DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

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Governor

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QVADS

Qualified Vendor and Directory System

User Manual
Existing Providers

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

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INTRODUCTION

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

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

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

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

NOTE: All hardcopy materials are to be mailed to:

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

Purpose

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

Accessing the DES/DDD Website

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

- **https://www.azdes.gov/ddd/**

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

INTRODUCTION

Figure Intro 1. DDD Home Page

The appearance of this page will change periodically.

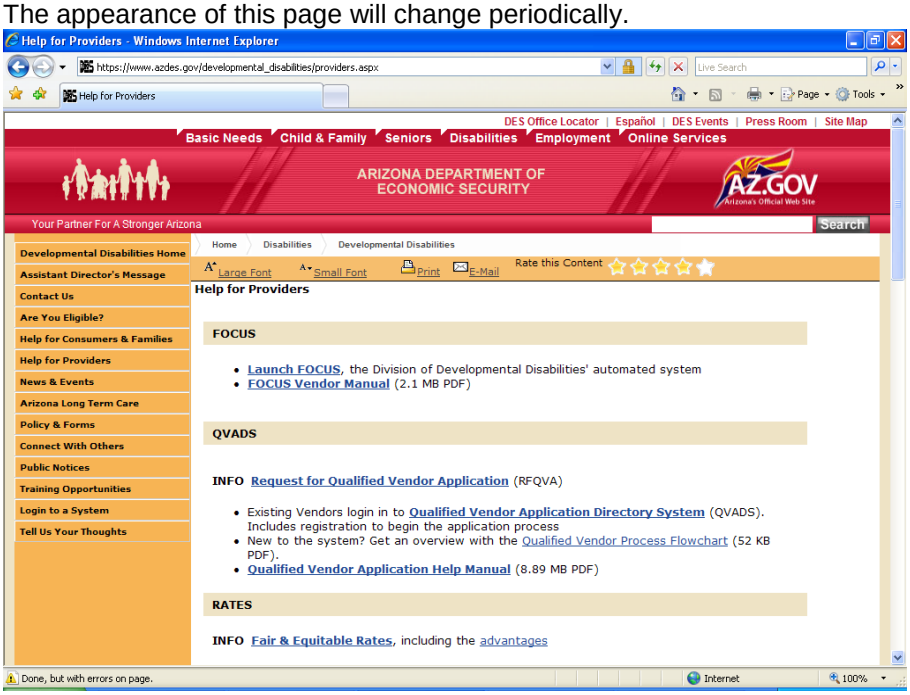
Materials Review

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

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

Figure Intro 2. Help for Providers Page

The appearance of this page will change periodically.



INTRODUCTION

Review the following links and content:

INFO **Request for Qualified Vendor Application** (RFQVA)

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

INFO **Fair & Equitable Rates**, including the advantages

- July 1, 2010 Rate Book (1.1 MB PDF)
- Division Rate Look Up File (6.73 MB XLS)

- The Uniform Billing template (733 KB XLS) for provider billing includes all formulas to calculate totals, units, and total amounts due. To aid your transition when using this template version, please do not:
  - Copy & paste from previous versions of this template or from old documents
  - Change the formatting of any cells
  - Use any linked formulas

Supporting documents include:

- Document specifications (153 KB PDF)
- Waiver Request Form (21 KB XLS)
- Rounding amendment to the template

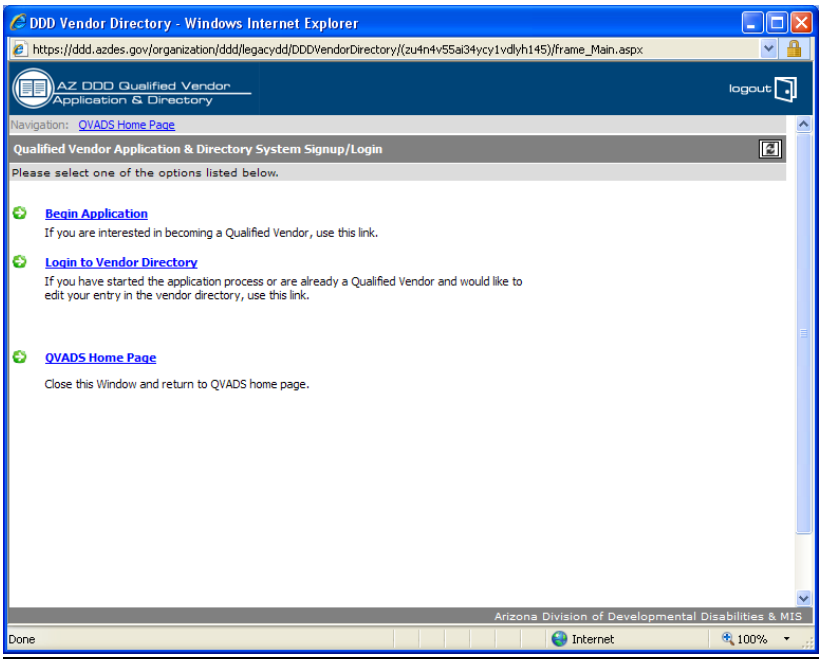
- More billing resources are available on the Training Opportunities page.
- Send support questions via email to DDDVendorSupport@azdes.gov.
- The Arizona W9 (735 KB PDF) for ALL vendors, including instructions
- Department of Administration's Sole Proprietor Waiver (24 KB PDF)

SECTION 1 – BEGIN APPLICATION

Request for Qualified Vendor Application

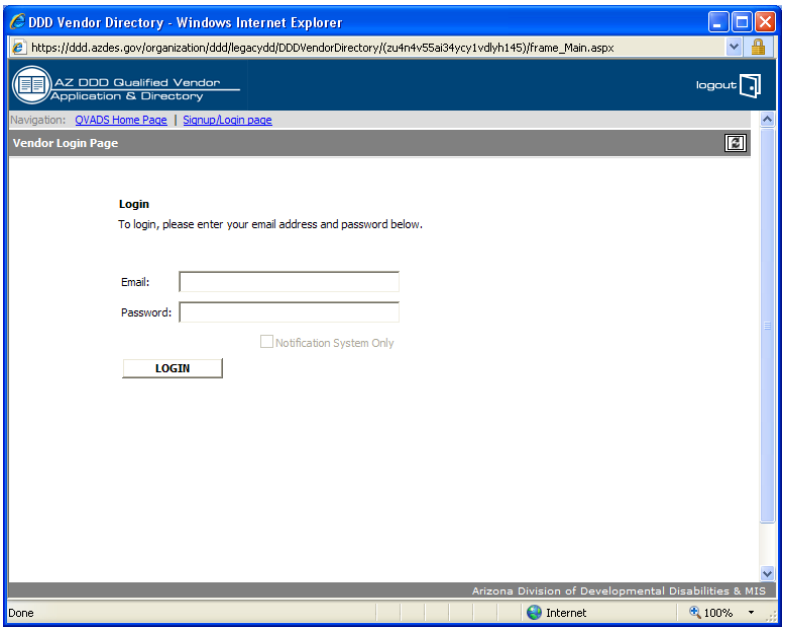
Click on the link entitled **"Request for Qualified Vendor Application.** This will open the "Request for Qualified Vendor Application" **(refer to Figure Intro 3).**

Figure Intro 3. QVADS Login Page



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

Figure Intro 4. Vendor Login Page



SECTION 1 – BEGIN APPLICATION

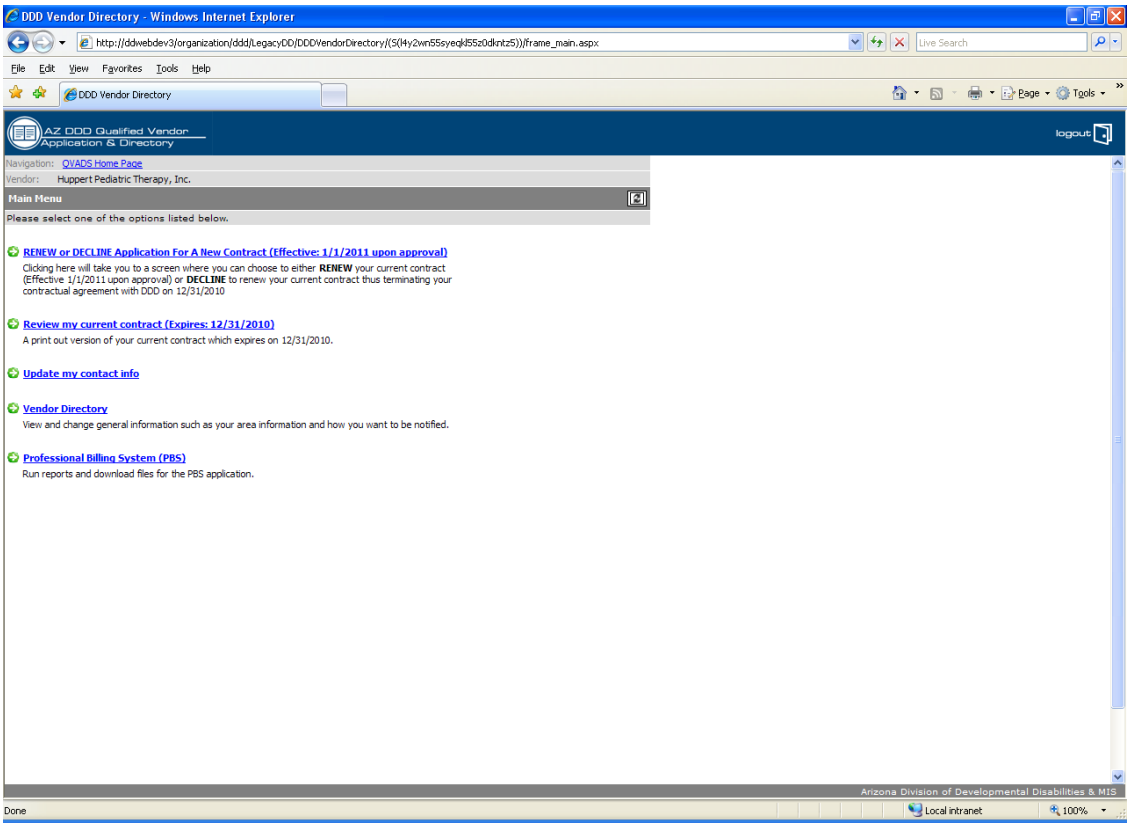
Qualified Vendor Applications # DDD 710000

