

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,

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

- 5.1.8 The Qualified Vendor shall comply with applicable Division policies, procedures, and administrative directives and policy alerts; refer to the Division's website at <https://des.az.gov/services/disabilities/developmental-disabilities> for information on these authorities.
- 5.1.9 As needed to effectively implement the service, the Qualified Vendor shall communicate effectively with the Division member and the member's representative, as appropriate (e.g., American Sign Language or Spanish). Minimally, establishing an effective communication strategy is a primary consideration in accepting a referral. This may include utilizing alternative communication strategies (e.g., written versus spoken language), using a volunteer or paid translator, or recruitment of staff who speak different languages. The Qualified Vendor shall comply with all applicable requirements of state and federal law. Title VI of the Civil Rights Act of 1964, as amended, 42 United States Code ("U.S.C.") § 2000d *et seq.*, prohibits discrimination based on national origin. Failing to take reasonable steps to ensure meaningful access to Medicaid services for persons with limited English proficiency is a form of national origin discrimination prohibited by Title VI.
- 5.1.10 When transportation of the member is provided or is part of the service delivery:
 - 5.1.10.1 The vehicle in which transportation is provided shall have valid vehicle registration and license plates and, at a minimum, the level of liability insurance required by the State of Arizona's Department of Administration, Risk Management Division.
 - 5.1.10.2 The vehicle shall be maintained in a safe, working order, and shall be equipped with a working heating and air conditioning system, and a first aid kit.
 - 5.1.10.3 The vehicle shall be constructed for the safe transportation of the members. All seats shall be fastened to the body of the vehicle and individual(s) properly seated when the vehicle is in operation. The vehicle shall have operational seat belts installed and be operational for safe passenger utilization. When transporting, members shall be securely fastened in age- and weight-appropriate restraints.
 - 5.1.10.4 Members with special mobility needs shall be provided transportation in a vehicle adapted to meet these needs in order to facilitate adequate access to service.

- 5.1.10.5 If the vehicle is used to transport members in wheelchairs, it shall be equipped with floor-mounted seat belts and wheelchair lock-downs or comparable safety equipment for each wheelchair that it transports.
 - a. Qualified Vendors transporting a member while the member is in his or her wheelchair shall have documentation that the worker has completed orientation on appropriate use of the safety equipment being used.
- 5.1.10.6 Persons providing transportation shall be a minimum of eighteen (18) years of age and possess and maintain a valid driver license.
- 5.1.10.7 The Qualified Vendor shall review driving records periodically to ensure driver qualifications.
- 5.1.10.8 The Qualified Vendor shall ensure that its Home and Community-Based Certification includes meeting transportation requirements.
- 5.1.10.9 The Qualified Vendor shall ensure sufficient staff is provided for the health and safety of all members being transported, including boarding and un-boarding supervision.
- 5.1.10.10 For the health and safety of each member, the Qualified Vendor shall ensure that all methods of transportation allow for emergency communication at any time during the delivery of the service. The method of emergency communication shall be appropriate to the geographic area. The Qualified Vendor shall refer to the Division's Provider Manual for guidance on examples of acceptable methods of emergency communication.
- 5.1.11 The Qualified Vendor shall comply with the requirements of Arizona Revised Statutes ("A.R.S.") § 8-804, which requires that all direct care staff information is submitted to the Division Central Registry for background checks for employment. References to "juvenile" in A.R.S. § 8-804 shall also include "vulnerable adult" as defined in A.R.S. § 13-3623. A form for submitting the request is included as Section 9, Attachment G to this RFQVA. Use of this form is optional; however, Applicants shall submit the information in a format that includes the information contained in Section 9, Attachment G.
- 5.1.12 The Qualified Vendor shall have on file three (3) verifiable letters of reference for each Direct Care Staff that clearly state the name, address, and phone number of the person providing the reference and make them available upon request to the Division [A.A.C.R6-6-1504 (D)].
- 5.1.13 **Beginning October 01, 2019**, the Qualified Vendor shall develop agency policies with procedures that demonstrated the Qualified Vendor conducts and begin background checks of all Direct Care Workers (DCW) for employment, including DCW employees who also provide Respite Service, to establish the employees comply with the following standards:

