



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

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QVADS

Qualified Vendor and Directory System

User Manual Existing Providers

This manual was drafted for existing providers with a current DDD (Division) approved contract that want to participate in the Division's expedited review.

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INTRODUCTION

Thank you for deciding to continue to provide home and community based services to people with developmental disabilities in the state of Arizona. As an existing Qualified Vendor you are eligible to participate in an expedited application process. You will be viewing information that explains the coordination and efforts of DES/DDD, Arizona Health Care Cost Containment System (AHCCCS), The Office of Licensure, Certification, and Regulation (OLCR), and other governmental and regulatory bodies. Department Of Economic Security, Division of Developmental Disabilities (DES/DDD) appreciates your dedication and we look forward to continuing our partnership serving people with developmental disabilities in the state of Arizona.

The **Qualified Vendor and Directory System (QVADS)** is the **open and continuous** Qualified Vendor application and agreement maintenance process. You will be answering questions and supplying information in the **QVADS** that will make-up your application. **In order to complete the application process, applicants for Qualified Vendor Agreements must use the QVADS to enter information for submittal to the Division's Website as well as to generate the hardcopy application that must be signed and sent (with supporting documentation) to the Division.** Your application is not considered submitted until the hardcopy (with supporting documentation) is received.

The **completed** application will consist of the following three key elements and it is important that applicants know and understand ALL of the following:

- **A completed on-line application.**
- **All sections of the Request for Qualified Vendor Application (RFQVA).**
- **All responses provided by the Applicant Vendor.**
 - **All additional hardcopy materials as per the Submittal Checklist (see Section 6)**

NOTE: All hardcopy materials are to be mailed to:

**DDD Contract Unit
Business Operations – Site Code 791A
Division of Developmental Disabilities
Arizona Department of Economic Security
P.O. Box 6123
Phoenix, Arizona 85005**

Purpose

This manual will provide the EXISTING SERVICE PROVIDER with the basic step-by-step expedited review and data entry instructions necessary to complete the application and/or application amendment process for specific services. The Division website has extensive information for you to read.

Accessing the DES/DDD Website

Enter the following information into your web browser's Address area:

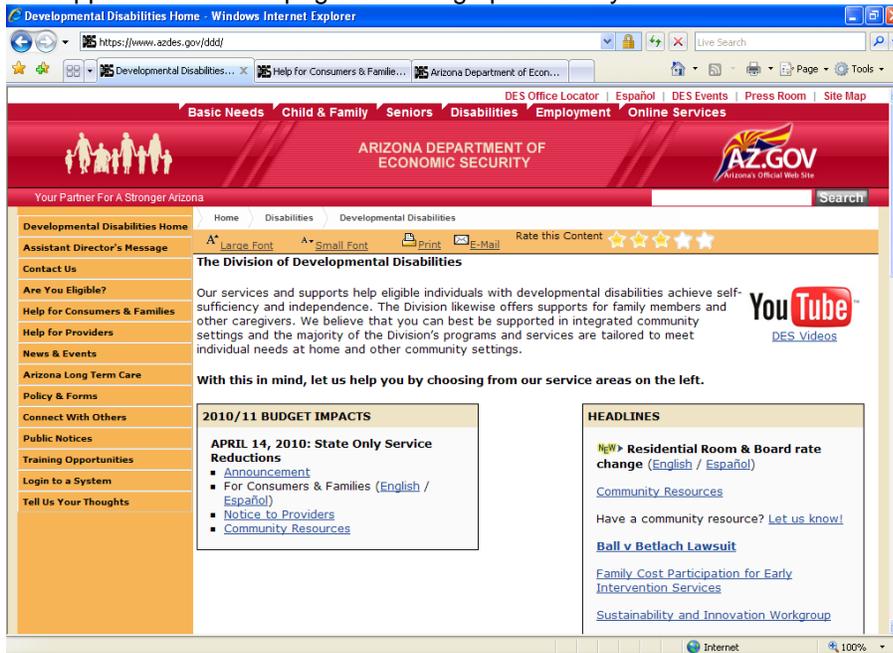
- <https://www.azdes.gov/ddd/>

You will be taken to the DES/DDD Home Page (refer to Figure Intro 1). The appearance of this page will change periodically.

INTRODUCTION

Figure Intro 1. DDD Home Page

The appearance of this page will change periodically.



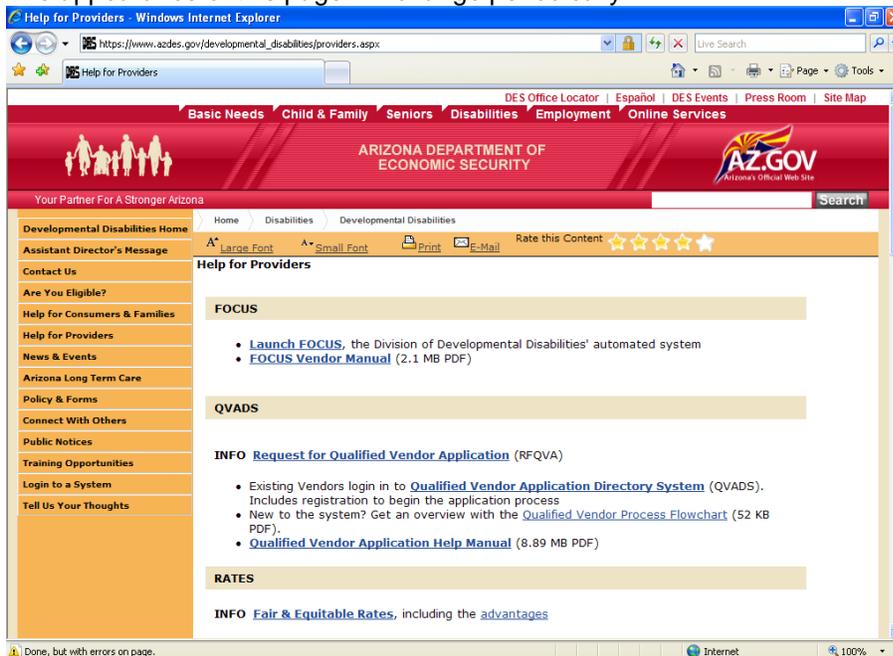
Materials Review

Note: You will need ADOBE ACROBAT READER in order to view and print these files. Acrobat reader is a free downloadable program available at www.adobe.com.

The Menu on the left-hand side contains a list of items, click on "**Help for Providers**". You will be taken to a page entitled **Help for Providers** (refer to Figure Intro 2).

Figure Intro 2. Help for Providers Page

The appearance of this page will change periodically.



INTRODUCTION

Review the following links and content:

INFO [Request for Qualified Vendor Application](#) (RFQVA)

- Existing Vendors login in to [Qualified Vendor Application Directory System](#) (QVADS). Includes registration to begin the application process.
- New to the system? Get an overview with the [Qualified Vendor Process Flowchart](#) (52 KB PDF).

INFO [Fair & Equitable Rates](#), including the [advantages](#)

- July 1, 2010 [Rate Book](#) (1.1 MB PDF)
- Division Rate [Look Up File](#) (6.73 MB XLS)
- The [Uniform Billing template](#) (733 KB XLS) for provider billing includes all formulas to calculate totals, units, and total amounts due. To aid your transition when using this template version, please do not:
 - Copy & paste from previous versions of this template or from old documents
 - Change the formatting of any cells
 - Use any linked formulas

Supporting documents include:

- Document [specifications](#) (153 KB PDF)
- [Waiver Request Form](#) (21 KB XLS)
- [Rounding amendment](#) to the template
- More billing resources are available on the [Training Opportunities](#) page.
- Send support questions via email to DDDVendorSupport@azdes.gov.
- The [Arizona W9](#)  (735 KB PDF) for ALL vendors, including instructions
- Department of Administration's [Sole Proprietor Waiver](#)  (24 KB PDF)

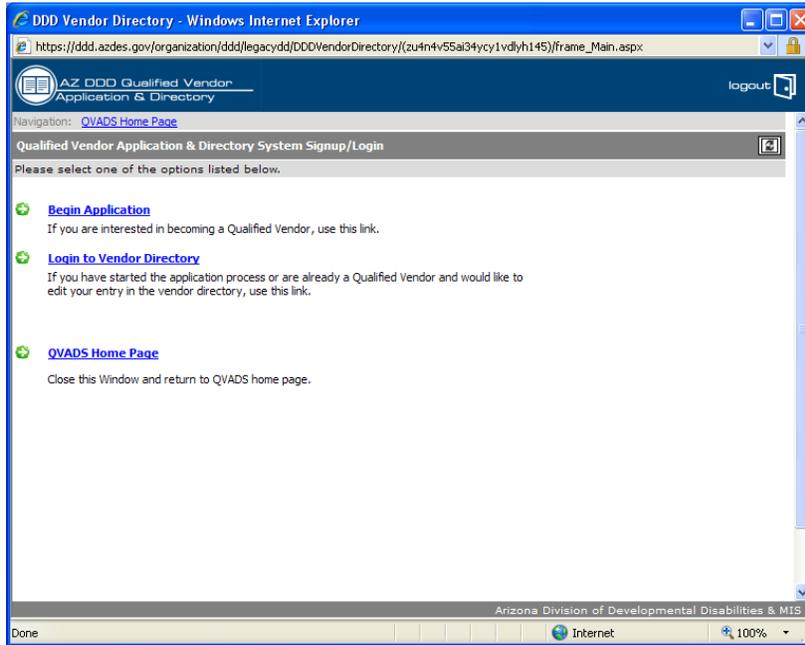
SECTION 1 – BEGIN APPLICATION

SECTION 1 – BEGIN APPLICATION

Request for Qualified Vendor Application

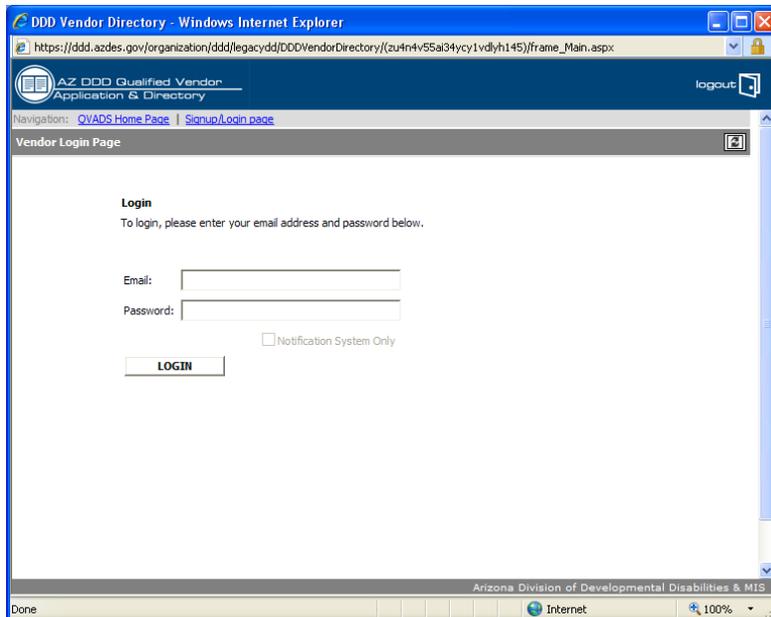
Click on the link entitled “**Request for Qualified Vendor Application**”. This will open the “Request for Qualified Vendor Application” (refer to Figure Intro 3).

