



RFQVA AMENDMENT

DEPARTMENT OF ECONOMIC SECURITY

RFQVA No: DDD 704011

Agency: Division of Developmental Disabilities

Amendment No: 2

**Address: 1789 W. Jefferson, Site Code 791A
Phoenix, Arizona 85005**

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Phone: (602) 542-6874

A signed copy of the signature page (page 4) of this amendment must be included in the hard copy of the Application.

This RFQVA is amended as follows:

Section 2 – TABLE OF CONTENTS, page 2-1, Section 3, Instructions to Applicants, is amended to delete references to Section 3.8 through Section 3.10

Section 3 – INSTRUCTIONS TO APPLICANTS

Page 3-2, Section 3.2.1, General, is amended to update the requirements for submitting an application

Page 3-4, Section 3.2.6, Application Updates and Amendments, is amended to delete “May 5, 2003” and replace it with “later this summer”

Page 3-4, Section 3.3, RFQVA Schedule, is amended to delete all text and replace it with a statement that notices of significant events will be posted on the Division’s website

Page 3-7, is amended to delete:

Section 3.8, Special Notes to Day Treatment and Training Applicants

Section 3.9, Special Note to Transportation Applicants

Section 3.10, Special Note to Habilitation, Nursing Supported Group Home Applicants

Section 4 – BACKGROUND, page 4-7, Section 4.5 Published Rate Schedules, is amended to delete references to April 7, 2003

Section 5 – SERVICE REQUIREMENTS/SCOPE OF WORK

Pages 5-7 to 5-11, Section 5.11, Application and Use of Published Rates, is amended to update references to the rate schedules

Page 5-9, Section 5.11, Application and Use of Published Rates, item 4.2 is amended to delete reference to Habilitation, Nursing Supported Group Home and make conforming changes

Page 5-9, Section 5.11, Application and Use of Published Rates, item 4.3.1, is amended to delete “Habilitation, Nursing Supported Group Home”

Page 5-9, Section 5.11, Application and Use of Published Rates, item 4.3.2, is amended to insert “Day Treatment and Training, Adult; Day Treatment and Training, Child (After-School); Day Treatment and Training, Child (Summer); and Habilitation, Nursing Supported Group Home” before “Room and Board, All Group Homes”

Page 5-10, Section 5.11, Application and Use of Published Rates, is amended to delete item 4.3.4

Page 5-11, Section 5.11, Application and Use of Published Rates, is amended to renumber item 4.3.5 as item 4.3.4

Page 5-11, Section 5.11, Application and Use of Published Rates, item 4.5, is amended to delete reference to Habilitation, Nursing Supported Group Home and make conforming changes

Section 7 – SERVICE SPECIFICATIONS:

Page 7-25, Day Treatment and Training, Adult, Service Utilization Guidelines, is amended to:

- Insert a new item 2 regarding authorizations
- Renumber item 2 as item 3

Page 7-26, Day Treatment and Training, Adult, Rate, is amended to:

- Insert a new item 2 that explains the calculation of the daily ratio rate
- Revise item 3 regarding a separate rate for services to behaviorally or medically intense consumers
- Renumber item 2 as item 3
- Renumber item 3 as item 4

Page 7-26, Day Treatment and Training, Adult, Unit of Service, is amended to:

- Delete item 1 and replace it with a new item 1 explaining the basis of payment
- Delete the first two paragraphs of item 2 and replace them with a new paragraph regarding absences

Page 7-27 Day Treatment and Training, Adult, Recordkeeping and Reporting Requirements, is amended to:

- Delete item 3 and replace it with a new item 3 requiring daily records of consumer hours
- Insert a new item 4 requiring daily records of direct service staff hours

Page 7-30, Day Treatment and Training, Child (After-School), Service Utilization Guidelines, is amended to:

- Insert a new item 2 regarding authorizations
- Renumber item 2 as item 3

Page 7-31, Day Treatment and Training, Child (After-School), Rate, is amended to:

- Insert a new item 2 that explains the calculation of the daily ratio rate
- Revise item 2 regarding a separate rate for services to behaviorally or medically intense consumers
- Renumber item 2 as item 3

Page 7-31, Day Treatment and Training, Child (After-School), Unit of Service, is amended to:

- Delete item 1 and replace it with a new item 1 explaining the basis of payment
- Delete the first two paragraphs of item 2 and replace them with a new paragraph regarding absences

Page 7-32, Day Treatment and Training, Child (After-School), Recordkeeping and Reporting Requirements, is amended to:

Delete item 3 and replace it with a new item 3 requiring daily records of consumer hours
Insert a new item 4 requiring daily records of direct service staff hours

Page 7-35, Day Treatment and Training, Child (Summer), Service Utilization Guidelines, is amended to:

Insert a new item 2 regarding authorizations
Rename item 2 as item 3

Page 7-36, Day Treatment and Training, Child (Summer), Rate, is amended to:

Insert a new item 2 that explains the calculation of the daily ratio rate
Revise item 2 regarding a separate rate for services to behaviorally or medically intense consumers
Rename item 2 as item 3

Page 7-36, Day Treatment and Training, Child (Summer), Unit of Service, is amended to:

Delete item 1 and replace it with a new item 1 explaining the basis of payment
Delete the first two paragraphs of item 2 and replace them with a new paragraph regarding absences

Page 7-37, Day Treatment and Training, Child (Summer), Recordkeeping and Reporting Requirements, is amended to:

Delete item 3 and replace it with a new item 3 requiring daily records of consumer hours
Insert a new item 4 requiring daily records of direct service staff hours

Page 7-64, Habilitation, Nursing Supported Group Home, item 1 under Service Setting, is amended to delete “two” and replace it with “four”

Page 7-66, Habilitation, Nursing Supported Group Home, Service Utilization Guidelines, is amended to:

In item 1, clarify that utilization and authorization will be determined based on the need of each consumer
Delete item 2
Revise item 3 to clarify the frequency of nursing support assessments
Rename item 3 as item 2

Pages 7-67 through 7-69, Habilitation, Nursing Supported Group Home, Rate, is amended to:

Delete items 2 through 8 and replace with new item 2
Delete last sentence in item 9 and rename item 9 as item 3
Delete Examples

Page 7-69, Habilitation, Nursing Supported Group Home, Unit of Service, is amended to change the unit of service to one day

Page 7-69, Habilitation, Nursing Supported Group Home, item 1 under Qualification, is amended to add a new 1.4 to include registered nurses and licensed practical nurses

Page 7-82, Nursing, item 2 under Unit of Service, is amended to delete “15” and replace it with “16” in two places

Page 7-89, Occupational Therapy, Early Intervention, Service Setting, is amended to delete items 1 to 3 and replace them with new items 1 to 3 to emphasize providing services in a natural environment

Page 7-91, Occupational Therapy Early Intervention, Service Utilization Guidelines, is amended to insert a new item 7 referencing Administrative Directive # 77

Page 7-97, Physical Therapy Early Intervention, Service Setting, is amended to delete items 1 to 3 and replace them with new items 1 to 3 to emphasize providing services in a natural environment

Page 7-99, Physical Therapy Early Intervention, Service Utilization Guidelines, is amended to insert a new item 7 referencing Administrative Directive # 77

Page 7-105, Speech Therapy Early Intervention, Service Setting, is amended to delete items 1 to 3 and replace them with new items 1 to 3 to emphasize providing services in a natural environment

Page 7-107, Speech Therapy Early Intervention, Service Utilization Guidelines, is amended to insert a new item 7 referencing Administrative Directive # 77

Section 9 - ATTACHMENT A, APPLICATION AND QUALIFIED VENDOR AGREEMENT AWARD, is amended to add the watermark "Sample"

The following pages are attached:

Revised SECTION 2 - TABLE OF CONTENTS, page 2-1

Revised SECTION 3 - INSTRUCTIONS TO APPLICANTS, pages 3-2, 3-2(a), 3-4, and 3-7

Revised SECTION 4 - BACKGROUND, page 4-7

Revised SECTION 5 - SERVICE REQUIREMENTS/SCOPE OF WORK, pages 5-7 to 5-11

Revised SECTION 7 - SERVICE SPECIFICATIONS, pages 7-25 to 7-27, 7-30 to 7-32, 7-35 to 7-37, 7-64, 7-66 to 7-69, 7-82, 7-89 to 7-92(a), 7-97 to 7-100(a), and 7-105 to 7-108(a)

Revised SECTION 9, ATTACHMENT A, APPLICATION AND QUALIFIED VENDOR AGREEMENT AWARD, page 9
 Att. A-1

EXCEPT AS PREVIOUSLY AMENDED, ALL OTHER PROVISIONS OF THE RFQVA SHALL REMAIN IN THEIR ENTIRETY.