- 5.1.13.1 At the time of hire and every year thereafter, conduct a search of the Arizona Adult Protective Services Registry,
- 5.1.13.2 At the time of hire and every three years thereafter conduct a nationwide criminal background check that accounts for criminal convictions in Arizona,
- 5.1.13.3 Prohibit a DCW from providing services to ALTCS members if the background check results contain:
 - b. Convictions for any of the offenses listed in A.R.S. §41-1758.03(B) or (C), or
 - c. Any substantiated report of abuse, neglect or exploitation of vulnerable adults listed on the Adult Protective Services Registry pursuant to A.R.S. §46-459.
- 5.1.13.4 Upon hire and annually thereafter, obtain a notarized attestation from the DCW that he/she is not:
 - a. Subject to registration as a sex offender in Arizona or any other jurisdiction, or
 - b. Awaiting trial on or has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit any criminal offense listed in A.R.S. §41-1758.03(B) or (C), or any similar offense in another state or jurisdiction.
- 5.1.13.5 Require DCWs to report immediately to the agency if a law enforcement entity has charged the DCW with any crime listed in A.R.S. §41-1758.03(B) or (C),
- 5.1.13.6 Require DCWs to report immediately to the agency if Adult Protective Services has alleged that the DCW abused, neglected or exploited a vulnerable adult.
- 5.1.13.7 Agencies may choose to allow exceptions to the background requirements for DCWs providing services to family members only. If the agency allows a DCW to provide services under this exception, the agency shall:
 - a. Notify the ALTCS member in writing that the DCW does not meet the background check standards and therefore otherwise would not normally be allowed to provide services,
 - b. Obtain consent from the ALTCS member to allow the DCW to provide services despite the findings of the background check.
- 5.1.13.8 Agencies are prohibited from allowing exceptions to the Arizona Adult Protective Services Registry screening requirements for DCWs providing services to family members only.
- 5.1.14 **Effective October 01, 2019**, provider agencies required to comply with Fingerprint Clearance Card requirements outlined in A.R.S. Title 41, Chapter 12, Article 3.1, and may

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

5.2 Staffing

- 5.2.1 The Qualified Vendor shall have a plan for the recruitment, initial and ongoing training, retention and monitoring of direct service staff.
- 5.2.2 The Qualified Vendor shall ensure that each direct service staff meets the qualifications, training, and responsibilities in A.A.C. R6-6-1520 through 1533, A.A.C. R6-6-808, A.A.C. R6-6- 1005, and/or A.A.C. R6-6-1105, as applicable.
- 5.2.3 The Qualified Vendor shall ensure that no direct service staff work unsupervised with members until all required training has been completed except that staff may work unsupervised for up to ninety (90) days following the date of hire if the only remaining training to be completed is the AHCCCS Direct Care Worker Training program.
- 5.2.4 The Qualified Vendor shall ensure that all direct service staff are appropriately trained and supported to effectively meet the variety of needs of the member being served (e.g., behavioral, physical or medical challenges).
- 5.2.5 AHCCCS has implemented a court order under the Ball v. Betlach lawsuit related to non-provision of services ("NPS") for in-home Attendant Care, Homemaker, or Respite. In addition, the Division requires the tracking for NPS (gaps) in Individually Designed Living Arrangement and Nursing services. The Qualified Vendor shall have processes in place to ensure that appropriately trained additional staff is available within two (2) hours of reporting when the primary staff person is not available, and the service is critical to assure the maintenance of health and safety of the member receiving service. As part of the court order, the Arizona Health Care Cost Containment System ("AHCCCS") requires a monthly report which outlines when a member has reported a non-provision of service, meaning a service did not happen as scheduled. Qualified Vendors shall comply with the AHCCCS NPS reporting requirements as directed by the Division. Please refer to the Division's "**Providers & Vendors - Division of Developmental Disabilities**" website for instructions and forms at <https://des.az.gov/services/disabilities/developmental-child-and-adult/help-providers>. The report is due by the fifth (5th) day of every month whether there is an NPS to report.
- 5.2.6 The Qualified Vendor shall routinely monitor and supervise direct service staff to ensure the direct service staff has the skills and abilities to work with the members and have developed a positive relationship with the members, their families, or their representatives.