Figure Intro 3. QVADS Login Page



Click on the link “Login to Vendor Directory”. This will open the QVADS Login prompt (refer to Figure Intro 4).

Figure Intro 4. Vendor Login Page



SECTION 1 – BEGIN APPLICATION

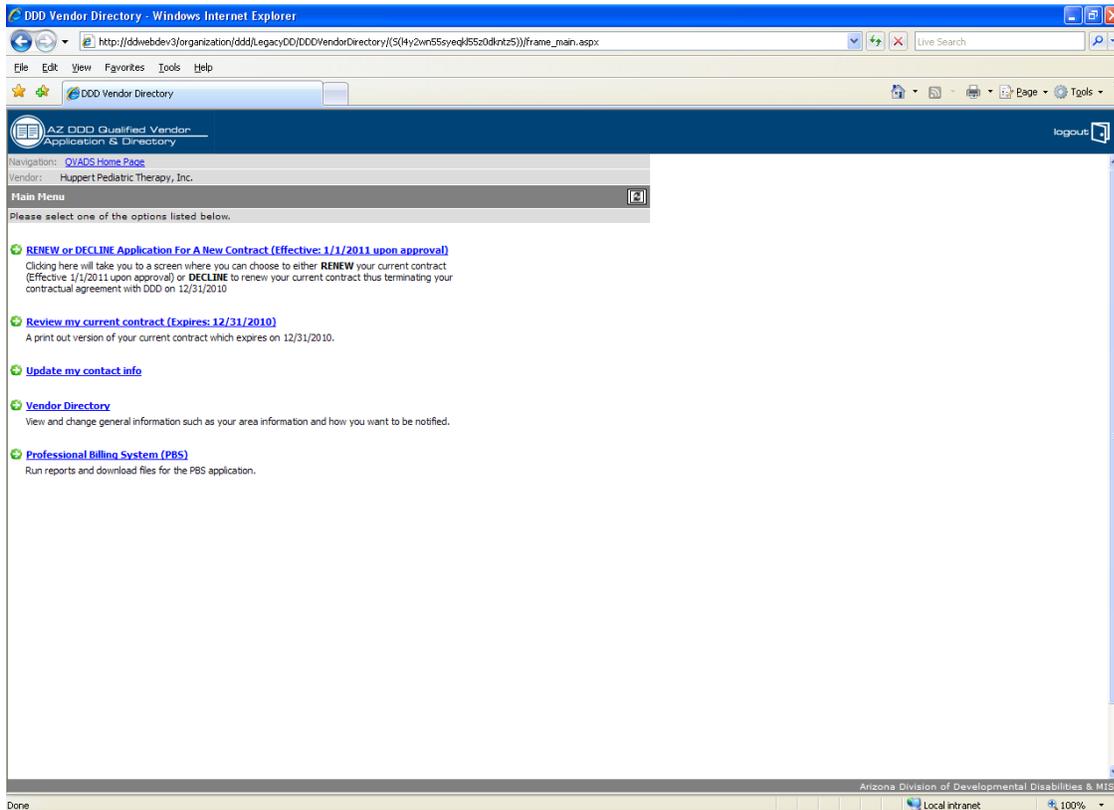
Qualified Vendor Applications # DDD 710000

This section will focus on the login and reapplication process for Providers with an existing approved contract (Agreement).

At the **Main Menu** (refer to **Figure 1-1**) click on the link entitled

“RENEW or DECLINE Application for A New Contract (Effective 1/1/2011 upon approval)”.

Figure 1-1. QVADS Main Menu Page



You will then be taken to a page entitled **2010 DDD Contract Reapplication Process** that contains the following two selections (refer to **Figure 1-2**).

- **I agree, RENEW My Current Contract.**
- **I agree, TERMINATE my contract on 12/31/2010**

Note: If you select the option to TERMINATE you will not be able to participate in the expedited contract review for providers with a current approved contract.

SECTION 1 – BEGIN APPLICATION

Figure 1-2: Reapplication Confirmation Page

The screenshot shows the top navigation bar with the logo and text "AZ DDD Qualified Vendor Application & Directory". Below the navigation bar, there is a "Vendor:" field and a "Main Menu" button. A message states "Please select one of the options listed below." The main content area is titled "2010 DDD Contract Reapplication Process" and contains the following text:

You have decided to **RENEW or DECLINE** your current DDD contract, to begin please click on one of the buttons shown below. You have 2 options to choose from so please review each option thoroughly:

1). Click here if you would like to **RENEW** your current DDD contract. This process will automatically copy all of the information you have on your current contract and apply it to a contract **EXCEPT ASSURANCES & SUBMITTALS**. You will be required to fill this portion out again before you can submit your new application. However, substantial changes to your previous Qualified Vendor Application may result in a more delayed processing time, not permitting an expedited review. To better ensure the expedited review and award (available only to previously awarded qualified vendors) please consider waiting to make changes by amendment to your 1/1/2011 contract after 1/1/2011.

2). By agreeing to this selection you are notifying the Division that you **DO NOT INTEND TO CONTINUE CONTRACTING (DECLINE)** with the Division when your current contract expires on 12/31/2010. If you subsequently decide to reapply for a contract, you will not have an expedited application process option, and will have to begin the entire application process as a NEW provider. One of the benefits to the expedited application process for existing vendors is that existing authorizations will be rolled over to the new contract. This is not an option if you make this selection. If you agree, the Division will contact you to begin the transition of existing authorizations to Qualified Vendors who have a valid Contract.

[Return To Main Menu](#)

If you select “I agree, RENEW My Current Contract” the system will prompt you for confirmation (refer to Figure 1-3).

Figure 1-3. Confirm selection of RENEW My Current Contract

The dialog box is titled "Windows Internet Explorer" and contains the following text:

PLEASE CONFIRM that you wish to renew your current contract with DDD effective 1/1/2011 upon approval. Click 'OK' to confirm this, otherwise click 'CANCEL'

If you select “I agree, TERMINATE My Contract on 12/31/2010” the system will prompt you for confirmation (refer to Figure 1-4).

Figure 1-4. Confirm selection of Contract Termination

The dialog box is titled "Windows Internet Explorer" and contains the following text:

PLEASE CONFIRM that you wish to terminate your current contract thus ending your DDD eligibility effective 1/1/2011. By terminating your current contract, effective 12/31/2010, you no longer have the option to expedite the renewal of your existing contract. Click 'OK' to confirm this, otherwise click 'CANCEL'

Once you terminate your contract you will no longer be eligible to participate in the Division's expedited review for providers with current approved contracts.

SECTION 1 – BEGIN APPLICATION

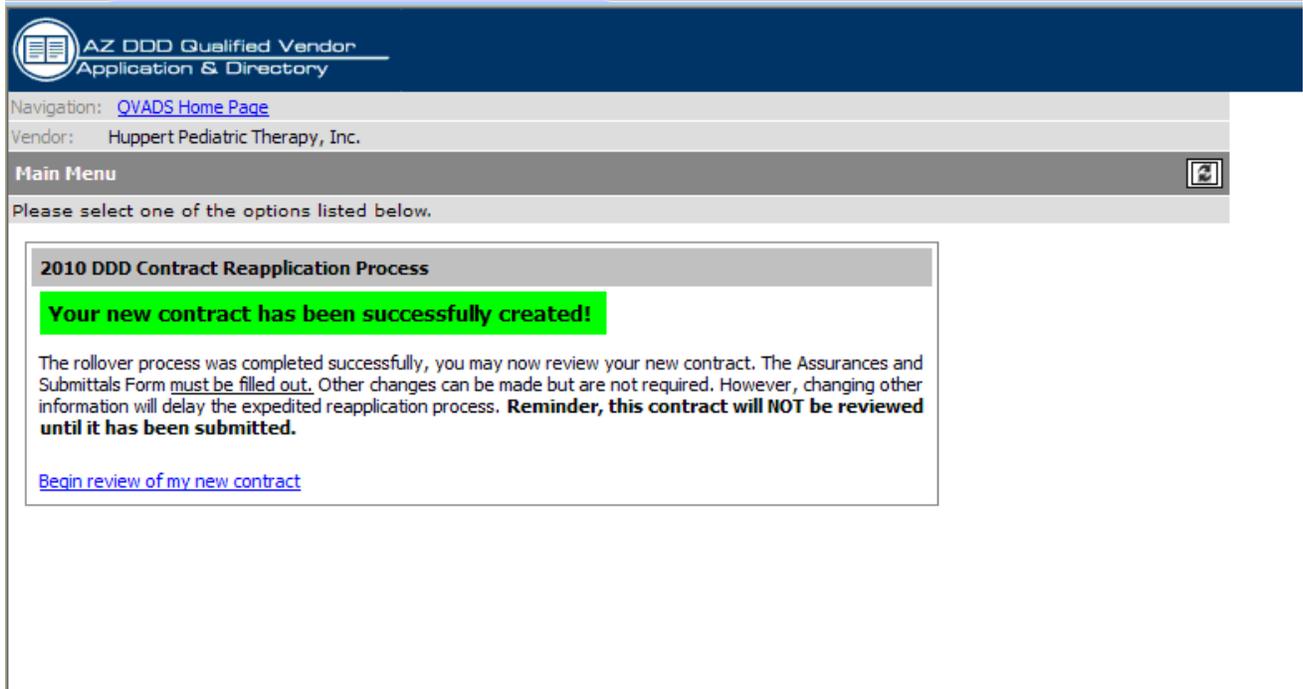
QVADS Contract Conversion Result Page

After you confirm your selection of RENEW My Current Contract, you will then be taken to one of two pages entitled **2010 DDD Contract Reapplication Process**.

The page in Figure 1-5 will confirm the successful completion of your contract conversion.

The page in Figure 1-6 will notify you of a problem with your conversion.

