Federal and State laws, including,

46 but not limited to, the statutory, regulatory, and policy provisions cited in the QVA. The
47 Qualified Vendor shall also comply with any subsequent revisions, amendments, versions
48 unless the Division has issued an exception to such compliance. All licenses, permits,
49 registrations, certifications, or other requirements imposed herein shall be maintained in
50 good standing throughout the term of this Agreement.
51

52 5.1.8 The Qualified Vendor shall comply with applicable Division policies, procedures, and
53 administrative directives and policy alerts; refer to the Division's website at
54 <https://des.az.gov/services/disabilities/developmental-disabilities> for information on these
55 authorities.
56

57 5.1.9 As needed to effectively implement the service, the Qualified Vendor shall communicate
58 effectively with the Division member and the member's representative, as appropriate
59 (e.g., American Sign Language or Spanish). Minimally, establishing an effective
60 communication strategy is a primary consideration in accepting a referral. This may
61 include utilizing alternative communication strategies (e.g., written versus spoken
62 language), using a volunteer or paid translator, or recruitment of staff who speak different
63 languages. The Qualified Vendor shall comply with all applicable requirements of state
64 and federal law. Title VI of the Civil Rights Act of 1964, as amended, 42 United States
65 Code ("U.S.C.") § 2000d *et seq.*, prohibits discrimination based on national origin. Failing
66 to take reasonable steps to ensure meaningful access to Medicaid services for persons with
67 limited English proficiency is a form of national origin discrimination prohibited by Title
68 VI.
69

70 5.1.10 When transportation of the member is provided or is part of the service delivery:

71
72 5.1.10.1 The vehicle in which transportation is provided shall have valid vehicle
73 registration and license plates and, at a minimum, the level of liability insurance
74 required by the State of Arizona's Department of Administration, Risk
75 Management Division.
76

77 5.1.10.2 The vehicle shall be maintained in a safe, working order, and shall be equipped
78 with a working heating and air conditioning system, and a first aid kit.
79

80 5.1.10.3 The vehicle shall be constructed for the safe transportation of the members. All
81 seats shall be fastened to the body of the vehicle and individual(s) properly
82 seated when the vehicle is in operation. The vehicle shall have operational seat
83 belts installed and be operational for safe passenger utilization. When
84 transporting, members shall be securely fastened in age- and weight-
85 appropriate restraints.
86

87 5.1.10.4 Members with special mobility needs shall be provided transportation in a
88 vehicle adapted to meet these needs in order to facilitate adequate access to
89 service.
90
91

- 92 5.1.10.5 If the vehicle is used to transport members in wheelchairs, it shall be equipped
93 with floor-mounted seat belts and wheelchair lock-downs or comparable safety
94 equipment for each wheelchair that it transports.
95
96 a. Qualified Vendors transporting a member while the member is in his or
97 her wheelchair shall have documentation that the worker has completed
98 orientation on appropriate use of the safety equipment being used.
99
- 100 5.1.10.6 Persons providing transportation shall be a minimum of eighteen (18) years of
101 age and possess and maintain a valid driver license.
102
- 103 5.1.10.7 The Qualified Vendor shall review driving records periodically to ensure driver
104 qualifications.
105
- 106 5.1.10.8 The Qualified Vendor shall ensure that its Home and Community-Based
107 Certification includes meeting transportation requirements.
108
- 109 5.1.10.9 The Qualified Vendor shall ensure sufficient staff is provided for the health and
110 safety of all members being transported, including boarding and un- boarding
111 supervision.
112
- 113 5.1.10.10 For the health and safety of each member, the Qualified Vendor shall ensure
114 that all methods of transportation allow for emergency communication at any
115 time during the delivery of the service. The method of emergency
116 communication shall be appropriate to the geographic area. The Qualified
117 Vendor shall refer to the Division’s Provider Manual for guidance on examples
118 of acceptable methods of emergency communication.
119
- 120 5.1.11 The Qualified Vendor shall comply with the requirements of Arizona Revised Statutes
121 (“A.R.S.”) § 8-804, which requires that all direct care staff information is submitted to the
122 Division Central Registry for background checks for employment. References to
123 “juvenile” in A.R.S. § 8- 804 shall also include “vulnerable adult” as defined in A.R.S. §
124 13-3623. A form for submitting the request is included as Section 9, Attachment G to this
125 RFQVA. Use of this form is optional; however, Applicants shall submit the information
126 in a format that includes the information contained in Section 9, Attachment G.
127
- 128 5.1.12 The Qualified Vendor shall have on file three (3) verifiable letters of reference for each
129 Direct Care Staff that clearly state the name, address, and phone number of the person
130 providing the reference and make them available upon request to the Division [A.A.C.R6-
131 6-1504 (D)].
132
- 133 5.1.13 Beginning October 01, 2018, the Qualified Vendor shall develop agency policies with
134 procedures that demonstrated the Qualified Vendor conducts and begin background checks
135 of all Direct Care Workers (DCW) for employment, including DCW employees who also
136 provide Respite Service, to establish the employees comply with the following standards:
137