NOTE: CONCURRENT WITH THE RELEASE OF THIS AMENDMENT THE DIVISION OF DEVELOPMENTAL DISABILITIES IS PUBLISHING NEW RATE SCHEDULES. THESE RATE SCHEDULES ADD RATES FOR DAY TREATMENT AND TRAINING, ADULT; DAY TREATMENT AND TRAINING, CHILD (AFTER-SCHOOL); DAY TREATMENT AND TRAINING, CHILD (SUMMER); HABILITATION, NURSING SUPPORTED GROUP HOME; AND THE "FLAT TRIP RATE FOR REGULARLY SCHEDULED DAILY TRANSPORTATION," WHICH WERE OMITTED FROM PREVIOUS SCHEDULES.

Applicant hereby acknowledges receipt and understanding of the above RFQVA amendment.

The above referenced RFQVA Amendment is hereby executed this 2nd day of May, 2003, at Phoenix, Arizona.

 Signature

 Date

 Typed Name and Title

Antonio K. Valladares
 DDD Procurement Specialist

 Name of Company

**SECTION 2
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In person or by courier:

DDD Contract Unit, 4th Floor Southwest
Business Operations – Site Code 791A
Division of Developmental Disabilities
Arizona Department of Economic Security
1789 West Jefferson Street
Phoenix, Arizona 85007
(602) 542-6874

By mail 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

The hard copy shall consist of the following in the following order:

1. A completed and signed Application and Qualified Vendor Agreement Award form, which is generated by the Qualified Vendor Application and Directory System (see Section 9, Attachment A for a sample of this form; see Section 9, Attachment B for a discussion of the Qualified Vendor Application and Directory System).
2. A completed and signed Qualified Vendor Application Assurances and Submittals page, which is generated by the Qualified Vendor Application and Directory System (see Section 9, Attachment B).
3. Completed and signed RFQVA amendment signature pages (as applicable).
4. A print-out of all sections of the Application entered by the Applicant into the Qualified Vendor Application and Directory System (see Section 9, Attachment B).
5. All applicable submittals required in the Qualified Vendor Application Assurances and Submittals form. (This form is part of the Qualified Vendor Application and Directory System; see Section 9, Attachment B).

If the Applicant is applying for one or more services covered by another RFQVA, the Applicant may submit one Application for both services. The Application shall consist of all items listed above. The Applicant must ensure that the Application includes RFQVA amendment signature pages for all applicable amendments and RFQVAs.

If the Applicant is a Qualified Vendor for another service, the Applicant shall submit a hard copy of items 1 through 4 above as well as any submittals that have changed since approval as a Qualified Vendor.

In addition to the hard copies of the Application, the Applicant shall provide the required information in the Qualified Vendor Application and Directory System and submit that information via the Division's website. An Application will not be considered filed until both the hard copy and the electronic version are received by the Division. In addition, the electronic version must be complete and include readable information for each of the required elements in the Qualified Vendor Application and Directory System that conforms with the hard copy. The hard copies of the Application shall be submitted in a sealed envelope or package labeled with the RFQVA number(s).

the Division. A Qualified Vendor may update its optional information at any time. The Qualified Vendor may also submit an amended Application to request that additional services or sites be added to the Qualified Vendor Agreement. The Division will begin accepting amended Applications later this summer. This will be announced by the Division on its website. Only Qualified Vendors will be able to amend their Application. The Division shall respond to a request for an amendment to Qualified Vendor Agreements based on the criteria defined in A.A.C. R6-6-2103 and A.A.C. R6-6-2104.

3.3 RFQVA Schedule

Notices for significant events in the processing of RFQVAs, amendments, and changes to the Qualified Vendor Application and Directory System will be posted on the Division's website, www.de.state.az.us/ddd.

3.7.3 Disqualification

The Application of an Applicant who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity shall be rejected.

3.7.4 Waiver and Rejection Rights

Notwithstanding any other provision of the RFQVA, the Division reserves the right to:

1. Waive any minor informality;
2. Reject any and all Applications or portions thereof; or
3. Cancel the RFQVA.

4.5 Published Rate Schedules

The published rate schedules that are referenced and incorporated into the RFQVA are the result of the statutes that mandate the Division to adopt a published rate system (see A.R.S. 36-557).

The published rate schedules:

- ❑ Satisfy the legislative mandate that the Division adopt a published rate system;
- ❑ Provide a critical element to the redesigned service procurement process that is contained in this RFQVA; and
- ❑ Provide equity and simplicity to the Division's reimbursement systems.

The Division produced and distributed a Provider Letter, dated January 21, 2003 concerning the published rate schedule. The letter and its attachments address:

- ❑ The development of the Benchmark Rates through the independent rate setting process;
- ❑ The State budgetary constraints that forced, and the methodology used by the Division, to scale back the Benchmark Rates to the Adopted Rates;
- ❑ The implementation of the Adopted Rates in Fiscal Year 2004 through a phase-in process; and
- ❑ The independent rate models that were used to develop the Benchmark Rates.

The Provider Letter, and its attachments, as well as any updates to the published rate schedules may be found on the Division's web site at www.de.state.az.us/ddd.

The published rate schedules that will initially apply to this RFQVA will not include rates for independent providers (non-agency rates). The independent provider rates (non-agency rates) included in the draft rate schedules that were released on January 21, 2003 for Attendant Care; Habilitation, Support; Housekeeping; Respite; Day Treatment and Training, Adult; Day Treatment and Training, Children (After-School); Day Treatment and Training, Children (Summer); Habilitation, Individually Designed Living Arrangement; and Transportation (Family) have been withdrawn. The rates will be re-released in the fall of 2003 after the development and administration of the statewide individual consumer level of need assessment process and the adoption of rate modifiers. Until that time independent providers will continue to be compensated pursuant to the independent rate schedule in the district where the consumer resides. After the statewide rates for independent providers (non-agency rates) are published, independent providers, whether or not they are Qualified Vendors, will receive the applicable statewide independent provider rate as modified by the individual consumer level of need assessment.

2. The Qualified Vendor shall maintain a file on each consumer. A consumer's file should include the following, as applicable:
 - 2.1 Pertinent documents related to the consumer's ISP such as the consumer's ISP, the consumer's support plan, and the consumer's behavioral health treatment plan.
 - 2.2 Record of services rendered (including administration of medications) and the consumer's response to services.
 - 2.3 Documentation of communications with consumer/consumer's representative, other service providers, support coordinator, etc.
 - 2.4 Copy of the orientation document.
 - 2.5 Copy of attendance sheets.
 - 2.6 Copy of the monthly progress reports.
 - 2.7 Documentation of incidents related to the consumer and/or complaints related to the Qualified Vendor's care of the consumer and documentation of resolution.
 - 2.8 All required consents, such as General Consent and/or Consent for Use of Behavior Modifying Medications.