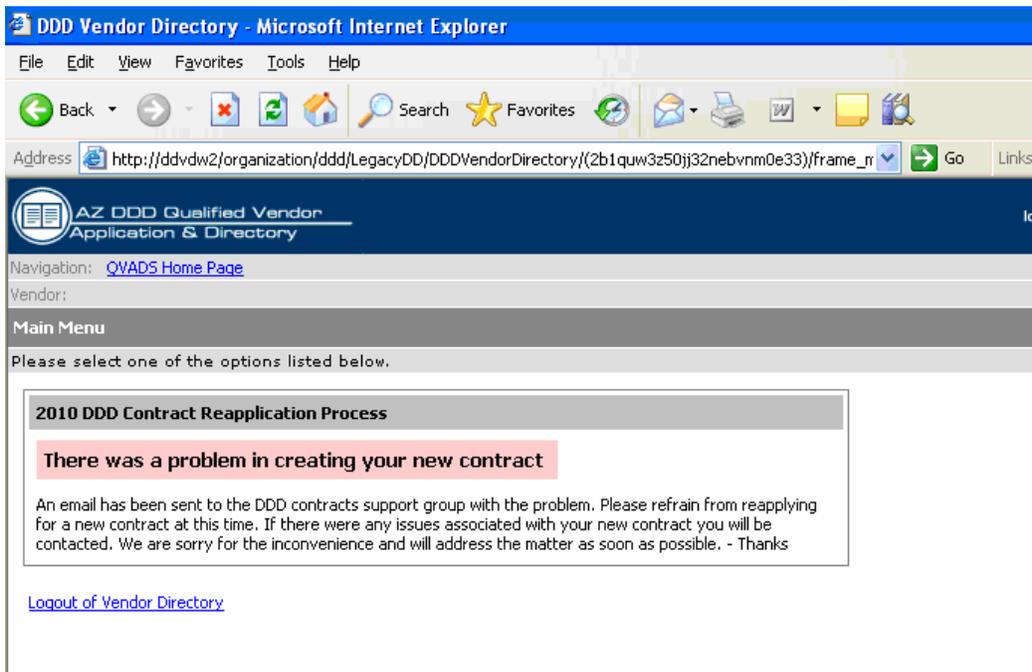
Figure 1-5 confirms a successful conversion of your existing contract



The screenshot shows the AZ DDD Qualified Vendor Application & Directory interface. The navigation bar includes "Navigation: QVADS Home Page" and "Vendor: Huppert Pediatric Therapy, Inc.". Below the "Main Menu" section, a message box titled "2010 DDD Contract Reapplication Process" contains a green banner that reads "Your new contract has been successfully created!". The message text states: "The rollover process was completed successfully, you may now review your new contract. The Assurances and Submittals Form **must be filled out**. Other changes can be made but are not required. However, changing other information will delay the expedited reapplication process. **Reminder, this contract will NOT be reviewed until it has been submitted.**" A link "Begin review of my new contract" is provided at the bottom of the message box.

Click the link "Begin review of my new contract".

Figure 1-6 confirms a problem with the conversion of your contract



The screenshot shows the same AZ DDD Qualified Vendor Application & Directory interface as Figure 1-5, but with a different message. The message box titled "2010 DDD Contract Reapplication Process" contains a red banner that reads "There was a problem in creating your new contract". The message text states: "An email has been sent to the DDD contracts support group with the problem. Please refrain from reapplying for a new contract at this time. If there were any issues associated with your new contract you will be contacted. We are sorry for the inconvenience and will address the matter as soon as possible. - Thanks" A link "Logout of Vendor Directory" is provided at the bottom of the message box.

Please contact Production Support if you get the Page in Figure 1-6. 602-771-1444 x 3.

SECTION 1 – BEGIN APPLICATION

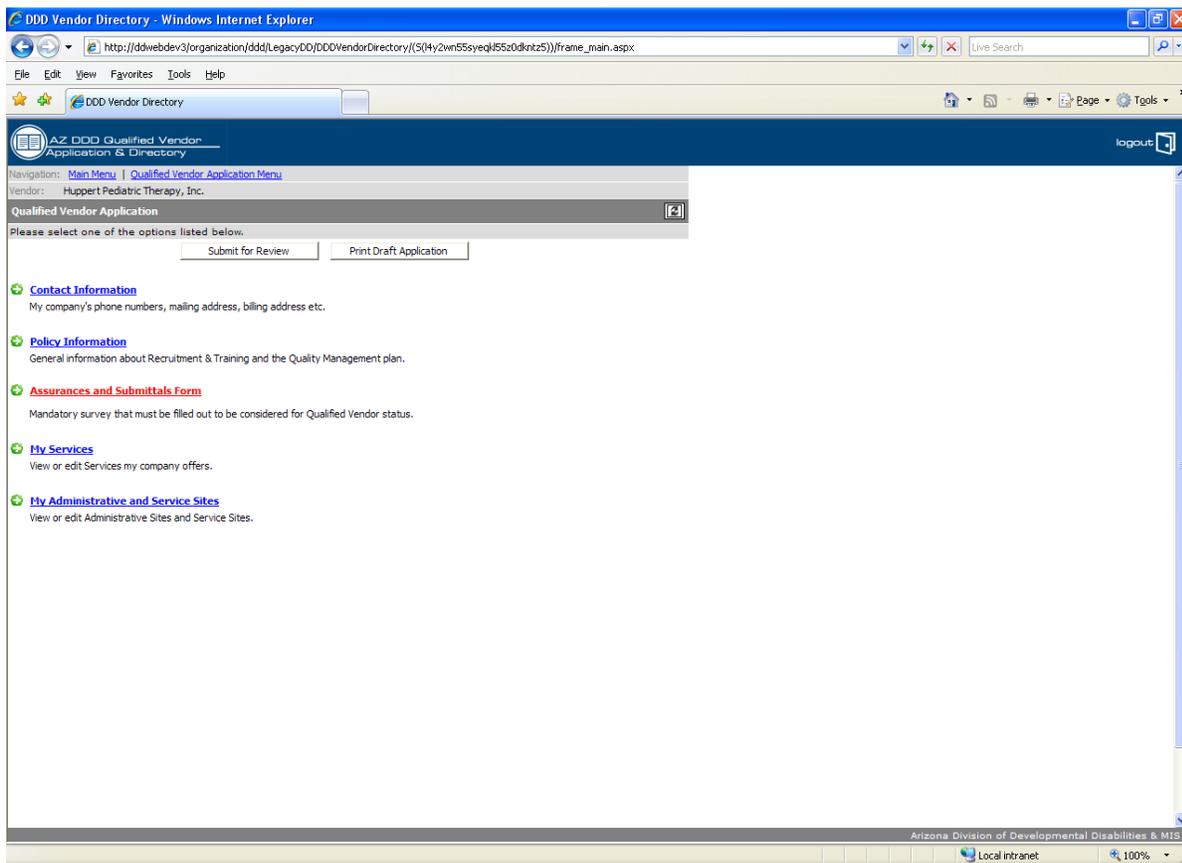
Providers that have a current contract qualify to participate in the Division's expedited application review process. To meet all of the requirements, providers can only make changes to specified sections of the QVA as listed below.

After you select **Begin review of my new contract**, you will be taken to a page entitled **Qualified Vendor Application (refer to Figure 1-7)** that contains the following five links:

1. **Contact Information:** Company phone numbers, mailing address, billing address, etc. Updates to this section are **acceptable** for the expedited application review.
2. **Policy Information:** General information about Recruitment & Training and the Quality Management plan. Changes to this section will **disqualify** you from the expedited review process.
3. **Assurances and Submittals Form:** Mandatory survey that must be filled out to be considered for Qualified Vendor status. Updates to this section are **acceptable** for the expedited Application review.
4. **My Services:** View or edit Services my company offers. Changes to this section will **disqualify** you from the expedited review process.
5. **My Administrative and Service Sites:** View or edit Administrative Sites and Service Sites. Changes to this section will **disqualify** you from the expedited review process.

Expedited Application Review Requirements

Figure 1-7. Qualified Vendor Application image



SECTION 2 – CONTACT INFORMATION

SECTION 2 – CONTACT INFORMATION

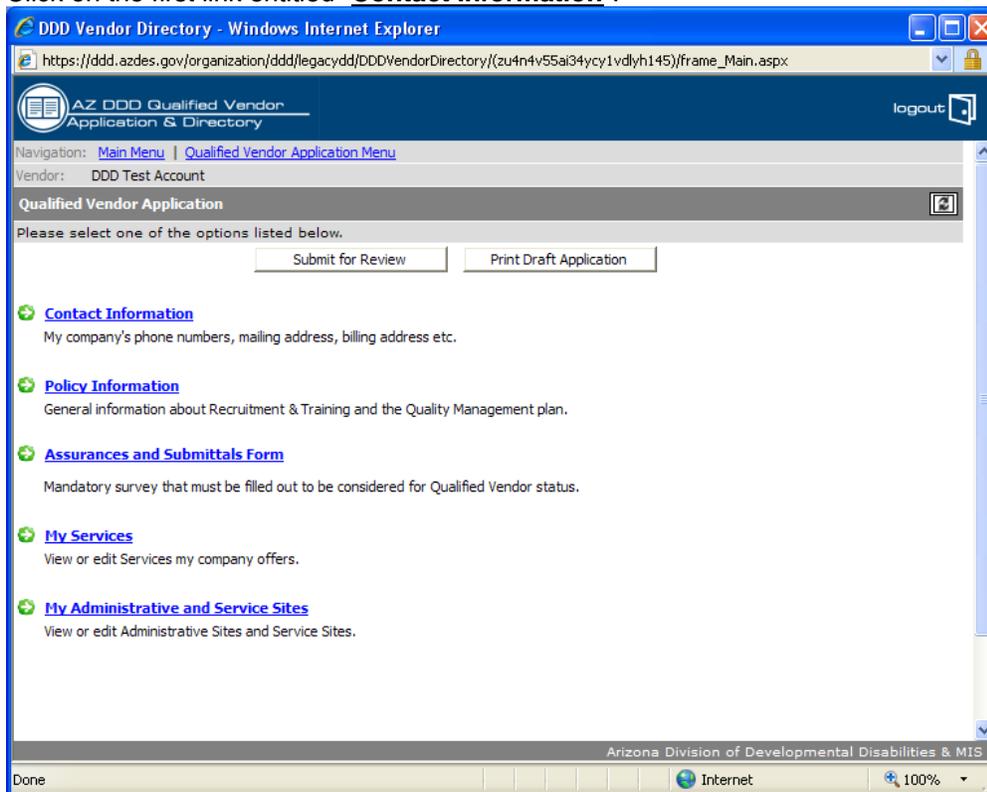
This section will focus on the basic information related to your agency, company or business.

Helpful Hint: Do not click on the “Submit for Review” button until you have completed ALL data entry for ALL sections. Each section is saved independently it is recommended that you press the ‘**SAVE**’ button often to save your work.

Once you have submitted your contract for review you will not be able to make any further changes to your application until it has been reviewed by the contracts department.

Figure 2-1, Qualified Vendor Application Page

Click on the first link entitled “**Contact Information**”.



Helpful Hint: This information will be used by the Division to conduct day-to-day business. Please complete all fields.

All areas with a **RED ASTERISK** are **REQUIRED ENTRIES**.

SECTION 2 – CONTACT INFORMATION

You will be taken to a page entitled **QV Application: Vendor Contact Information** where you will update data about your business for the following areas (refer to Figure 2-2):

1. General Information

You will not be able to update the FEI or SSN # to qualify for the expedited Application review.

2. Principle Contact Information

3. Notice Contact Information – This section of the Contact Information shown in Figure 2-2 is the information the Division will use to contact you for Division notices and contract matters.

4. Mailing Information

5. Billing /Payment Information

6. Authorized Signatory and Title

Helpful Hint: We recommend that you press the 'SAVE' button often periodically to save your work.

Figure 2-2. QV Application: Vendor Contact Information Page (Top)

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

Navigation: [Main Menu](#) | [Qualified Vendor Application Menu](#)

Vendor: Test Vendor

QV Application : Vendor Contact Information

Please fill out the following information to begin the Qualified Vendor Application Process. Fields marked with "*" are **REQUIRED**. Failure to complete and sign this information may be cause for rejection. Press the SAVE button to periodically save your work. When finished editing all fields, press the SAVE | RETURN button.