- 138 5.1.13.1 At the time of hire and every year thereafter, conduct a search of the Arizona
139 Adult Protective Services Registry,
- 140 5.1.13.2 At the time of hire and every three years thereafter conduct a nationwide
141 criminal background check that accounts for criminal convictions in Arizona,
- 142 5.1.13.3 Prohibit a DCW from providing services to ALTCS members if the background
143 check results contain:
- 144 b. Convictions for any of the offenses listed in A.R.S. §41-1758.03(B) or (C),
145 or
- 146 c. Any substantiated report of abuse, neglect or exploitation of vulnerable
147 adults listed on the Adult Protective Services Registry pursuant to A.R.S.
148 §46-459.
- 149
- 150 5.1.13.4 Upon hire and annually thereafter, obtain a notarized attestation from the DCW
151 that he/she is not:
- 152 a. Subject to registration as a sex offender in Arizona or any other
153 jurisdiction, or
- 154 b. Awaiting trial on or has been convicted of committing or attempting,
155 soliciting, facilitating or conspiring to commit any criminal offense listed
156 in A.R.S. §41-1758.03(B) or (C), or any similar offense in another state or
157 jurisdiction.
- 158
- 159 5.1.13.5 Require DCWs to report immediately to the agency if a law enforcement entity
160 has charged the DCW with any crime listed in A.R.S. §41-1758.03(B) or (C),
161
- 162 5.1.13.6 Require DCWs to report immediately to the agency if Adult Protective Services
163 has alleged that the DCW abused, neglected or exploited a vulnerable adult.
164
- 165 5.1.13.7 Agencies may choose to allow exceptions to the background requirements for
166 DCWs providing services to family members only. If the agency allows a DCW
167 to provide services under this exception, the agency shall:
- 168 a. Notify the ALTCS member in writing that the DCW does not meet the
169 background check standards and therefore otherwise would not normally
170 be allowed to provide services,
- 171 b. Obtain consent from the ALTCS member to allow the DCW to provide
172 services despite the findings of the background check.
- 173 5.1.13.8 Agencies are prohibited from allowing exceptions to the Arizona Adult
174 Protective Services Registry screening requirements for DCWs providing
175 services to family members only.
176
- 177 5.1.14 Effective October 01, 2018 provider agencies required to comply with Fingerprint
178 Clearance Card requirements outlined in A.R.S. Title 41, Chapter 12, Article 3.1, and may

179 use a DCW's Fingerprint Clearance Card as evidence of complying with the criminal
180 background check required by this Policy, however, the agency must still comply with the
181 obligation to check the Arizona Adult Protective Services Registry. DCWs are prohibited
182 from providing services to ALTCS members if the DCW is precluded from receiving a
183 Fingerprint Clearance Card or has a substantiated report of abuse, neglect or exploitation
184 of vulnerable adults listed on the Adult Protective Services Registry pursuant to A.R.S.
185 §46-459.

186 **5.2 Staffing**

187 **5.2.1** The Qualified Vendor shall have a plan for the recruitment, initial and ongoing training,
188 retention and monitoring of direct service staff.

189 **5.2.2** The Qualified Vendor shall ensure that each direct service staff meets the qualifications,
190 training, and responsibilities in A.A.C. R6-6-1520 through 1533, A.A.C. R6-6-808, A.A.C.
191 R6-6- 1005, and/or A.A.C. R6-6-1105, as applicable.

192 **5.2.3** The Qualified Vendor shall ensure that no direct service staff work unsupervised with
193 members until all required training has been completed except that staff may work
194 unsupervised for up to ninety (90) days following the date of hire if the only remaining
195 training to be completed is the AHCCCS Direct Care Worker Training program.