5.11 Application and Use of Published Rates

1. The Qualified Vendor shall comply with the following general requirements relating to the use of published rates in the delivery of agreement services. In addition, the Qualified Vendor shall comply with the rates procedures issued by the Division from time to time.
2. The published rate schedules and the requirements related to their use are available on the Division's website. The published rate schedules and the requirements related to their use may be updated or changed from time to time. Affected agreements will be amended to include changes.
3. As indicated in Section 3.4, the Division is not accepting Qualified Vendor Applications from independent providers at this time. However, the Division will continue contracting with independent providers using Individual Service Agreements (ISAs).
 - 3.1 The published rate schedules that will initially apply to this RFQVA will not include rates for independent providers (non-agency rates). The independent provider rates (non-agency rates) included in the draft rate schedules that were released January 21, 2003 for Attendant Care; Habilitation, Support; Housekeeping; Respite; Day Treatment and Training, Adult; Day Treatment and Training, Children (After-School); Day Treatment and Training, Children (Summer); Habilitation, Individually Designed Living Arrangement; and Transportation (family) have been withdrawn.
 - 3.2 The independent provider rates (non-agency rates) will be re-released during the fall of 2003 after the development and administration of the statewide individual consumer level of need assessment process and the adoption of rate modifiers. Until that time independent providers will continue to be compensated pursuant to the independent rate schedule in the district where the consumer resides. After

the statewide rates for independent providers (non-agency rates) are published, independent providers, whether or not they are Qualified Vendors, will receive the applicable statewide independent provider rate (non-agency rate) as modified by the individual consumer level of need assessment.

4. The Division has published four rate schedules that are available on the Division's website. The schedule numbered 1.1 (with any revisions numbered 1.2, 1.3 etc.) and the schedule numbered 2.1 (with any revisions numbered 2.2, 2.3, etc.) contain the rates that will be used only in State Fiscal Year (Fiscal Year) 2004, during the phase in of the published rate schedules. The schedule numbered 3.1 (3.2, 3.3, etc. for later version) and the schedule numbered 4.1 (4.2, 4.3, etc. for later versions) will be used beginning in Fiscal Year 2005. The discussion below references rate schedules 1.1, 2.1, 3.1, and 4.1. As new schedules are released, they will be numbered to reflect the version (e.g., the next version of 3.1 will be numbered 3.2). However, unless otherwise provided, the explanation below will continue to apply.

- 4.1 Schedule 1.1 (labeled "SFY 04 Phase-In Rates") contains the rates that will be used in Fiscal Year 2004. Qualified Vendors shall use one of three rates (step-up, adopted or step-down) for each service when billing the Division, based on the following criteria:

- If during Fiscal Year 2003, the Qualified Vendor was reimbursed by the Division at an average paid unit rate lower than or equal to the step-up rate for a given service, the Qualified Vendor shall bill the Division at the step-up rate for that service during Fiscal Year 2004.
- If during Fiscal Year 2003, the Qualified Vendor was reimbursed by the Division at an average paid unit rate higher than the step-up rate for a given service and lower than or equal to the adopted rate for the same service, the Qualified Vendor shall bill the Division at the adopted rate for that service during Fiscal Year 2004.
- If during Fiscal Year 2003, the Qualified Vendor was reimbursed by the Division at an average paid unit rate higher than or equal to the adopted rate for a given service and lower than the step-down rate for the same service, the Qualified Vendor shall bill the Division at the adopted rate for that service during Fiscal Year 2004.
- If during Fiscal Year 2003, the Qualified Vendor was reimbursed by the Division at an average paid unit rate higher than or equal to the step-down rate for a given service, the Qualified Vendor shall bill the Division at the step-down rate for that service during Fiscal Year 2004.

4.2 Schedule 2.1 (labeled “SFY 04 Phase-In Rates, Conversion to Daily Rates”) converts the staff hourly rates to daily rates for the services of Habilitation, Community Protection and Treatment Group Home and Habilitation, Group Home. The schedule contains three sub-schedules for each of these services, one labeled “step-up rate,” one labeled “adopted rate,” and one labeled “step-down rate” based upon staff hourly rates. The rates on these schedules are to be used by Qualified Vendors providing these two services during Fiscal Year 2004.

4.3 The average paid unit rate that the Qualified Vendor was reimbursed during Fiscal Year 2003 will be determined in the following manner:

4.3.1 For the following services:

- Habilitation, Group Home
- Habilitation, Community Protection and Treatment Group Home

The average rate will be determined by service site, with the calculated staff hour rate contained in the contract amendments relating to the Fiscal Year 2003 provider rate increase effective July 1, 2002, or any subsequent amendment between the Applicant and the Division agreed to in writing no later than November 1, 2002. Applicants should refer to the “Combined 4.0 and 5.5 for HABILITATION, Group Home” in their current contract. The calculated staff hour rate is the staff hour rate that was used in the calculation that produced the daily rate contained in the column on this document labeled “Rate Eff 7/1/02.”

If the Qualified Vendor adds new sites not previously in contract, the adopted rate will be used (i.e., not the step-up rate or the step-down rate).

4.3.2 For the following services:

- Day Treatment and Training, Adult
- Day Treatment and Training, Child (After-School)
- Day Treatment and Training, Child (Summer)
- Habilitation, Nursing Supported Group Home
- Room and Board, All Group Homes
- Occupational Therapy
- Occupational Therapy Early Intervention
- Physical Therapy
- Physical Therapy Early Intervention
- Speech Therapy
- Speech Therapy Early Intervention
- Transportation

There will be no average rate determined, in as much as the step-up, step-down, and adopted rate are all equal.

4.3.3 For the following services:

- Attendant Care
- Habilitation, Community Protection and Treatment Hourly
- Habilitation, Support
- Housekeeping
- Respite
- Habilitation, Vendor Supported Developmental Home (Child and Adult)
- Room and Board, Vendor Supported Developmental Home (Child and Adult)
- Habilitation, Individually Designed Living Arrangement
- Home Health Aide
- Nursing

The average paid unit rate will be determined for each Qualified Vendor by the Division based on the units billed by the Qualified Vendor and paid by the Division for Fiscal Year 2003, from the beginning of the fiscal year until February 7, 2003 and appearing on the Division's automated systems. In determining the average rate for each Qualified Vendor, the Division will not consider any claims that have a rate per unit of service that is below the single client floor rate established for Fiscal Year 2003 pursuant to the provider increase process established for the year.

4.3.4 For Qualified Vendors that did not have a contract with the Division to provide a particular service in Fiscal Year 2003, the rate that will be used for that particular service in Fiscal Year 2004 will be the adopted rate.

4.4 Schedule 3.1 (labeled "Benchmark and Adopted Rates") contains the rates that will be used in Fiscal Year 2005. The Schedule contains two columns of rates. The first column labeled "Benchmark Rate" contains the rates that the Division calculated through its rate setting process. The second column labeled "Adopted Rate" contains the rates that the Division adopted for the published rate schedule and these are the rates to be used for each service when billing the Division.

4.5 Schedule 4.1 (labeled "Adopted Rates, Conversion to Daily Rates") converts the staff hourly rates from Schedule 3.1 to daily rates for the services of Habilitation, Community Protection and Treatment Group Home and Habilitation, Group Home. The rates on these schedules are to be used for these two services when billing the Division.