General Information

Vendor Name:* [] FEI# or SSN:* []

Executive/Owner First Name:* [] Executive/Owner Last Name:* []

AHCCCS ID: []

* Please specify the nature of your organization. (Choosing "Agency" will require you to have an FEI# and 1 or more additional employees.) Individual Professional Provider - Limited to Occupational, Physical, Speech Therapy, Habilitation-Specialized Behavioral, Bachelor or Masters and Support Coordination.

Agency Independent Professional Provider

Principle Contact Information

Contact First Name:* [] Contact Last Name:* []

Phone:* ([]) [] - [] Fax: ([]) [] - []

Email: []

Notice Contact Information

Contact First Name:* [] Contact Last Name:* []

Phone:* ([]) [] - [] Fax: ([]) [] - []

Email: []

Mailing Information

Vendor Street Address:

Address 1:* [] Address 2: [] City:* [] State:* AZ ZIP:* []

Vendor Mailing Address:

Click here if same as Vendor Street Address

Address 1:* [] Address 2: [] City:* [] State:* AZ ZIP:* []

Phone:* ([]) [] - [] Fax: ([]) [] - []

Website: http:// []

SAVE SAVE | RETURN

SECTION 2 – CONTACT INFORMATION

Figure 2-2. QV Application: Vendor Contact Information Page (Bottom)

Billing/Payment Information

Contact First Name:* Contact Last Name:*

Phone:* () -

Click here if address same as Vendor Mailing Address

Address 1:* Fax: () -

Address 2: Email:

City:*

State:* ZIP:*

Authorized Signatory (Minimum of one is required):

First Name: * Last Name: * Title: *

First Name: Last Name: Title:

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Done

Once you have completed any required updates to your Contact Information click the **“Save | Return”** button, you will be taken back to the **Qualified Vendor Application Page** (refer to **Figure 2-1**).

SECTION 3 – ASSURANCES and SUBMITTALS

SECTION 3 – ASSURANCES and SUBMITTALS

This section will focus on your disclosure of additional information related to your business operations and financial status as well as your understanding of Arizona and DES/DDD laws, rules and policies.

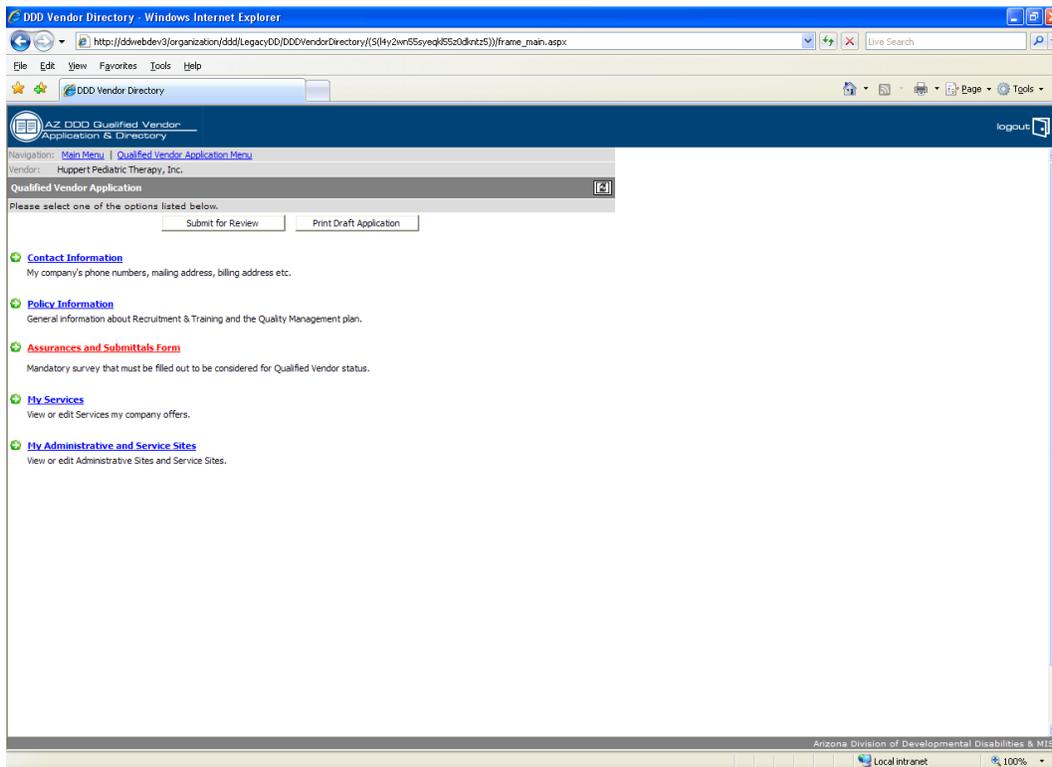
Helpful Hint: Do not click on the “Submit for Review” button until you have completed ALL data entry for ALL sections. Each section is saved independently it is recommended that you press the ‘**SAVE**’ button often to save your work.

Once you have submitted your contract for review you will not be able to make any further changes to your application until it has been reviewed by the contracts department.

- All questions must be answered fully and honestly in order to be considered for Qualified Vendor Status.
- All questions and resulting answers are subject to audit by the DES/DDD.
- When this section is printed for your hardcopy, you will be required to sign and date it.
- Depending on how you answer certain questions, you may be required to submit additional attachments.

At the page entitled **Qualified Vendor Application (refer to Figure 3-1)** click on the link entitled **“Assurances and Submittal Form”**.

Figure 3-1. Qualified Vendor Application Page



SECTION 3 – ASSURANCES and SUBMITTALS

You will be taken to a page entitled **Qualified Vendor Application Assurances and Submittals Form** (refer to Figure 3-2).

Figure 3-2. Qualified Vendor Application Assurances and Submittals Form (Top)

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

Navigation: [Main Menu](#) | [Qualified Vendor Application](#)

Vendor: New Applicant, Inc.

Qualified Vendor Application Assurances and Submittals Form

All questions must be answered fully and honestly in order to be considered for Qualified Vendor Status.

SAVE SAVE | RETURN

| | | | |
|-----|--|--------------------------------------|-------------------------------------|
| 1). | Does the Applicant agree to maintain and comply with all certification(s) and/or registration(s) required by Arizona law, rules, or policy for the provision of each developmental disability service applied for? | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 2). | Does the Applicant understand that payment will not be made for services delivered prior to the effective date of certification(s) and/or registration(s) required by Arizona law, rules, or policy? | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 3). | Does the Applicant agree to obtain, maintain, and comply with any licenses required by Arizona law, rules, or policy for the provision of a developmental disability service applied for? | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 4). | Does the Applicant understand that payment will not be made for services delivered prior to the effective date of any license required by Arizona law, rules, or policy? | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 5). | Has the Applicant or any of its directors, officers, owners, or key personnel had a community developmental disability service or similar service license(s), certification(s) and/or registrations revoked, denied or suspended in Arizona or in other states within the past five years? If yes, submit an explanation and current status. | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 6). | Has the Applicant or any of its directors, officers, or owners terminated any contracts for cause, had any contracts terminated for cause or been involved in a contract lawsuit related to community developmental disability services or similar services in Arizona or in another state within the past five years? If yes, submit a detailed description of such terminations or lawsuits. | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 7). | Are there any suits or judgments pending or entered (within the last five years) against the Applicant or its directors, officers, owners, or key personnel related to the provision of community developmental disability services or similar services in Arizona or in other states? If yes, submit a summary of those suits or judgments and describe actions the Applicant has taken to prevent future suits or judgments. | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 8). | Has the Applicant or any of its directors, officers, owners, or managers been convicted of a criminal offense related to Medicare, Medicaid, or the State Children's Health Insurance Program? If yes, submit | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

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Figure 3-2. Qualified Vendor Application Assurances and Submittals Form (Middle)

| | | | |
|------|--|--------------------------------------|---|
| 9). | Has any of the Applicant's key personnel been convicted of a felony within the past 15 years? If yes, submit information on the person and the conviction. | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 10). | Has any federal or state agency ever made a finding of noncompliance with any civil rights requirements with respect to the Applicant? If yes, submit an explanation. | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 11). | If the Applicant is a corporation, does it own or is it owned by a corporation, and/or is it affiliated with a corporation? If yes, submit an organizational chart that demonstrates ownership and/or corporate affiliations. | <input checked="" type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> N/A |
| 12). | Does the Applicant or any of the Applicant's officers or administrative staff have a relative as defined in A.R.S. § 38-502 who is an employee of the Division with direct or indirect responsibility for the purchasing, authorizing, monitoring or evaluating of community developmental disability services or vendors? If yes, submit a statement disclosing the conflict or potential conflict of interest. | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 13). | Is the Applicant required to make a full written disclosure pursuant to the provision of Section 6.4.9 (Substantial Interest Disclosure)? If yes, submit a full written disclosure of the proposed payments and amount. | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 14). | Has the Applicant, its directors, or its officers been debarred, suspended or otherwise lawfully prohibited from any public procurement activity, or does the Applicant employ, consult, subcontract with or otherwise 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? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 15). | Is a suspension or debarment currently pending? If yes, submit an explanation. | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 16). | Has the Applicant submitted a current State of Arizona Substitute W-9 form (Request for Taxpayer Identification and Certification)? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 17). | Does the Applicant certify that it did not engage in collusion or other anti-competitive practices in connection with the preparation or submission of the Application? | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 18). | All amendments (if any) to the RFQVA that have been issued are acknowledged by a signature and the signature page of the amendment are submitted with the hardcopy application. | <input type="radio"/> Yes | <input type="radio"/> No <input checked="" type="radio"/> N/A |
| 19). | The applicable document described below is submitted: | <input type="radio"/> Yes | <input type="radio"/> No |
| (1) | A complete audited financial statement | | |

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SECTION 3 – ASSURANCES and SUBMITTALS

Figure 3-2. Qualified Vendor Application Assurances and Submittals Form (Bottom)

| Question | Yes | No | N/A |
|--|--------------------------------------|-------------------------------------|--------------------------------------|
| 18). All amendments (if any) to the RFQVA that have been issued are acknowledged by a signature and the signature page of the amendment are submitted with the hardcopy application. | <input type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> N/A |
| 19). The applicable document described below is submitted: | <input type="radio"/> Yes | <input type="radio"/> No | |
| (1) A complete audited financial statement | | | |
| (2) For Applicants that do not have an audited financial statement | | | |
| (a) A corporate financial statement; or | | | |
| (b) If a newly formed corporation, the corporate business plan with the personal financial statements of the Director or Chief Executive Officer; or | | | |
| (c) If not a corporation, the personal financial statements of the owners or partners. | | | |
| 20). Are there any judgments, tax deficiencies or claims pending or entered against the Applicant that would require disclosure in an audited financial statement? If yes, submit a disclosure statement. | <input type="radio"/> Yes | <input checked="" type="radio"/> No | |
| 21). Is the Applicant submitting the Certificates of Insurance required by Section 6.7.6 with the hard copy of the application? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | |
| 22). If the Applicant is not submitting the Certificates of Insurance required by Section 6.7.6 with the hard copy of the application, does the Applicant certify that it will submit the required Certificates of Insurance prior to accepting a referral or providing a service? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| 23). Has the Applicant declared bankruptcy within the last seven years? If "Yes", please submit a court approved corrective action plan. | <input type="radio"/> Yes | <input checked="" type="radio"/> No | |
| 24). Will the Applicant use a subcontractor(s) to provide services? If "Yes", submit the following information about each subcontractor: subcontractor company name; subcontractor Federal Employer Identification number (FEIN) or Social Security number (SSN); subcontractor contact name; and direct service(s) provided by the subcontractor. | <input type="radio"/> Yes | <input checked="" type="radio"/> No | |
| 25). Is the hardcopy of the Qualified Vendor Application package a true copy of the information submitted in electronic form to the Division website and does it contain all required attachments? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | |

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You will find a listing of 25 questions.

