

DIVISION OF DEVELOPMENTAL DISABILITIES

Sent on Behalf of DES/DDD Business Operations Please do not reply to this message

TRANSMITTAL DATE: December 17, 2015

TOPIC: END OF BLACK OUT PERIOD – QVP Available Effective 12/17/2015

All Qualified Vendors

As outlined in previous vendor blasts issued on 11/17/15, and 12/1/15, the blackout period for the Qualified Vendor Portal (QVP) ended on 12/16/15. QVP is available effective 12/17/15. The link previously used to log into QVADS can be used to log into QVP with the existing username and password. The functionalities that were available within QVADS have been enhanced in QVP.

Professional Billing System (PBS)

PBS is available as a standalone application by logging into FOCUS. In order to access PBS, the Qualified Vendor must have a FOCUS account and be able to log in with a user name and password. Instructions for creating a FOCUS account were included with the previous vendor blasts.

Supporting/Training Documentation

- Attached is the "<u>Qualified Vendor Portal User Guide</u>" which provides information regarding differences between QVADS and QVP.
 - Additional user guides and instructional manuals regarding
 - QVP will be available at DDD's website under, "Help For Providers".

Any questions regarding this message can be directed to Provider Relations unit at 1-866-229-5553 or DDDBusOpsProvRel@azdes.gov

Thanks,



Qualified Vendor Portal User Guide

Comparison between QVADS and QVP



Your Partner For A Stronger Arizona

Division of Development Disabilities

Provider Relations Unit

Business Operations

Contents

| 1. Introduction | 3 |
|---|----|
| 2. Login Page | 4 |
| 3. Main Menu | 5 |
| 3.1 Manage QVA Contract | 6 |
| 3.2 Vendor Directory | 7 |
| 3.3 HCBS Provider Search | 8 |
| 3.4 Professional Billing System | 9 |
| 4. Dashboard | 10 |
| 5. Information | 11 |
| 6. Contacts | 12 |
| 7. Program Management | 13 |
| 7.1 Recruitment & Training | 14 |
| 7.2 Incident Reporting | 16 |
| 7.3 Complaints & Grievances | |
| 7.4 Member/ Member Representative Input | 20 |
| 7.5 Member Involvement | 22 |
| 7.6 Quality Improvement | 24 |
| 8. Assurances & Submittals | 26 |
| 9. Services | 27 |
| 9.1 AHCCCS ID | 28 |
| 9.2 Service Description | 29 |
| 9.3 Transportation | |
| 9.4 Recruitment & Training | |
| 9.5 Incident Reporting | |
| 9.6 Complaints and Grievances | |
| 9.7 Member/ Member Representative Input | |
| 9.8 Member Involvement | |
| 9.9 Quality Improvement | |
| 10. Administrative & Service Site | 41 |
| 10.1 General Information | |
| 10.2 Contact Information | 44 |
| 10.3 Site Information Listed | 45 |
| 10.4 Services | 46 |
| 11. Contract Documents | 47 |
| | |

1. Introduction

The purpose of this document is to highlight changes that have been made in the transition from the Qualified Vendor Application Directory System (QVADS) to Qualified Vendor Portal (QVP). The following overall changes have been made in QVP:

- 1. New sections have been added.
- 2. Some section names have been changed.
- 3. New areas have been added under some sections.

As shown below, *Table 1* provides a summary of the changes made to various sections while migrating from the QVADS to QVP. The remainder of this guide provides an in depth view of each area available in QVP.

| Sections | QVP (new) | QVADS (old) | | |
|------------------------------|---|-----------------------|--|--|
| Main Menu | New section | Section not available | | |
| Dashboard | New section | Section not available | | |
| Information | New section | Section not available | | |
| Contacts | New section | Section not available | | |
| Policy Information | New section name "Program Management" | Section name changed | | |
| Assurances & Submittals 2015 | New section name "Assurances & Submittals" | Section name changed | | |
| My Services | New section name "Services" | Section name changed | | |
| My administrative & Service | New section name "Administrative & | Saction name changed | | |
| Sites | Service Sites" | | | |
| Contract Documents | New section | Section not available | | |

 Table 1 – Comparison between Qualified Vendor Portal & Qualified Vendor Application Directory System

2. Login Page

To access QVP the Qualified Vendor will use the same link used for QVADS. Before a Qualified Vendor can access QVP they must first login using their user ID and password, this is the same user name and password used for QVADS.

A visual representation of the Login page is shown in Image 1.

Image 1 – Login Screen

| | <u>Events</u> | | | | | Press | Room | | <u>Siten</u> |
|--------------|---|---|--|--|---------------------------------------|--|--|----|-----------------|
| (harlth | 11/24/2015 10:13:06 A.M. | | ARIZOI ECO | NA DEPARTME Nomic Secuf | NT OF IITY | | | | AZ.GOV |
| | | DES Home Abou | <u>t des</u> <u>faq's</u> | <u>Contact Us</u> <u>Re</u> | ports <u>Forms</u> | Office Locator | Search DES | Go | Advanced Search |
| Home | | | | | | | | | |
| — Login Page | | | | | | | | | 8) |
| | The URL for QVADS has been upda | ted. Please bookmark (Ctrl + D) the cu | rrent page and ad | ld it to your favorites | for future access. | | | | 76 |
| | | | Login To login, plea below. User ID:* | se enter your email à | ddress and passv | vord | | | |
| | | | Password: * | 🗌 Notificat | on SystemOnly | | | | |
| | The Professional Billing System application. You may need to creat | (PBS) is located in the FOCUS applica e a FOCUS account and add the 'Vendo | ion and cannot be or PBS Reports' | e accessed through to application to access | ne Qualified Vend the PBS reports. | or Portal. To access Please contact DDL | PBS, please login to the FOCUS) Customer Service if you need assistance. | | |

3. Main Menu

After logging in, the content shown in *Image 2* allows users to access several areas. The "**Review my Previous Contract**" link found in QVADS is no longer found on the main tab. In addition, the Professional Billing System (PBS) is now located in the FOCUS application. The key areas are shown in *Table 2* and are discussed in more detail on the following pages.

| | <u>Events</u> | | | | Press Roor | <u>n</u> 1 | <u>Sitem</u> |
|---|---|--|--|--|-------------------------------|------------|--------------------|
| iteriti | 11/19/2015 11:15:23 A.M. | | ARIZONA DEPAF Economic S | TMENT OF ECURITY | | | AZ.GOV |
| | | DES Home About | DES FAQ's Contact Us | Reports Forms | Office Locator | Search DES | G0 Advanced Search |
| | QUALIFIED VENDOR AGREEMENT MA | NAGEMENT APPROVED CONTRACT SPECIALIST IN | PROGRESS - AMENDMENT | | | | Actions |
| Main Menu Dashbo | ard Information Contacts Program M | anagement Assurances & Submittals | Services Administrative & | Service Sites Contra | t Documents | | |
| Main Menu | | | | | | | 6 |
| | | | | | | | Welcome |
| Manage QVA Con View and change g | tract eneral information. | | | | | | |
| Vendor Directory View and change a | dministrative and service site areas and how you v | ant to be notified. | | | | | |
| HCBS Provider Set View and change M | ember Provider Search information and Opt-in/Op | -out. | | | | | |
| Professional Billi The Professional may need to creat | ng System (PBS) Billing System (PBS) is located in the FOCUS ap e a FOCUS account and add the ' Vendor PBS Rep | plication and cannot be accessed through the orts' application to access the PBS reports. Pl | Qualified Vendor Portal. To acc lease contact DDD Customer Si | ess PBS, please login to l ervice if you need assista | the FOCUS application. Yonce. | ענ | |

Table 2 – Main Menu

| # | Main Menu | Key Areas | | | | |
|---|----------------------|------------------------------------|--|--|--|--|
| 1 | Manage QVA Contract | Directs users to the Dashboard tab | | | | |
| 2 | Vendor Directory | Same functionality as before | | | | |
| 3 | HCBS Provider Search | Same functionality as before | | | | |

3.1 Manage QVA Contract

The **Manage QVA Contract** tab directs users to the **Dashboard** tab. A more detailed description of the **Dashboard** tab is located in the Dashboard section of this document.

A visual representation of the Manage QVA Contract section is shown in *Image 3* located below.

Image 3 – Manage QVA Contract

| | | | | | Press Roo | <u>m</u> 1 | <u>Sitem</u> |
|---|---|--|---|---|--|------------|--------------------|
| (hailth | 11/19/2015 11:15:23 A.M. | | ARIZONA DE ECONOM | PARTMENT OF C SECURITY | | | AZGOV |
| | | DES Home | About DES FAQ's Cont | ct Us Reports | Forms Office Locator | Search DES | G0 Advanced Search |
| | QUALIFIED VENDOR AGREEMENT M | ANAGEMENT APPROVED CONTRACT SPECIAL | IST IN PROGRESS - AMENDMENT | | | | Actions |
| Main Menu Dashbo | ard Information Contacts Program (| Anagement Assurances & Submittal | s Services Administra | ve & Service Sites | Contract Documents | | |
| | and I shows and a service of a second second | | | | | | |
| — Main Menu | | | | | | | |
| | | | | | | | Welcome |
| Manage QVA Con View and change g | tract eneral information. | | | | | | |
| Vendor Directory View and change a | , dministrative and service site areas and how you | want to be notified. | | | | | |
| HCBS Provider So View and change N | earch Iember Provider Search information and Opt-in/Op | at-out. | | | | | |
| Professional Billi The Professional may need to creat | ng System (PBS) B illing System (PBS) is located in the FOCUS a te a FOCUS account and add the 'Vendor PBS Re | pplication and cannot be accessed throug ports' application to access the PBS repu | h the Qualified Vendor Portal. rts. Please contact DDD Custo | o access PBS, please l ner Service if you need | login to the FOCUS application, \ d assistance, | ίαι | |

3.2 Vendor Directory

The content of this section has not changed from QVADS.