5. The Division may provide for a method to modify a published rate for a service provided to a particular consumer.

6. The Division acknowledges that the rate models used to determine the Benchmark Rates on Schedule 3.1 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. The Division recognizes that assumptions in the rate models may need to be updated over time.

4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.
6. Provide transportation necessary to support program activities.
7. Develop a monthly on-site/community integrated schedule of daily activities and document consumers' direct input into the monthly schedule. Daily activities and schedules are based on consumer choice, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to consumers, consumer representatives, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including group homes, health care providers, and schools are coordinated to meet the needs of the consumers served.
9. When appropriate, provide consumers opportunities to earn money as part of habilitative learning objectives.
10. Partner with the Division to conduct program reviews to assess performance in meeting all identified tasks, promote quality improvement, and encourage best practices. Such reviews shall include participation of consumers served, families, and all other interested parties. The frequency of the reviews shall be determined by the Division.

Service Utilization Guidelines

1. Typical usage is up to seven units per day; direct service time associated with providing transportation to/from the program is included in the "Flat Trip Rate for Regularly Scheduled Daily Transportation" rate.
2. Authorization for this service will typically be at the maximum level for each consumer. Actual claims will reflect the actual ratio of direct service staff hours with consumers present to consumer hours applied to all participants for the program day.
3. Service to adults and children shall be provided separately through the age of 15. Upon age 16, transition plans shall be individually developed, and may permit the provision of services to children concurrently with adults with parental consent.

Rate

1. Published.
2. The daily ratio rate for this service is established through the ratio of total direct service staff hours with consumers present to total consumer hours.
3. The Division established a separate rate for this service in the rural areas of the state. This modified rate has a premium over the standard rate for this service. The Qualified Vendor shall bill the Division this modified rate only after it receives authorization from the DDD Program Administrator/Manager or designee. The general guideline for authorizing the modified rate for rural areas is that the potential client base of the program size has fewer than 20 consumers in a 40 mile radius.
4. The Division established a separate rate for this service to behaviorally or medically intense consumers. Special authorization for these consumers is required by the DDD Program Administrator/Manager or designee. The rate is equal to the adopted Habilitation, Support rate in the published rate schedule. The hours for these consumers and the direct service staff hours related to the behaviorally or medically intense consumers shall not be considered in determining the overall program staffing ratio for the remaining consumers.

Unit of Service

1. The basis of payment for this service is the daily ratio rate. The Qualified Vendor shall divide the total direct service staff hours with consumers present by the total consumer hours to determine the appropriate billing rate for each day this service is provided. Total hours for consumers or direct service staff shall not include the time spent during transportation to/from the program. For both consumers and direct service staff, units shall be recorded on the *per consumer* and *per direct service staff* basis, shall be expressed in terms of hours and shall be recorded using 15-minute increments, as illustrated in examples below:
 - If total hours for a consumer or direct service staff were equal to 3 hours and 5 minutes, round the total to 3 hours
 - If total hours for a consumer or direct service staff were equal to 5 hours and 24 minutes, round the total to 5.5 hours
 - If total hours for a consumer or direct service staff were equal to 6 hours and 48 minutes, round the total to 6.75 hours

2. The Division will not compensate Qualified Vendors for any absences. For example, if a consumer stays in the day program for two hours in the morning, then leaves for two hours, and then returns for three hours, and all activity takes place within the same program day, total hours for this consumer shall be equal to five.

If the consumer permanently stops attending the Qualified Vendor's facility, then the Qualified Vendor shall notify the DDD Program Administrator/Manager or designee. The Qualified Vendor shall not bill the Division for vacancies.

Direct Service Staff Qualifications

The direct service staff shall have at least three months experience in conducting group or individual activities related to specific developmental, habilitative, or recreational programs, or be supervised by an individual with such experience.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. For consumers, the Qualified Vendor must keep daily records of the number of hours each consumer spends in the Qualified Vendor's program. The time begins when the Qualified Vendor assumes responsibility for the consumer and ends when the Qualified Vendor ends this responsibility. Total time shall not include any time spent during transportation to/from the program.
4. For direct service staff, the Qualified Vendor must keep daily records of the number of hours each direct service staff spends providing direct services to consumers in the program. Only the time when consumers are present shall be counted as direct service. Total time shall not include any time spent during transportation to/from the program.

4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.
6. Provide transportation necessary to support program activities.
7. Develop a monthly on-site/community integrated schedule of daily activities and document the consumer's direct input into the monthly schedule. Daily activities and schedules are based on the consumer's choice, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to the consumer, consumer's representative, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including group homes, health care providers, and schools are coordinated to meet the needs of the consumers served.
9. Partner with the Division to conduct program reviews to assess performance in meeting all identified tasks, promote quality improvement, and encourage best practices. Such reviews shall include participation of consumers served, families, and all other interested parties. The frequency of the reviews shall be determined by the Division.

Service Utilization Guidelines

1. Typical usage is up to four units per day on school days; direct service time associated with providing transportation to/from the program is included in the "Flat Trip Rate for Regularly Scheduled Daily Transportation" rate.
2. Authorization for this service will typically be at the maximum level for each consumer. Actual claims will reflect the actual ratio of direct service staff hours with consumers present to consumer hours applied to all participants for the program day.
3. Service to children shall be provided separately through the age of 15. Upon age 16, transition plans shall be individually developed, and may permit the provision of services to children concurrently with adults with parental consent.

Rate

1. Published.
2. The daily ratio rate for this service is established through the ratio of total direct service staff hours with consumers present to total consumer hours.
3. The Division established a separate rate for this service to behaviorally or medically intense consumers. Special authorization for these consumers is required by the DDD Program Administrator/Manager or designee. The rate is equal to the adopted Habilitation, Support rate in the published rate schedule. The hours for these consumers and the direct service staff hours related to the behaviorally or medically intense consumers shall not be considered in determining the overall program staffing ratio for the remaining consumers.

Unit of Service

1. The basis of payment for this service is the daily ratio rate. The Qualified Vendor shall divide the total direct service staff hours with consumers present by the total consumer hours to determine the appropriate billing rate for each day this service is provided. Total hours for consumers or direct service staff shall not include the time spent during transportation to/from the program. For both consumers and direct service staff, units shall be recorded on the *per consumer* and *per direct service staff* basis, shall be expressed in terms of hours and shall be recorded using 15-minute increments, as illustrated in examples below:
 - If total hours for a consumer or direct service staff were equal to 3 hours and 5 minutes, round the total to 3 hours
 - If total hours for a consumer or direct service staff were equal to 5 hours and 24 minutes, round the total to 5.5 hours
 - If total hours for a consumer or direct service staff were equal to 6 hours and 48 minutes, round the total to 6.75 hours
2. The Division will not compensate Qualified Vendors for any absences. For example, if a consumer stays in the day program for two hours in the morning, then leaves for two hours, and then returns for three hours, and all activity takes place within the same program day, total hours for this consumer shall be equal to five.

If the consumer permanently stops attending the Qualified Vendor's facility, then the Qualified Vendor shall notify the DDD Program Administrator/Manager or designee. The Qualified Vendor shall not bill the Division for vacancies.

Direct Service Staff Qualifications

The direct services staff shall:

1. Have at least three months experience in conducting group or individual activities related to specific developmental, habilitative, or recreational programs, or be supervised by an individual with such experience; and
2. Have completed training, approved by the Division, in early childhood development when working with children who are under age six.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. For consumers, the Qualified Vendor must keep daily records of the number of hours each consumer spends in the Qualified Vendor's program. The time begins when the Qualified Vendor assumes responsibility for the consumer and ends when the Qualified Vendor ends this responsibility. Total time shall not include any time spent during transportation to/from the program.
4. For direct service staff, the Qualified Vendor must keep daily records of the number of hours each direct service staff spends providing direct services to consumers in the program. Only the time when consumers are present shall be counted as direct service. Total time shall not include any time spent during transportation to/from the program.