Once you have answered ALL of the 25 questions, click on the “**SAVE | RETURN**” button.

You will be taken back to the page entitled **Qualified Vendor Application (refer to Figure 3-1)**.

SECTION 4 –PRINT DRAFT APPLICATION

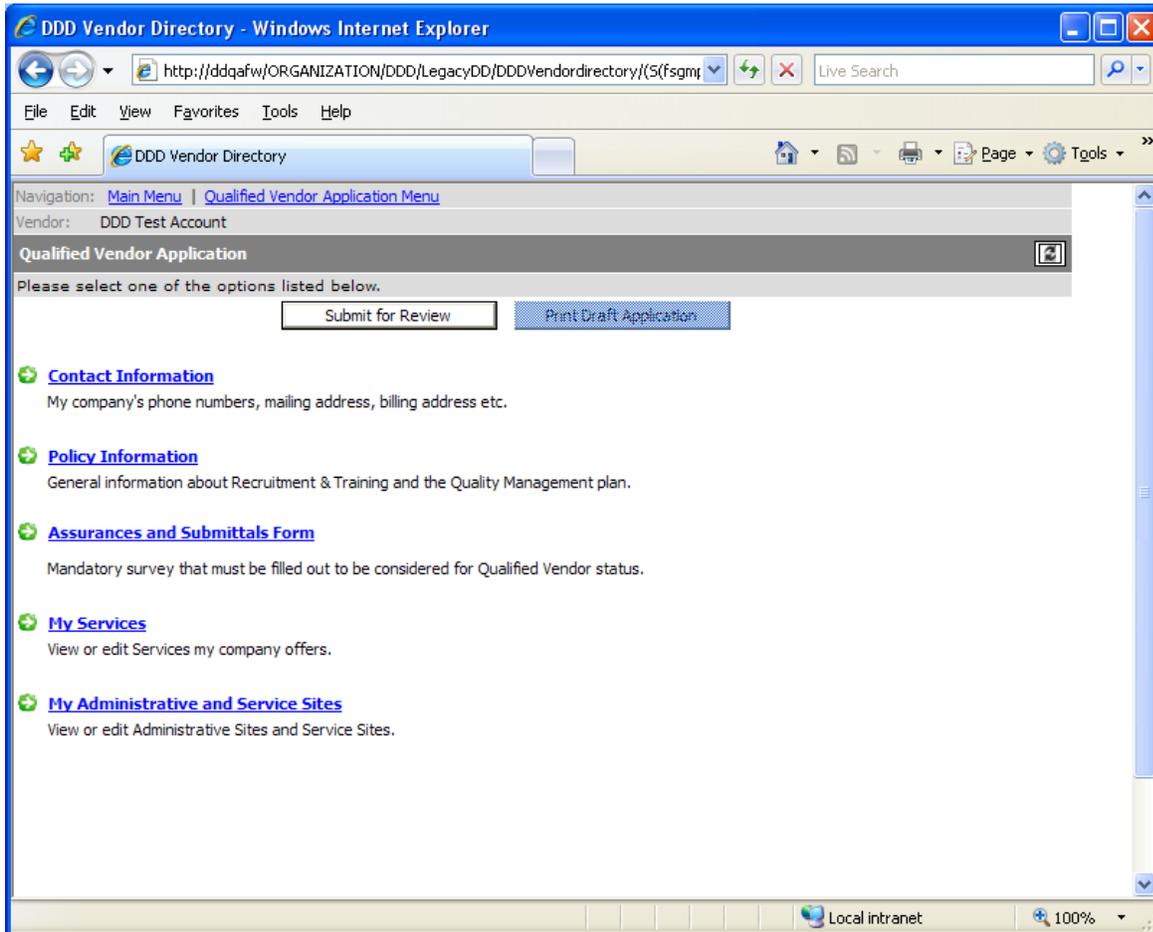
SECTION 4 –PRINT DRAFT APPLICATION

This section will focus on your printing and proofing your entered data **PRIOR TO SUBMISSION** of a Qualified Vendor Agreement.

Helpful Hint: Do not submit the draft as your hardcopy application; use the draft to review your work before printing the final copy.

At the top of the **Qualified Vendor Application Menu Page** click on the button entitled “**Print Draft Application**” (refer to Figure 4-1).

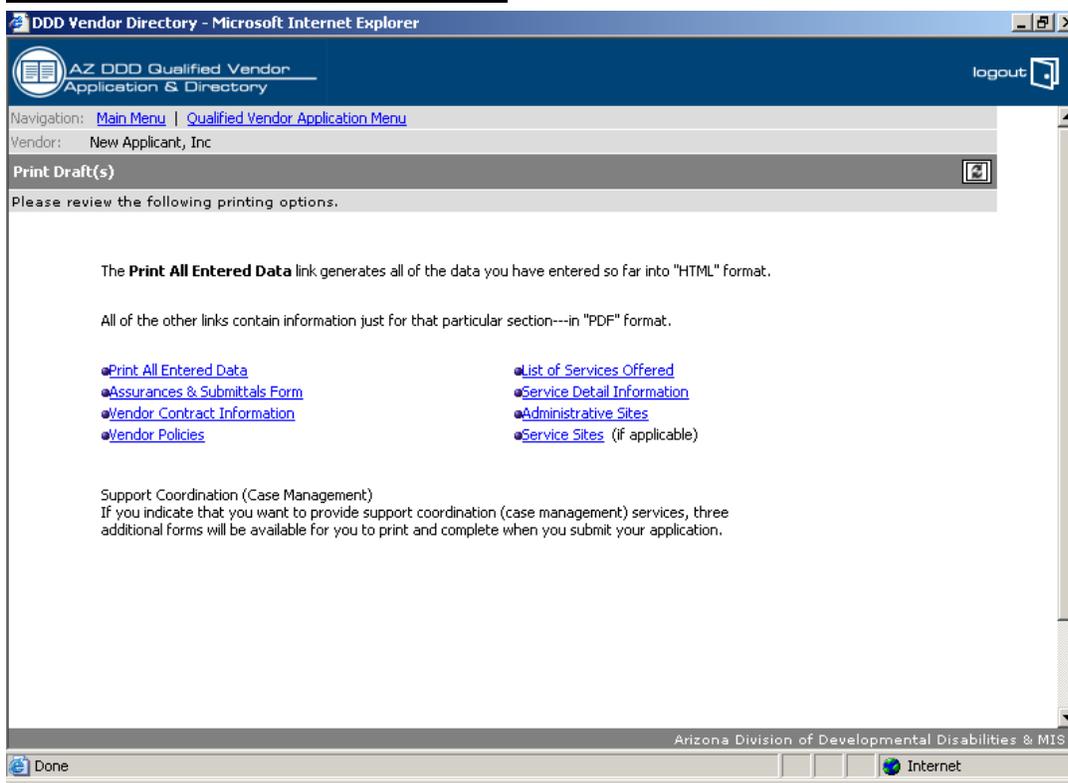
Figure 4-1. Qualified Vendor Application Menu Page



You will be taken to a page entitled **Print Draft(s)** (refer to Figure 4-2). **PLEASE REMEMBER THIS IS ONLY A DRAFT AND NOT THE FINAL SUBMITTABLE APPLICATION.** You will be prompted to print the final draft when you submit your application in Section 5.

SECTION 4 –PRINT DRAFT APPLICATION

Figure 4-2. Print Draft Application Page



You will be given the following print option links:

- **Print All Entered Data** ¹
- **Assurances & Submittals Form** ²
- **Vendor Contract Information** ²
- **Vendor Policies** ²
- **List of Services Offered** ²
- **Service Detail Information** ²
- **Administrative Sites** ²
- **Service Sites** ²

¹ The “**Print All Entered Data**” link generates **all** of the data you have entered so far into "HTML" format.

² All of the other links contain information just for that particular section in Adobe Acrobat “PDF” format.

NOTE: You will need ADOBE ACROBAT READER in order to view and print these files. Adobe Acrobat Reader is a free downloadable program available at www.adobe.com.

Use the Navigation Bar at the top of the page to select the “**Qualified Vendor Application Menu**” link (refer to **Figure 4-1**).

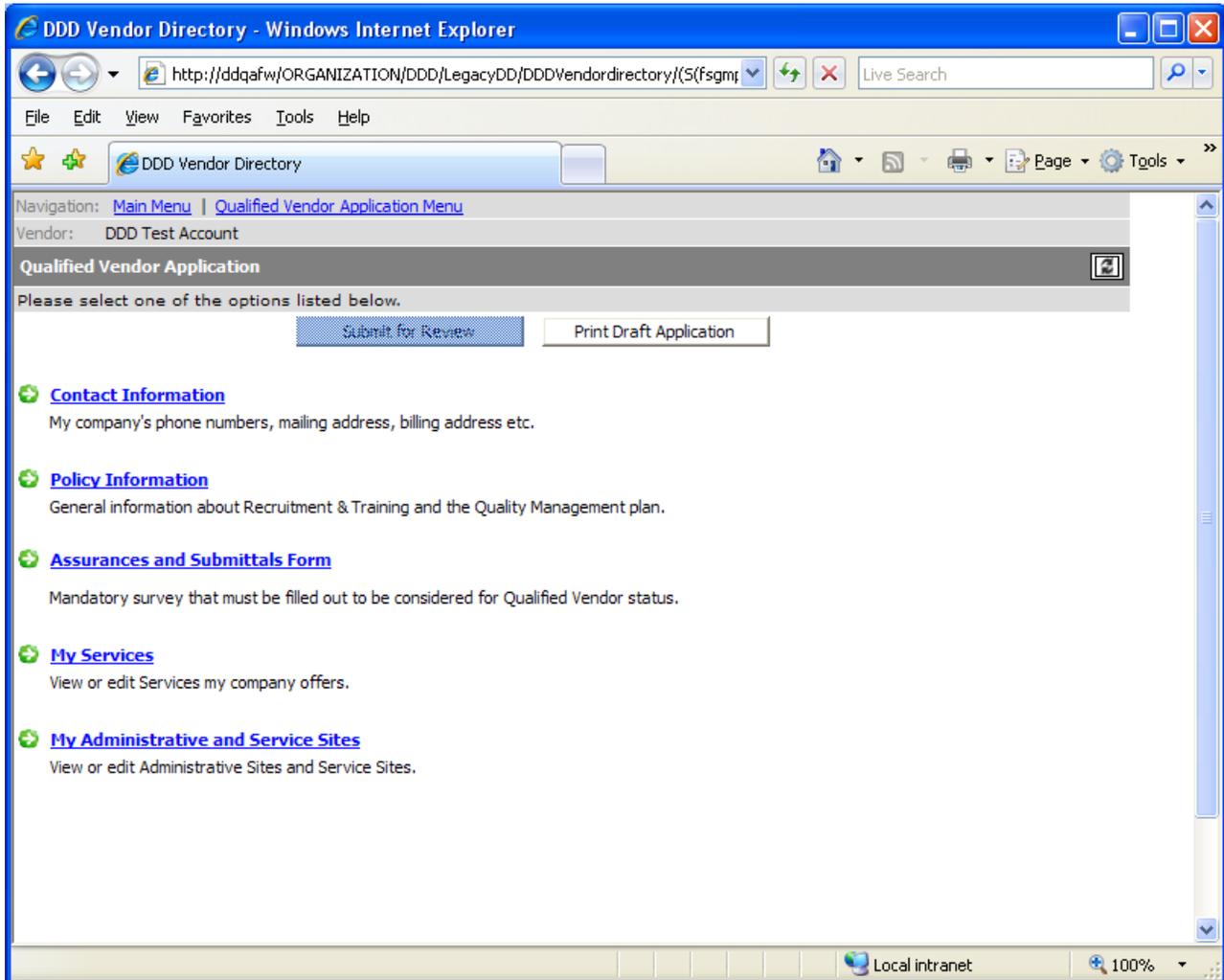
SECTION 5 – SUBMIT FOR REVIEW

SECTION 5 – SUBMIT FOR REVIEW – Online and Mail

This section will cover your submission of a Qualified Vendor Agreement.