A visual representation of the Vendor Directory section is shown in *Image 4* located below.

Image 4 – Vendor Directory

| <u>Events</u> | | Press Room | <u>Sitem</u> |
|---|---|---|------------------------|
| 11/24/2015 11:06:38 A.M. | ARIZONA DEPA Economic S | RTMENT OF Security | ALCONY ACCOUNT OF A |
| | DES Home About DES FAQ's Contact Us | s I <u>Reports</u> I <u>Forms</u> I <u>Office Locator</u> Seect DES | G0 Advanced Search |
| QUALIFIED VEIDOR AGREEMENT | MANAGEMENT APPROVED VENDOR AMENIOMENT IN PROGRESS | | Actions |
| Main Menu Dashboard Information Contacts Program Manage Vendor Directory My Areas My administrative and service site areas. Notification - feature not available Edit how our system notifies you about opportunities and events. | nent Assurances & Submittals Services Administrative & Serv | ice Sites Contract Documents | |

3.3 HCBS Provider Search

The content of this section has not changed from QVADS.

A visual representation of the HCBS Provider Search section is shown in *Image 5* located below.

| | | Events | | | | <u>Press Room</u> | 1 | | Sitem |
|--------------------|--------------------------|------------------------------------|--------------------------------|------------------------------|-----------------------|-----------------------|------------|----------------|--------------------|
| | 11/24/2015 11:08:15 A.M. | | ļ | ARIZONA DEPAR Economic Se | TMENT OF :Curity | | | | AZIGON |
| | | | DES Home About DES | FAQ's Contact Us | <u>Reports</u> Forms | <u>Office Locator</u> | Search DES | | GO Advanced Search |
| | QUALIFIED V | ENDOR AGREEMENT MANAGEMENT APPRO | OVED VENDOR AMENOMENT IN PRO | OGRESS | | | | | Actions |
| Main Menu Dashboar | d Information Contacts | Program Management Assurance | ces & Submittals Services | Administrative & Servic | e Sites Contract Docu | ments | | | |
| HCBS Provider Se | earch | | | | | | | | |
| Areas | Туре | Site Name | Address | - | Acceptin | g Clients | _ | Other Language | 5 |
| Page O of O | | | | | | | | | Nothing to Display |

Image 5 – HCBS Provider Search

3.4 Professional Billing System

There is no direct access to the Professional Billing System (PBS) within the vendor portal. Users will now need to access the PBS via the FOCUS application.

A visual representation of the Professional Billing System section is shown in *Image 6* located below.

| | | Events Press Room | <u>Siter</u> |
|---|---|--|--------------------|
| (tailth | 11/19/2015 11:15:23 A.M. | ARIZONA DEPARTMENT OF ECONOMIC SECURITY | AZCOV |
| | | DES Home About DES FAQ's Contact Us Reports Forms Office Locator Search DES | G0 Advanced Search |
| | QUALIFIED VENDOR AGR | EBHENT MANAGEMENT APPROVED CONTRACT SPECIALIST IN PROGRESS - AMENDMENT | Actions |
| Main Menu Dashboa | ard Information Contacts | Program Management Assurances & Submittals Services Administrative & Service Sites Contract Documents | |
| Main Menu | | | 8 |
| | | | Welcome |
| Manage QVA Cont View and change ge | ract eneral information. | | |
| Vendor Directory View and change ac | fministrative and service site areas and | i how you want to be notified. | |
| HCBS Provider Se View and change Me | arch ember Provider Search information and | 1 Opt-in/Opt-out. | |
| Professional Billin The Professional may need to create | ig System (PBS) Billing System (PBS) is located in th e a FOCUS account and add the 'Vend | e FOCUS application and cannot be accessed through the Qualified Vendor Portal. To access PBS, please login to the FOCUS application. You or PBS Reports' application to access the PBS reports. Please contact DDD Customer Service if you need assistance. | |

Image 6 – Professional Billing System

4. Dashboard

The **Dashboard** provides a snapshot of the basic information associated with the account. The Dashboard overview is a new feature and was not previously available in QVADS. The content shown in *Image 7* is described in more detail in *Table 3* located below.

Image 7 - Dashboard

| | | <u>Events</u> | | | | Press R | <u>pom</u> | 2 | Siten |
|---------------------|-------------------------|---|---------------------------|--------------------------------|----------------------|----------------|------------|--------------------|-------|
| ilitititi u | 1/19/2015 11:14:52 A.M. | | ARIZ El | ONA DEPARTM | ENT OF JRITY | | | AZGOV | |
| | | DES Home | About DES | <u>Q's</u> <u>Contact Us</u> | <u>Reports</u> Forms | Office Locator | Search DES | G0 Advanced Search | |
| | QUALIFIED VENDOR A | GREEMENT MANAGEMENT APPROVED CONTRACT S | PECIALIST IN PROGRESS - / | AMENDMENT | | | | Action | ns |
| Main Menu Dashboard | Information Contacts | Program Management Assurances & Sub | nittals Services | Administrative & Servio | ce Sites Contrac | t Documents | | | |
| Dashboard | | | | | | | | 8) | |
| Application Submit | Date 11/05/2010 | Assi | ned Specialist Name | | | | | | |
| Contract Approval | Date 01/01/2011 | Assig | ned Specialist Phone | <u></u> | | | | | |
| Last Amendment [| Date 08/21/2015 | Assi | ned Specialist Email | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Table 3 - Dashboard

| Dashboard | Description |
|---------------------------|--|
| Application Submit Date | This field shows the date the application was submitted. |
| Contract Approval Date | This field shows the date the contract was approved. |
| Last Amendment Date | This field indicates the date the last time an amendment was made. |
| Assigned Specialist Name | This field lists the contract specialist's name. |
| Assigned Specialist Phone | This field shows the phone number of the contract specialist. |
| Assigned Specialist Email | This field lists the email address of the contract specialist. |

5. Information

The **Information** tab contains details regarding the Vendor, such as the Vendor FEI, their address, whether the vendor is an Agency or Independent Professional Provider, Executive/Owner, and the Authorized Signatory information. The information entered on this tab was spread across three tabs (Authorized Signatory Information, General information, Mailing Information) in the Contact Information section of QVADS. The content shown in *Image 8* is described in more detail in *Table 4* as shown below.

| | | Events | | | | | Press R | toom i | | | | | Site |
|---|--|--|--|---------------------|--------------------------|---------------|---------------------|----------------------|------------|----------------|-------------|-------|---------------|
| (thilly | 11/19/2015 11:15:56 A.M. | | AR | IZONA DE ECONOMI | PARTMENT O C SECURITY | F | | | | | | ÁZ. | OV |
| | | | DES Home About DES | FAQ's Conta | act Us Reports | Forms Off | fice Locator | | Search DES | | | Go Ad | ranced Search |
| C | QUALIFIED VE | NDOR AGREEMENT MANAGEMENT APPRO | VED CONTRACT SPECIALIST IN PROGRESS | - AMENDMENT | | | | | | | | | Actions |
| Main Menu Dashbo | ard Information Con | tacts Program Management | Assurances & Submittals Services | Administrat | ive & Service Sites | Contract Docu | uments | | | | | | |
| Vendor Inform | ation | | | | | | | | | | | | |
| Legal Name * | | | Vendor FEI* | | | | | | | | | | |
| Vendor DBA Name | | | • Vendor Phone Number* Vendor Fax | Number | | | | | | | | | |
| Mandar Fred Address | | | e e | | | | | | | | | | |
| Vendor Email Address | | | Vendor Website Address (e.g http://www.example.com - - | or www.example.com | | | | | | | | | |
| Vendor Organization Type ('Agence Agency | y' = 1 or more additional employees / 'Indep | endent" = No additional employees)* Independent | Professional Provider | | | | | | | | | | |
| | | Mars - Annata Anti - Panana Anna | | | | | | | | | | | |
| Vendor Addres | s | | | | | | | | | | | | |
| | Street | | | | | | | Mailing | Same as S | treet | | | |
| Address Line 1* | | Ac | idress Line 2 | | Address Line 1* | | | | | Address Line 2 | | | |
| City* | State * | Zip Code * Zip4 Co | unty | - | City* | State * | | Zip Code* | Zip4 | County | | - | |
| 1 | AZ 👻 | | | * | 0.000 | AZ | ٣ | | | | | * | |
| Address District | | GSA 201 | 1e | | Address District | | | USA | | Zone | | | |
| | | | | | | | | | | | | | |
| Executive/Owr | ner Information | | | | | | | | | | | | |
| First Name * | Middle Ir | nitial | Last Name * | Suffix | | | Social Security Nur | nber (i.e XXX-XX-XXX | X) | | | | |
| L Date Of Birth | Phone N | lumber | Fax Number | Email Ad | dress | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | - |
| Authorized Sig | natory Information | | | | | | | | | | | | |
| First Name* | Last Nar | ne* | Title* | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Alternate First Name | Alternate | e Last Name | Alternate Title | | | | | | | | | | |
| | 4 TA | | | | | | | | | | | | |
| | | | | | | | | | | | Save Change | Re | set Amendment |

Image 8 - Information

Table 4 - Information

| # | Information | QVP |
|---|-------------------------------|--|
| 1 | Vendor Information | This table contains the information of the vendor, including details such as |
| | | the Vendor FEI and whether or not they are an agency or an Independent |
| | | Professional provider. |
| 2 | Vendor Address | This table contains the information of both the street and mailing address. |
| 3 | Executive / Owner Information | This table contains the information regarding the executive/owner. |
| 4 | Authorized Signatory | This table contains information such as the title and alternate title of the |
| | Information | authorized signatory information. |

6. Contacts

The **Contacts** tab contains contact information for several individuals. The information found in this tab was previously spread across two tabs (Principal Contact Information, Billing/Payment Information) in the "**Contact Information**" section of QVADS. The content shown in *Image 9* is described in more detail in *Table 5* as shown below.