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

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

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

Figure 1-1. QVADS Main Menu Page

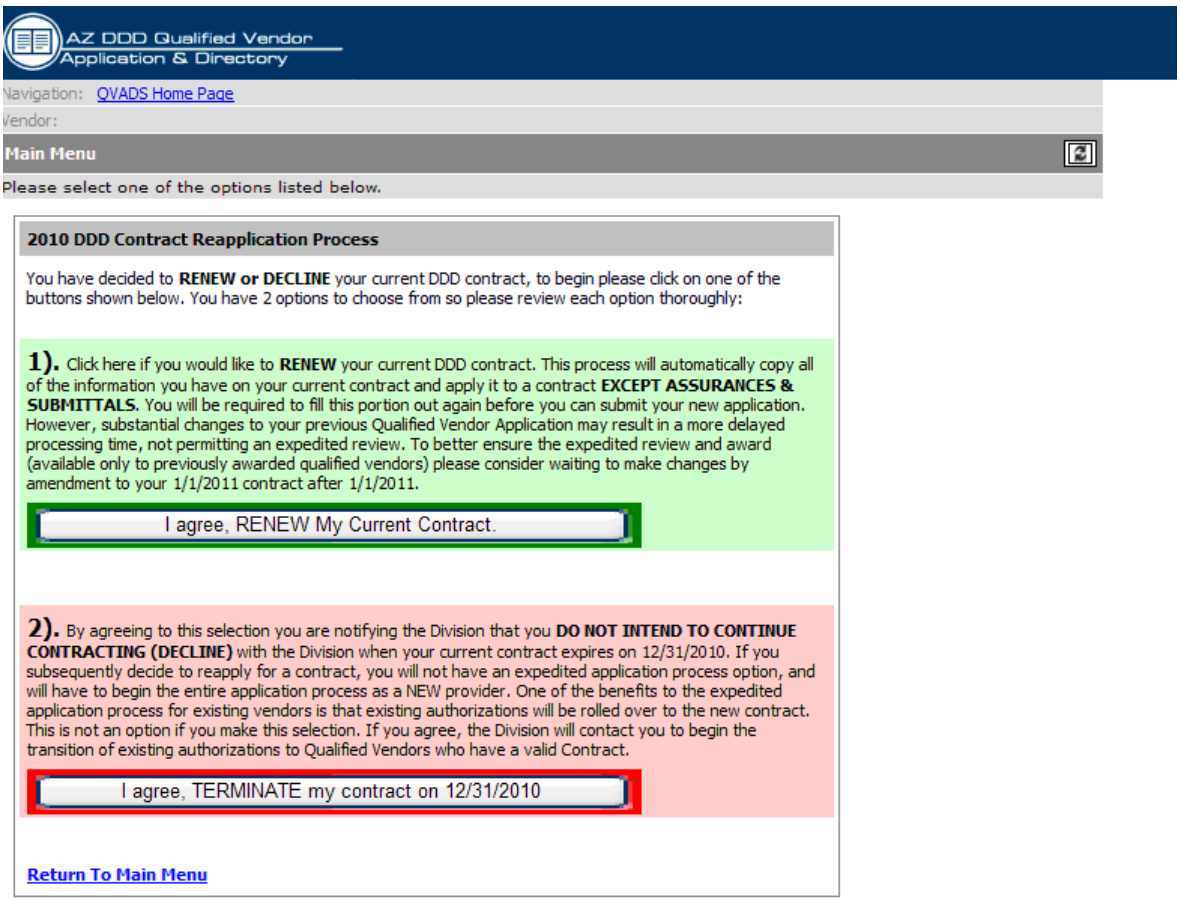


You will then be taken to a page entitled **2010 DDD Contract Reapplication Process** that contains the following two selections **(refer to Figure 1-2).**

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

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

Figure 1-2: Reapplication Confirmation Page

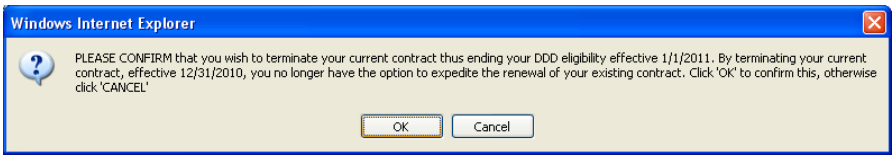


If you select "I agree, RENEW My Current Contract" the system will prompt you for confirmation **(refer to Figure 1-3).**

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

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

Figure 1-4. Confirm selection of Contract Termination



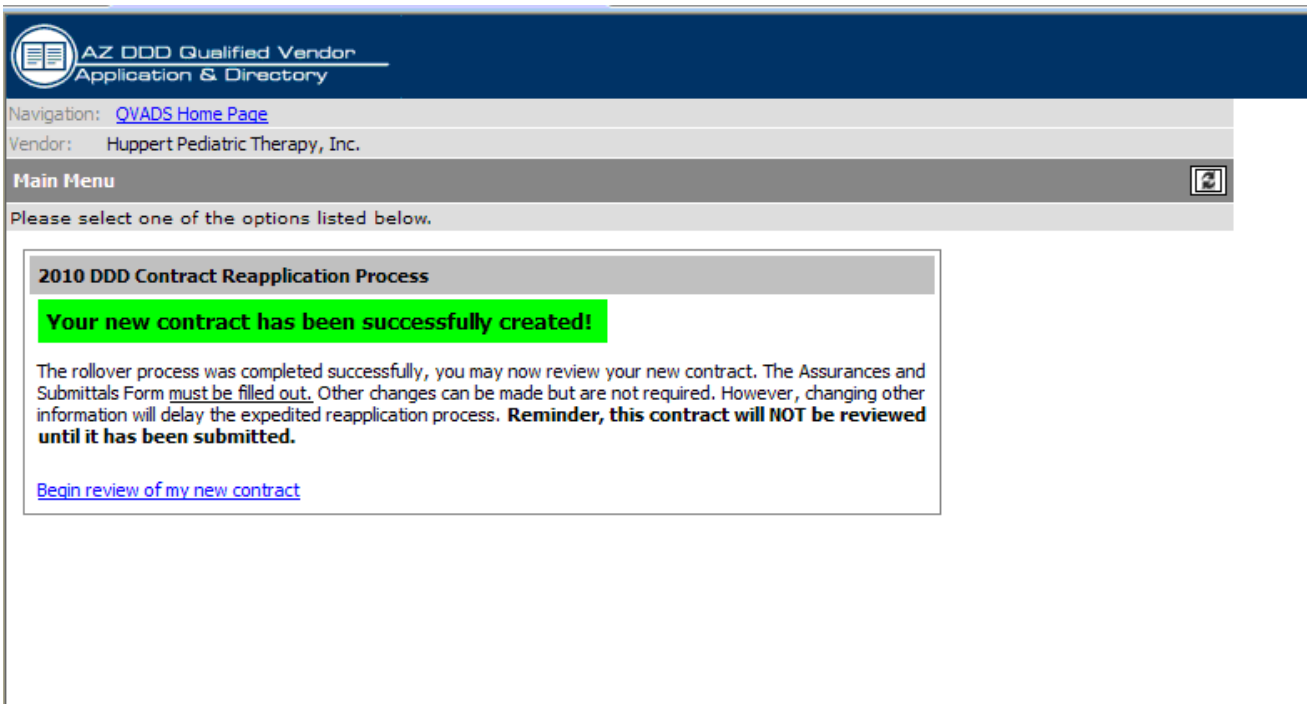
Once you terminate your contract you will no longer be eligible to participate in the Division's expedited review for providers with current approved contracts.

SECTION 1 – BEGIN APPLICATION

QVADS Contract Conversion Result Page

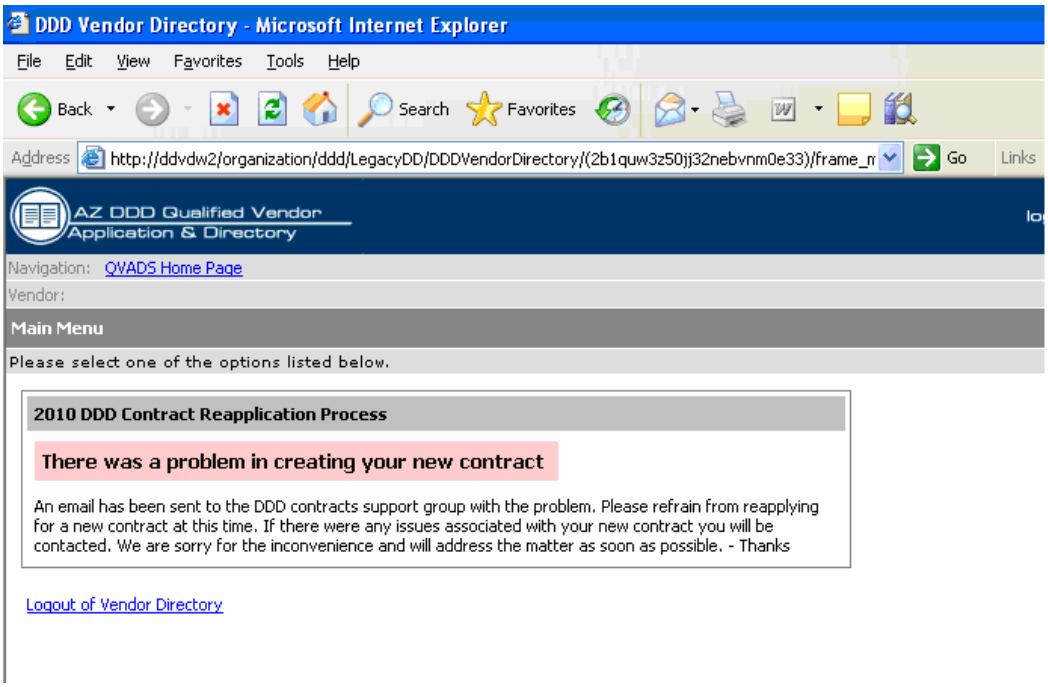
After you confirm your selection of RENEW My Current Contract, you will then be taken to one of two pages entitled **2010 DDD Contract Reapplication Process.**
The page in Figure 1-5 will confirm the successful completion of your contract conversion.
The page in Figure 1-6 will notify you of a problem with your conversion.