At the top of the **Qualified Vendor Application Menu** page click on the button entitled “**Submit for Review**” (refer to Figure 5-1).

Figure 5-1. Qualified Vendor Application Menu

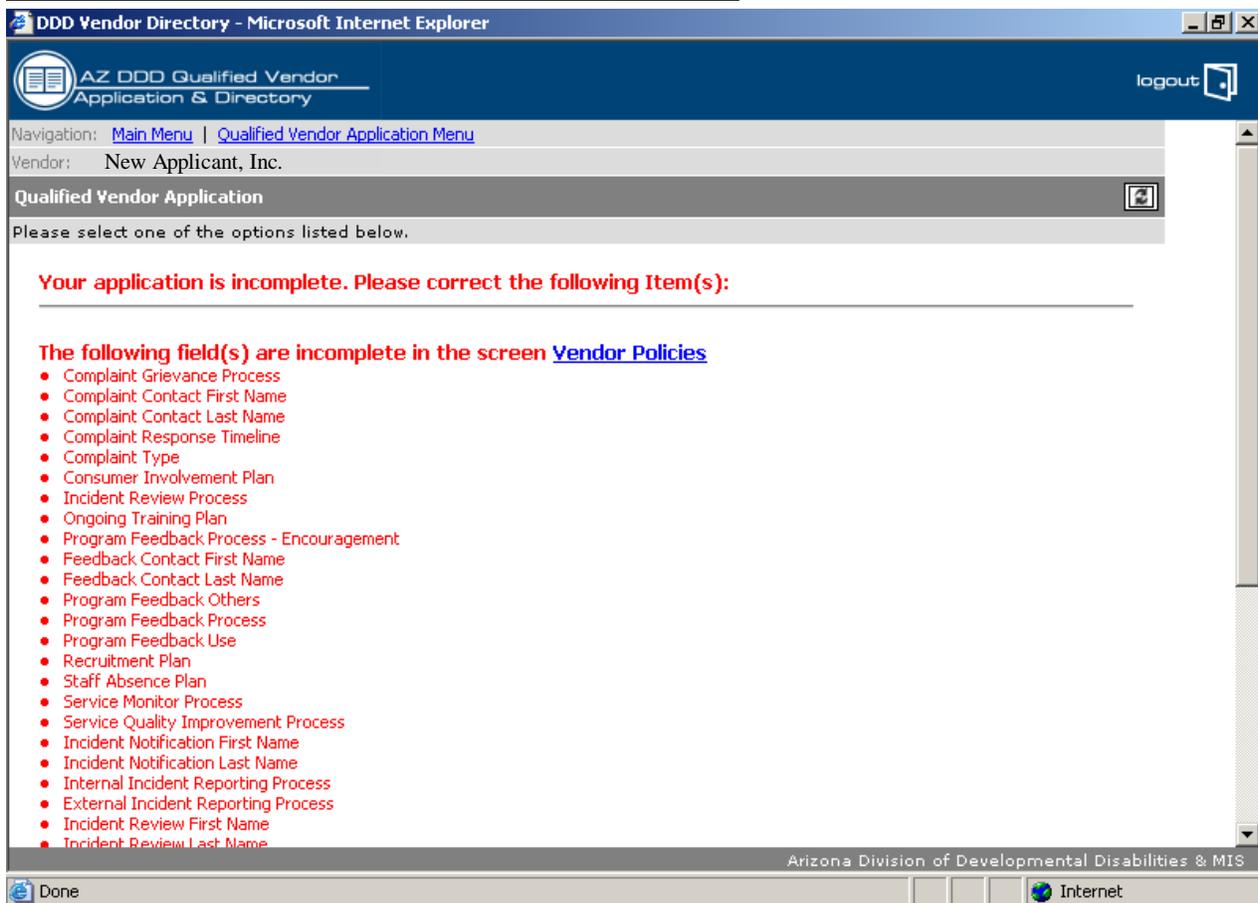


You will be taken to a page entitled **Qualified Vendor Application**.

If your application is incomplete, the system will list the missing data (refer to Figure 5-2).

SECTION 5 – SUBMIT FOR REVIEW

Figure 5-2. Qualified Vendor Application Incomplete Error

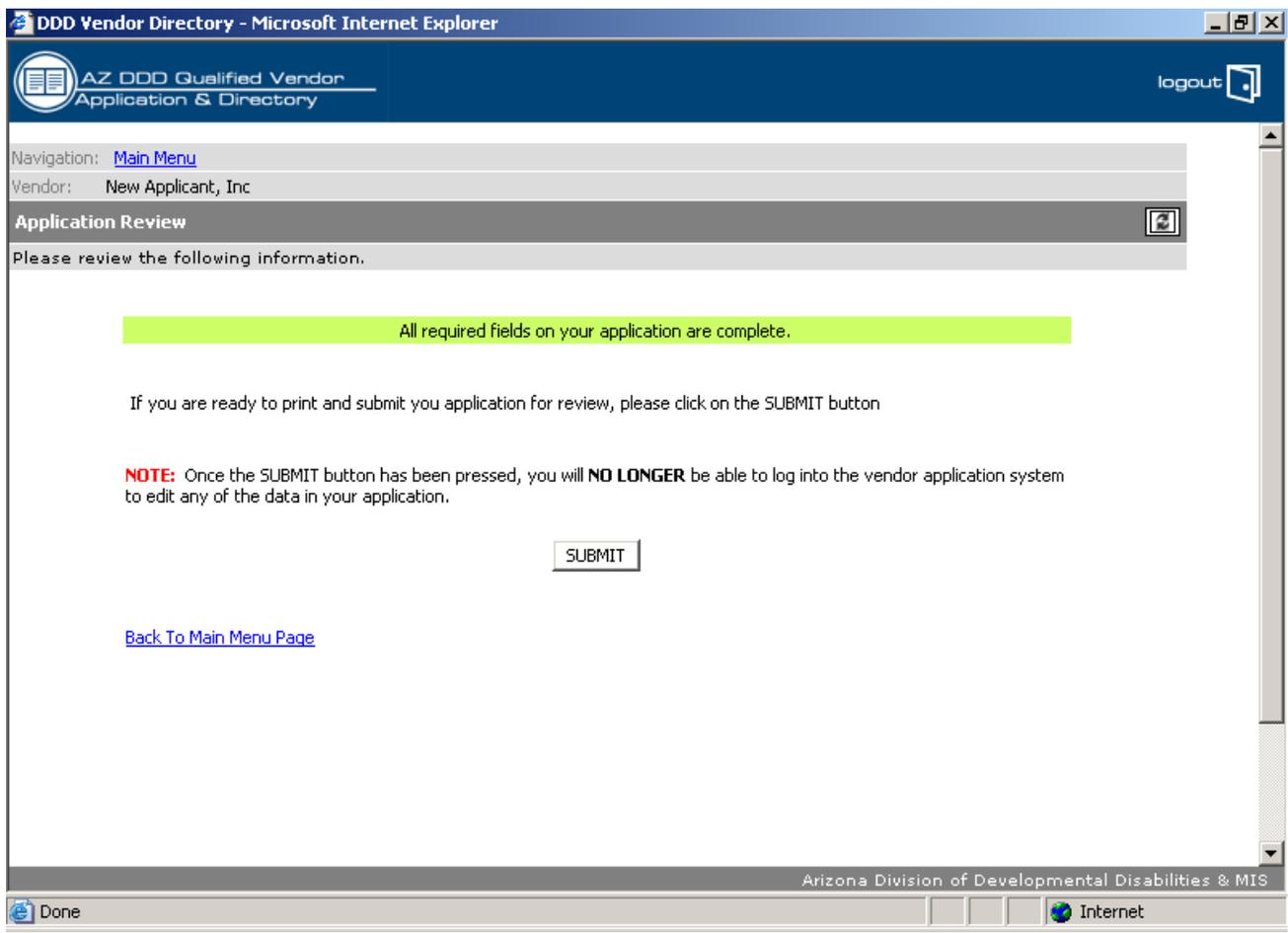


On this page you will see any and all areas that are incomplete on your application. There will be specific section(s) with links to go back into that section(s) allowing you to complete the section. Also listed will be the specific areas of the section that need further input to be considered complete. Any errors related to missing service site information, please refer to Section 7 “SYSTEM PROMPT for ADDING A SERVICE SITE.”

Once you complete all required data entry, you will then be allowed to submit your application. At this point, when you click on the “**Submit for Review**” button, the page will state: “All Required Fields on Your Application are Complete” (refer to Figure 5-3).

SECTION 5 – SUBMIT FOR REVIEW

Figure 5-3. Application Review – All Required Fields are Complete



NOTE:

Once the SUBMIT button has been pressed, you will **NO LONGER** be able to log into your application to edit any of the data in your application. You will receive a page congratulating you on your on-line application submission and will provide you the DATE and TIME of your submission.

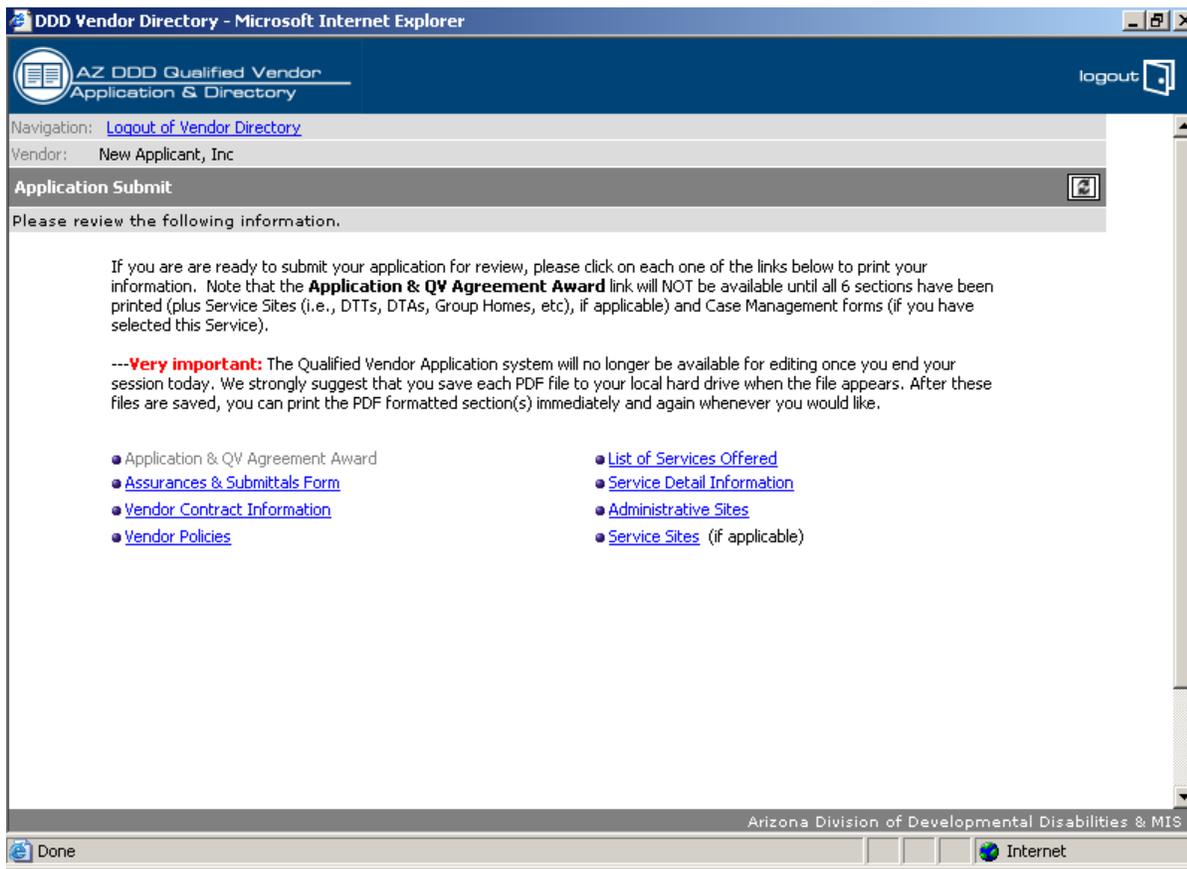
If you **DO NOT** wish to submit your application yet, click on the MAIN MENU link at the top of the page. This will take you back to the **Qualified Vendor Application** page (refer to Figure 5-1).

If you **DO** wish to submit your application, you must click on the SUBMIT button at the bottom of the page (refer to Figure 5-3).

SECTION 5 – SUBMIT FOR REVIEW

You will be taken to the Application Submit page (refer to Figure 5-4).

Figure 5-4. Application Submit Print Hard Copy Page



NOTE:

You will be shown the following links to print the required hardcopy of your application:

- Assurances & Submittals Form ¹
- Vendor Contract Information
- Vendor Policies
- List of Services Offered
- Service Detail Information
- Administrative Sites
- Service Sites

¹ This link will not be available until you have clicked on all the other print links

All of the links contain information only for that particular section in Adobe Acrobat "PDF" format.

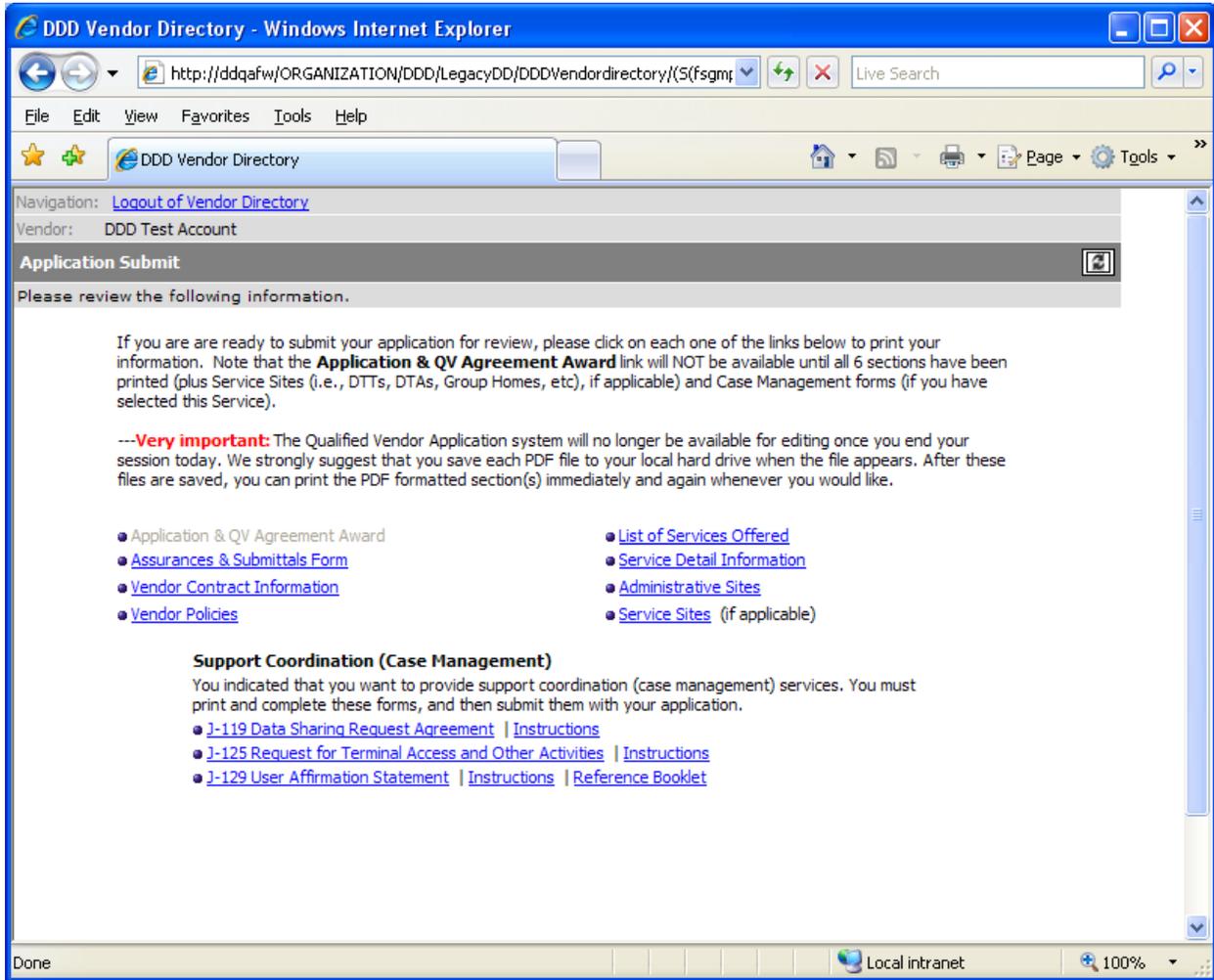
NOTE: You will need ADOBE ACROBAT READER in order to view and print these files. Adobe Acrobat Reader is a free downloadable program available at www.adobe.com.

NOTE: If you selected Case Management as one of your services, you will be required to print, fill out, and submit three additional forms (refer to Figure 5-5):

- J-119 Data Sharing Request Agreement
- J-125 Request for Terminal Access and Other Activities
- J-129 User Affirmation Statement

SECTION 5 – SUBMIT FOR REVIEW

Figure 5-5. Support Coordination Submit Page



As covered in the Introduction, the completed agreement will consist of the following key elements and it is important that applicants know and understand ALL of the following:

- A completed on-line application
- All nine Sections of the Request for Qualified Vendor Application (RFQVA)
- All responses provided by the Applicant Vendor
 - All additional hardcopy materials as per the Submittal Checklist

All hardcopy materials are to be mailed to:

DDD Contract Unit
Business Operations – Site Code 791A
Division of Developmental Disabilities
Arizona Department of Economic Security
P.O. Box 6123
Phoenix, Arizona 85005

SECTION 6 – SUBMITTAL CHECKLIST

SECTION 6 – SUBMITTAL CHECKLIST

In the Introduction, a Submittal Checklist was mentioned. Use this checklist to ensure that all necessary documents are completed, printed and signed with ORIGINAL signatures before mailing to our Central Office for processing.

When DES/DDD receives and logs your hardcopy materials, your application will be considered submitted.

Arizona Department of Economic Security

Division of Developmental Disabilities

Qualified Vendor Applications Submittal Checklist

To assure a complete submission of your Qualified Vendor Application to the Division of Developmental Disabilities in response to “Request for Qualified Vendor Applications # DDD 710000”, please follow the designated steps below.

| Document Required | Document Attached | DDD Use Only |
|---|--------------------------|--------------------------|
| 1. Electronic Submission completed. You have activated the electronic submission, have received a submittal confirmation email, and you have the official printable version of your electronic submission for each of the sections listed below. The official printable version includes your computer generated contract number. | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Application & QV Agreement Award | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Assurances & Submittals Form | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Vendor Contract Information | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Vendor Policies | <input type="checkbox"/> | <input type="checkbox"/> |
| e. List of Services Offered | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Service Detail Information | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Administrative Sites | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Group Homes/Day Treatment and Training Sites (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Original Signature on Application page (1a above) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Original Signature on Assurances and Submittals page (1b above) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Original Signature on Certification Regarding Lobbying (Attachment C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Original Signature on Debarment, Suspension, Ineligibility and Voluntary Exclusion (Attachment D) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Original Signature on signature page of each amendment issued: | | |
| a. N/A | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 6 – SUBMITTAL CHECKLIST

| Document Required | Document Attached | DDD Use Only |
|--|--------------------------|--------------------------|
| 7. Corporate ownership/affiliation organizational chart (if required) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Current State of Arizona Substitute W-9 form | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Financial documentation as required | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Certificates of Insurance (if submitting at this time) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Explanation and status of revocation, denial, or suspension of license, certification, and/or registration if you answered YES to Question 5 on Assurances and Submittals section | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Description of contracts terminated or contract lawsuits if you answered YES to Question 6 on Assurances and Submittals section | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Summary of lawsuits or judgments pending or entered if you answered YES to Question 7 on Assurances and Submittals section | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Information regarding convictions related to Medicare, Medicaid, or the State Children’s Health Insurance Program if you answered YES to Question 8 on Assurances and Submittals section | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Information regarding conviction of a felony if you answered YES to Question 9 on Assurances and Submittals section | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Explanation of noncompliance with any civil rights requirements if you answered YES to Question 10 on Assurances and Submittals section | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Conflict/potential conflict of interest disclosure statement if you answered YES to Question 12 on Assurances and Submittals section | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Substantial interest disclosure statement if you answered YES to Question 13 on Assurances and Submittals section | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Explanation of pending suspension or debarment if you answered YES to Question 15 on Assurances and Submittals section | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Disclosure statement for any judgments, tax deficiencies or claims pending or entered if you answered YES to Question 20 on Assurances and Submittals section | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Court-approved bankruptcy corrective plan of action if you answered YES to Question 23 on Assurances and Submittals section | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Subcontractor information if you answered YES to Question 24 on Assurances and Submittals section | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. One complete original and one copy of all submitted information listed in items 1 through 22 above | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Submitted required documentation for Central Registry | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 6 – SUBMITTAL CHECKLIST