Image 9 - Contacts

| | E | vents | | Press Room | (| <u>Siten</u> |
|-------------------|--|---|--|--------------------------------|------------|------------------------------|
| (tailth | 11/19/2015 11:16:56 A.M. | | ARIZONA DEPARTMENT ECONOMIC SECURIT | OF Y | | AZ.GOV |
| | | DES Home About | <u>DES FAQ's Contact Us Report</u> | <u>is Forms Office Locator</u> | Search DES | G0 Advanced Search |
| | QUALIFIED VENDOR AGREEME | ENT MANAGEMENT APPROVED CONTRACT SPECIALIST I | I PROGRESS - AMENDMENT | | | Actions |
| Main Menu Dashboa | ard Information Contacts Pro | gram Management Assurances & Submittals | Services Administrative & Service Site | 5 Contract Documents | | |
| Principal Contac | t The contact for the Day-to-Day operation of th | ne organization.(May be same as Executive/Owner contact) | | | | |
| First Name * | Last Name* | Phone Number* | Fax Number | Email Address * | | |
| - Notice Contact | The contact for all correspondence from DDD Busi | ness operations to the organization.(May be same as Executive | /Owner contact) | | | 8) |
| First Name* | Last Name* | Phone Number* | Fax Number | Email Address * | | |
| — Quality Manage | ment Contact The contact responsible for | review, oversight, and improvement of the program.(May be s | ame as Executive/Owner contact) | | | 8) |
| First Name | Last Name | Phone Number | Fax Number | Email Address | | |
| Billing / Dayme | nte Contact - The matrix feedball objected | | - 5 | | | |
| First Name* | Last Name * | orner billing correspondence to the organization.(May be same | Fax Number | Email Address * | | |
| Address Line 1 * | | Address Line 2 | | | | |
| City* | State * Zip Code * | Zip4 County | ¥ | | | |
| 5 | | | | | | Save Changes Reset Amendment |

Table 5 - Contacts

| # | Contacts | QVP |
|---|----------------------------|---|
| 1 | Principal Contact | This table contains information for the individual responsible for the day- |
| | | to-day operations of the organization. |
| 2 | Notice Contact | This table contains contact information for the individual responsible with |
| | | corresponding with DDD. |
| 3 | Quality Management Contact | This table contains the contact information for the individual responsible |
| | | for reviewing, oversight, and improvement of the program. |
| 4 | Billing / Payments Contact | This table contains the contact information for the individual who handles |
| | | claims and other billing correspondence to the organization. |

7. Program Management

Two types of changes have impacted the **Program Management** tab:

- 1. The Program Management tab has replaced the "Policy Information" tab in QVADS.
- 2. Changes to the names of sections that existed in QVADS. Refer to *Image 10* and *Table 6* for details.

Image 10 – Program Management

| | | Events | | | Press Room | | <u>Siter</u> |
|---|--|---|---|---|---|--|---|
| (the state | 11/24/2015 11:13:06 A.M. | | ARIZONA DEPA ECONOMIC | RTMENT OF SECURITY | | | AZGOV |
| | | DES Home | About DES FAQ's Contact | ls Reports Forms | Office Locator | Search DES | GO Advanced Search |
| | QUALIFIED VI | NDOR AGREEMENT MANAGEMENT APPROVED VENDOR AME | ENDMENT IN PROGRESS | | | | Actions |
| Main Menu Dashboa | ard Information Contacts | Program Management Assurances & Submittals | Services Administrative & Se | vice Sites Contract Doo | cuments | | |
| | | | | | | | |
| Recruitment & Training | Incident Reporting Complain | Its & Grievances Member/Member Representative II | nput Member Involvement (| uality Improvement | | | |
| | | | | | | | |
| Recruitment & | Training Information | | | | | | |
| A Diasco limit vo | | | | | | | |
| | un response to one page. | | | | | | Save Changes Reset Amendment |
| Describe the recruit | ment plan for direct staff. Describe | the initial training plan for direct staff. Include any a | additional service specific requirer | nent for each proposed se | ervice. * | | |
| 670 characters rema | aining | | | | | | |
| All direct servic agency, such as 1 require the indix the following: | ce staff will be recruited th Internet career sites, local vidual to provide previous wo | rough various tools to maximize the agency newspaper advertisements, and current emplo rk experience, personal references, and an | 's field of potential candid oyee word of mouth. All pot y pertinent information that | ates for employment. ential staff will ini is relevant to the p | Our agency will use th itially complete an position of direct servi | e community based resources to a , a ce staff. All agency staff will | ttract different talent to the pplication for employment that will be required to obtain or provide |
| -Class One Finger | rprint Card | | | | | | |
| -Notarization of | Criminal Disclosure | | | | | | |
| -High School Dipl | loma or GED | | | | | | |
| -Completion of I- | -9 5 Julius Thursteinst | 1 | | | | | |
| -Frovide State of | I Arizona Identification or I | lcense | | | | | <u> </u> |

Table 6 – Program Management

| # | Qualified Vendor Portal (QVP) | Qualified Vendor Application Directory System (QVADS) | | |
|---|------------------------------------|---|--|--|
| 1 | Recruitment & Training | Same as before | | |
| 2 | Incident Reporting | Same as before | | |
| 3 | Complaints & Grievances | Same as before | | |
| 4 | Member/Member Representative Input | Program Feedback Process | | |
| 5 | Member Involvement | Consumer Involvement | | |
| 6 | Quality Improvement | Internal Quality Efforts | | |

7.1 Recruitment & Training

The Recruitment & Training tab contains three fields.

- 1. The first field "**recruitment plan for direct staff**" requires the Qualified Vendor to describe the recruitment plan for direct staff, a description of the initial training plan for direct staff, along with additional service specific requirements for each proposed service.
- 2. The second field "**ongoing training plan for direct service staff**" requires the Qualified Vendor to describe the ongoing training plan for direct service staff and a description of any service specific training for each proposed service.
- 3. The third field "**process for NON-PROVISION of services**" requires the Qualified Vendor to describe the process for reporting NON-PROVISION of services for all services that apply.

A visual representation of the Recruitment & Training section is shown in *Image 11* located on the next page.

Image 11 – Recruitment & Training

| | | Events Press Room | <u>Siten</u> |
|---|--|--|--|
| (Bailth | 11/19/2015 11:17:20 A.M. | ARIZONA DEPARTMENT OF ECONOMIC SECURITY | AZ.GOV |
| | | DES Home About DES FAQ's Contact Us Reports Forms Office Locator Search DES | G0 Advanced Search |
| 2 | QUALIFIED VENDOR | X AGREEMENT MANAGEMENT APPROVED CONTRACT SPECIALIST IN PROGRESS - AMENDMENT | Actions |
| Main Menu Dashboa | rd Information Contacts | Program Management Assurances & Submittals Services Administrative & Service Sites Contract Documents | |
| Recruitment & Training | Incident Reporting Comp | plaints & Grievances Member/Member Representative Input Member Involvement Quality Improvement | |
| Recruitment & 1 | raining Information | | |
| Please limit you | ir response to one page. | | Save Changes Reset Amendment |
| Describe the recruitm | ent plan for direct staff. Descri | ibe the initial training plan for direct staff. Include any additional service specific requirement for each proposed service. * | |
| Recruitment and i conducted to ensu - Verified em - Request for - Request for - Request for Those selected wi Initial training service staff are staff this are st | ning nitial training plan for o re that the right person v oplyee is 18 years or olds r at least three reference employee skill, knowledge finger print which will o ll be undergo on-the job t plan for the potential st empolyed depending on the aff that will work with th | direct service staff will be as follows:The Agency will advertise for work vacancy for available positions. Application will be received, revi will be employed based on the following considerations: es and experiences.(Qualification) cater for the background check. training as well as initial training at the DDD training facilities. aff is to have the basic requirement such as first Aid, CPR, and medication administration, Article 9, client right and confidentiality. Initial t e staff category.There will be two set of provider.The Independent provider will work for the Agency who are license as home and community ba he agency but not necessarily license by the Arizona department of Economic Security | ewed and interviews will be E raining will take place as soon as se service provider and the direct |
| | | | |
| Describe the ongoing 1491 characters rem | training plan for direct service aining | staff, including any service specific training for each proposed service. * | |
| The on going trai consumer family a The on going tra specialise traini | ning plan will be for all nd consumer representative ining will be for all cate ng Agency like DDD. | direct service staff in their various catagories and the training will inculde skill building techniques, prevention of behavioral incidence, e. egories of staff that have to comply with minimum and their category qualification. some of this training will be conduct by the Agency and so | communication with consumer, A me will be conducted by other |
| Please include the pro | ocess for reporting NON-PROVI | ISION of services for all services that apply. * | |
| 1538 characters rem. The Agency will h The Agency will b - Notification - Rescheduling The above will be | sining ave in place at all times e responsible to both clie of client and family or gu or arranging for the alter handle at the agency leve | a back up staff that will feed in for all emergencies. ent, family and the client representatives in the following uardian or their representatives runtive staff coverage el in orderr to perpare the client mind,family,and the client representative | A |
| | | | Save Changes Reset Amendment |

7.2 Incident Reporting

The **Incident Reporting** tab contains seven fields that need to be filled out.

- 1. The first field "**position responsible for final review**" requires the Qualified Vendor to enter the title of the position in the organization responsible for the final review of the incident prior to submission to the Division along with the first and last name of the person who holds the position.
- The second field "position responsible for notifying representatives of incidents" requires Qualified Vendors to enter the title of the position in the organization that is responsible for notifying members/member representatives of incidents, along with the first and last name of the person who holds the position.
- 3. The third field requires the Qualified Vendor to state if their organization has written policies and procedures regarding the reporting of incidents of abuse, neglect and exploitation.
- 4. The fourth field requires the Qualified Vendor to indicate whether or not reporting protocols are shared with members/member representatives.
- 5. The fifth field "**incidents reported internally**" requires Qualified Vendors to describe how incidents of abuse, neglect, exploitation, or injury are reported internally.
- 6. The sixth field "**incidents reported externally**" requires Qualified Vendors to describe how incidents of abuse, neglect, exploitation, or injury are reported externally.
- 7. The seventh field "internal review process for incident reports" requires Qualified Vendors to describe the internal review process for incident reports, including trending, and how corrective action is implemented.