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



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

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



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

SECTION 1 – BEGIN APPLICATION

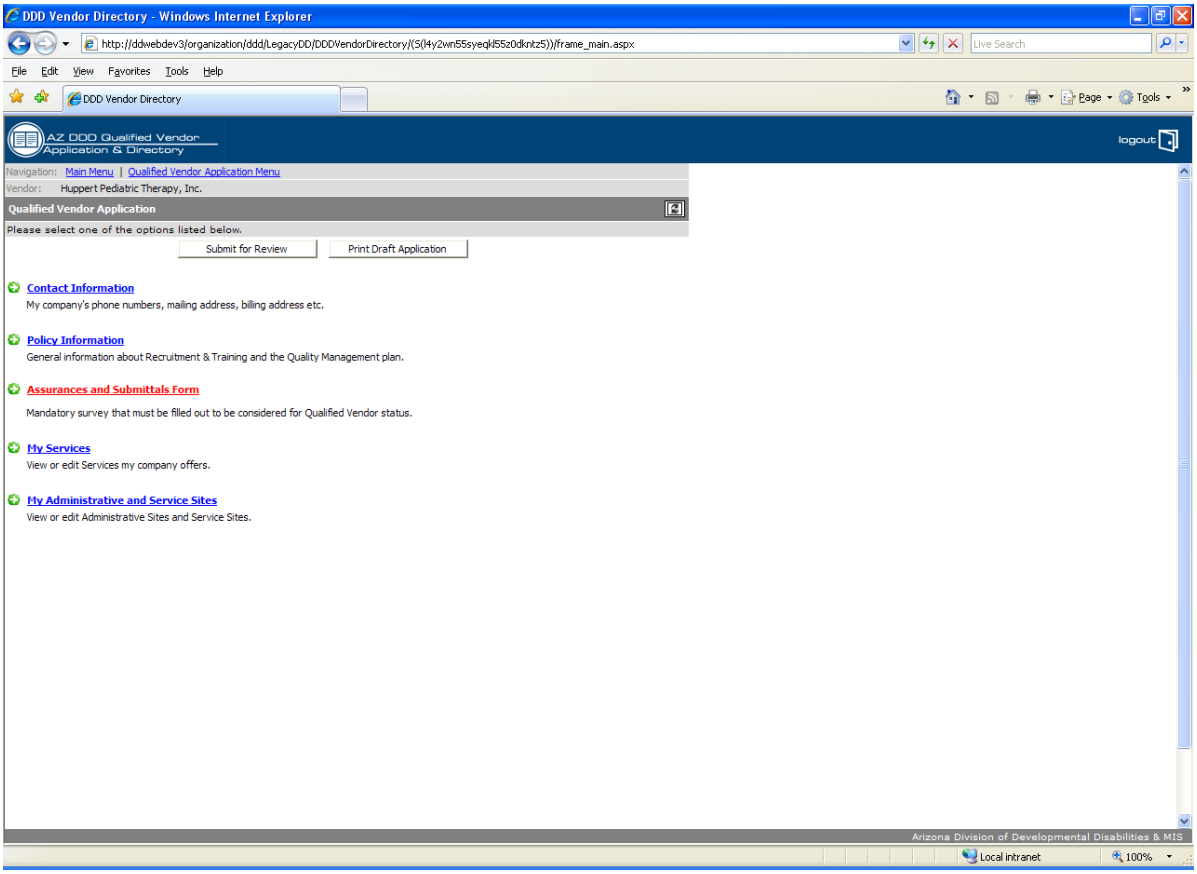
Providers that have a current contract qualify to participate in the Division's expedited application review process. To meet all of the requirements, providers can only make changes to specified sections of the QVA as listed below.

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

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

Expedited Application Review Requirements

Figure 1-7. Qualified Vendor Application image



SECTION 2 – CONTACT INFORMATION

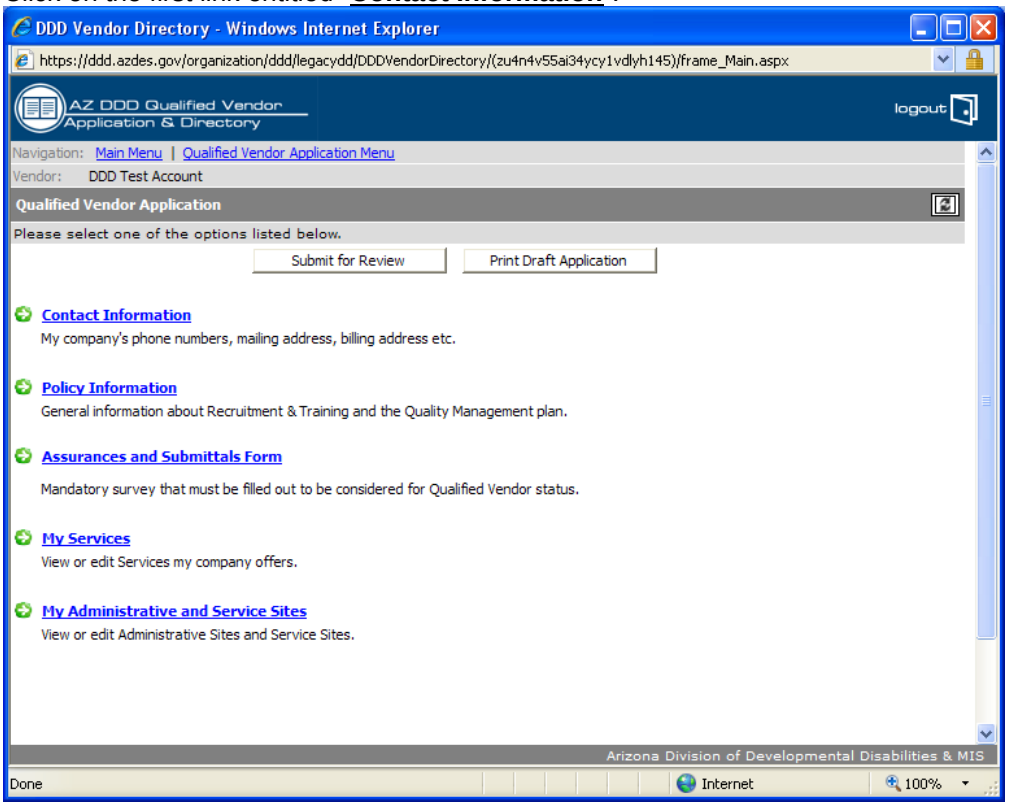
This section will focus on the basic information related to your agency, company or business.

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

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

Figure 2-1, Qualified Vendor Application Page

Click on the first link entitled "**Contact Information**".



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

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

SECTION 2 – CONTACT INFORMATION

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

1. **General Information**
   You will not be able to update the FEI or SSN # to qualify for the expedited Application review.
2. **Principle Contact Information**
3. **Notice Contact Information –** This section of the Contact Information shown in Figure 2-2 is the information the Division will use to contact you for Division notices and contract matters.
4. **Mailing Information**
5. **Billing /Payment Information**
6. **Authorized Signatory and Title**

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

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

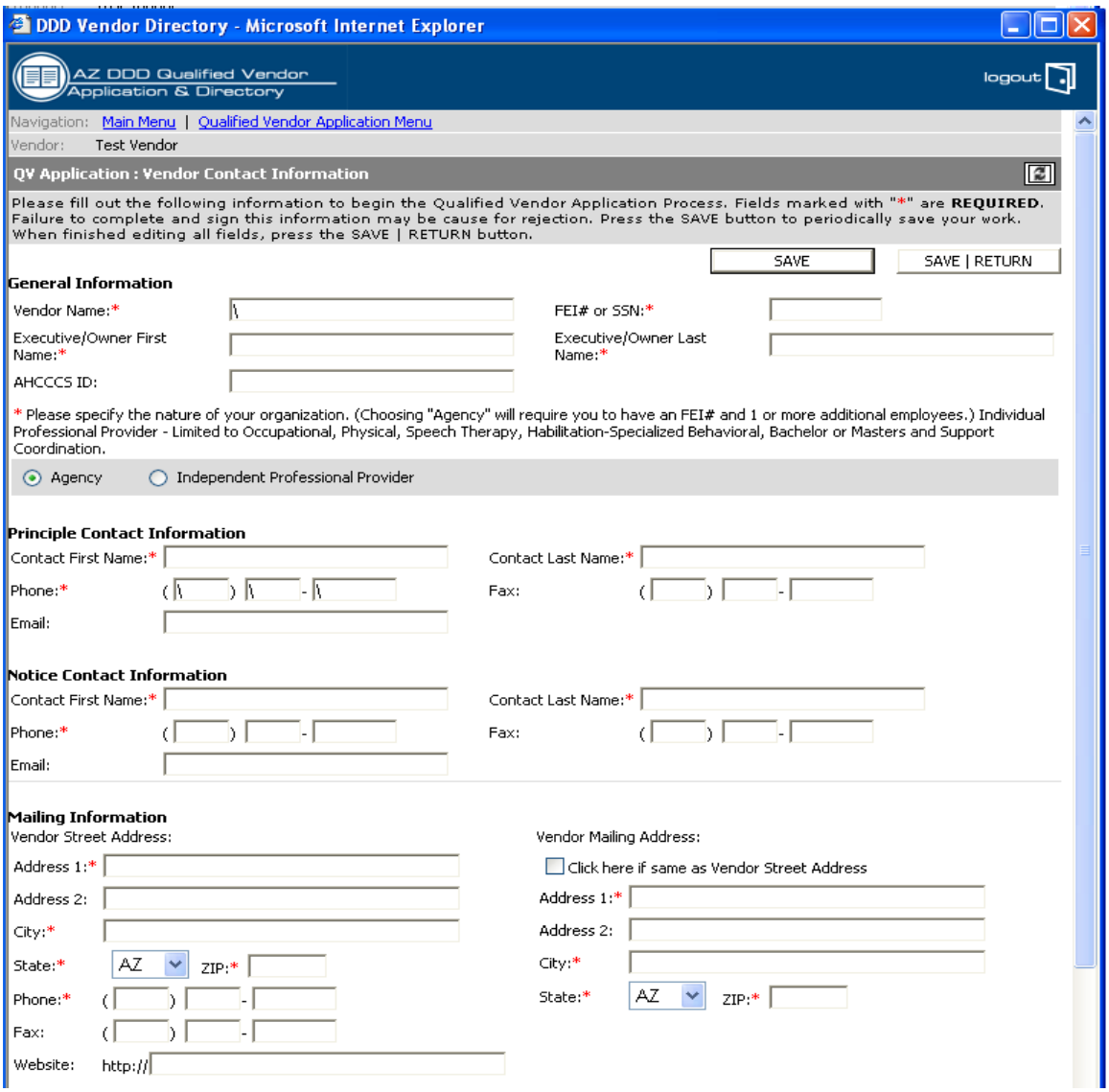
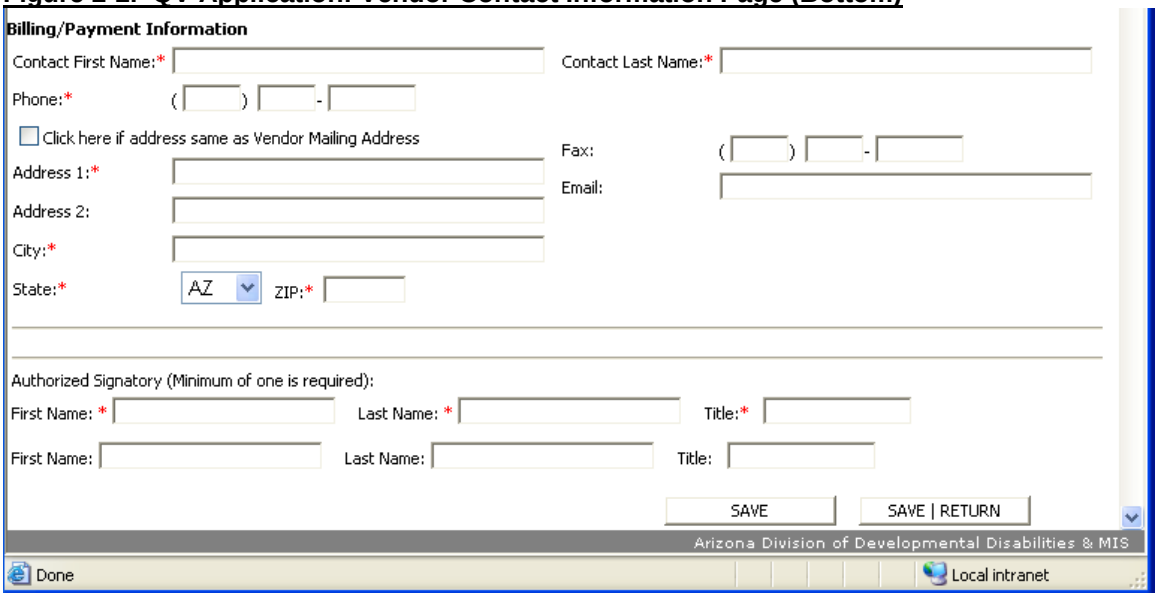