196 **5.2.4** The Qualified Vendor shall ensure that all direct service staff are appropriately trained and
197 supported to effectively meet the variety of needs of the particular member being served
198 (e.g., behavioral, physical or medical challenges).

199 **5.2.5** AHCCCS has implemented a court order under the Ball v. Betlach lawsuit related to non-
200 provision of services ("NPS") for in-home Attendant Care, Homemaker, or Respite. In
201 addition, the Division requires the tracking for NPS (gaps) in Individually Designed Living
202 Arrangement and Nursing services. The Qualified Vendor shall have processes in place to
203 ensure that appropriately trained additional staff is available within two (2) hours of
204 reporting when the primary staff person is not available, and the service is critical to assure
205 the maintenance of health and safety of the member receiving service. As part of the court
206 order, the Arizona Health Care Cost Containment System ("AHCCCS") requires a
207 monthly report which outlines when a member has reported a non-provision of service,
208 meaning a service did not happen as scheduled. Qualified Vendors shall comply with the
209 AHCCCS NPS reporting requirements as directed by the Division. Please refer to the
210 Division's "Provider Network Information" website for instructions and forms at
211 <https://des.az.gov/services/disabilities/developmental-child-and-adult/help-providers>. The
212 report is due by the fifth (5th) day of every month whether or not there is an NPS to report.

213 **5.2.6** The Qualified Vendor shall routinely monitor and supervise direct service staff to ensure
214 the direct service staff has the skills and abilities to work with the members and have
215 developed a positive relationship with the members, their families, or their representatives.

216 **5.3 Training**

- 226 5.3.1 The Qualified Vendor shall ensure that all direct service staff, including those who are
227 relative of the member served (family member), comply with the following standards and
228 requirements before providing direct services alone with members, except that (i) staff may
229 work unsupervised for up to ninety (90) days following the date of hire if the only
230 remaining training to be completed is the AHCCCS Direct Care Worker Training program;
231 and (ii) staff may work with on-site personal supervision for up to ninety(90) days
232 following the date of hire while the training described below is in progress. The following
233 training shall be completed no later than ninety (90) calendar days of the date of hire with
234 the agency.
- 235
- 236 5.3.1.1 Cardiopulmonary Resuscitation (“CPR”) and First Aid.
- 237 a. Training in CPR and First Aid shall be provided or sponsored by a
238 Nationally-recognized organization.
- 239 b. Training sessions shall be in person for the participant to demonstrate
240 learned skills such as chest compressions, and first aid skills. Web-based
241 training without the benefit of on-site return demonstration of skills is not
242 acceptable.
- 243 c. The worker shall obtain and maintain certification in the CPR and first aid
244 training.
- 245
- 246 5.3.1.2 Article 9, Managing Inappropriate Behaviors (A.A.C. R6-6-906A.-G.) by
247 instructors certified by the Division. Article 9 training shall follow the
248 Division’s training and testing guidelines provided to all Article 9 certified
249 instructors.
- 250
- 251 5.3.1.3 As indicated on the member’s planning document [i.e., Individual Support Plan
252 (“ISP”)], or as requested by the member, member’s representative, and/or the
253 Division, training on “Client Intervention Techniques” (also known as
254 “Prevention and Support Training”) by an instructor certified by the Division.
- 255
- 256 5.3.1.4 The needs of the specific member served and the operations of the vendor’s
257 program.
- 258
- 259 5.3.1.5 Additional skills needed to address the special or extraordinary needs of the
260 member as required by the member’s planning document.
- 261
- 262 5.3.2 All training completed by direct service staff shall be documented in the direct service
263 staff’s personnel record.
- 264
- 265 5.3.3 The Qualified Vendor shall encourage participation of members and members’
266 representatives in presenting staff training.
- 267
- 268 5.3.4 The Qualified Vendor shall make all training curriculum available upon the request of the
269 Division. In addition, the Qualified Vendor shall maintain records documenting training

270 for all direct service staff and make those records available upon request by the Division.

271

272 **5.4 Delivery of Services**

273

274 5.4.1 The member/member's representative has the right and responsibility to choose from the
275 available Qualified Vendors whom he or she believes will best meet the needs of the
276 member. If services are provided to a group of members by one provider, such as a group
277 home, the members shall collectively choose the Qualified Vendor.

278

279 5.4.2 The Qualified Vendor shall, as set forth in each member's planning document, deliver
280 services to members in such a manner that meets the following service goals:

281

282 5.4.2.1 To increase or maintain the self-sufficiency of members.