A visual representation of the Incident Reporting section and its fields are show in *Image 12* located on the following page.

Image 12 – Incident Reporting

| | <u> </u> | Events Press Room | <u>Siten</u> | | | |
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| Recruitment & Training | Incident Reporting Complaints & | t Grievances Member/Member Representative Input Member Involvement Quality Improvement | | | | |
| Incident Repor | ting Information | | | | | |
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| Which position in the First Name* | e organization is responsible for the fina | al review of the incident prior to submission to the Division? | | | | |
| | | | | | | |
| Which position in the | organization is responsible for notifyin | ng a member/member representative of incidents? | | | | |
| First Name * | | Last Name * Title * | | | | |
| | | | | | | |
| YES C NO | Does the organization have written | policies and procedures regarding the reporting of incidents of abuse, neglect and exploitation? * | | | | |
| - | | | | | | |
| © YES O NO | Are reporting protocols shared with | n members/member representatives? * | | | | |
| Please limit yo | ur response to one page. | | | | | |
| | | | | | | |
| How are incidents of 1074 characters rem | abuse, neglect, exploitation or injury r aining | reported internally? * | | | | |
| The incident of detailed written | abuse, neglect, exploitation or inj incident report. | jury will be reported internally, verbally to the Agency Administrator(;) and all other designated manager within th | ne Agency and it is to be folllowed by a 🔹 🔺 | | | |
| The incident must The agency intern | The incident must be reported immediately, within 24 hours.And the incident could be reported through any of this medium phone,E-mail,fax and mail. The agency internally designed form which must conform with DD-191 is to be used in writing incident report. | | | | | |
| Among other thin on behalf of the | Among other things that can be included in the incident report is the name of the client involved in the incident, the name of staff that witnessed the incident, a lucid explanation of the incident, staff immediate action on behalf of the client and recommended follow up action, and then the name of the Agency Administrative reviewer.Reporting of incidence should be share with consumer/families/families representative | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

7.3 Complaints & Grievances

The Complaints & Grievances tab contains seven fields.

- 1. The first field "**position responsible for resolving complaint/grievances**" requires the Qualified Vendor to enter the title of the position in the organization that is responsible for resolving complaints/grievances, along with the first and last name of the person who holds the position.
- 2. The second field requires Qualified Vendors to indicate whether or not the organization has a complaint/grievance form.
- 3. The third field requires the Qualified Vendor to answer if there are written policies and procedures regarding the submission of complaints/grievances.
- 4. The fourth field requires Qualified Vendors to indicate whether or not complaints/grievances are shared with members and/or member representatives.
- 5. The fifth field requires the Qualified Vendor to answer who has the ability to file complaints or grievances.
- 6. The sixth field requires that Qualified Vendors indicate the handling time associated with complaints and grievances.

A visual representation of the Complaints & Grievances section is shown in *Image 13* located on the following page.

Image 13 – Complaints & Grievances

| | | Events Press Room | <u>8</u> |
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| | QUALIFIED VENDOR AG | SREEMENT MANAGEMENT APPROVED CONTRACT SPECIALIST IN PROGRESS - AMENDMENT | Action |
| Main Menu Dashbo | ard Information Contacts | Program Management Assurances & Submittals Services Administrative & Service Sites Contract Documents | |
| Recruitment & Training | Incident Reporting Complai | Ints & Grievances Member/Member Representative Input Member Involvement Quality Improvement | |
| Complaints & G | irievances Information | | |
| | | | Save Changes Reset Amendment |
| Which position in th | e organization is responsible for re | solving the complaint/grievance? Last Name* Title * (| |
| Гуез Сио Гуез Сио | Does the organization have wr Are complaints/grievances sha | itten policies and procedures regarding the submission of complaints/grievances? * red with members and/or member representatives? * | |
| Who can file a comp Everybody who has a What is the complai within 30 days | laint/grievance? * direct lin nt/grievance handling timeline? * | | |
| Please limit yo | our response to one page. | | |
| Describe the compla 1508 characters ren The complaint/gr Complaint/grieva The Complain wil The complain wil | ints/grievances process. * aining ievances process will be as : ievances will be reviewed by nces form will be made availa l be investigated l be reported and action will | follows the Agency Administrator and any other designated staff able to the client or any body within the scope of the operation that is relatedto the well being of the consumer ant time it is needed. 1 be taken in accordance with the Division and provided policy and procedure | A |

7.4 Member/ Member Representative Input

The **Member/Member Representative** tab contains six fields and was previously named "**Program Feedback Process**" in QVADS.

- 1. The first field "**input from members/member representatives**" requires Qualified Vendors to describe the process of how input is gathered from members/member representatives.
- 2. The second field "measuring member satisfaction with services" requires Qualified Vendors to describe the process their organization uses to measure the satisfaction that members/member representatives have with services.
- 3. The third field "hiring and/or evaluation of direct service staff" requires Qualified Vendors to describe how members/member representatives are involved in the hiring, and/or evaluation of direct service staff.
- 4. The fourth field requires the Qualified Vendor to enter the title of the position in the organization that receives feedback along with the first and last name of the person who holds the position.
- 5. The fifth field "**improving overall quality of services**" requires Qualified Vendors to describe how members/member representatives are involved in improving the overall quality of services provided by the organization.
- 6. The sixth field requires Qualified Vendors to indicate whether or not their organization provides an analysis of overall feedback to members/member representatives who may be considering services within the organization.

A visual representation of the Members/Member Representative Input section is shown in *Image 14* which is located on the following page.

Image 14 – Member/Member Representative Input

| | | Events Press Room | Site |
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| Recruitment & Training | Incident Reporting Complain | nts & Grievances Member/Member Representative Input Member Involvement Quality Improvement | |
| Member/Memb | er Representative Input Inf | formation | 8 |
| | | | Devel American |
| Please limit yo | our response to one page. | | Save Unanges Reset Amenoment |
| How is input from m 1435 characters ren | embers/member representatives g naining | athered? * | |
| Consumer,familie This survey will improve performa | s and consumer representative be designed specifically fo nce with respect to the overa | is will be given the Privilege to fill out a questionnaire/survey on consumer satisfaction at least once or twice a year. Ir consumers,families,and consumer representative which will be filed out and submitted to the agency for further analysis. The Agency will use t ill well being of the consumer. Also, the Agency will put in place another medium of feed back such as suggestion box, comment cards etc | A this survey as an appraiser to |
| | | | |
| Describe the process | s used to measure members/memb naining | ver representatives' satisfaction with services. * | |
| The Agency Admin inaccordance wit The feed back wi The Agency Admin service and comp | istrator and any other design h the agency procedure and th 11 be shared and utilized wit istrator or any other designa liment a change in service de | ated staff will review in detail both formal and informal feedback from consumer,family and family representative. The feedback will be reviewed at of the Division :h consumer,family and consumer representative in other to improve service delivery. :ted staff will monitor the improvement, shared and utilized with the consumer,family and consumer representatives. This will help to reduce compl :livery method | with respect to services |

7.5 Member Involvement

The **Member Involvement** tab consists of two fields and was previously known as "**Consumer Involvement**" in QVADS.

- 1. The first field regarding "**community advisory groups**" requires for Qualified Vendors to indicate if they have a community advisory group, and/or participates in any external advisory groups, the organizations involvement in them, and if there isn't one, how the organization plans to develop, or participate in, a group in the future.
- 2. The second field regarding "**methods to provide opportunities**" requires Qualified Vendors to describe any other methods used by the organization to provide opportunities for members/member representatives to be actively involved in the organizations operations.

A visual representation of the Member Involvement section is shown in *Image 15* which is located on the following page.

Image 15 – Member Involvement

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| Main Menu Dashboar | d Information Cont | acts Program Management Assurances & Submittals Services Administrative & Service Sites Contract Documents | |
| Recruitment & Training | Incident Reporting C | Complaints & Grievances Member/Member Representative Input Member Involvement Quality Improvement | |
| Member Involve | ment Information | | |
| Please limit yo | ur response to one page. | | Save Changes Reset Amendment |
| If your organization h 1667 characters rema | as a community advisory <u>c</u> ining | group and/or participates in any external advisory groups, describe your company's involvement. If none, describe how your company's plans to develop, or participate in, a gr | oup in the future. * |
| This community ad | visory group may inclu | A group in the endeduced of consumer, simily and consumer representative of chains and pyryprinteneous of convert, family and consumer representative de the home owner association, human right group that will contribute to the well being of the consumer, family and consumer representative de the home owner association, human right group that will contribute to the well being of the consumer, family and consumer representative de the home owner association, human right group that will contribute to the well being of the consumer, family and consumer representative de the home owner association, human right group that will contribute to the well being of the consumer, family and consumer representative | |
| Describe any other m | ethod used by your organiz | zation to provide opportunities for members/member representatives to be actively involved in your organization's operations (i.e. staff recruitment, staff training and develop | ment, monitoring, social events, etc.). * |
| 1293 characters rema The Agency will and sometime recruit a recommendation of clothing, toys,fur | ining stively involve consum as vendor volunteer,re potential staff, util nniture appliances,veh | er/family/consumer representative in the Agency operation.The Agency will be flexible in their area of operation to meet the need of the consum cruit as advisory representative, sometime assist in conducting training and meeting based on skill knowledge and experience used as a resource tized their feed back in the monitoring process,given privilege to aks questions, make presentation or comment at an organized Agency meetings a icle and sponsorship | r/family/consumer representative, * for recruitment, interview and and make a request for donation of |
| | | | Save Changes Reset Amendment |

7.6 Quality Improvement

The **Quality Improvement** tab contains two fields and was previously known as "**Internal Quality Efforts**" in QVADS.