Figure 2-2. QV Application: Vendor Contact Information Page (Bottom)



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

SECTION 3 – ASSURANCES and SUBMITTALS

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

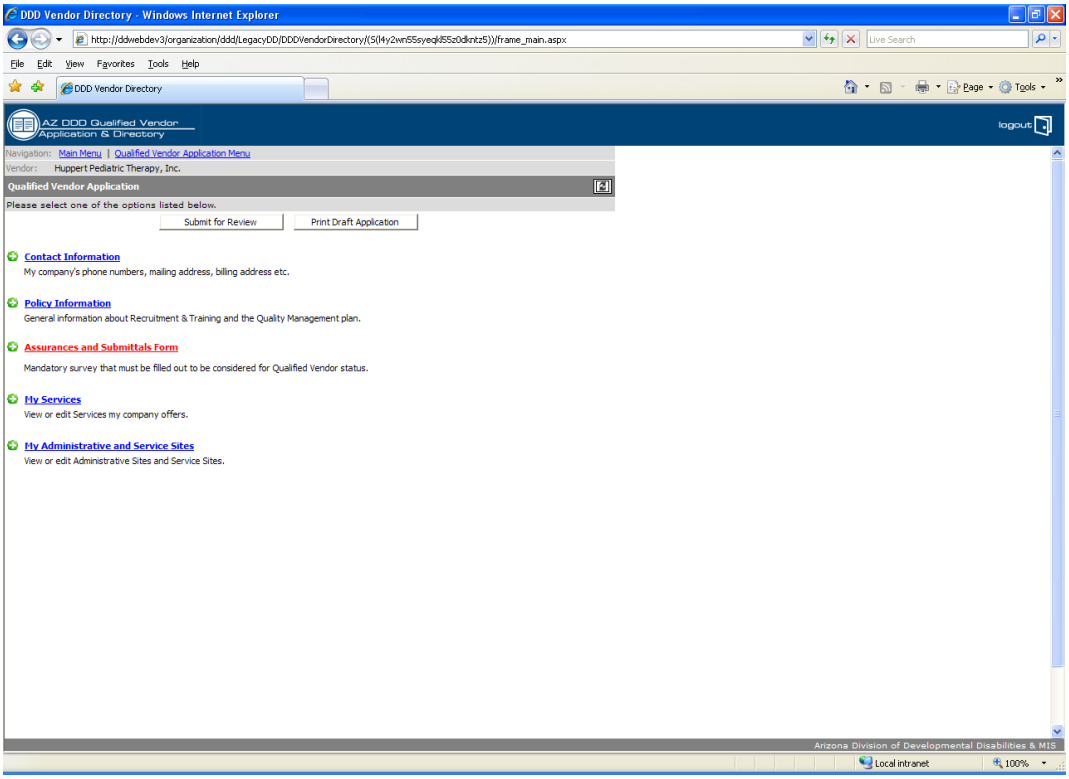
Helpful Hint: Do not click on the "Submit for Review" button until you have completed ALL data entry for ALL sections. Each section is saved independently it is recommended that you press the **'SAVE'** button often to save your work.

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

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

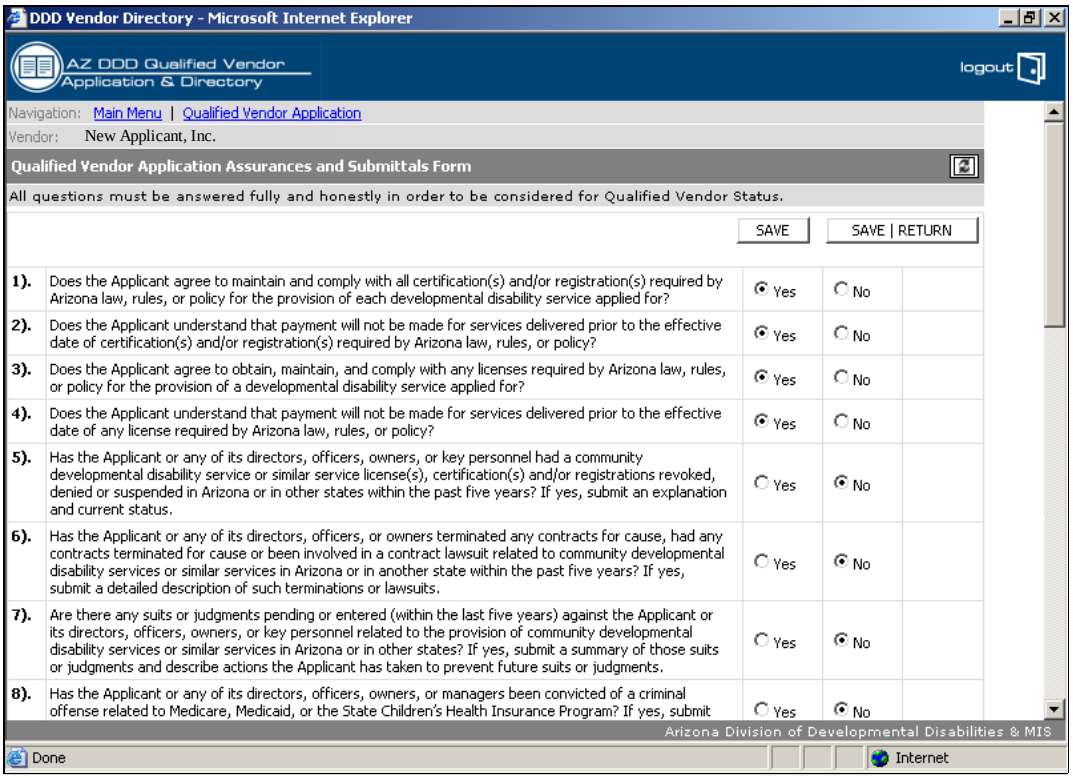
At the page entitled **Qualified Vendor Application (refer to Figure 3-1)** click on the link entitled "**Assurances and Submittal Form**".

Figure 3-1. Qualified Vendor Application Page



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

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



DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory — logout

Navigation: Main Menu | Qualified Vendor Application

Vendor: New Applicant, Inc.

Qualified Vendor Application Assurances and Submittals Form

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

SAVE | SAVE | RETURN

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

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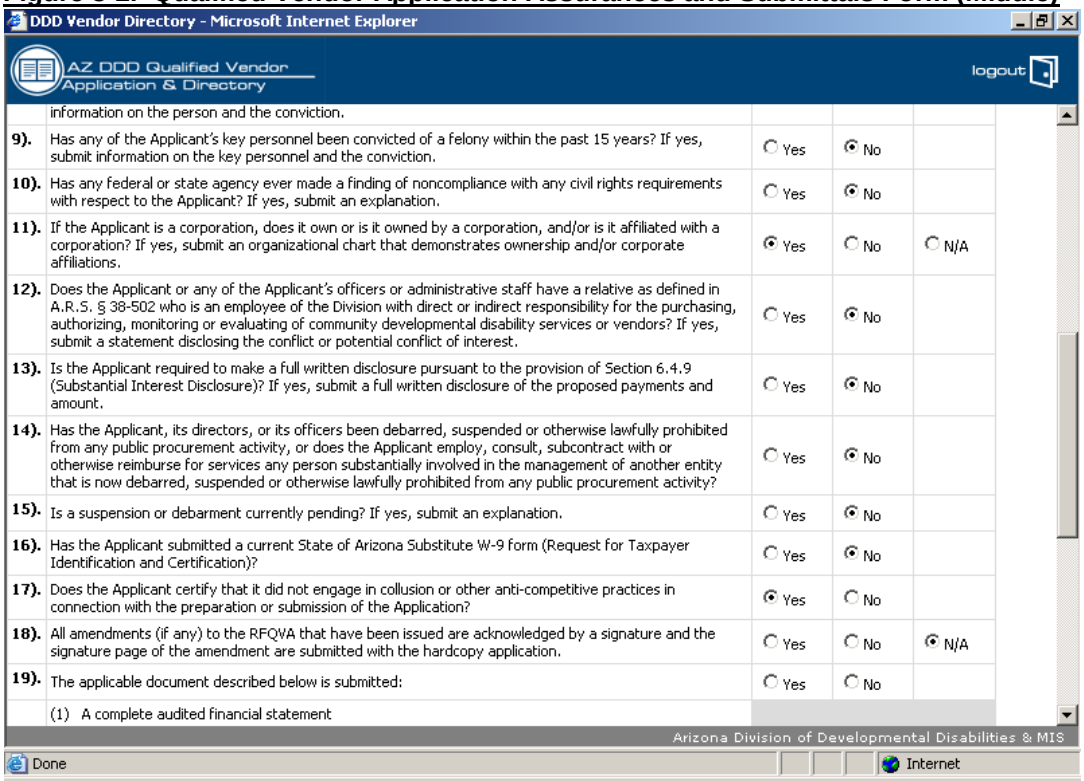
Done — Internet