4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.
6. Provide transportation necessary to support program activities.
7. Develop a monthly on-site/community integrated schedule of daily activities and document the consumer's direct input into the monthly schedule. Daily activities and schedules are based on the consumer's choice, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to the consumer, consumer's representative, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including group homes, health care providers, and schools are coordinated to meet the needs of the consumers served.
9. Partner with the Division to conduct program reviews to assess performance in meeting all identified tasks, promote quality improvement, and encourage best practices. Such reviews shall include participation of consumers served, families, and all other interested parties. The frequency of the reviews shall be determined by the Division.

Service Utilization Guidelines

1. Typical usage is up to four units per day during summer vacation; direct service time associated with providing transportation to/from the program is included in the "Flat Trip Rate for Regularly Scheduled Daily Transportation" rate.
2. Authorization for this service will typically be at the maximum level for each consumer. Actual claims will reflect the actual ratio of direct service staff hours with consumers present to consumer hours applied to all participants for the program day.
3. Service to children shall be provided separately through the age of 15. Upon age 16, transition plans shall be individually developed, and may permit the provision of services to children concurrently with adults with parental consent.

Rate

1. Published.
2. The daily ratio rate for this service is established through the ratio of total direct service staff hours with consumers present to total consumer hours.
3. The Division established a separate rate for this service to behaviorally or medically intense consumers. Special authorization for these consumers is required by the DDD Program Administrator/Manager or designee. The rate is equal to the adopted Habilitation, Support rate in the published rate schedule. The hours for these consumers and the direct service staff hours related to the behaviorally or medically intense consumers shall not be considered in determining the overall program staffing ratio for the remaining consumers.

Unit of Service

1. The basis of payment for this service is the daily ratio rate. The Qualified Vendor shall divide the total direct service staff hours with consumers present by the total consumer hours to determine the appropriate billing rate for each day this service is provided. Total hours for consumers or direct service staff shall not include the time spent during transportation to/from the program. For both consumers and direct service staff, units shall be recorded on the *per consumer* and *per direct service staff* basis, shall be expressed in terms of hours and shall be recorded using 15-minute increments, as illustrated in examples below:
 - ❑ If total hours for a consumer or direct service staff were equal to 3 hours and 5 minutes, round the total to 3 hours
 - ❑ If total hours for a consumer or direct service staff were equal to 5 hours and 24 minutes, round the total to 5.5 hours
 - ❑ If total hours for a consumer or direct service staff were equal to 6 hours and 48 minutes, round the total to 6.75 hours
2. The Division will not compensate Qualified Vendors for any absences. For example, if a consumer stays in the day program for two hours in the morning, then leaves for two hours, and then returns for three hours, and all activity takes place within the same program day, total hours for this consumer shall be equal to five.

If the consumer permanently stops attending the Qualified Vendor's facility, then the Qualified Vendor shall notify the DDD Program Administrator/Manager or designee. The Qualified Vendor shall not bill the Division for vacancies.

Direct Service Staff Qualifications

The direct service staff shall:

1. Have at least three months experience in conducting group or individual activities related to specific developmental, habilitative, or recreational programs, or be supervised by an individual with such experience; and
2. Have completed training, approved by the Division, in early childhood development when working with children who are under age six.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. For consumers, the Qualified Vendor must keep daily records of the number of hours each consumer spends in the Qualified Vendor's program. The time begins when the Qualified Vendor assumes responsibility for the consumer and ends when the Qualified Vendor ends this responsibility. Total time shall not include any time spent during transportation to/from the program.
4. For direct service staff, the Qualified Vendor must keep daily records of the number of hours each direct service staff spends providing direct services to consumers in the program. Only the time when consumers are present shall be counted as direct service. Total time shall not include any time spent during transportation to/from the program.

HABILITATION, NURSING SUPPORTED GROUP HOME

Service Description

This service provides a variety of interventions designed to maximize the functioning of consumers. Services may include but are not limited to: habilitative therapies, special development skills, behavior intervention, sensory-motor development, and skilled nursing assessments and intervention.

The focus of this residential service is to meet the needs of consumers that require continuous medical intervention that requires the oversight of a registered nurse (RN).

Service Setting

1. This service is provided to consumers in a residential setting that typically serves four to six consumers who require the oversight of an RN.
2. This service shall not be provided when the consumer is hospitalized.

Service Goals and Objectives

Service Goals

1. To provide a broad array of support services, including skilled nursing assessments and interventions, to promote the physical, emotional, and mental well being of the consumer.
2. To enable the consumer to acquire knowledge and skills and to be a valued member of his/her community.
3. To provide training and supervision for the consumer to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her own community.
4. To develop positive relationships and support for consumers and their families.
5. To provide opportunities for consumers to interact socially with family, friends, and the community at large, including providing information regarding and facilitating access to community resources.
6. To assist the consumer in achieving and maintaining a quality of life that promotes the consumer's vision of the future.

6. Provide transportation to support the consumer in all daily living activities, e.g., day treatment and training, employment situation, medical appointments, visits with family and friends and other community activities. Promote, as appropriate, the acquisition of skills necessary to access community transportation resources.
7. Develop a monthly on-site/community integrated schedule of daily activities and document consumers' direct input into the monthly schedule. Daily activities and schedules are based on consumer choice, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to consumers, consumer representatives, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including day treatment and training providers, health care providers, and schools are coordinated to meet the needs of the consumers served.
9. Provide room and board.
10. Ensure that services are prescribed by a qualified, licensed physician and that other professional nursing tasks are provided by an RN or a licensed practical nurse (LPN).

Service Utilization Guidelines

1. Utilization and authorization of services for each site will be determined based on the individual needs of each consumer at that site and will be revised as needs change. The Qualified Vendor is expected to assist the Division in the process for determining the support level to be authorized for the consumers living in the home. This process should be a cooperative one that includes input from the Qualified Vendor. All changes must be re-authorized.
2. Prior to initiation of this service and at least annually thereafter (more frequently if required by the Division), a nursing support assessment shall be performed by the Division's managed care unit. Initiation and/or continuation of this service may depend on AHCCCS' approval of the cost-effectiveness plan.

Rate

1. Published.
2. The Division will make payments to the Qualified Vendor based on the daily rate for each consumer at the authorized level. The rate does not include incontinent supplies or nutritional supplements, which are covered by the consumer's health plan. If these items are not covered by the health plans, the Division will approve these modifiers on a case-by-case basis, and the Qualified Vendor will be paid for these expenses in addition to the *per diem* rate and only for those residents that require them.
3. If the resident is not in the group home facility for a particular day, the Qualified Vendor shall not bill the Division for this resident.

Unit of Service

One unit of service equals one day (24 hours) of service time. A day begins at midnight and ends at 11:59 p.m. Unit of service includes transportation time spent with consumers during daily activities.

Qualifications

1. Direct service staff must:
 - 1.1 Have at least three months experience implementing and documenting performance in individual programs (specific training strategies);
 - 1.2 Have both three months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance;
 - 1.3 Perform three months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above; or
 - 1.4 Be a registered nurse (RN) or licensed practical nurse.
2. The home must be under the general supervision of an RN.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. The Qualified Vendor must maintain on file consumer attendance reports and proof of hours worked by their direct service staff, e.g. staff time sheets.
4. The Qualified Vendor shall provide monthly reports of all health care appointments and results to the consumer's representative.