- 1. The first field "**process to monitor and evaluate services**" requires Qualified Vendors to describe the process used by the organization to monitor and evaluate the services provided as they relate to the service plan outcome.
- 2. The second field "**approach to improving quality of services**" requires Qualified Vendors to describe the overall organizational approach toward improving the quality of the services that the organization provides.

A visual representation of the Quality Improvement section is shown in *Image 16* located on the following page.

Image 16 – Quality Improvement

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| QUALIF | FIED VENDOR AGREEMENT MANAGEMENT APPROVED CONTRACT SPECIALIST IN PROGRESS - AMENOMENT | Actions | | | |
| Main Menu Dashboard Information | Contacts Program Management Assurances & Submittals Services Administrative & Service Sites Contract Documents | | | | |
| Recruitment & Training Incident Reportin | ng Complaints & Grievances Member/Member Representative Input Member Involvement Quality Improvement | | | | |
| Quality Improvement Informati | ion | 8 | | | |
| Please limit your response to one | page. | Save Changes Reset Amendment | | | |
| Describe the process used by the organization to monitor and evaluate the services provided as they relate to the service plan outcome. * 1594 characters remaining The Agency will be involved in the monitoring and evaluation of individual support plan I.S.P objective. The monitoring and evaluation of individual support plan will be conducted through staff meeting reviews of staff report, addressing the I.S.P objective and goal, and evaluation by family, consumer, and consumer representative. At every I.S.P meeting must be determined or fixed which is usually 90 days | | | | | |
| Describe the overall organizational appro 1308 characters remaining The overall vendor approach to ser Should there be any changes in the The Agency will monitor the change compliance in the implementation (| ach toward improving the quality of the services provided. (As part of your response, consider trending incidents, grievance and compliant processes, onsite mo rvice improvement will be to monitor both the consumer and the direct service staff at the Agency level to ensure compliance to quai e approach or in the implementation of I.S.P objective the direct service staff will be duely informed of the changes by the Agency in the evaluation and the implementation of I.S.P through observation.site visit and report as a tool for quality improvement.The of I.S.P goal and objective. | nitoring and member feedback.) * ilty and appropriateness of service provided. Administrator or any designated staff. meduim will enable the Agency to be able to track * | | | |

8. Assurances & Submittals

The Assurances & Submittals tab comprises of numerous yes or no questions. Each question must be answered. This tab was previously known as "Assurances & Submittals Form" in QVADS. The content of this tab has not changed from what was in QVADS.

A visual representation of the Assurances & Submittals tab is shown in *Image 17* located below.

ARIZONA DEPARTMENT OF iliter fi 11/19/2015 11:20:59 A.M. ECONOMIC SECURITY About DES FAQ's Contact Us Reports Forms Office Locator DES Home QUALIFIED VENDOR AGREEMENT | MANAGEMENT APPROVED | CONTRACT SPECIALIST IN PROGRESS - AMENDMENT Main Menu Dashboard Information Contacts Administrative & Service Sites Contract Documents Program Management Assurances & Submittals Services Save Changes Reset Amendment INSTRUCTIONS: The Applicant must respond to each of the following items, then print and sign the document and attach hardcopies of the applicable submittals. The submittals shall indicate the item number to which it corresponds and include the Applicant's Federal Employer Identification Number (FEIN). 1). Does the Applicant/Qualified Vendor agree to maintain and comply with any license(s), certification(s), and/or registration(s) set forth under federal or Arizona law, rules, or policy for the provision of each developmental disability service applied for? (IN the second se @Yes No 2). Does the Applicant/Qualified Vendor understand that payment will not be made for services delivered prior to the effective date of any licensure, certification(s), and/or registration(s) required by federal or Arizona law, rules, or policy? 3). Has the Applicant/Qualified Vendor or any of its Key Personnel had a community developmental disability service or similar service license(s), certification(s) and/or registration(s) revoked, denied, or suspended in Arizona or in any other state within 🤅 Yes 🖲 No the past five (5) years? (For the purposes of these Assurances and Submittals, "Key Personnel" shall include the Applicant/Qualified Vendor if an individual, or if the Applicant/Qualified Vendor is a corporation or other entity, any partner, manager, director, officer, or person directly or indirectly controlling 10% or more of the outstanding voting shares or other ownership interest of the Applicant/Qualified Vendor) 3.1). If "yes", submit an explanation and current status. 4). Has the Applicant/Qualified Vendor or any of its Key Personnel been a party to any contract terminated for cause relating to community developmental disability services or similar services in Arizona or in any other state within the past five (5) Yes 🔘 No years? 4.1). If "yes", submit a detailed description of such terminations. 5). Has the Applicant/Qualified Vendor or any of its Key Personnel been a party to any litigation relating to community developmental disability services or similar services in Arizona or in any other state within the past five (5) years? Yes 🔘 No 5.1). If "yes", submit a detailed description of such lawsuits. Yes No 6). Are there any court actions or judgments pending or entered within the last five (5) years against the Applicant/Qualified Vendor or any of its Key Personnel related to the provision of community developmental disability services or similar services in Arizona or in any other state? 6.1). If "yes", submit a summary of those suits or judgments and describe actions the Applicant/Qualified Vendor has taken to prevent future suits or judgments. 7). Has the Applicant/Qualified Vendor or any of its Key Personnel been convicted of a criminal offense related to Medicare, Medicaid, or the State Children's Health Insurance Program? Yes No 7.1). If "yes", submit information on the person and each conviction. 8). Has the Applicant/Qualified Vendor or any of its Key Personnel been convicted of a felony? Yes No 8.1). If "yes", submit information on the Key Personnel and the conviction. 9). Has any federal or state agency ever made a finding of noncompliance with any civil rights requirements with respect to the Applicant/Qualified Vendor or any of its Key Personnel? Yes 💿 No 9.1). If "yes", submit an explanation. 10). Has the Applicant/Qualified Vendor or any of its Key Personnel been debarred, suspended, or otherwise lawfully prohibited from any public procurement activity, or does the Applicant/Qualified Vendor employ, consult, subcontract with, or otherwise Yes No reimburse for services any person substantially involved in the management of another entity that is now debarred, suspended, or otherwise lawfully prohibited from any public procurement activity? 10.1). If "yes", submit an explanation. 10.2). Is a suspension or debarment currently pending? Yes 🔘 No 10.2.1). If "yes" to Assurance 10.2, submit an explanation. 11). Are there any judgments, tax deficiencies or claims pending or entered against the Applicant/Qualified Vendor or against any entity affiliated by common ownership or directorship with the Applicant/Qualified Vendor that would require disclosure in Yes 🔘 No an audited financial statement or that would affect the financial stability of the Applicant/ Qualified Vendor? (For purposes of these Assurances and Submittals, "common ownership" means that persons owning over 25% of the Applicant/Qualified Vendor's outstanding voting shares or other ownership interests also own over 25% of another corporation or entity's outstanding voting shares or other ownership interests; "common directorship" means that a majority of the persons comprising the directors or Applicant/ Qualified Vendor, or performing similar management and oversight functions if the Applicant/Qualified Vendor is limited liability company or other non-corporate entity, also comprise the majority of the directors of another corporation or persons performing similar management and oversight functions with respect to a limited liability company or other non-corporate entity.) 11.1). If "yes", submit a disclosure statement. Yes 🔘 No 12). Has the Applicant/Qualified Vendor or any of its Key Personnel declared bankruptcy within the last seven (7) years? 12.1). If "yes", submit the most recent or the final court-approved order disposing of the case, including any court-approved plans. 13). Is the Applicant/Qualified Vendor a corporation or other entity that is affiliated with another corporation or entity? Yes No

Image 17 – Assurances & Submittals

Action

9. Services

Three types of changes have impacted the **Services** tab:

- 1. The Services tab has replaced the "My Services" tab in QVADS.
- 2. Name changes to sections that existed in QVADS. Refer to *Table 7* for details.
- 3. A new section has been added.

The main page of the **Services** tab shows which services have been added, suspended, associated AHCCCS Id's, status, start date, and end date. This tab was previously named "**My Services**" in QVADS, the landing page for the **Services** tab now indicates if a service has been suspended, the AHCCCS ID associated with it, its status, and its start and end date. As shown below, *Table 7* indicates the changes made to this section from QVADs to QVP, it will say whether the tab is new, if the name has stayed the same, or its updated name.

A visual representation of the Services tab is shown below in *Image 18* located below.

Image 18 - Services

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| 1enu Dashboard In | ormation Contacts Program Management Assura | ices & Submittals Services Administrative & | Service Sites Contract | t Documents | | | |
| rvices | | | | | | | 6 |
| Suspended | Abcccs Id | Service | | Status | Start Date | End Date | Action |
| N | ATC - ATTENDANT CARE | | | Staff Approved | 01/01/2011 | | AwC-Opt In |
| N | DTA - DAY TREATMENT & TRAINING - ADU | LT | | Staff Approved | 01/01/2011 | | |
| N | DTT - DAY TREATMENT & TRAINING - CHI | DREN AFTER SCHOOL | | Staff Approved | 01/01/2011 | | |
| N | HBA - HABILITATION SERVICES - SUPPOR | TED DEVELOPMENTAL HOME (ADULT & FOSTER CARE CHILI | D) - WITH ROOM & BOARD | Staff Approved | 04/19/2012 | | |
| N | DTS - DAY TREATMENT & TRAINING - CHI | DREN SUMMER PROGRAM | | Staff Approved | 01/01/2011 | | |
| N | HAH - HABILITATION SERVICES - SUPPOR | T - HOURLY | | Staff Approved | 02/04/2013 | | AwC-Opt In |
| N | RBD - ROOM & BOARD, DEVELOPMENTAL | IOME | | Staff Approved | 04/19/2012 | | |
| N | RSP - RESPITE CARE HOURLY & DAILY | | | Staff Approved | 01/01/2011 | | |
| N | TR1 - TRANSPORTATION | | | Staff Approved | 01/01/2011 | | |
| N | SPE - SPEECH THERAPY EARLY INTERVEN | ION | | New Service Amendment | | | |
| N | OCE - OCCUPATIONAL THERAPY EARLY IN | ERVENTION | | New Service Amendment | | | |
| | ISE - INDIVIDUAL SUPPORTED EMPLOYME | NT | | New Service Amendment | | | |
| N | | | | | | | |

Table 7 – Services

| # | Qualified Vendor Portal (QVP) | Qualified Vendor Application Directory System (QVADS) | | |
|---|-------------------------------|---|--|--|
| 1 | AHCCCS ID | New section | | |
| 2 | Service Description | Program Description | | |
| 3 | Transportation | Community Access | | |
| 4 | Recruitment & Training | Same as before | | |
| 5 | Incident Reporting | Same as before | | |
| 6 | Complaints & Grievances | Complaint/Grievance Process | | |
| 7 | Member/Member | Drogram Foodback Drososs | | |
| | Representative Input | Program Feedback Process | | |
| 8 | Member Involvement | Consumer Involvement | | |
| 9 | Quality Improvement | Internal Quality Efforts | | |

9.1 AHCCCS ID

The **AHCCCS ID** tab is new and was not previously available in QVADS. A description of this section is shown in *Image 8* and *Table 8* located below.