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



DDD Vendor Directory - Microsoft Internet Explorer

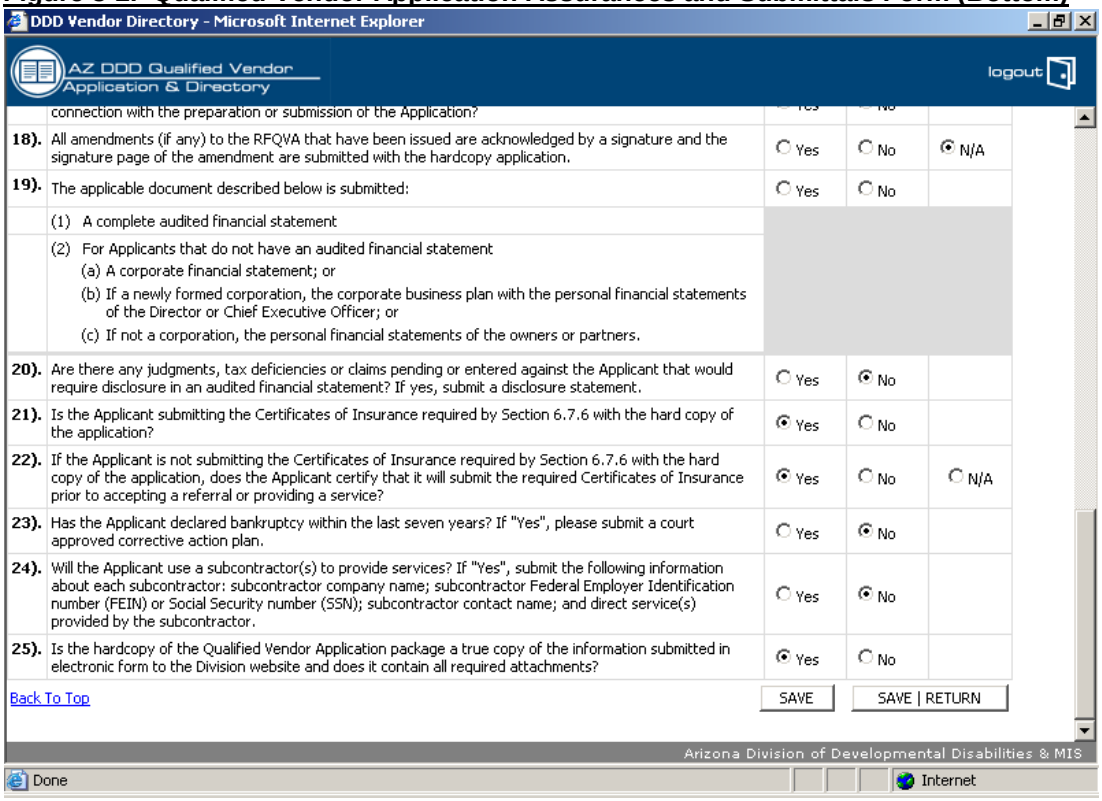
AZ DDD Qualified Vendor Application & Directory — logout

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

Arizona Division of Developmental Disabilities & MIS

Done — Internet

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


DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

logout

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

Back To Top SAVE SAVE | RETURN

Arizona Division of Developmental Disabilities & MIS

Done Internet

You will find a listing of 25 questions.

Once you have answered ALL of the 25 questions, click on the **"SAVE I RETURN" button.**

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

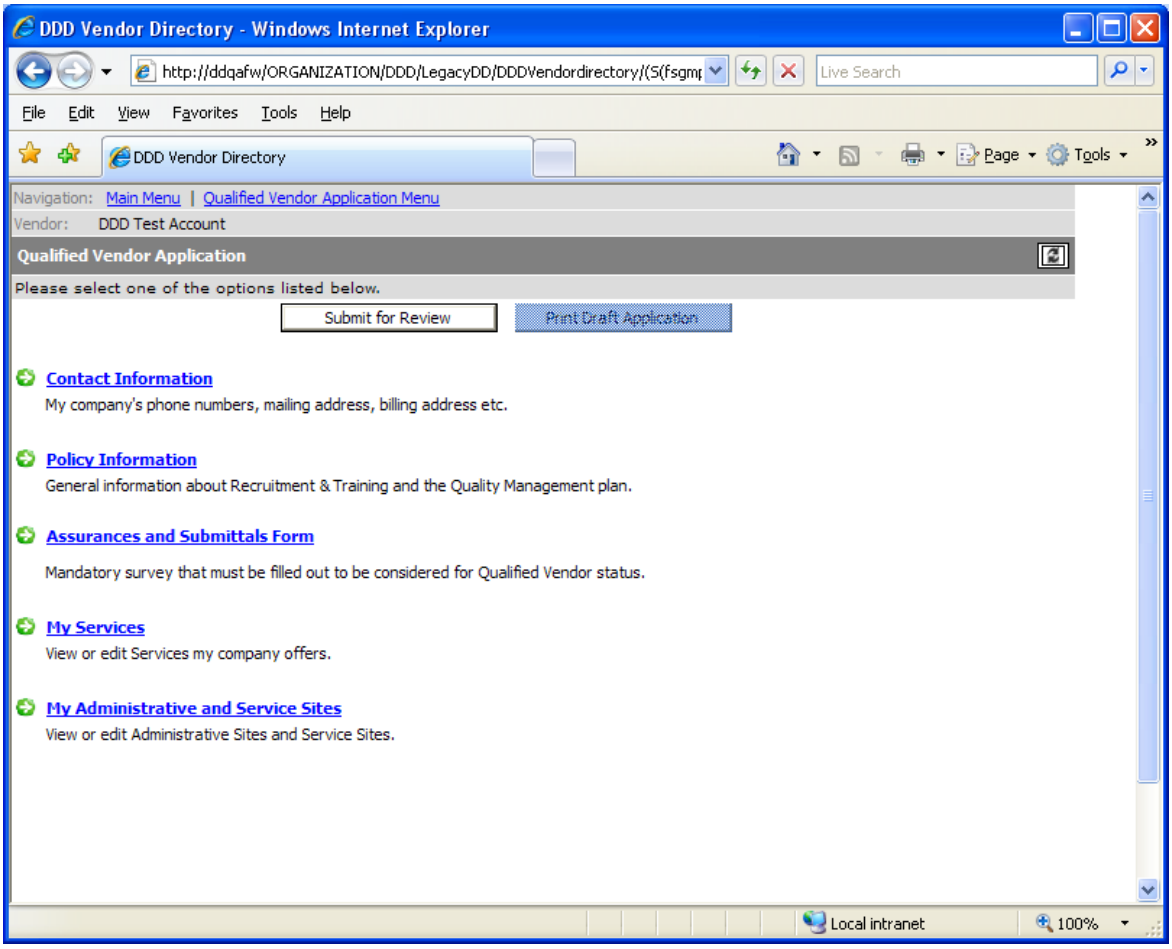
SECTION 4 –PRINT DRAFT APPLICATION

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

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

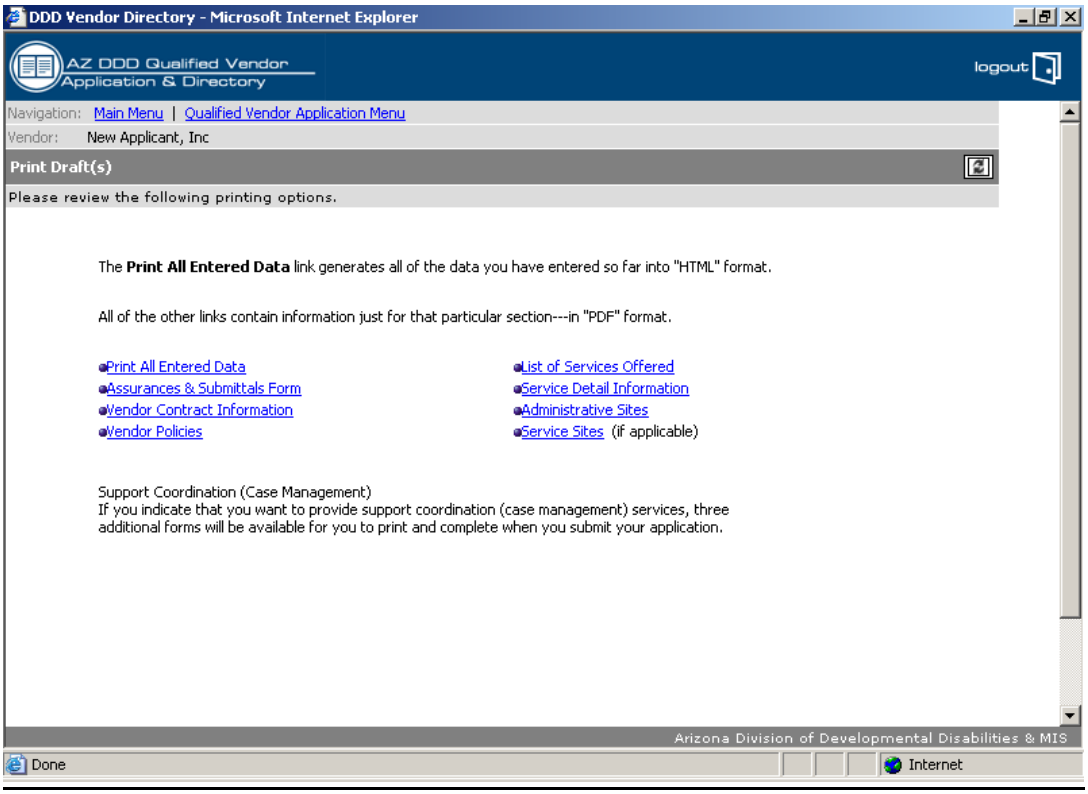
At the top of the **Qualified Vendor Application Menu Page** click on the button entitled "**Print Draft Application**" **(refer to Figure 4-1).**

Figure 4-1. Qualified Vendor Application Menu Page



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

Figure 4-2. Print Draft Application Page



You will be given the following print option links:

- **Print All Entered Data** [1]

- **Assurances & Submittals Form** [2]
- **Vendor Contract Information** [2]
- **Vendor Policies** [2]
- **List of Services Offered** [2]
- **Service Detail Information** [2]
- **Administrative Sites** [2]
- **Service Sites** [2]

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

[2] All of the other links contain information just for that particular section in Adobe Acrobat "PDF" format.