283

284 5.4.2.2 To maintain the health and safety of members.

285

286 5.4.2.3 To provide services in a manner that supports and enhances the member's
287 independence, self-esteem, self-worth, mutual respect, value, and dignity.

288

289 5.4.3 The Qualified Vendor shall ensure that in delivering services, specific service-related
290 activities as well as staffing are:

291

292 5.4.3.1 Available and provided at any time as specified in the member's planning
293 document.

294

295 5.4.3.2 Modified appropriately in order to accommodate the changing needs of the
296 member and/or his/her environment.

297

298 5.4.3.3 Delivered in a manner that takes into consideration the primary language of the
299 member and member's representative as well as any cultural diversity issues.

300

301 5.4.3.4 Provided according to the personal needs, cultural considerations / preferences
302 and medical needs of the member.

303

304 5.4.4 The Qualified Vendor shall ensure that materials, supplies, equipment and activities meet
305 the varied interests, physical needs/abilities, chronological ages and cultural backgrounds
306 of members.

307

308 5.4.5 The Qualified Vendor shall ensure that services are provided by appropriately qualified
309 and trained staff, including ensuring that all tasks required to be performed by a medical
310 practitioner are performed by a qualified medical practitioner.

311

312 5.4.6 The Qualified Vendor shall ensure that services are provided in the least restrictive
313 environment.

314

315 5.4.7 The Qualified Vendor shall ensure that children and adults are not served together unless
316 specifically approved in the child's planning document.

- 314
315 5.4.8 The Qualified Vendor shall not provide more than one (1) type of habilitation service to a
316 member at the same time [e.g., Habilitation Group Home (HAB) at the same time as
317 Habilitation Support (HAH)].
318
319 5.4.9 The Qualified Vendor direct service staff shall not provide more than one (1) service at a
320 time to one or more members.
321
322 5.4.10 Agreement services billed to the Division shall be provided by paid staff.
323
324 5.4.11 Service authorized and provided to a member pursuant to the Arizona Long-Term Care
325 System (“ALTCS”) may not be used in place of service provided under or subsidized
326 pursuant to the Individuals with Disabilities Education Act.
327
328
329 **5.5 Service (Prior) Authorization**
330
331 5.5.1 Service authorizations and the number of units or days of service will be set by the
332 Division. Changes in authorizations and/or the number of units or days will not require an
333 amendment to the QVA.
334
335 5.5.2 Prior authorization is required for all services before service delivery.
336
337 5.5.3 Authorization of a service or the number of service units is subject to change.
338
339 5.5.4 The Qualified Vendor is responsible for verifying that service is authorized prior to
340 providing the service.
341
342 5.5.5 Authorization is specific to a particular member in a particular setting and is not
343 transferable to other members.
344
345 5.5.6 Prior to making any changes in the number of units or days of service provided (including
346 an increase or decrease in the number of units or days of service) and/or a change in the
347 setting, the Qualified Vendor shall ensure that it has received the appropriate new
348 authorization from the Division. The Qualified Vendor shall not bill for services in excess
349 of either the daily or aggregate amounts authorized by the Division.
350
351 5.5.7 For the member authorized to receive hourly in-home services, the member/member’s
352 representative may request a change in specific worker at any time from the Qualified
353 Vendor. If the Qualified Vendor, prior to the next scheduled service delivery date, does not
354 or cannot provide an alternative in-home worker acceptable to the member/member’s
355 representative, the member/member’s representative may request from the Division a
356 change of vendor.
357
358
359 **5.6 Vendor Calls and Referrals for Services**

360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402

- 5.6.1 Vendor Calls.
 - 5.6.1.1 Requirements for the Vendor Call Process are located in the Division’s Provider Manual.
 - 5.6.1.2 Vendor calls will be used to identify a viable Qualified Vendor.
- 5.6.2 Interested Qualified Vendors that have qualified staff available to provide service as outlined in the vendor call must respond using the Division’s vendor call system.
- 5.6.3 The Division will confirm that the member’s needs can be met by the Qualified Vendor.
- 5.6.4 Referrals for Service. When a Qualified Vendor receives a referral for services, the Qualified Vendor shall:
 - 5.6.4.1 Assess the referred member for the service(s) in the referral. Ensure that direct service staff identified to provide the service has the necessary skills and training as identified in the member’s planning document (I.E. as Prevention and Support, language skills) to provide services to the member.
 - 5.6.4.2 Inform the Division’s referral source whether the Qualified Vendor has the interest in serving the member.
 - 5.6.4.3 Meet or confer with the member and/or the member’s representative prior to the start of service delivery to obtain necessary information and have an orientation to the specific needs of the member, including obtaining all required consents.
 - 5.6.4.4 Obtain service authorization from the Division prior to the service start date.
- 5.6.5 For emergency referrals, the Division will contact the Qualified Vendor and request an immediate response as to whether the provider can appropriately address the emergency needs of the member.