Image 19 – AHHHCS ID

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| QUALIFIED VENDOR AGREEMENT MANAGEMENT | APPROVED CONTRACT SPECIALIST IN PROGRESS - AMENDMENT | Actions |
| Main Menu Dashboard Information Contacts Program Management | Assurances & Submittals Services Administrative & Service Sites Contract Documents | |
| AHCCCS ID Service Description Transportation Recruitment & Training | Incident Reporting Complaints & Grievances Member/Member Representative Input Member Involvement Quality Improvement | |
| ATC - ATTENDANT CARE | | Back to Service List |
| AHCCCS ID | | |
| | | Save Changes |
| AHCCCS ID | | |
| Select an available AHCCCS ID from the grid below. | | |
| Ahcccs Id Provider Type Provider Start Date | Provider COS COS HCPC HCPC End Date COS Start Date End Date Service From Service To | Ahcccs Vendor Status Type |
| 4/15/2009 | 04-15-2009 12-31-2500 | A |
| | | Save Changes |

Table 8 – AHCCCS ID

| Sections of AHCCCS ID | Description |
|---------------------------|--|
| AHCCCS ID | The AHCCCS ID associated with the service is displayed in this field. |
| Provider Type | The Provider Type for the selected service is displayed in this field. |
| Provider Start Date | The start date of the provider. |
| Provider End Date | The end date of the provider. |
| COS | The COS associated with the selected service. |
| COS Start Date | The start date of the COS. |
| COS End Date | The end date of the COS. |
| HCPC Service From | The HCPC service From the associated with the service. |
| HCPC Service To | The HCPC Service To the associated with the service. |
| AHCCCS Vendor Status Type | The status type of the AHCCCS Vendor. |

9.2 Service Description

This **Service Description** tab was previously known as "**Program Description**" in QVADS and it contains one field.

• The field "**provide service from referral through delivery**" requires the Qualified Vendor to describe how their organization will provide the selected service from referral through its delivery.

A visual representation of the Service Description section is shown in *Image 20* located below.

Image 20 – Service Description

| | Events | | Press Room | | Sitem |
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| Main Menu Dashboard Information Contact | Program Management Assurances & Submittals Services | Administrative & Service Sites Contra | act Documents | | |
| AHCCCS ID Service Description Transportation ATC - ATTENDANT CARE Service Description Please limit your response to one page. | Recruitment & Training Incident Reporting Complaints & G | ievances Member/Member Representativ | e Input Member Involveme | nt Quality Improvement | Back to Service List |
| Describe how your organization will provide this see 503 characters remaining At , we believe that even with the client, members of client's famil understanding. The meeting will also serve will call the support Coordinator to reque or maintain safe and sanitary living condi start their day by assisting with the bath Attendant Care covers a wide spectrum of a It must be noted that without the authoris | whe from referral through service delivery * y human being deserves to realize their potentials reg y and the program cordinators if he or she is willing, as an opportunity for the agency to introduce her ser st an authorization to allow the agency to provide the tions and/or maintain personal cleanliness and activit ing and dressing or the staff might help the person to ctivities including bathing, dressing, feeding, tollet ation by the support coordinator, services cannot star | ardless of how they were born. That In this meeting, areas of clients vices to the client and members of services. After the authorization, es of daily living as indentified i complete housekeeping chores in ot ing, transferring, mobility, cookin t. | is why after referrals, needs will be discussed family. Upon the success the agency will provide n the ISP. In providing her to keep the home cle g, cleanning etc. | a meeting will be arranged by the in relation to the client's Individ of the meeting, the clients family a certified and trained staff to a these serives, the staff might help man. | agency to meet one-on-one ual Support Plan for a better member or representative ssist the consumer to attain the person to get ready to |

9.3 Transportation

The **Transportation** tab was previously known as "**Community Access**" in QVADS and it contains five fields.

- 1. The first field "transportation required to deliver service" the Qualified Vendor is required to answer how the organization supports direct service staff for community access when transportation is required to deliver the selected service. The option for "Not Applicable" has been added which was not previously available in QVADS.
- 2. The second field "**properly maintained and supplied vehicles**" requires Qualified Vendors to describe methods used to ensure all provider and agency supplied vehicles are properly maintained.
- 3. The third field "**supplied vehicles maintain state minimum insurance requirements**" requires Qualified Vendors to provide a description of methods used to ensure that all individual and organization owned and agency supplied vehicles maintain state minimum insurance requirements.
- 4. The fourth field "**requirements that employees meet to transport members**" requires Qualified Vendors to describe any additional requirements the organization's employees must meet to transport members.
- 5. The fifth field requires Qualified Vendors to indicate how often driving records are reviewed by the organization.

A visual representation of the Transportation section is shown in *Image 21* is located on the following page.

Image 21 - Transportation

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| I QUALIFIED VENDOR AGREEMENT MANAGEMENT APPROVED CONTRACT SPECIALIST IN PROGRESS - AMENDMENT Main Menu Dashboard Information Contact Program Management Assurances & Submittals Services Contract Documents AHCCCS ID Service Description Transportation Recruitment & Training Incident Reporting Complaints & Grievances Member/Member Representative Input Member Involvement Quality Improvement ATC - ATTENDANT CARE Back to Service Transportation Service Transportation Service Transportation Service State Service staff for community access? (Check all that apply). * Yhen transportation is required to deliver the service, how do you support direct service staff for community access? (Check all that apply). * * | Actions |
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| ATC - ATTENDANT CARE | vice List |
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| Please limit your response to one page. Save Changes Reset A When transportation is required to deliver the service, how do you support direct service staff for community access? (Check all that apply). * | nendment |
| When transportation is required to deliver the service, how do you support direct service staff for community access? (Check all that apply). * | |
| | |
| I ransportation in an agency owned, leased or contracted vehicle I Reimbursement for public transportation | |
| [Not Applicable | |
| Describe methods used to ensure that all provider and agency supplied vehicles are properly maintained * 1697 characters remaining | |
| All Agency vehicle will be inspected monthly and the item of inspection includes the seat belt, cleanliness, the log book, air condition and heating sysytem, local map, first aid kit ice chest with water, bottle witire, maintanance check list, and vital information about the client in the vehicle. | iter, * |
| | |
| | |
| | |
| | 7 |
| Describe methods used to ensure that all individual and organization owned and agency supplied vehicles maintain state minimum insurance requirements * 1604 characters remaining | |
| The agency will maintain comprehensive and adequate insurance against accidents, fire and theft/burglarly for all the agency vehicles including the one the consumers will be using for transportation. Copies of individual staff insurance card and vehicle registration will be kept in staff employee file. The agency will call the staff insurance to verify ifr the staff insurance is still valid. | * |
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9.4 Recruitment & Training

The **Recruitment & Training** section contains three fields that need to be filled out.

- 1. The first field "**recruitment plan for direct staff**" requires the Qualified Vendor to describe the recruitment plan for direct staff, a description of the initial training plan for direct staff, along with additional service specific requirements for each proposed service.
- 2. The second field "ongoing training plan for direct service staff" requires the Qualified Vendor to describe the ongoing training plan for direct service staff, and a description of any service specific training for each proposed service.
- 3. The third field "**process for NON-PROVISION of services**" requires the Qualified Vendor to describe the process for reporting NON-PROVISION of services for all services that apply.

Located below is a visual representation of the Recruitment & Training section in *Image 22*.

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| Recruitment & Training Information | | • |
| Please limit your response to one page. | Save Changes | Reset Amendment |
| Uescnee me recruitment plan for direct staff. D 739 characters remaining Recruitment and initial training plan f ounducted to ensure that the right pers - Verified empolyee is 18 years or - Request for tal least three refer - Request for finger print which wi Those selected will be undergo on-the j Initial training plan for the potential service staff are empolyed depending on staff this are staff that will work with Describe the ongoing training plan for direct ser 1499 characters remaining The on going training plan will be for family and consumer representative. The on going training will be for all specialise training Agency like DDD. | <pre>petmeintmaitraining plan for direct staff. include any additional service specific requirement for each proposed service. if inect service staff will be as follows:The Agency will advertise for work vacancy for available positions. Application will be received, reviewed and interviews will be employed based on the following considerations: er es and experiences. (Qualification) cater for the background check. training as well as initial training at the DDD training facilities. aff is to have the basic requirement such as first Aid, CER, and medication administration, Article 9, client right and confidentiality. Initial training will take p e staff category.There will be two set of provider.The Independent provider will work for the Agency who are license as home and community base service provider he agency but not necessarily license by the Arizona department of Economic Security staff, including any service specific training for each proposed service. direct staff in their various catagories and the training will inculde skill building techniques, prevention of behavioral incidence, communication will be conduct egories of staff that have to comply with minimum and their category qualification. some of this training will be conduct by the Agency and some will be conducts egories of staff that have to comply with minimum and their category qualification.</pre> | s will be |

Image 22 – Recruitment & Training

9.5 Incident Reporting

The Incident Reporting section contains three fields that needs to be filled out.