5.3 Training

5.3.1 The Qualified Vendor shall ensure that all direct service staff, including those who are a relative of the member served (family member), comply with the following standards and requirements before providing direct services alone with members, except that (i) staff may work unsupervised for up to ninety (90) days following the date of hire if the only remaining training to be completed is the AHCCCS Direct Care Worker Training program; and (ii) staff may work with on-site personal supervision for up to ninety(90) days following the date of hire while the training described below is in progress. The following training shall be completed no later than ninety (90) calendar days of the date of hire with the agency.

5.3.1.1 Cardiopulmonary Resuscitation (“CPR”) and First Aid.

- a. Training in CPR and First Aid shall be provided or sponsored by a Nationally-recognized organization.
- b. Training sessions shall be in person for the participant to demonstrate learned skills such as chest compressions, and first aid skills. Web-based training without the benefit of on-site return demonstration of skills is not acceptable.
- c. The worker shall obtain and maintain certification in the CPR and first aid training.

5.3.1.2 Article 9, Managing Inappropriate Behaviors (A.A.C. R6-6-906A.-G.) by instructors certified by the Division. Article 9 training shall follow the Division’s training and testing guidelines provided to all Article 9 certified instructors.

5.3.1.3 As indicated on the member’s planning document [i.e., Individual Support Plan (“ISP”)], or as requested by the member, member’s representative, and/or the Division, training on “Client Intervention Techniques” (also known as “Prevention and Support Training”) by an instructor certified by the Division.

5.3.1.4 The needs of the specific member served and the operations of the vendor’s program.

5.3.1.5 Additional skills needed to address the special or extraordinary needs of the member as required by the member’s planning document.

5.3.2 All training completed by direct service staff shall be documented in the direct service staff’s personnel record.

5.3.3 The Qualified Vendor shall encourage participation of members and members’ representatives in presenting staff training.

5.3.4 The Qualified Vendor shall make all training curriculum available upon the request of the

Division. In addition, the Qualified Vendor shall maintain records documenting training for all direct service staff and make those records available upon request by the Division.

5.4 Delivery of Services

- 5.4.1 The member/member's representative has the right and responsibility to choose from the available Qualified Vendors whom he or she believes will best meet the needs of the member. If services are provided to a group of members by one provider, such as a group home, the members shall collectively choose the Qualified Vendor.
- 5.4.2 The Qualified Vendor shall, as set forth in each member's planning document, deliver services to members in such a manner that meets the following service goals:
 - 5.4.2.1 To increase or maintain the self-sufficiency of members.
 - 5.4.2.2 To maintain the health and safety of members.
 - 5.4.2.3 To provide services in a manner that supports and enhances the member's independence, self-esteem, self-worth, mutual respect, value, and dignity.
- 5.4.3 The Qualified Vendor shall ensure that in delivering services, specific service-related activities as well as staffing are:
 - 5.4.3.1 Available and provided at any time as specified in the member's planning document.
 - 5.4.3.2 Modified appropriately in order to accommodate the changing needs of the member and/or his/her environment.
 - 5.4.3.3 Delivered in a manner that takes into consideration the primary language of the member and member's representative as well as any cultural diversity issues.
 - 5.4.3.4 Provided according to the personal needs, cultural considerations / preferences and medical needs of the member.
- 5.4.4 The Qualified Vendor shall ensure that materials, supplies, equipment and activities meet the varied interests, physical needs/abilities, chronological ages and cultural backgrounds of members.
- 5.4.5 The Qualified Vendor shall ensure that services are provided by appropriately qualified and trained staff, including ensuring that all tasks required to be performed by a medical practitioner are performed by a qualified medical practitioner.
- 5.4.6 The Qualified Vendor shall ensure that services are provided in the least restrictive environment.
- 5.4.7 The Qualified Vendor shall ensure that children and adults are not served together unless

specifically approved in the child's planning document.