5.7 Member Planning Document and Related Activities

- 5.7.1 As part of the member’s planning process, the Qualified Vendor shall, as appropriate, assist the member’s planning team (e.g., ISP/IFSP team) in developing the member’s planning document (e.g., ISP/IFSP) and facilitating its implementation. The Qualified Vendor shall support all of the applicable planning document goals and ensure that all applicable objectives are implemented. [See Division of Developmental Disabilities, Operations Manual, Chapter 2000, Support Coordination (<https://des.az.gov/home/division-operations-manual>) for a detailed discussion of the development of the planning document and Division of Developmental Disabilities, Provider Policy Manual, Chapter 44, Qualified Vendor Responsibilities for Planning Team Meetings (<https://des.az.gov/content/providers-provider-manual>)].

5.8 Quality Management Plan

- 403 5.8.1 The Qualified Vendor shall develop and maintain a quality management plan in order to
404 continuously monitor the delivery of services and to ensure that the services are
405 appropriately meeting the objectives set forth in members' planning documents. The
406 Qualified Vendor shall keep the quality management plan on file and make the plan
407 available to the Division or members/ families/member representatives upon request.
408
- 409 5.8.2 The quality management plan shall contain elements that address the following:
410
- 411 5.8.2.1 Incident management, corrective action and preventions.
 - 412
 - 413 5.8.2.2 Complaints and grievances.
 - 414
 - 415 5.8.2.3. Solicitation of input from members, families and/or member representatives
416 including input on member satisfaction, the hiring and/or evaluation of direct
417 service staff, and the improvement of services.
 - 418
 - 419 5.8.1.4 Opportunities provided to members/families/member representatives to be
420 actively involved in Qualified Vendor operations.
 - 421
 - 422 5.8.1.5 Monitoring and evaluation of services provided (i.e., measurement of outcomes
423 as it relates to the planning document) and the improvement of the quality and
424 appropriateness of services.
 - 425

426 **5.9 Transition of Members to other Providers**

427

- 428 5.9.1 There are a number of circumstances under which a Qualified Vendor will become
429 involved in the transitioning of a member to another service provider. All Qualified
430 Vendors shall assist the Division in the transition of the member to the new provider. This
431 may include working closely with the member and family, providing all necessary support
432 services to ensure a smooth transition, and transferring of pertinent records to the new
433 provider. If the Qualified Vendor participates in a transition placement process, it shall
434 maintain documentation of participation and development of the member's planning
435 document.

437 **5.10 Recordkeeping**

438

- 439 5.10.1 The Qualified Vendor shall maintain books and records related to services and
440 expenditures as required by the Division in rule or policy or in this RFQVA, as may be
441 amended. Documents that the Qualified Vendor shall have on file and available for
442 inspection include but are not limited to:
- 443
 - 444 5.10.1.1 Articles of Incorporation, partnership agreements and/or Internal Revenue
445 Service letters, as applicable.
 - 446
 - 447 5.10.1.2 Copies of all licenses, certifications, registration or disclosure forms, or any other
448 documents filed or submitted to, or issued by, any governmental authority
449 including but not limited to AHCCCS.