- 1. The first field "**reporting incidents internally**" requires Qualified Vendors to describe how incidents of abuse, neglect, exploitation, or injury are reported internally.
- 2. The second field "**reporting incidents externally**" requires Qualified Vendors to describe how incidents of abuse, neglect, exploitation, or injury are reported externally.
- 3. The third field "**internal review process**" requires Qualified Vendors to describe the internal review process for incident reports, including trending, and how corrective action is implemented.

A visual representation of the Incident Reporting section is shown in *Image 23* located below.

Image 23 – Incident Reporting

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| Incident Repor | ting Information | | |
| Please limit yo | our response to one page. | | Save Changes Reset Amendment |
| How are incidents of 1074 characters rem | abuse, neglect, exploitation or in naining | njury reported internally? | |
| The incident of a detailed written The incident mus The agency inter Among other thin on behalf of the | abuse,neglect,exploitation incident report. t be reported immediately, nally designed form which ge that can be included in client and recommended fol | or injury will be reported internally, verbally to the Agency Administrator() and all other designated manager within the Agency and it : within 24 hours. And the incident could be reported through any of this medium phone, E-mail, fax and mail. must conform with DD-191 is to be used in writing incident report. the incident report is the name of the client involved in the incident, the name of staff that witnessed the incident, a lucid explanation of the in low up action, and then the name of the Agency Administrative reviewer. Reporting of incidence should be share with consumer/families/families repre- | is to be folllowed by a A |
| | | | Ŧ |
| How are incidents of | abuse, neglect, exploitation or in | njury reported externally? | |
| All incident of police, and famil All incident will The medium of no The Agency desig incident require | mammy abuse,neglect,exploitation, /yuardain l be reported immediately.N tification will be verbal a ned form that will conform s the doctor to be notify,l | or injury will be reported externally through the Agency Administrator() or any of the Agency designated staff to DES/DDD support co-ord OT later than twenty four hours(24 hours) nd/or written(phone,E-mail,fax and mail)Verbal notification of an incident will be follwed up with a written report. to the incident report DD-191 will be used to write any incident.The name of the client involved in the incident, the name of the staff that witness uicd explanation of the incident, the name of the administrative reviewer/any designated staff, immediate action taken on behalf of the client and su | inator, protectve services A s the incident, does the aggested follow up action |
| 4 | | | Ŧ |
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9.6 Complaints and Grievances

The Complaints and Grievances section contains one field.

• The field "complaints/grievances process" requires Qualified Vendors to describe the complaints and grievances process.

A visual representation of the Complaints and Grievances field is shown in *Image 24* located below.

Image 24 – Complaints and Grievances

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| Complaints & Grie | evances Information | | Save Changes Reset Amendment |
| Describe the complaints | s/grievances process. ing | | |
| The complaint/griev The complaint/griev complaint/grievance The Complain will b The complain will b | ances process will be as ances will be reviewed h s form will be made avai e investigated e reported and action wi | s follows by the Agency Administrator and any other designated staff ilable to the client or any body within the scope of the operation that is relatedto the well being of the consumer ant time it is needed. ill be taken in accordance with the Division and provided policy and procedure | Å |
| | | | Save Changes Reset Amendment |

9.7 Member/ Member Representative Input

The **Member/Member Representative Input** section was previously named "**Program Feedback Process**" in QVADS and it contains four fields.

- 1. The first field "**input from members/member representatives**" requires Qualified Vendors to describe the process of how input is gathered from members/member representatives.
- 2. The second field "measuring member satisfaction with services" requires Qualified Vendors to describe the process their organization uses to measure a members/member representatives satisfaction with services.
- The third field "hiring and/or evaluation of direct service staff" requires Qualified Vendors to describe how members/member representatives are involved in the hiring and/or evaluation of direct service staff.
- 4. The fourth field "**improving overall quality of services**" requires Qualified Vendors to describe how members/member representatives are involved in improving the overall quality of services provided by the organization.

A visual representation of the Member/Member Representative Input section is shown in *Image 25* located on the following page.

Image 25 – Member/Member Representative Input

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| Member/Member | Representative Input Informat | ion | | | | 8 |
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| Please limit your | response to one page. | | | | | Dave Ghanges Reservanteininent |
| How is input from mem | nbers/member representatives gathered | ? | | | | |
| 1435 characters remain | ning | | | | | |
| Describe the process u | sed to measure members/member repr | esentatives' satisfaction with services. | | | | |
| The Agency Administ | ning trator and any other designated s | taff will review in detail both formal | and informal feedback from | consumer, family and family rep | resentative.The feedback will be rev | viewed with respect to services * |
| inaccordance with t The feed back will | the agency procedure and that of be shared and utilized with cons | the Division umer,family and consumer representative | in other to improve servio | e delivery. | | |
| The Agency Administ service and complim | trator or any other designated st ment a change in service delivery | aff will monitor the improvement, share method | d and utilized with the cor | sumer, family and consumer repr | esentatives.This will help to reduce | complain in a particular area of |
| | | | | | | |
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| | | | | | | v |
| Describe how members | s/member representatives are involved | in the hiring and/or evaluation of direct service | staff. | | | |
| At every stage of h the employee is 18 agency may opt to h The Agency will pro | years, request for three reference hire such applicant when the cons ovide to consumer, family and cons | staff, consumer,family and consumer rep es,request for employee skill,experien umer,family and consumer representativ umer representative upon request employ | resentatives will be involv re,and knowledge.If a family choose to be part of the i ree annual survey and evalue | ed if they choose to after all or consumer representative re nterview process tion based on imput/feedback w | preliminary hiring process have bee ferred an applicant who have meet wi ith respect to services and training | n complied, such as verification that A th preliminary hiring process the g acquire by the direct service staff |
| | | | | | | |

9.8 Member Involvement

The **Member Involvement** section consists of two fields and was previously known as "**Consumer Involvement**" in QVADS.

- 1. The first field "**community advisory groups**" requires for Qualified Vendors to indicate if they have a community advisory group, and/or participates in any external advisory groups, the organizations involvement in them, and if there isn't one, how the organization plans to develop, or participate in, a group in the future.
- 2. The second field "**methods to provide opportunities**" requires Qualified Vendors to describe any other methods used by the organization to provide opportunities for members/member representatives to be actively involved in the organizations operations.

A visual representation of the Member Involvement section is shown in *Image 26* located on the following page.

Image 26 – Member Involvement

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| — Member Involv | vement Information | | |
| Please limit | your response to one page. | Save Char | ges Reset Amendment |
| If your organization 1667 characters rer | has a community advisory grou naining | p and/or participates in any external advisory groups, describe your company's involvement. If none, describe how your company's plans to develop, or participate in, a group in the future. | |
| There is going t This community a | co be a community advisory . dvisory group may include | group in the evaluation of consumer,family and consumer representative to ensure the appropriateness of service. the home owner association, human right group that will contribute to the well being of the consumer,family and consumer representative | A |
| Describe any other | method used by your organizatio | on to provide opportunities for members/member representatives to be actively involved in your organization's operations (i.e. staff recruitment, staff training and development, monitoring, | social events, etc.). |
| 1293 characters rer The Agency will sometime recruit recommendation of clothing, toys, f | maininq actively involve consumer/ ; as vendor volunteer,recru of potential staff, utiltiz urniture appliances,vehicl | family/consumer representative in the Agency operation.The Agency will be flexible in their area of operation to meet the need of the consumer/family/consum it as advisory representative, sometime assist in conducting training and meeting based on skill knowledge and experience used as a resource for recruitment ed their feed back in the monitoring process,given privilege to aks questions, make presentation or comment at an organized Agency meetings and make a reque e and sponsorship | er representative, * , interview and st for donation of |
| | | Save Chan | jes Reset Amendment |

9.9 Quality Improvement

The **Quality Improvement** section contains two fields and was previously known as "**Internal Quality Efforts**" in QVADS.

- 1. The first field "**process to monitor and evaluate services**" requires Qualified Vendors to describe the process used by the organization to monitor and evaluate the services provided as they relate to the service plan outcome.
- 2. The second field "**approach to improving quality of services**" requires Qualified Vendors to describe the overall organizational approach toward improving the quality of the services that the organization provides.

A visual representation of the Quality Improvement section is shown in *Image 27* located on the following page.

Image 27 – Quality Improvement

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| Please limit your response to one page. | Sav | e Changes Reset Amendment |
| Describe the process used by the organization to | monitor and evaluate the services provided as they relate to the service plan outcome. | |
| The Agency will be involved in the monit report, addressing the I.S.P objective a | ring and evaluation of individual support plan I.S.P objective.The monitoring and evaluation of individual support plan will be conducted through staff d goal, and evaluation by family,consumer, and consumer representative. At every I.S.P meeting must be determined or fixed which is usually 90 days | meeting reviews of staff * |
| Describe the overall organizational approach towa | rd improving the quality of the services provided. (As part of your response, consider trending incidents, grievance and compliant processes, onsite monitoring and member feedback.) | |
| The overall vendor approach to service i Should there be any changes in the appro The Agency will monitor the change in th compliance in the implementation of I.S. | provement will be to monitor both the consumer and the direct service staff at the Agency level to ensure compliance to quailty and appropriateness of a ch or in the implementation of I.S.P objective the direct service staff will be duely informed of the changes by the Agency Administrator or any design evaluation and the implementation of I.S.P through observation.site visit and report as a tool for quality improvement. The meduim will enable the Agency goal and objective. | service provided. |
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10. Administrative & Service Sites

The **Administrative & Service Site** section was previously named "**My Administrative & Service Sites**" in QVADS. The content shown in *Image 28* is described in more detail in *Table 9*.

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Image 28 – Administrative & Service Sites

| Table 9 – | Administrative | & | Service | Sites |
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| # | Administrative & Service Sites | Qualified Vendor Application Directory System (QVADS) |
|---|--------------------------------|---|
| 1 | Site Name | This field lists the name of the site. |
| 2 | Address | This field lists the addresses associated with the sites. |
| 3 | City | The field lists the city that the cites are located in. |
| 4 | Туре | This field states if the site is an administrative site, or if it's a site that |
| | | provides services. |
| 5 | Location | This field shows the location of the site. |
| 6 | AHCCCS ID | This field indicates which AHCCCS ID is associated with the site. |
| 7 | Services | This field indicates which type of service is provided at the Site. |
| 8 | Actions | The action field allows users to delete sites that have been added. |

10.1 General Information

The General Information section contains three fields.

- 1. The first field "**Site Information**" requires that the Qualified Vendor enter in the name of the site, the Office Code, and AHCCCS ID fields cannot be modified.
- 2. The second field "**Site Address**" requires Qualified Vendors to enter in the address, phone number, city, state, zip code, and district of the site.
- 3. The third field "**Principal Contact**" requires the Qualified Vendor to provide the first and last name of the principal contact along with their phone number and email address.

A visual representation of the General Information section is shown in *Image 29* located on the following page.

Image 29 – General Information

| | | <u>Events</u> | | | | | Press Room | | | <u>Sitem</u> |
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| General Information | Contact Information Site Infor | Induon Listen Scivices | | | | | | | | |
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| Site Information | | | | | Offine Code | | | AHCCCS ID | | |
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| | | | | | | | | | | |
| Site Address | | | | | | | | | | |
| Address Line 1* | | | Address Line 2 | | Phone Number* | | | | | |
| City* | State* Zip Code* | | | | District* | | | | | |
| GLENDALE | AZ v 85301 | | | | DISTRICT W | EST | | ٣ | | |
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| | | | | | | | | | | |
| Principal Contact | | | | | | | | | | 8 |
| | | | | | | | | | | |
| First Name* | | Last Name* | | | Phone Number* (| | Email Address | ,* | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

10.2 Contact Information

The **Contact Information** section contains two fields.

- 1. The first field "Scheduler Contact" was previously known as "Scheduler Information" in QVADS, and it requires the Qualified Vendor to enter the first and last name of the contact, the phone, email address, and fax number.
- 2. The second field "After Hours Contact" was previously known as "After Hours Contact Information" and requires the Qualified Vendor to enter the first and last name of the contact, the phone and fax number, and their email address.

A visual representation of the content can be found in *Image 30* located bellow.

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| | QUALIFIED VENDOR | AGREEMENT MANAGEMENT AP | PROVED CONTRACT SPECIALIS | F IN PROGRESS - | AMENDMENT | | | Actions |
| Main Menu Dashboa | rd Information Contacts | Program Management | Assurances & Submittals | Services | Administrative & Service Sites | Contract Documents | | |
| General Information | Contact Information Site In | formation Listed Services | | | | | | |
| Site Name : | | | | | | | | Back to Site List |
| | | | | | | | | Save Changes Reset Amendment |
| Scheduler Conta | act | | | | | | | |
| First Name | | Last Name | | Phone Number | | Fax Number | Email Address L | |
| | | | | | | | | |
| After Hours Con | tact | | | | | | | |
| First Name | | Last Name | | Phone Number | | Fax Number | Email Address | |
| | | | | | | | | |

Image 30 – Contact Information

10.3 Site Information Listed

The **Site Information Listed** section contains four fields.

- 1. The first field "**Office Type**" requires the Qualified Vendor to select whether the site is an Administrative Site or a Service Site.
- 2. The second field "Accepting New Referrals" requires Qualified Vendors to select whether or not they are Accepting New Referrals.
- 3. The third field "**Occupancy**" requires the Qualified Vendor to indicate its maximum capacity, along with its current occupancy.
- 4. The fourth field "**Site Hours**" requires Qualified Vendors to indicate the hours the site is available Monday through Friday, with an option to include hours for the weekend.

A visual representation of the Site Information Listed section is shown in *Image 31* located below.

| | Eve | ents | | Press Room | | Siter |
|--|---|---|--|---|---|--------------------|
| (teilth | 11/19/2015 11:31:03 A.M. | | | AZ.GOV | | |
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| | QUALIFIED VENDOR AGREEMEN | IT MANAGEMENT APPROVED CONTRACT SPECIALIST | IN PROGRESS - AMENDMENT | | | Actions |
| Main Menu Dashboa | rd Information Contacts Prog | ram Management Assurances & Submittals | Services Administrative & Service Sites | Contract Documents | | |
| General Information Site Name : . Site Information | Contact Information Site Information | Listed Services | | | | Back to Site List |
| Office Type* | | | Accepting New Referrals | | | |
| Administrative Site | C Service Site | | (Yes | C No | | |
| Maximum Capacity | | Current Occupancy | | | | |
| Site Hours | secure of | | ality and ality | | | |
| From: To: | w From: 08:00AM w To: 05:00PM | Y From: 08:00AM Y Y To: 05:00PM Y | Wednesday* From: 08:00AM ¥ To: 05:00PM ¥ | Thursday* From: 08:00AM v To: 05:00PM v | Friday* From: 08:00AM ¥ To: 05:00PM ¥ | Saturday From: |

Image 31 – Site Information Listed

10.4 Services

The **Services** section contains two fields and a list of all services that the Qualified Vendor offers.

- 1. The first field "Services" indicates the services that the Qualified Vendor offers.
- 2. The second field "Action" allows Qualified Vendors to remove the services.

A visual representation of the Services section is shown in *Image 32* located below.

Image 32 - Services

| | Eve | ents | | | | Press | Room | | <u>Siter</u> |
|--|--------------------------------------|---|-----------------------------------|-----------------------|---------|----------------|------|------------|--------------------|
| (had) | 11/19/2015 11:31:03 A.M. | | ARIZONA DE Economi | ARTMENT (SECURITY | DF | | | | AZ GOV |
| | | <u>DES Home</u> | About DES FAQ's Conta | t Us <u>Reports</u> | Forms | Office Locator | | Search DES | G0 Advanced Search |
| | QUALIFIED VENDOR AGREEMEN | IT MANAGEMENT APPROVED CONTRACT SPEC | CIALIST IN PROGRESS - AMENDMENT | | | | | | Actions |
| Main Menu Dashbo | ard Information Contacts Progr | ram Management Assurances & Submit | ttals Services Administrat | e & Service Sites | Contrac | t Documents | | | |
| General Information | Contact Information Site Information | Listed Carviras | | | | | | | |
| | | Services - | | | | | | | |
| Site Name : | | | | | | | | | Back to Site List |
| | | | | | | | | | |
| Services | | | | | _ | _ | | | |
| | | | Service | _ | _ | _ | | | Action |
| | | 1 | ATTENDANT CARE | | | | | 4 | |
| | | DAY TREAT | IMENT & TRAINING - ADULT | | | | | | |
| | | DAY TREATMENT & TI | RAINING - CHILDREN AFTER SCHOOL | | | | | | |
| | HAB | MILITATION SERVICES - SUPPORTED DEVELOPME | ENTAL HOME (ADULT & FOSTER CARE (| IILD) - WITH ROOM | & BOARD | | | | |
| | | DAY TREATMENT & TRA | AINING - CHILDREN SUMMER PROGRA | | | | | | |
| HABILITATION SERVICES - SUPPORT - HOURLY | | | | | | | | | |
| | ROOM & BOARD, DEVELOPMENTAL HOME | | | | | | | | |
| | RESPITE CARE HOURLY & DAILY | | | | | | | | |
| | | Ţ | TRANSPORTATION | | | | | | |
| | | | | | | | | | |

11. Contract Documents

The **Contract Documents** tab consists of three categories and was not available in QVADS. The availability of these categories are dependent on when the contract is in the amendment process.

- 1. The first category "**Proposed Amendment Documents**" contains documents in PDF format that are proposed amendments to the current contracts. This category is only available when the contract is in the amendment process.
- 2. The second area "**Current Contract Documents**" contains documents in PDF format that are currently used in the contract.
- 3. The third area "**View of summary of changes**" contains a summary of all of the amended changes made to the contract. This category is only available when the contract is in the amendment process.

A visual representation of the Contract Documents tab is shown in *Image 33* located below.

| <u>Events</u> | Press Room | -0 | Siter |
|---|--|------------|--------------------|
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| | DES Home About DES FAQ's Contact Us Reports Forms Office Locator | Search DES | G0 Advanced Search |
| QUALIFIED VENDOR AGREEMENT MANAGEMENT | APPROVED CONTRACT SPECIALIST IN PROGRESS - AMENDMENT | | Actions |
| Main Menu Dashboard Information Contacts Program Management | Assurances & Submittals Services Administrative & Service Sites Contract Documents | | |
| Contract Documents | | | 8) |
| Print all modifications or additions you have made to the contract (rea | quiring approval or not) by selecting the pertinent links belowin "PDF" format | | |
| Proposed Amendment Documents | Current Contract Documents | | |
| Section 2: Vendor Contact Information | Section 1: Application & Qualified Vendor Agreement Award | | |
| Section 3: Assurances & Submittals Form | Section 2: Vendor Contact Information | | |
| Section 4: Program Management | Section 3: Assurances & Submittals Form | | |
| Section 5: Vendor Administrative, including Service Sites | Section 4: Program Management | | |
| Section 7: Services | Section 5: Vendor Administrative, including Service Sites | | |
| Section 8: Service Level Detail | Section 7: Services | | |
| | Section 8: Service Level Detail | | |
| View summary of changes. | | | |
| S Contract Amendment Changes | | | |
| | | | |
| | | | |

Image 33 – Contract Documents