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

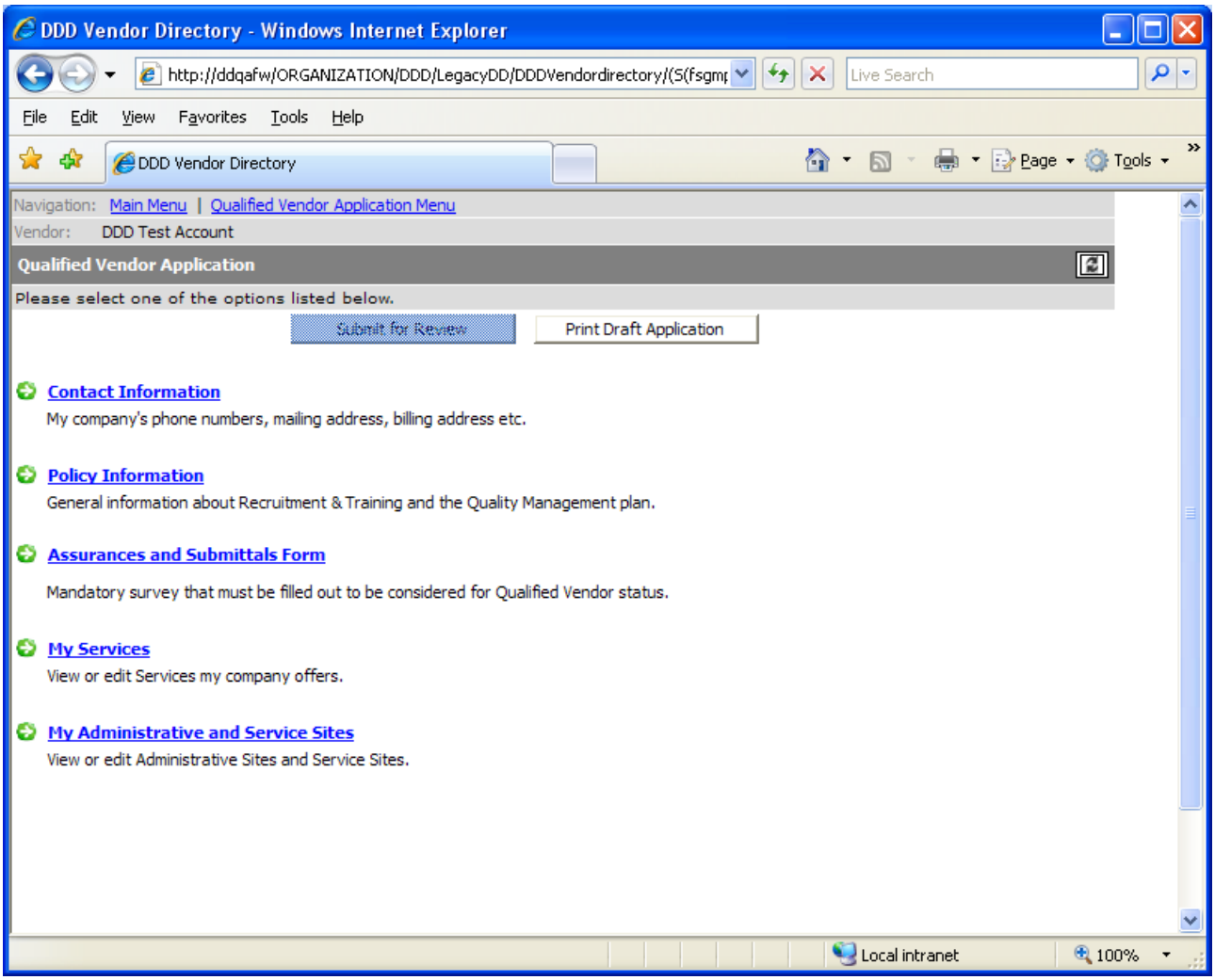
Use the Navigation Bar at the top of the page to select the "**Qualified Vendor Application Menu"** link **(refer to Figure 4-1).**

SECTION 5 – SUBMIT FOR REVIEW – Online and Mail

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

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

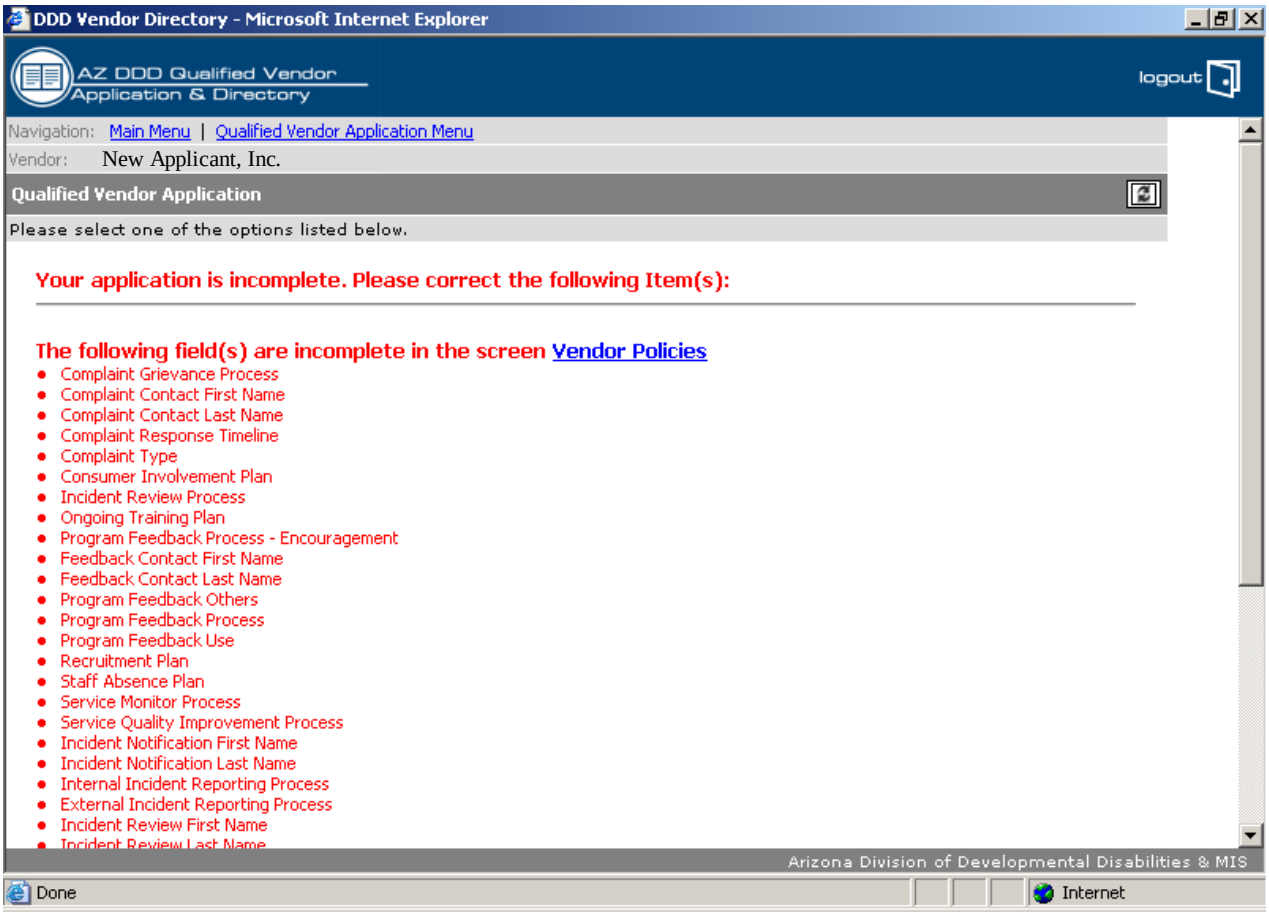
Figure 5-1. Qualified Vendor Application Menu