- 5.4.8 The Qualified Vendor shall not provide more than one (1) type of habilitation service to a member at the same time [e.g., Habilitation Group Home (HAB) at the same time as Habilitation Support (HAH)].
- 5.4.9 The Qualified Vendor direct service staff shall not provide more than one (1) service at a time to one or more members.
- 5.4.10 Agreement services billed to the Division shall be provided by paid staff.
- 5.4.11 Service authorized and provided to a member pursuant to the Arizona Long-Term Care System ("ALTCS") may not be used in place of service provided under or subsidized pursuant to the Individuals with Disabilities Education Act.

5.5 Service (Prior) Authorization

- 5.5.1 Service authorizations and the number of units or days of service will be set by the Division. Changes in authorizations and/or the number of units or days will not require an amendment to the QVA.
- 5.5.2 Prior authorization is required for all services before service delivery.
- 5.5.3 Authorization of a service or the number of service units is subject to change.
- 5.5.4 The Qualified Vendor is responsible for verifying that service is authorized prior to providing the service.
- 5.5.5 Authorization is specific to a member in a particular setting and is not transferable to other members.
- 5.5.6 Prior to making any changes in the number of units or days of service provided (including an increase or decrease in the number of units or days of service) and/or a change in the setting, the Qualified Vendor shall ensure that it has received the appropriate new authorization from the Division. The Qualified Vendor shall not bill for services in excess of either the daily or aggregate amounts authorized by the Division.
- 5.5.7 For the member authorized to receive hourly in-home services, the member/member's representative may request a change in specific worker at any time from the Qualified Vendor. If the Qualified Vendor, prior to the next scheduled service delivery date, does not or cannot provide an alternative in-home worker acceptable to the member/member's representative, the member/member's representative may request from the Division a change of vendor.

5.6 Vendor Calls and Referrals for Services

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 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

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

5.9 Transition of Members to other Providers

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

5.10 Recordkeeping

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

including but not limited to AHCCCS.

- 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.

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

- 5.10.2.1 Pertinent documents related to the member's planning document, such as the member's planning document and the member's behavioral health treatment plan.
- 5.10.2.2 Record of services rendered (including administration of medications) and the member's response to services.
- 5.10.2.3 Documentation of communications with the member, member's representative, other service providers, the Support Coordinator, and other persons in order to maintain a complete and accurate record regarding services delivered to the member.
- 5.10.2.4 Copy of the orientation document.
- 5.10.2.5 Copy of the member's attendance sheets.
- 5.10.2.6 Copy of the member's progress reports.
- 5.10.2.7 Documentation of incidents related to the member and/or complaints related to the Qualified Vendor's care of the member and documentation of resolution.
- 5.10.2.8 All required consents, such as General Consent and/or Consent for Use of Behavior Modifying Medications.

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

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

5.11 Application and Use of Rate Book and Billing Manual

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

Rate Book, including any updates, is incorporated by reference into this RFQVA. Qualified Vendors shall be paid the applicable rates as reflected in the Rate Book.

- 5.11.2 The Division and the Qualified Vendor acknowledge that the rate models used to determine the Benchmark Rates do not necessarily reflect actual cost profiles. Actual patterns of expenditures by Qualified Vendors may be different from those outlined in a given rate model.
- 5.11.3 The Division has also published a billing instruction manual. The manual specifies the billing requirements that shall be followed by providers in order to file a claim for services under this RFQVA. The billing instruction manual, including any updates, is incorporated by reference into this RFQVA. Throughout the term of the contract, the Division's billing codes, billing units and associated billing rules are subject to change. Refer to the Division's Help for Providers/ Provider Network Information webpage at (<https://des.az.gov/services/disabilities/developmental-child-and-adult/help-providers>) for information regarding billing codes, billing units and associated billing rules.