450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496

- 5.10.1.3 Copies of documentation of successfully completed training.
- 5.10.1.4 A current organizational chart that outlines the functional structure of the organization, including all program areas and staff positions.
- 5.10.1.5 If applicable, a complete list of the members of its Board of Directors, partners, or owners, including names, titles, addresses and phone numbers.
- 5.10.1.6 Current written job descriptions, which include minimum qualifications for training and experience, for each position that will be utilized in the provision of a service under the QVA.
- 5.10.1.7 Current resumes/applications for each person who will be providing services under the QVA. Any documentation regarding personnel actions shall be kept with the person's resume/application.
- 5.10.1.8 Current resumes for persons serving in administrative/management positions.
- 5.10.1.9 Documentation of inspections and licenses necessary to operate a residential setting.
- 5.10.1.10 Copies of vehicle maintenance records and safety inspections for all vendor owned or leased vehicles used to transport members.
- 5.10.1.11 Proof of hours worked by its direct service staff; proof of hours worked shall be set out in time sheets or equivalent documents, or a data system that complies with A.R.S. § 18-442 when using electronic or digital signatures. Any data system utilized by a Qualified Vendor must identify controls to ensure the accuracy and integrity of the data. Direct service staff may include but is not limited to salaried employees, hourly employees, subcontracted staff, agency supervisors, managers or owners.
 - a. The Qualified Vendor acknowledges that procuring and maintaining proof of hours worked that has been appropriately signed or verified at or near the time the work is performed comprises a material part of the Qualified Vendor's performance.
 - b. The Qualified Vendor agrees that an attestation, affidavit, or other method of proof that is made, signed, or verified after the Qualified Vendor submits the claim for payment is insufficient as proof of hours worked.
 - c. Failure to procure and maintain proof of hours worked as set out above and as in "Recordkeeping and Reporting Requirements" of Section 7, *Service Specifications* for each service, shall be sufficient grounds for the Division to deny payment for services and for imposition of other appropriate contract sanctions.

497 5.10.2 The Qualified Vendor shall maintain a file on each member. A member's file should
498 include the following, as applicable:
499

500 5.10.2.1 Pertinent documents related to the member's planning document, such as the
501 member's planning document and the member's behavioral health treatment
502 plan.
503

504 5.10.2.2 Record of services rendered (including administration of medications)
505 and the member's response to services.

506 5.10.1.3 Documentation of communications with the member, member's representative,
507 other service providers, the Support Coordinator, and other persons in order to
508 maintain a complete and accurate record regarding services delivered to the
509 member.
510

511 5.10.1.4 Copy of the orientation document.
512

513 5.10.1.5 Copy of the member's attendance sheets.
514

515 5.10.1.6 Copy of the member's progress reports.
516

517 5.10.1.7 Documentation of incidents related to the member and/or complaints related to
518 the Qualified Vendor's care of the member and documentation of resolution.
519

520 5.10.1.8 All required consents, such as General Consent and/or Consent for Use of
521 Behavior Modifying Medications.
522

523 5.10.3 All records created and maintained by the Qualified Vendor that pertain to the member
524 shall be made available to the member or his/her legal representative for a period of six (6)
525 years after the Qualified Vendor received its final payment. Upon request, the Qualified
526 Vendor shall produce a legible copy of any or all such records at no cost to the member or
527 his/her legal representative. The member is entitled to one (1) free copy per year.
528

529 5.10.4 The Qualified Vendor shall provide incident reports to the member/or members
530 responsible person on request. The Qualified Vendor may redact all information protected
531 from disclosure under the Health Insurance Portability and Accountability Act of 1996 and
532 all applicable implementing Federal regulations. Receipt by the Division of a notice of
533 anticipated inability or unwillingness to comply as required by this section constitutes
534 ground for the termination of this Agreement.
535

536 **5.11 Application and Use of Rate Book and Billing Manual** 537

538 5.11.1 In accordance with A.R.S. § 36-557, M, the Division has published a Rate Book describing
539 the rates and rate structure for services described in this RFQVA. The Rate Book is
540 available on the Division's Help for Providers/ Provider Network Information webpage at
541 <https://des.az.gov/services/disabilities/developmental-child-and-adult/help-providers>. The
542 Rate Book, including any updates, is incorporated by reference into this RFQVA. Qualified

543 Vendors shall be paid the applicable rates as reflected in the Rate Book.

544

545 5.11.2 The Division and the Qualified Vendor acknowledge that the rate models used to determine
546 the Benchmark Rates do not necessarily reflect actual cost profiles. Actual patterns of
547 expenditures by Qualified Vendors may be different from those outlined in a given rate
548 model.

549

550 5.11.3 The Division has also published a billing instruction manual. The manual specifies the
551 billing requirements that shall be followed by providers in order to file a claim for services
552 under this RFQVA. The billing instruction manual, including any updates, is incorporated
553 by reference into this RFQVA. Throughout the term of the contract, the Division's billing
554 codes, billing units and associated billing rules are subject to change. Refer to the
555 Division's Help for Providers/ Provider Network Information webpage at
556 (<https://des.az.gov/services/disabilities/developmental-child-and-adult/help-providers>) for
557 information regarding billing codes, billing units and associated billing rules.
558