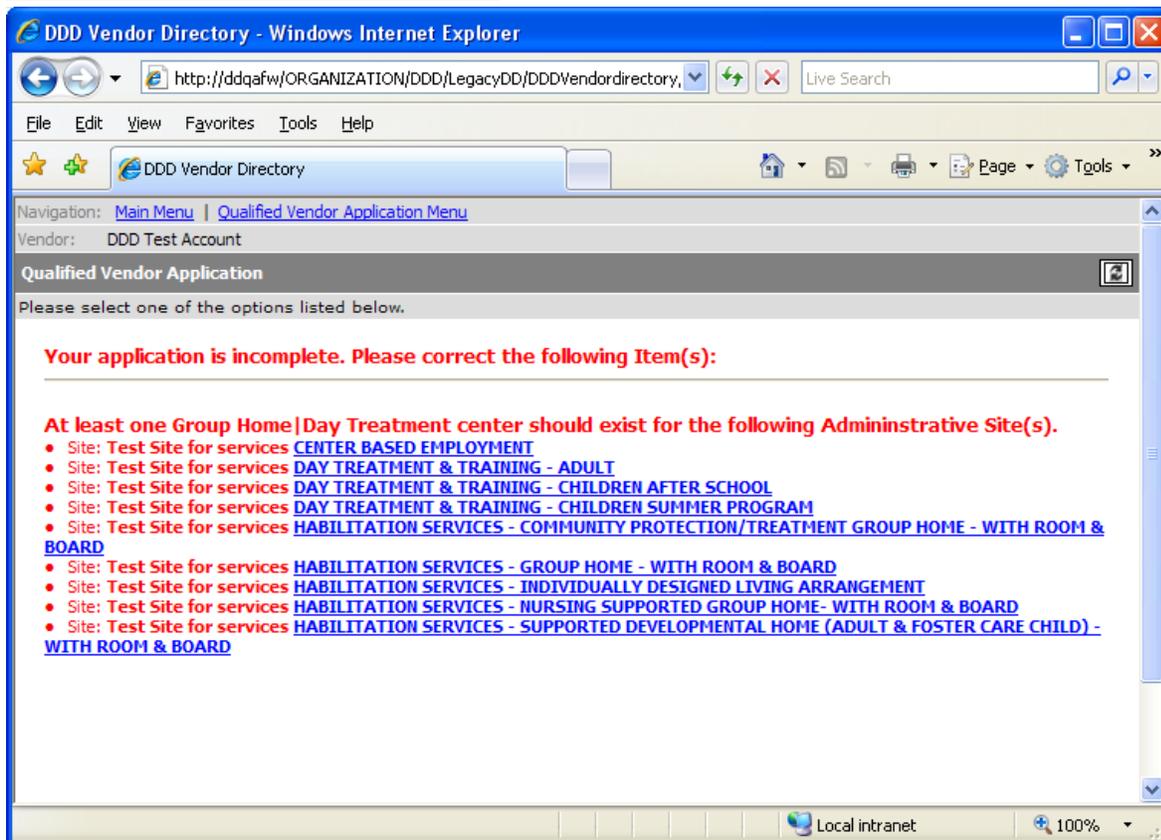
| | Document Required | Document Attached | DDD Use Only |
|-----|---|--------------------------|--------------------------|
| 25. | Submitted required documentation for Developmental Home Three Party Agreement | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | Completed Pandemic Planning Checklist | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. | Completed and Submitted Business Associate Agreement | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | Hardcopy of Assurances & Submittals | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 7 – ADDING A SERVICE SITE

SECTION 7 – SYSTEM PROMPT for ADDING A SERVICE SITE

If you have decided to participate in the Division's expedited review process, you should only add a site to an existing service if you receive an error on submission of your new application (**refer to Figure 7-1**).

Figure 7-1. Service Site Required Error



Helpful Hint:

- Only the following services need a **SPECIFIC SERVICE SITE**:
 - **CENTER BASED EMPLOYMENT**
 - **DAY TREATMENT & TRAINING - ADULT**
 - **DAY TREATMENT & TRAINING - CHILDREN AFTER SCHOOL**
 - **DAY TREATMENT & TRAINING - CHILDREN SUMMER PROGRAM**
 - **HABILITATION SERVICES - COMMUNITY PROTECTION/TREATMENT GROUP HOME - WITH ROOM & BOARD**
 - **HABILITATION SERVICES - GROUP HOME - WITH ROOM & BOARD**
 - **HABILITATION SERVICES - INDIVIDUALLY DESIGNED LIVING ARRANGEMENT**
 - **HABILITATION SERVICES - NURSING SUPPORTED GROUP HOME - WITH ROOM & BOARD**
 - **HABILITATION SERVICES - SUPPORTED DEVELOPMENTAL HOME (ADULT & FOSTER CARE CHILD) - WITH ROOM & BOARD**

Make a note of all the services that returned an error requiring a service site entry.

SECTION 7 – ADDING A SERVICE SITE

Click on the blue link for the service to add the site information. You will then be taken to a page entitled “**Group Home/Day Treatment and Training Site Information**” (refer to Figure 7-2).

Figure 7-2. Group Home/Day Treatment and Training Site Information

The screenshot shows a web browser window titled "DDD Vendor Directory - windows internet explorer". The address bar shows "http://ddqafw/ORGANIZATION/DDD/LegacyDD/DDDVendordirectory,". The page title is "Group Home / Day Treatment and Training Site Information". Below the title is a navigation bar with links for "Main Menu", "Qualified Vendor Application Menu", "My Sites", and "Service Sites". The vendor is identified as "DDD Test Account".

The main form area contains the following fields and sections:

- Site Name***: Text input field.
- District Code***: Dropdown menu (selected: DISTRICT 1) and **Alpha Code***: Text input field.
- Address 1***: Text input field.
- Address 2***: Text input field.
- City***: Text input field, followed by **AZ** and **ZIP***: Text input field.
- Phone***: Text input field with a dropdown for area code.
- Primary Contact Name***: **First**: Text input field, **Last**: Text input field.
- Phone***: Text input field with a dropdown for area code.
- Email**: Text input field.
- Site Scheduler Name***: **First**: Text input field, **Last**: Text input field.
- Phone***: Text input field with a dropdown for area code.
- Fax***: Text input field with a dropdown for area code.
- Email**: Text input field.
- After Hours Contact***: **First**: Text input field, **Last**: Text input field.
- Phone***: Text input field with a dropdown for area code.
- Fax**: Text input field with a dropdown for area code.
- Email**: Text input field.
- Scheduling/Contact Hours**: A table with days (Sunday, Monday, Tuesday, Wednesday, Thursday) and time slots (dropdowns) for start and end times.
- Maximum Capacity**: Text input field.
- Current Occupancy**: Text input field.
- New Referrals?**: Radio buttons for Yes and No (No is selected).

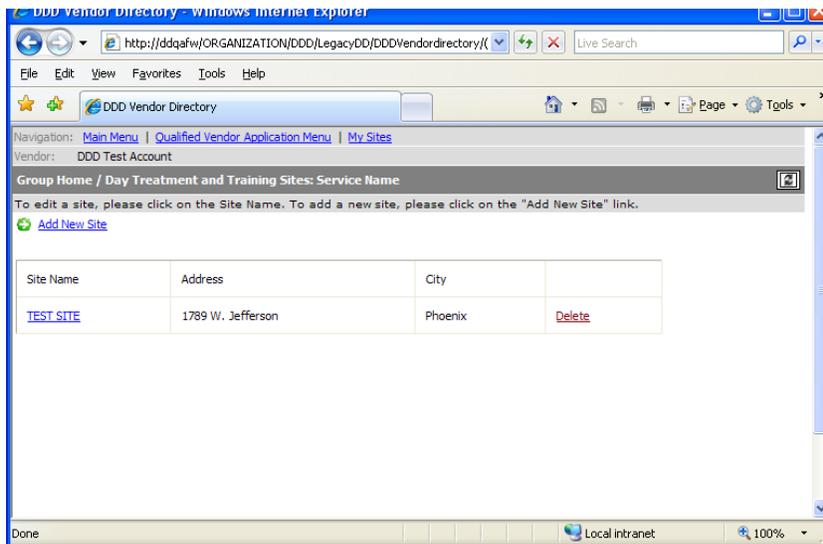
At the top right of the form are two buttons: "SAVE" and "SAVE | RETURN".

NOTE: Enter all necessary information about the Service Site, contact, and hours of operation. All areas must be answered fully and honestly.

When data entry is complete, click on the **SAVE | RETURN** button. You will then be returned to a page listing your new Service Site for that service (refer to Figure 7-3).

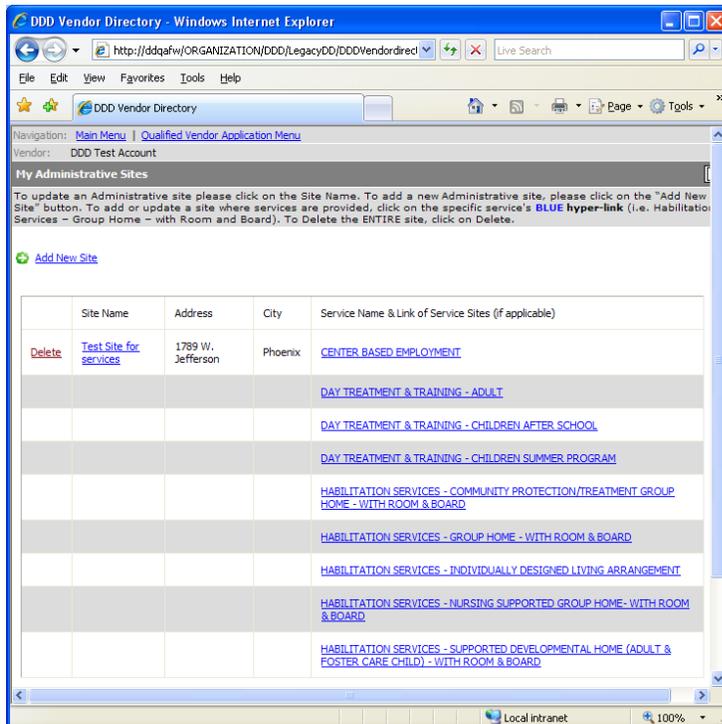
SECTION 7 – ADDING A SERVICE SITE

Figure 7-3. Group Home/Day Treatment and Training Site Listing



Use the Navigation Bar at the top of the page to select the “**My Sites**” link (refer to Figure 7-3). You will be returned to your “**My Administrative Sites**” (refer to Figure 7-4).

Figure 7-4. My Administrative Sites



You will need to add a service site for each service that was listed on your submission error. The services that require a site will be **underlined and highlighted in blue**.

Click on each service to add site information where it is required. When you have finished adding all service sites, use the Navigation Bar at the top of the page to select the “**Qualified Vendor Application Menu**” link.