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Service Utilization Guidelines

1. Nursing will be authorized based on the nursing needs assessment conducted by the Division's managed care unit.
2. This service is provided on an intermittent (short-term) or continuous basis. The allocation of nursing service hours is authorized by the managed care nurse, based on the nursing assessment, which will be included in the consumer's ISP.
3. The Division's managed care unit will conduct nursing assessments at least annually, or more frequently if required by the Division, to reassess need for this service.
4. Prior to initiating the service, the Qualified Vendor shall obtain written orders from the consumer's primary care physician (PCP) or physician of record. The written physician orders will be renewed every 62 days (bimonthly).

Rate

Published.

Unit of Service

1. The basis of payment for Nursing, Short Term is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - If services were provided for 65 minutes, bill for 1 hour.
 - If services were provided for 68 minutes, bill for 1.25 hour.
 - If services were provided for 50 minutes, bill for 0.75 hour.
2. If the Qualified Vendor provides nursing for more than 16 hours in one day, this is considered to be Nursing, Continuous. One unit of service for Nursing, Continuous equals one day (16 or more hours in a 24-hour period) of direct service. A Qualified Vendor billing for Nursing, Continuous shall bill for the appropriate number of days of service and include the actual cumulative hours of service provided on the billing document as required by the Division.
3. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

OCCUPATIONAL THERAPY EARLY INTERVENTION

Service Description

This service directs the participation of a consumer from birth to age three in selected activities to restore, maintain and improve functional skills.

Service Setting

1. To the maximum extent appropriate to the needs of the child this service must be provided in natural environments. Natural environments means settings that are natural or normal to the child's same age peers who have no disabilities; this includes the home and community settings, such as a park, restaurant, child care provider, etc. in which children without disabilities participate.
2. The Individualized Family Service Plan (IFSP) team may choose other than a natural environment only when the outcomes cannot be met providing this service in natural environments.
3. In these few situations where the team decides that it is impossible to meet an outcome in a natural environment, it must provide justification for its decision and a plan and a timeline to provide this service in a natural environment.

Service Goal and Objectives

Service Goals

1. To support and enhance the resources of the family to promote their child's development and participation in family and community life.
2. To focus on functional and meaningful outcomes for families and children who, as they grow, will continue to make decisions that support their independence and involvement with their community and the activities that interest and fulfill them.
3. To assist the family and other caregivers in providing learning opportunities that facilitate their child's successful engagement in relationships, activities, routines, and events of everyday life.

Service Objectives

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

1. Participate in, conduct or obtain an evaluation of the child's development.
 - 1.1 The evaluation of the child's development shall include: (1) a review of pertinent records related to the child's current health status and medical history, and (2) a evaluation of the child's level of functioning and assessment of the unique needs of the child in each of the following developmental areas: cognitive development; physical development, including vision and hearing; communication development; social-emotional development; and adaptive development.
 - 1.2 Evaluation procedures must include consideration of how the child's developmental capabilities across domains impact the child's ability to (1) engage or participate; (2) develop social relationships; and (3) be independent.
 - 1.3 The evaluations must be conducted by qualified personnel who are trained to utilize appropriate and nondiscriminatory methods and procedures, including informed clinical opinion, to evaluate children from birth through 36 months.
 - 1.4 Evaluation procedures and materials selected must be administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so, and not be racially or culturally discriminatory.
2. Collaborate with families, caregivers, support coordinators, and other early intervention professionals to develop and implement the Individualized Family Service Plan (IFSP).
 - 2.1 Assist the family in identifying their priorities, resources and interests related to their child's development. Discussion of family priorities, resources and interests is completely directed by the family and at their discretion.
 - 2.2 The IFSP team, including the occupational therapist, shall review and synthesize developmental information from all developmental assessment, evaluations, pertinent records, family report, observation and other sources of information.
 - 2.3 The IFSP team will identify functional, routine-based outcomes.
 - 2.4 The IFSP team will identify the supports and strategies that will assist the child and family to attain their Individualized Family Service Plan outcomes. The IFSP team shall ensure that all strategies identified in partnership with the family and caregivers are (1) relevant to the family's priorities, resources, and concerns, (2) directly linked to the functional, routines-based IFSP outcomes, and (3) based on a holistic understanding of child development.
3. Collaborate and consult with IFSP team members to ensure that all services, supports and strategies are coordinated and focus on assisting the families and caregivers to participate in desired activities.
4. Provide intervention and treatment that requires the skills as a licensed occupational therapist to implement outcomes/objectives/goals of the IFSP.

5. Participate in assessing progress toward IFSP outcomes.
 - 5.1 The occupational therapist, as a member of the Individualized Family Service Plan team, shall document and report progress toward outcomes systematically and use this information to develop, review and evaluate the Individualized Family Service Plan. The occupational therapist shall involve the family and other caregivers in assessing progress, both qualitatively and quantitatively.

Service Utilization Guidelines

1. Evaluation and assessment, standards of service delivery, and family’s concerns, priorities and resources determine the outcomes identified in the IFSP.
2. The IFSP team determines who will assist the family and child in attaining the outcomes.
3. All IFSP team members contribute to the discussion of types and frequency of services and are not unilateral decision-makers.
4. Service delivery methods, times, days, locations should be flexible and meet the requirements of natural environments.
5. The Qualified Vendor/direct service staff should make recommendations for needed equipment, help obtain equipment and support the family in its use and maintenance. The Qualified Vendor/direct service staff will monitor equipment as appropriate.
6. The IFSP team will review the progress toward the IFSP outcomes and determine the appropriateness of services identified to meet the outcomes.
7. This service shall be authorized in accordance with Administrative Directive #77 “...if day treatment and training/special instruction is identified to meet a planned outcome the support coordinator shall first offer the family choice of day treatment and training/special instruction provider. If the plan also identifies therapy as a service to meet planned outcomes and the family’s choice of provider for day treatment and training/special instruction also contracts through the Qualified Vendor process for any or all of the therapy services, the family shall automatically be assigned these services through this provider.”

Rate

1. Published.
2. If the Qualified Vendor provides this service, other than evaluation, to a consumer within the distance specified in the published rate schedule, the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance.

Unit of Service

1. One unit of evaluation equals one visit for evaluation.
2. The basis of payment for this service other than evaluation is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - If services were provided for 65 minutes, bill for 1 hour.
 - If services were provided for 68 minutes, bill for 1.25 hour.
 - If services were provided for 50 minutes, bill for 0.75 hour.
3. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Qualifications

The Qualified Vendor shall meet all applicable licensure and the Arizona Early Intervention Program (AzEIP) Personnel Standards requirements in order to provide occupational therapy services, including:

1. Occupational therapy services must be provided by a person licensed by the Arizona Board of Occupational Therapy Examiners pursuant to Arizona Revised Statutes, Title 32, and Chapter 34.
2. Occupational therapists utilizing Certified Occupational Therapy Assistants must adhere to supervision licensure requirements from the Arizona Board of Occupational Therapy Examiners pursuant to Arizona Revised Statutes, Title 32, and Chapter 34.
3. The Qualified Vendor and each individual therapist must:
 - 3.1 Be registered with the Arizona Early Intervention Program and completed a program self-assessment.
 - 3.2 Work cooperatively with DES/DDD for the State and Federal monitoring of the statewide Early Intervention Program. Comply with all applicable DES/DDD and DES/AzEIP requirements, including the AzEIP policies and procedures.
 - 3.3 Comply with the AzEIP Professional Development System and meet the AzEIP Standards of Practice.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit an evaluation report to the support coordinator within three weeks of the evaluation. The report will adhere to the Division's therapy policy.
2. The Qualified Vendor shall submit a quarterly progress report to the support coordinator within 15 days of the end of the quarter. The report will document the relationship between the service and the outcome it is intended to achieve as identified on the IFSP and adhere to the Division's therapy policy.
3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer's representative as verification of hours served.

PHYSICAL THERAPY EARLY INTERVENTION

Service Description

This service directs the participation of a consumer from birth to age three in selected activities to restore, maintain and improve physical skills.

Service Setting

1. To the maximum extent appropriate to the needs of the child this service must be provided in natural environments. Natural environments means settings that are natural or normal to the child's same age peers who have no disabilities; this includes the home and community settings, such as a park, restaurant, child care provider, etc. in which children without disabilities participate.
2. The Individualized Family Service Plan (IFSP) team may choose other than a natural environment only when the outcomes cannot be met providing this service in natural environments.
3. In these few situations where the team decides that it is impossible to meet an outcome in a natural environment, it must provide justification for its decision and a plan and a timeline to provide this service in a natural environment.

Service Goal and Objectives

Service Goals

1. To support and enhance the resources of the family to promote their child's development and participation in family and community life.
2. To focus on functional and meaningful outcomes for families and children who, as they grow, will continue to make decisions that support their independence and involvement with their community and the activities that interest and fulfill them.
3. To assist the family and other caregivers in providing learning opportunities that facilitate their child's successful engagement in relationships, activities, routines, and events of everyday life.

Service Objectives

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

1. Participate in, conduct or obtain an evaluation of the child's development.
 - 1.1 The evaluation of the child's development shall include: (1) a review of pertinent records related to the child's current health status and medical history, and (2) a evaluation of the child's level of functioning and assessment of the unique needs of the child in each of the following developmental areas: cognitive development; physical development, including vision and hearing; communication development; social-emotional development; and adaptive development.
 - 1.2 Evaluation procedures must include consideration of how the child's developmental capabilities across domains impact the child's ability to (1) engage or participate; (2) develop social relationships; and (3) be independent.
 - 1.3 The evaluations must be conducted by qualified personnel who are trained to utilize appropriate and nondiscriminatory methods and procedures, including informed clinical opinion, to evaluate children from birth through 36 months.
 - 1.4 Evaluation procedures and materials selected must be administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so, and not be racially or culturally discriminatory.
2. Collaborate with families, caregivers, support coordinators, and other early intervention professionals to develop and implement the Individualized Family Service Plan (IFSP).
 - 2.1 Assist the family in identifying their priorities, resources and interests related to their child's development. Discussion of family priorities, resources and interests is completely directed by the family and at their discretion.
 - 2.2 The IFSP team, including the physical therapist, shall review and synthesize developmental information from all developmental assessment, evaluations, pertinent records, family report, observation and other sources of information.
 - 2.3 The IFSP team will identify functional, routine-based outcomes.
 - 2.4 The IFSP team will identify the supports and strategies that will assist the child and family to attain their IFSP outcomes. The IFSP team shall ensure that all strategies identified in partnership with the family and other caregivers are (1) relevant to the family's priorities, resources, and concerns, (2) directly linked to the functional, routines-based IFSP outcomes, and (3) based on a holistic understanding of child development.
3. Collaborate and consult with IFSP team members in the provision of services to ensure that all services, supports and strategies are coordinated and focus on assisting families to participate in desired activities.
4. Provide intervention and treatment that requires the skills as a licensed physical therapist to implement outcomes/objectives/goals of the ISP.

5. Participate in assessing progress toward IFSP outcomes.
 - 5.1 The physical therapist, as a member of the Individualized Family Service Plan team, shall document and report progress toward outcomes systematically and use this information to develop, review and evaluate the Individualized Family Service Plan. The physical therapist shall involve the family and other caregivers in assessing progress, both qualitatively and quantitatively.

Service Utilization Guidelines

1. Evaluation and assessment, standards of service delivery, and family’s concerns, priorities and resources determine the outcomes identified in the IFSP.
2. The IFSP team determines who will assist the family and child in attaining the outcomes.
3. All IFSP team members contribute to the discussion of types and frequency of services and are not unilateral decision-makers.
4. Service delivery methods, times, days, locations should be flexible and meet the requirements of natural environments.
5. The Qualified Vendor/direct service staff should make recommendations for needed equipment, help obtain equipment and support the family in its use and maintenance. The Qualified Vendor/direct service staff will monitor equipment as appropriate.
6. The IFSP team will review the progress toward the IFSP outcomes and determine the appropriateness of services identified to meet the outcomes.
7. This service shall be authorized in accordance with Administrative Directive #77 “...if day treatment and training/special instruction is identified to meet a planned outcome the support coordinator shall first offer the family choice of day treatment and training/special instruction provider. If the plan also identifies therapy as a service to meet planned outcomes and the family’s choice of provider for day treatment and training/special instruction also contracts through the Qualified Vendor process for any or all of the therapy services, the family shall automatically be assigned these services through this provider.”

Rate

1. Published.
2. If the Qualified Vendor provides this service, other than evaluation, to a consumer within the distance specified in the published rate schedule, the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance.

Unit of Service

1. One unit of evaluation equals one visit for evaluation.
2. The basis of payment for this service other than evaluation is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - If services were provided for 65 minutes, bill for 1 hour.
 - If services were provided for 68 minutes, bill for 1.25 hour.
 - If services were provided for 50 minutes, bill for 0.75 hour.
3. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Qualifications

The Qualified Vendor shall meet all applicable licensure and Arizona Early Intervention Program (AzEIP) Personnel Standards requirements in order to provide physical therapy services, including:

1. Physical therapy services must be provided by a person licensed by the Arizona Board of Physical Therapy Examiners and who is a graduate of an “accredited physical therapy education program” curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Physical Therapy Association.
2. The Qualified Vendor and each individual therapist must:
 - 2.1 Be registered with the Arizona Early Intervention Program and completed a program self-assessment.
 - 2.2 Work cooperatively with DES/DDD for the State and Federal monitoring of the statewide Early Intervention Program. Comply with all applicable DES/DDD and DES/AzEIP requirements, including the AzEIP policies and procedures.
 - 2.3 Comply with the AzEIP Professional Development System and meet the AzEIP Standards of Practice.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit an evaluation report to the support coordinator within three weeks of the evaluation. The report will adhere to the Division's therapy policy.
2. The Qualified Vendor shall submit a quarterly progress report to the support coordinator within 15 days of the end of the quarter. The report will document the relationship between the service and the outcome it is intended to achieve as identified on the IFSP and adhere to the Division's therapy policy.
3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer's representative as verification of hours served.

SPEECH THERAPY EARLY INTERVENTION

Service Description

This service provides evaluations, program recommendations, and/or treatment/training in receptive and expressive language, voice, articulation and fluency to consumers from birth to age three.

Service Setting

1. To the maximum extent appropriate to the needs of the child this service must be provided in natural environments. Natural environments means settings that are natural or normal to the child's same age peers who have no disabilities; this includes the home and community settings, such as a park, restaurant, child care provider, etc. in which children without disabilities participate.
2. The Individualized Family Service Plan (IFSP) team may choose other than a natural environment only when the outcomes cannot be met providing this service in natural environments.
3. In these few situations where the team decides that it is impossible to meet an outcome in a natural environment, it must provide justification for its decision and a plan and a timeline to provide this service in a natural environment.

Service Goals and Objectives

Service Goals

1. To support and enhance the resources of the family to promote their child's development and participation in family and community life.
2. To focus on functional and meaningful outcomes for families and children who, as they grow, will continue to make decisions that support their independence and involvement with their community and the activities that interest and fulfill them.
3. To assist the family and other caregivers in providing learning opportunities that facilitate their child's successful engagement in relationships, activities, routines, and events of everyday life.

