DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Janice K. Brewer
Governor

Neal Young
Director

QVADS

Qualified Vendor and Directory System

User Manual
New Applicants

Table of Contents

INTRODUCTION 1
Purpose 1
Accessing the DES/DDD Website 1
Materials Review 3
SECTION 1. BEGIN APPLICATION 8
Login Email 8
Help for Providers Page 9
QVADS HOME PAGE 10
To Begin a NEW Application 11
Vendor Signup Page/Vendor Directory Email Verification 12
Signup Confirmation 14
Vendor Login Page 16
Vendor Main Menu 17
SECTION 2. CONTACT INFORMATION 18
Create A New Application 18
Qualified Vendor Application 19
QV Application: Vendor Contact Information 20
SECTION 3. POLICY INFORMATION 23
Policy Information 24
Recruitment And Training Policies 25
Incident Reporting - