RFQVA AMENDMENT	DEPARTMENT OF ECONOMIC SECURITY
RFQVA No: DDD 704012	Agency: Division of Developmental Disabilities
Amendment No: 6	Address: 1789 W. Jefferson, Site Code 791A Phoenix, Arizona 85005
Page 1 of 15	Phone: (602) 542-6874

A signed copy of the signature page (page 2) of this amendment must be included in the hard copy of the Application, or, if a Qualified Vendor Agreement has been awarded, the Qualified Vendor must return a signed copy of this amendment to:

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

The purpose of this amendment is to add new services. The RFQVA is amended as follows:

#### Section 1 – NOTICE OF REQUEST FOR QUALIFIED VENDOR APPLICATIONS (RFQVA)

Page 1-1, under "Application Due Date," is amended to: Replace "with Music Component" with "services" Replace "this service" with "these services"

Page 1-2, under "Services," is amended to add Specialized Habilitation, Behavioral-B; Specialized Habilitation, Behavioral-M; and Habilitation, Communication

#### Section 2 – TABLE OF CONTENTS

Page 2-2, under "Service Specifications," is amended to add Specialized Habilitation, Behavioral-B; Specialized Habilitation, Behavioral-M; and Habilitation, Communication

#### Section 7 – SERVICE SPECIFICATIONS

Page 7-1, is amended to list Specialized Habilitation, Behavioral-B; Specialized Habilitation, Behavioral-M; and Habilitation, Communication

End of the section, is amended to add services specifications for Specialized Habilitation, Behavioral-B; Specialized Habilitation, Behavioral-M; and Habilitation, Communication

#### The following pages are attached:

Revised SECTION 1 – NOTICE OF REQUEST FOR QUALIFIED VENDOR APPLICATIONS (RFQVA), page 1-2

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

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Revised SECTION 7 – SERVICE SPECIFICATIONS, pag	es 7-1, and 7-6 to 7-15
EXCEPT AS PREVIOUSLY AMENDED, ALL OTHER PROVISION	NS OF THE RFQVA SHALL REMAIN IN THEIR ENTIRETY.
NOTE: IN ACCORDANCE WITH A.R.S. § 36-557.F (AS AMEN FOR THE SERVICES PURCHASED THROUGH THIS RFQVA A ON THE DIVISION'S WEBSITE.	
Applicant hereby acknowledges receipt and understanding of the above RFQVA amendment.	The above referenced RFQVA Amendment is hereby executed this <u>27th</u> day of <u>October</u> , 2005, at Phoenix, Arizona.
Signature Date	
Typed Name and Title	
Name of Company	antonia Valladares
Oualified vendor Number	DDD Procurement Specialist

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# SECTION 1 NOTICE OF REQUEST FOR QUALIFIED VENDOR APPLICATIONS (RFQVA) State of Arizona

**Department of Economic Security (DES) or (Department) Division of Developmental Disabilities (DDD) or (Division)** 

**RFQVA Number: DDD 704014** 

[ ] Time Limited [ x ] Open and Continuous

#### **Application Due Date:**

Pursuant to Arizona Revised Statutes (A.R.S.) § 36-557 and rules adopted thereunder (R6-6-2101 et seq.), which are incorporated herein by reference, Applications for the services listed below will be accepted by the Division at the time and manner specified below. Through this Request for Qualified Vendor Applications (RFQVA) the Arizona Department of Economic Security (DES or Department), Division of Developmental Disabilities (DDD or Division) will execute Qualified Vendor Agreements with providers for the provision of these services.

Applications must be submitted electronically using the Qualified Vendor Application and Directory System as well as submitting a printable hard copy with signatures and necessary additional documentation. See Section 3 and Section 9.

Applications will be accepted beginning June 1, 2004. All Applicants shall not expect to be awarded an agreement sooner than 60 days after the submittal of a complete Application.

#### **Submittal Location:**

# ELECTRONICALLY GENERATED HARD COPY WITH ORIGINAL SIGNATURE AND NECESSARY DOCUMENTATION

In Person or By Courier to:

DDD Contract Unit, 4<sup>th</sup> 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

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Bv	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

#### **Services:**

Specialized Habilitation with Music Component Specialized Habilitation, Behavioral-B Specialized Habilitation, Behavioral-M Habilitation, Communication

Persons with a disability may request a reasonable accommodation by contacting the RFQVA contact person. (For TDD/TTY call through the Arizona Relay Service at 800 367-8939). Requests should be made as early as possible to allow time to arrange the accommodation.

Agreement Type: Qualified Vendor Agreement with Published Rate

**Agreement Term:** 12 months beginning no sooner than 7/1/03, with five one-year options for the Division to extend or renew the agreement, with all agreements ending 6/30/09. The agreement can be terminated as specified in Section 6, DES/DDD Terms and Conditions.

**RFQVA Contact Person** (Phone/email)

Cathie Rodman (602) 542-6896 / Crodman@azdes.gov					
DDD Procurement Specialist					

# AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY

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	6.2	Agreement Interpretation			
	6.3	Agreement Administration and Operation	6-4		
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9.	Attac	hments (i.e. Forms to be completed by Applicant)			
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# SECTION 7 SERVICE SPECIFICATIONS

This section sets forth the service specifications for the following services:

Specialized Habilitation with Music Component Specialized Habilitation, Behavioral-B Specialized Habilitation, Behavioral-M Habilitation, Communication

In addition to the general requirements included in Section 5 and the terms and conditions in Section 6, the Qualified Vendor shall meet the requirements in the following service specifications.

# Specialized Habilitation, Behavioral-B

#### **Service Description**

This service provides behavioral supports pursuant to a positive behavioral supports plan that assist a consumer to remain in his /her home or the home of their family and to participate in community activities.

# **Service Setting**

- 1. This service may be provided in the following settings:
  - 1.1. The consumer's home or the home of their family;
  - 1.2. At the consumer's work or activities sites; or
  - 1.3. The consumer's community.
- 2. This service shall not be provided when the consumer is hospitalized.
- 3. This service shall not be provided to consumers living in group homes, vendor supported developmental homes (child or adult), skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities.
- 4. This service shall not be provided in public schools or in transit to public schools.

#### **Service Goals and Objectives**

#### Service Goals:

- 1. To provide an improved quality of life for the consumer by assisting him/her in living in their own home or family home by the teaching of alternative methods of responding to stressors and other sources of challenging behavior.
- 2. To implement the strategies of a positive behavioral supports plan.

#### Service Objectives:

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

- 1. Participate with the ISP team and family in the implementation of a positive behavioral supports plan.
- 2. Model the implementation of the plan for family members and/or direct service staff, including the teaching of alternative or replacement behavior.

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- 3. Train family members and/or direct service staff in the plan and monitor their usage of the plan.
- 4. Review data with the ISP team members and other interested parties, as to the success of the plan.
- 5. Provide follow-up consultation to ensure proper implementation of the plan and revise the plan as needed.

#### **Service Utilization Guidelines:**

- 1. All implemented interventions shall be based on the recommendations of the positive behavioral supports plan.
- 2. All interventions shall be based on the principles of learning alternative behaviors.
- 3. All interventions shall respect the rights and dignity of the consumer.
- 4. All interventions shall be based as much as possible on the positive behavior supports plan and the individual's ability to self-manage when supported.
- 5. All services shall be delivered in strict compliance with the provisions of Title 6, Chapter 6, Article 9 "Managing Inappropriate Behaviors" of the Arizona Administrative Code and Chapter 1600 of the Division's Policy Manual.

#### Rate:

Published.

#### **Unit of Service:**

The basis of payment for this service is an hourly unit of staff service time. Staff service time is the period of time spent with or on the 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 increments.

# **Staff Qualifications**

Direct service staff must:

- 1. Have at a minimum:
  - 1.1. A Bachelor's degree in psychology, behavior analysis, social work, education, special education, child development or counseling and 2 years of full-time experience in behavioral therapy, behavioral modification or behavioral analysis (implementing positive behavior support plans), or;
  - 1.2. A Bachelor's degree in an alternative discipline and 5 years of full-time experience in behavioral therapy, behavioral modification or behavioral analysis (implementing positive behavior support plans) or;
  - 1.3. Certification as a Board Certified Associate Behavior Analyst.
- 2. Have successfully completed the following:
  - 2.1. Client Intervention Training (CIT) from a CIT trainer;
  - 2.2. Training required by Article 9 Chapter 6 Title 6 A.A.C. from a certified trainer, and;
  - 2.3. Person Centered Planning training as approved by the Division.

The vendor will provide a letter documenting certification of the above for each direct service staff providing this service.

#### **Record Keeping and Reporting Requirements:**

- 1. The Qualified Vendor shall provide monthly progress notes to the support coordinator and the service provider that developed the positive behavioral supports plan including graphic data analyses indicating progress at accomplishing objectives.
- 2. The Qualified Vendor must maintain on file proof of hours worked by their direct services staff, e.g., staff time sheet. Each document must be signed by the consumer/family/consumer's representative as verification of hours served. In addition the Qualified Vendor must submit a monthly statement of billed activity to the consumer/family/consumer's representative and to the support coordinator.

# **Specialized Habilitation, Behavioral-M**

# **Service Description**

This service provides positive behavioral supports plans through assessments that assist a consumer to remain in his /her home or the home of their family and to participate in community activities.

# **Service Setting**

- 1. This service may be provided in the following settings:
  - 1.1. The consumer's home or the home of their family;
  - 1.2. At the consumer's work or activities sites; or
  - 1.3. The consumer's community.
- 2. This service shall not be provided when the consumer is hospitalized.
- 3. This service shall not be provided to consumers living in group homes, vendor supported developmental homes (child or adult), skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities.
- 4. This service shall not be provided in public schools or in transit to public schools.

#### **Service Goals and Objectives**

#### Service Goals:

- 1. To provide an improved quality of life for the consumer by assisting him/her in living in their own home or family home by the teaching of alternative methods of responding to stressors and other sources of challenging behavior.
- 2. To assist ISP teams and family members in managing challenging behaviors, through a thorough understanding of the purpose and function of a behavior.
- 3. To develop a positive behavioral supports plan derived from a behavioral assessment.

# Service Objectives:

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

- 1. Conduct a functional analysis of a challenging behavior.
- 2. Develop with the ISP team and family members a positive behavioral supports plan.

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- 3. Model the implementation of the plan for family members and/or direct service staff, including the teaching of alternative or replacement behavior.
- 4. Train family members and/or direct service staff in the plan and monitor their usage of the plan.
- 5. Assist the ISP team in acquiring the needed approvals of the plan pursuant to R6-6-903 and Division policy.
- 6. Review data with the ISP team members and other interested parties as to the success of the plan.
- 7. Provide follow-up consultation to ensure proper implementation of the plan and revise the plan as needed.

#### **Service Utilization Guidelines:**

- 1. All interventions recommended shall be based on the assessed function of the challenging behavior(s).
- 2. All interventions shall be based on the principles of learning alternative behaviors.
- 3. All interventions shall respect the rights and dignity of the consumer.
- 4. All interventions shall be based as much as possible on positive behavior supports and the consumer's ability to self-manage when supported.
- 5. All services shall be delivered in strict compliance with the provisions of Title 6, Chapter 6, Article 9 "Managing Inappropriate Behaviors" of the Arizona Administrative Code and Chapter 1600 of the Division's Policy Manual.

#### Rate:

Published.

# **Unit of Service:**

The basis of payment for this service is an hourly unit of staff service time. Staff service time is the period of time spent with or on behalf of the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increments.

# **Staff Qualifications**

Direct service staff must:

- 1. Have at a minimum:
  - 1.1. A license to practice psychology in the state of Arizona, or
  - 1.2. A Master's degree in behavior analysis, psychology, special education, or related field and:
    - 1.2.1. 15 hours of graduate level coursework in behavior analysis; and
    - 1.2.2. 6 months of full-time, supervised employment (internship/practicum) in behavior analysis under the supervision (minimum equivalent 1 hour per week) of a certified behavior analyst. (Implementing, developing, revising behavior support plans.), or
  - 1.3. Certification as a Board Certified Behavior Analyst
- 2. Have successfully completed the following:
  - 2.1. Client Intervention Training (CIT) from a CIT trainer;
  - 2.2. Training required by Article 9 Chapter 6 Title 6 A.A.C. from a certified trainer, and;
  - 2.3. Person Centered Planning training as approved by the Division.

The vendor will provide a letter documenting certification of the above for each direct service staff providing this service.

#### **Record Keeping and Reporting Requirements:**

- 1. The Qualified Vendor shall provide monthly progress notes to the support coordinator, including graphic data analyses indicting progress at accomplishing objectives.
- 2. The Qualified Vendor must maintain on file proof of hours worked by their direct services staff, e.g., staff time sheets. In addition the Qualified Vendor must submit a monthly statement of billed activity to the consumer/family/consumer's representative and to the support coordinator.

#### HABILITATION, COMMUNICATION

# **Service Description**

This service provides a variety of interventions designed to maximize the functioning of consumers in need of communication assistance based on habilitation objectives designed by the Individual Support Plan (ISP) team. Interventions may include activities typically delivered by habilitation, support, but are not limited to those activities. The emphasis is to provide communication development by an individual trained in sign language, picture exchange program, assistive technology and/or augmentative communication systems. This service does not include services that are governed by a certification or licensure board and is not to be delivered to consumers under 3 years of age.

#### **Service Setting**

- 1. This service may be provided in the following settings:
  - 1.1 The consumer's home; or
  - 1.2 The consumer's community; or
  - 1.3 A developmental home (child or adult).
- 2. This service shall not be provided while the consumer is attending day treatment and training.
- 3. This service shall not be provided when the consumer is hospitalized.
- 4. This service shall not be provided to consumers living in group homes, skilled nursing facilities, ICFs/MR, or Level I or Level II behavioral health facilities.

#### **Service Goals**

- 1 To facilitate the removal of barriers related to social interaction and independent functioning through increasing communication.
- 2 To enable the consumer to acquire knowledge and skills and be a valued member of his/her community based on his/her own choices.

# **Service Objectives**

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

- 1. Review assessments of the consumer's communication strengths and needs concentrating on the concerns identified by the individual support plan.
- In accordance with the consumer's ISP processes, develop an individualized communication support plan that recognizes the consumer's communication needs, including:
  - 2.1 Establish individualized, time-limited training objectives that are based on assessment data and input from the consumer's representatives to allow the consumer to achieve his/her long-term vision.
  - 2.2 Based upon identified needs in the ISP, consult with other team professionals regarding communication needs.
  - 2.3 Develop strategies for habilitation objectives within ten business days following the initiation of service. The specific training strategy for each objective shall identify the schedule for implementation, frequency of services, data collection methods, and teaching strategies. Strategies shall include activities that are more repetitive, mechanical, or routine.
  - 2.4 Based upon the presence or absence of measurable progress, make changes to specific training objective(s) and/or strategies, as agreed upon by the ISP team.
- 3. As identified in the consumer's ISP, provide training and/or assistance to the consumer's family and caregivers that is based on the priorities and needs as established to increase and/or maintain targeted communication skill acquisition of the consumer.
  - 3.1 With input from the consumer and family/caregivers, develop strategies for habilitation objectives that can be carried out in context of the consumer's daily routine.
  - 3.2 Communicate with the family/caregivers regarding how the support plans are working when the worker is not present.
  - 3.3 Based upon the presence or absence of measurable progress, consult with appropriate professionals on the team to make changes to training objective(s) and/or strategies, as agreed upon by the ISP team.

#### **Service Utilization Guidelines**

1. The ISP team shall decide, prior to the delivery of services how service delivery will be monitored.

# 2. Typical usage:

- 2.1. This service shall not be provided to consumers 0 to 3 years of age
- 2.2. For consumers 3 to 10 years of age: 2 hours per week. Service sessions shall not exceed on hour per session. Maximum authorized usage shall not exceed 24 months.
- 2.3. For consumers over 10 years of age: up to 1 hour per week. Maximum authorized usage shall not exceed 12 months.
- 2.4. Any exception to the above outlined usage must be approved by the District Program Administrator/Manager.
- 2.5. When identified by the ISP team the consumer may be seen in a joint session with other professionals.
- 3. This service is to be identified by the ISP team separately from other habilitation service needs and is expected to provide intensive services to increase and/or maintain targeted communication skills of the consumer.

#### Rate

Published.

#### **Unit of Service**

- 1. The basis of payment for this service 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 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.

# **Direct Service Staff Qualifications**

#### Direct service staff must:

- 1. Have an Associates degree in a related field and/or Assistive Technology Certification and/or Teacher's Aide Certification with 2 years of experience in communication related activities such as sign language, assistive technology, augmentative communication with knowledge of behavior management and/or adaptive activities; five years of experience as described above can be substituted for degree/certification certificate.
- 2. A Bachelors degree in education or therapy related field with specialty training in sign language, assistive technology, augmentative communication with knowledge of behavior management and/or adaptive activities; or
- 3. A Masters degree in education or therapy or related field with specialty training in sign language, assistive technology, augmentative communication with knowledge of behavior management and/or adaptive activities.

# **Recordkeeping and Reporting Requirements**

- 1. The Qualified Vendor shall submit the support plan to the support coordinator ten business days after the initiation of service for ISP team review.
- 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 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.