Service Objectives

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

1. Participate in, conduct or obtain an evaluation of the child's development.
 - 1.1 The evaluation of the child's development shall include: (1) a review of pertinent records related to the child's current health status and medical history, and (2) a evaluation of the child's level of functioning and assessment of the unique needs of the child in each of the following developmental areas: cognitive development; physical development, including vision and hearing; communication development; social-emotional development; and adaptive development.
 - 1.2 Evaluation procedures must include consideration of how the child's developmental capabilities across domains impact the child's ability to (1) engage or participate; (2) develop social relationships; and (3) be independent.
 - 1.3 The evaluations must be conducted by qualified personnel who are trained to utilize appropriate and nondiscriminatory methods and procedures, including informed clinical opinion, to evaluate children from birth through 36 months.
 - 1.4 Evaluation procedures and materials selected must be administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so, and not be racially or culturally discriminatory.
2. Collaborate with families, caregivers, support coordinators, and other early intervention professionals to develop and implement the Individualized Family Service Plan (IFSP).
 - 2.1 Assist the family in identifying their priorities, resources and interests related to their child's development. Discussion of family priorities, resources and interests is completely directed by the family and at their discretion.
 - 2.2 The IFSP team, including the speech language pathologist, shall review and synthesize developmental information from all developmental assessment, evaluations, pertinent records, family report, observation and other sources of information.
 - 2.3 The IFSP team will identify functional, routine-based outcomes.
 - 2.4 The IFSP team will identify supports and strategies that will assist the child and family to attain their Individualized Family Service Plan outcomes. The IFSP team shall ensure that all strategies identified in partnership with the family and other caregivers are (1) relevant to the family's priorities, resources and concerns, (2) directly linked to the functional, routines-based IFSP outcomes, and (3) based on a holistic understanding of child development.
3. Collaborate and consult with IFSP team members in the provision of services to ensure that all services and supports and strategies are coordinated and focus on assisting the families and caregivers to participate in desired activities.
4. Provide intervention and treatment that requires the skills as a licensed speech therapist to implement outcomes/objectives/goals of the ISP.

5. Participate in assessing progress toward IFSP outcomes.
 - 5.1 The speech language pathologist, as a member of the Individualized Family Service Plan team, shall document and report progress toward outcomes systematically and use this information to develop, review and evaluate the Individualized Family Service Plan. The speech language pathologist shall involve the family and other caregivers in assessing progress, both qualitatively and quantitatively.

Service Utilization Guidelines

1. Evaluation and assessment, standards of service delivery, and family's concerns, priorities and resources determine the outcomes identified in the IFSP.
2. The IFSP team determines who will assist the family and child in attaining the outcomes.
3. All IFSP team members contribute to the discussion of types and frequency of services and are not unilateral decision-makers.
4. Service delivery methods, times, days, locations should be flexible and meet the requirements of natural environments.
5. The Qualified Vendor/direct service staff should make recommendations for needed equipment, help obtain equipment and support the family in its use and maintenance. The Qualified Vendor/direct service staff will monitor equipment as appropriate.
6. The IFSP team will review the progress toward the IFSP outcomes and determine the appropriateness of services identified to meet the outcomes.
7. This service shall be authorized in accordance with Administrative Directive #77 "...if day treatment and training/special instruction is identified to meet a planned outcome the support coordinator shall first offer the family choice of day treatment and training/special instruction provider. If the plan also identifies therapy as a service to meet planned outcomes and the family's choice of provider for day treatment and training/special instruction also contracts through the Qualified Vendor process for any or all of the therapy services, the family shall automatically be assigned these services through this provider."

Rate

1. Published.
2. If the Qualified Vendor provides this service, other than evaluation, to a consumer within the distance specified in the published rate schedule, the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance.

Unit of Service

1. One unit of evaluation equals one visit for evaluation.
2. The basis of payment for this service other than evaluation is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - If services were provided for 65 minutes, bill for 1 hour.
 - If services were provided for 68 minutes, bill for 1.25 hour.
 - If services were provided for 50 minutes, bill for 0.75 hour.
3. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Qualifications

The Qualified Vendor shall meet all applicable licensure and Arizona Early Intervention Program (AzEIP) Personnel Standards requirements in order to provide speech therapy services, including:

1. Speech therapy services must be provided by a Speech Language Pathologist that holds a license issued by the Arizona Department of Health Services. If non-certified or clinical fellowship year (CFY) personnel are utilized, they must be under supervision of a certified Speech Language Pathologist.

2. The Qualified Vendor and each individual therapist must:
 - 2.1 Be registered with the Arizona Early Intervention Program and completed a program self-assessment.
 - 2.2 Work cooperatively with DES/DDD for the State and Federal monitoring of the statewide Early Intervention Program. Comply with all applicable DES/DDD and DES/AzEIP requirements, including the AzEIP policies and procedures.
 - 2.3 Comply with the AzEIP Professional Development System and meet the AzEIP Standards of Practice.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit an evaluation report to the support coordinator within three weeks of the evaluation. The report will adhere to the Division's therapy policy.
2. The Qualified Vendor shall submit a quarterly progress report to the support coordinator within 15 days of the end of the quarter. The report will document the relationship between the service and the outcome it is intended to achieve as identified on the IFSP and adhere to the Division's therapy policy.
3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer's representative as verification of hours served.

**SECTION 9
ATTACHMENT A
APPLICATION AND QUALIFIED VENDOR AGREEMENT AWARD**

<p>APPLICATION and QUALIFIED VENDOR AGREEMENT AWARD</p>	<p>ARIZONA DEPARTMENT OF ECONOMIC SECURITY</p> <p>DIVISION OF DEVELOPMENTAL DISABILITIES</p>
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APPLICATION

<p>TO: THE STATE OF ARIZONA</p> <p>The Undersigned hereby applies and agrees to provide the service(s) in compliance with the RFQVA.</p> <p>For clarification of this application, contact:</p>	
<p>_____</p> <p>Name</p> <p>_____</p> <p>Phone Number</p> <p>_____</p> <p>Fax Number</p> <p>_____</p> <p>E-Mail Address</p> <p>If awarded a Qualified Vendor Agreement, all notices should be sent to:</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Mailing Address</p> <p>_____</p> <p>City State Zip</p> <p>_____</p> <p>Phone Number Fax Number</p> <p>_____</p> <p>E-Mail Address</p> <p>_____</p> <p>Signature of Person Authorized to Sign Application</p> <p>_____</p> <p>Printed Name</p> <p>_____</p> <p>Title</p>	<p>_____</p> <p>Federal Employer Identification Number</p> <p>_____</p> <p>Company Name</p> <p>_____</p> <p>Mailing Address</p> <p>_____</p> <p>City State Zip</p> <p>_____</p> <p>Phone Number Fax Number</p> <p>_____</p> <p>E-Mail Address</p> <p>_____</p> <p>Signature of Person Authorized to Sign Application</p> <p>_____</p> <p>Printed Name</p> <p>_____</p> <p>Title</p>

APPROVAL OF APPLICATION AND AGREEMENT AWARD (FOR STATE OF ARIZONA USE ONLY)

Your application is hereby approved. The Qualified Vendor is now bound to provide the service(s) listed in the attached award notice based upon the RFQVA, including all terms, conditions, service specifications, scope of work, amendments, etc., and the Qualified Vendor's application as accepted by the State.

This agreement shall henceforth be referred to as Qualified Vendor Agreement No._____. The begin date and the effective date of this agreement is either the date that this award is signed by the Procurement Officer or July 1, 2003, whichever is later.

State of Arizona
Awarded this Date: _____

Procurement Officer