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

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

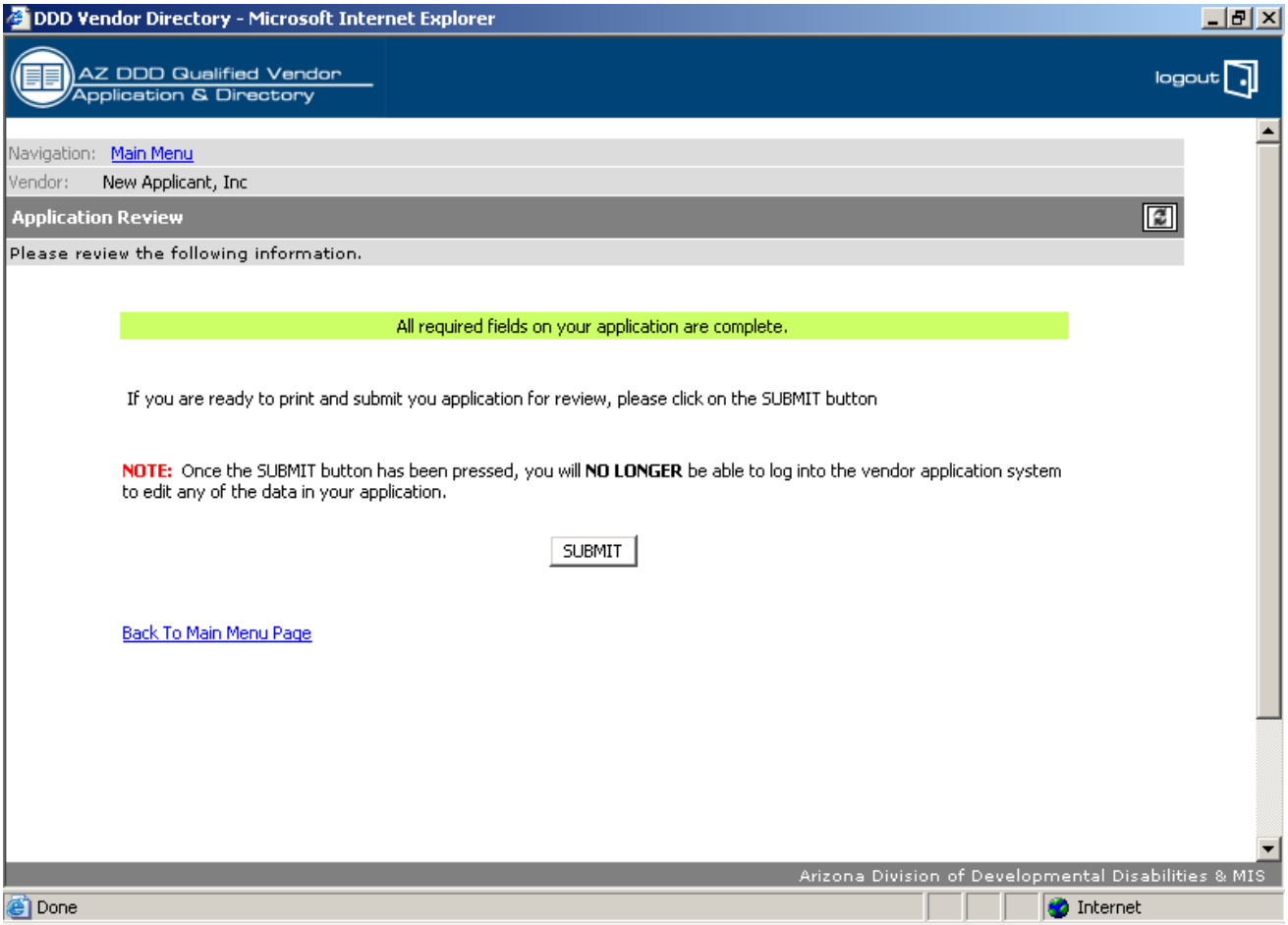
Figure 5-2. Qualified Vendor Application Incomplete Error



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

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

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



NOTE:

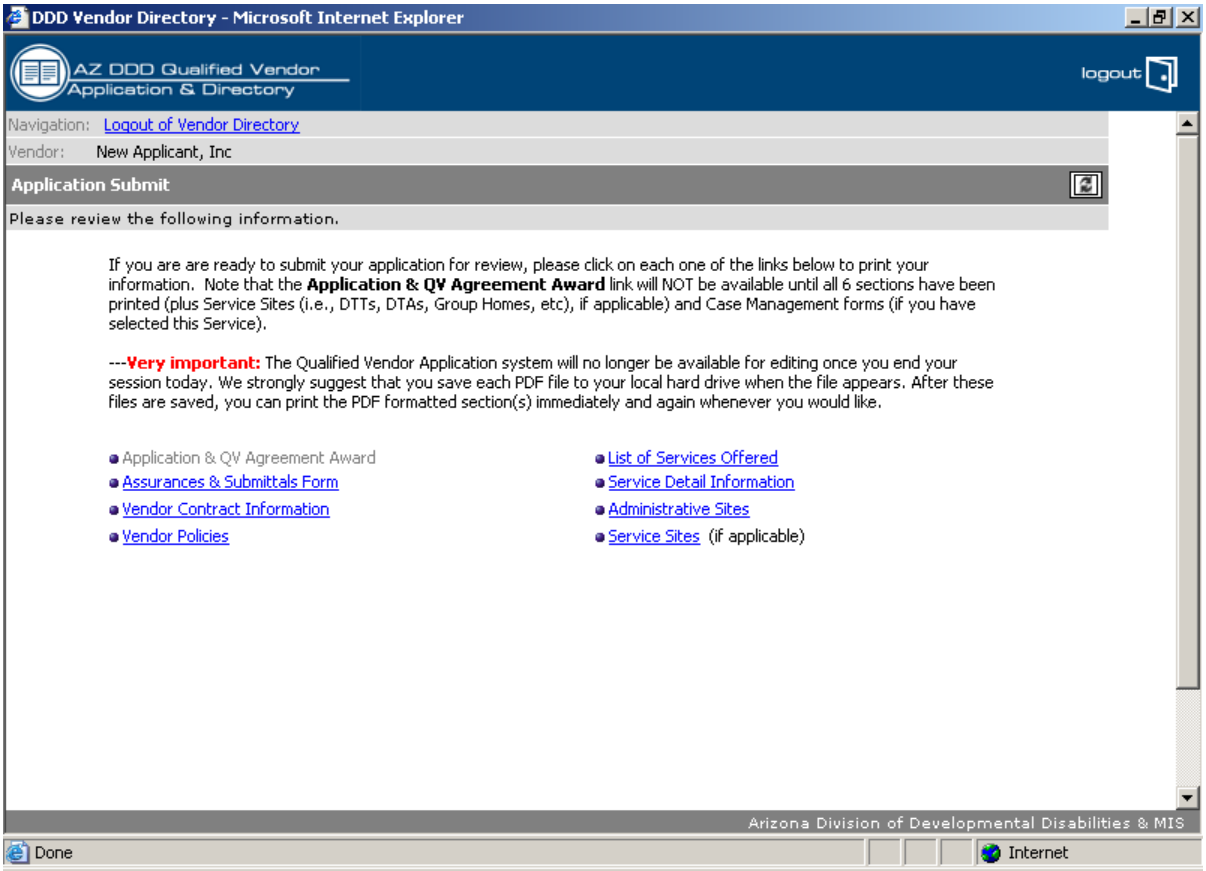
Once the SUBMIT button has been pressed, you will **NO LONGER** be able to log into your application to edit any of the data in your application. You will receive a page congratulating you on your on-line application submission and will provide you the DATE and TIME of your submission.

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

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

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

Figure 5-4. Application Submit Print Hard Copy Page



NOTE:

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

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

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

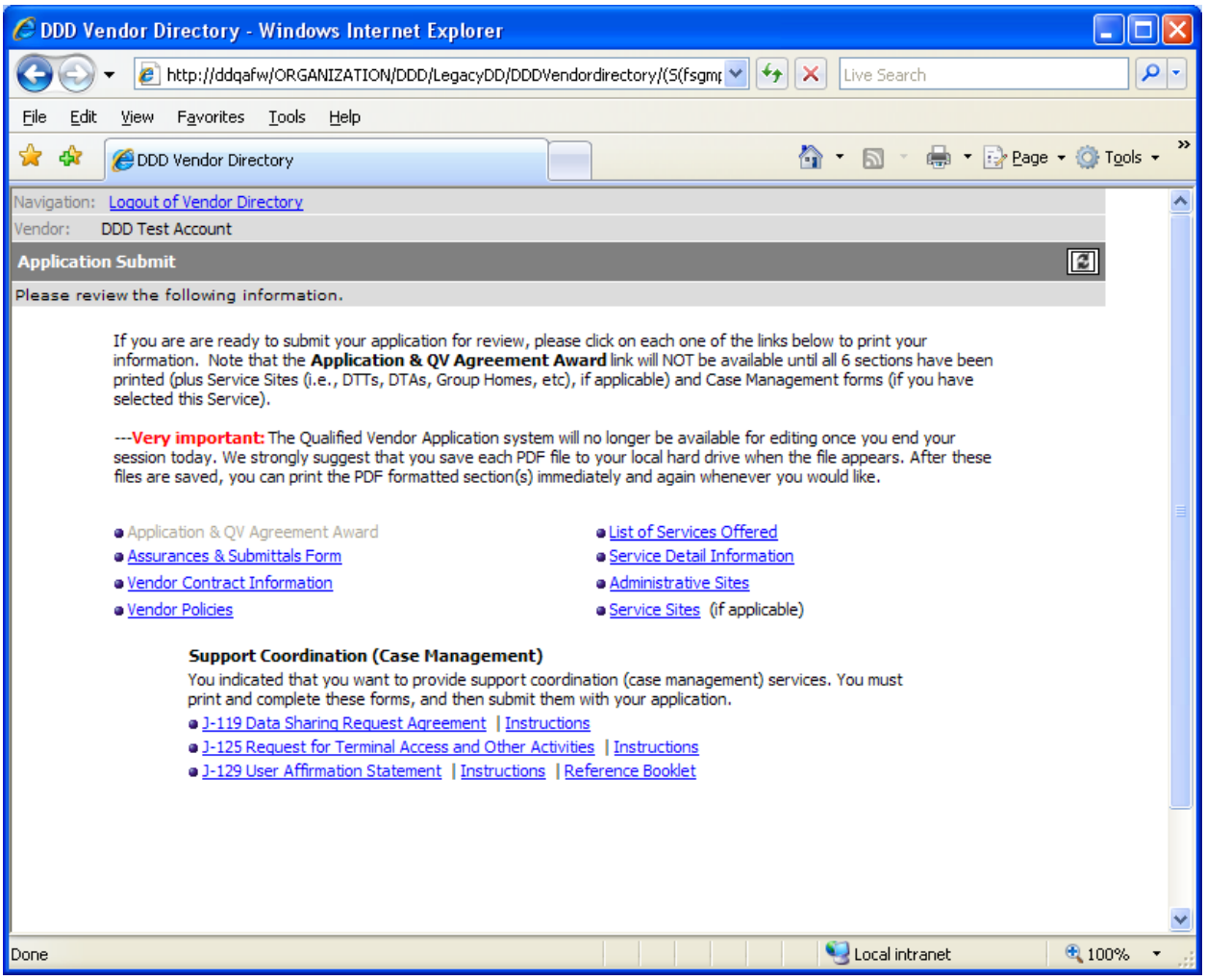
All of the links contain information only for that particular section in Adobe Acrobat "PDF" format.

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

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

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

Figure 5-5. Support Coordination Submit Page



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

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

All hardcopy materials are to be mailed to:

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

SECTION 6 – SUBMITTAL CHECKLIST

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

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

Arizona Department of Economic Security

Division of Developmental Disabilities

Qualified Vendor Applications Submittal Checklist

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

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

SECTION 6 – SUBMITTAL CHECKLIST

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

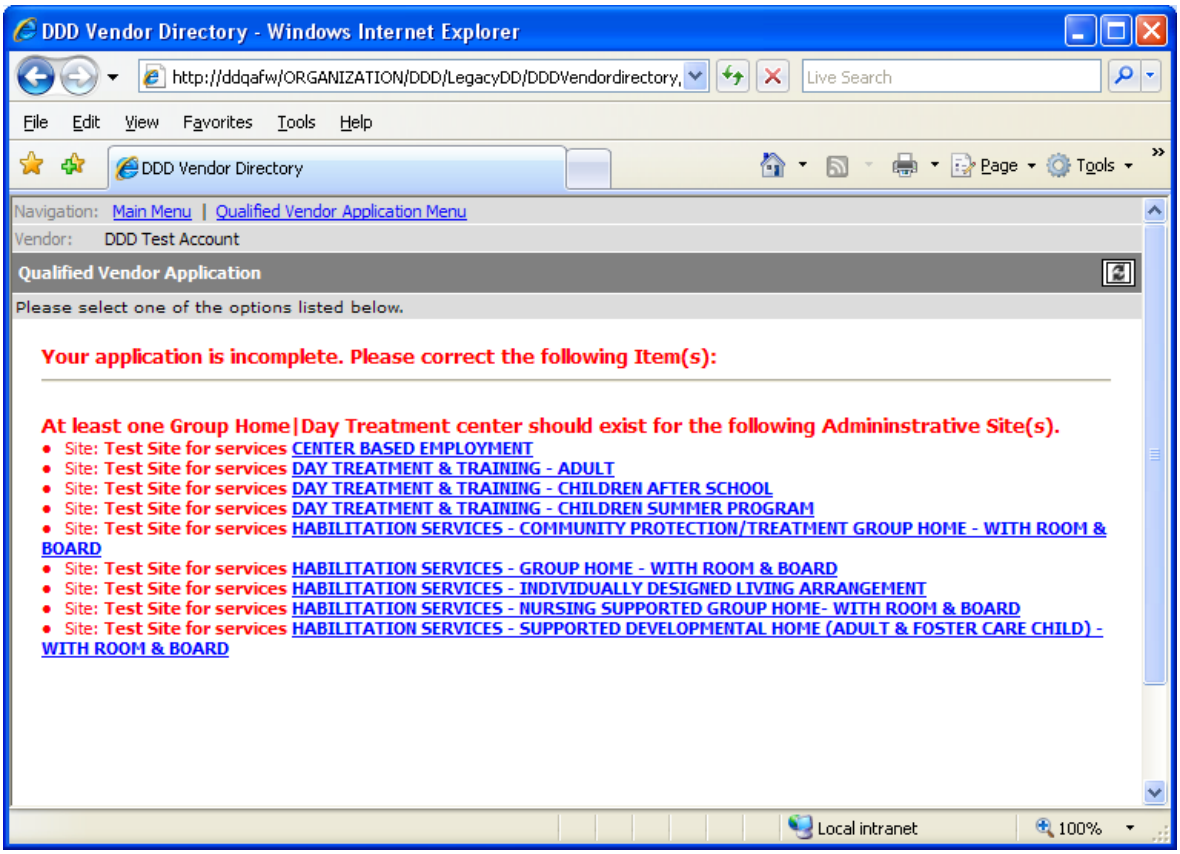
SECTION 6 – SUBMITTAL CHECKLIST

	Document Required	Document Attached	*DDD Use Only*
25.	Submitted required documentation for Developmental Home Three Party Agreement	❑	❑
26.	Completed Pandemic Planning Checklist	❑	❑
27.	Completed and Submitted Business Associate Agreement	❑	❑
28.	Hardcopy of Assurances & Submittals	❑	❑

SECTION 7 – SYSTEM PROMPT for ADDING A SERVICE SITE

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

Figure 7-1. Service Site Required Error



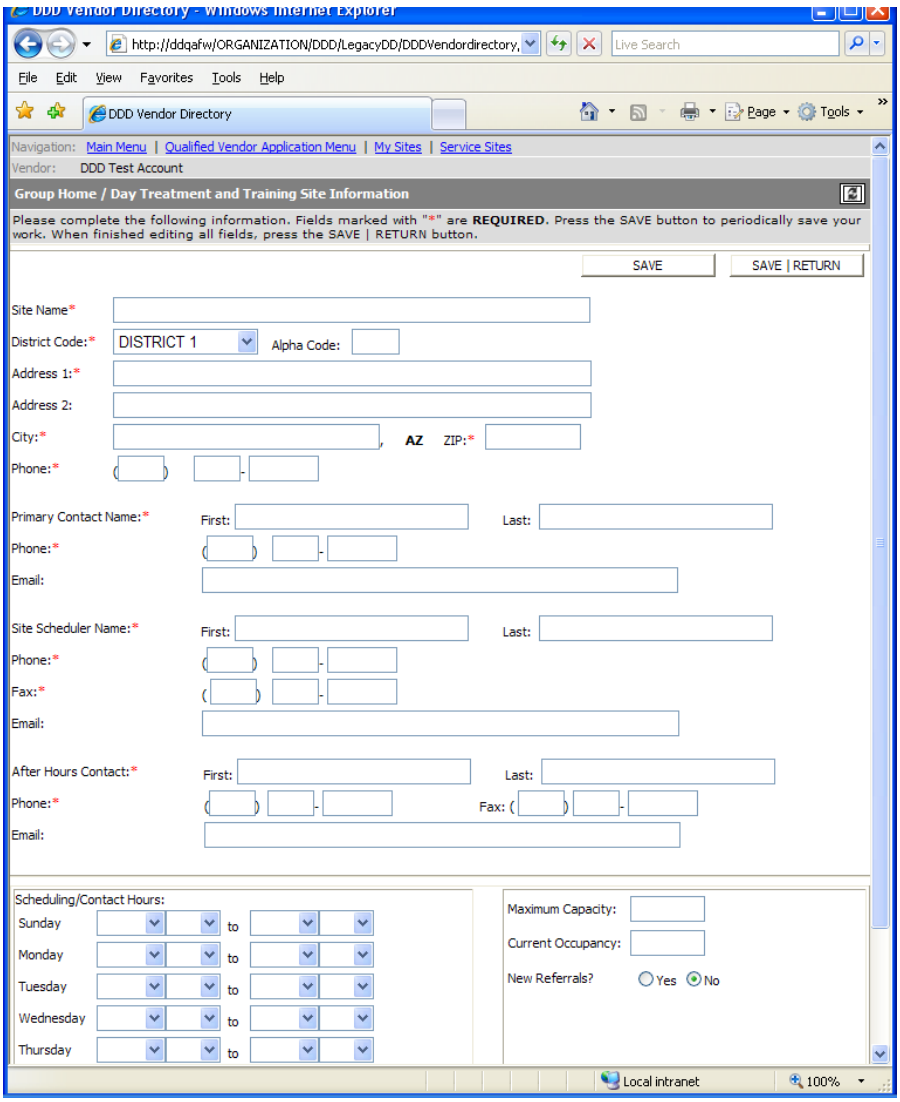
Helpful Hint:

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

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

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

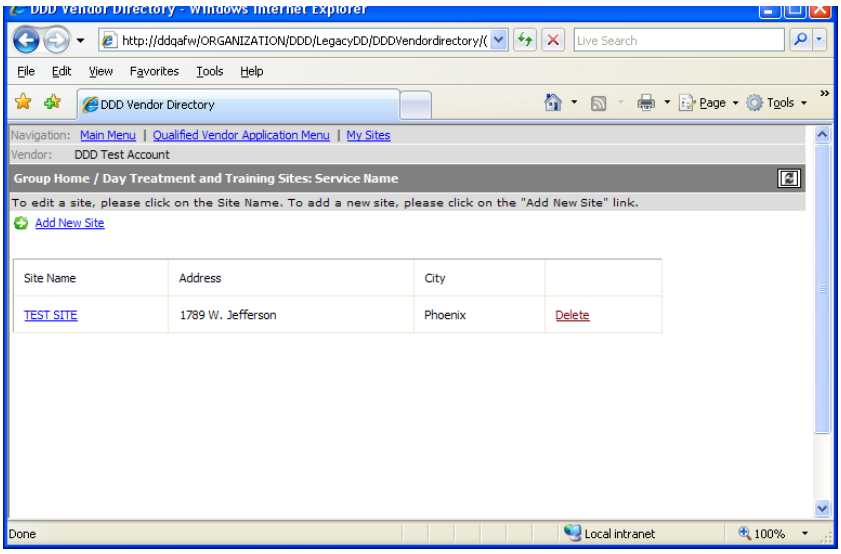
Figure 7-2. Group Home/Day Treatment and Training Site Information



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

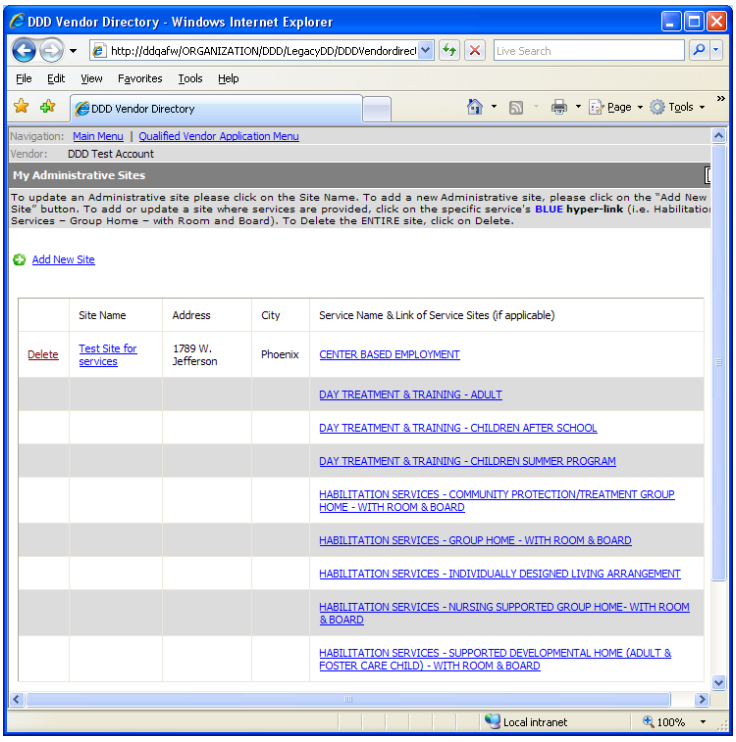
When data entry is complete, click on the **SAVE I RETURN** button. You will then be returned to a page listing your new Service Site for that service **(refer to Figure 7-3).**

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



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

Figure 7-4. My Administrative Sites



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

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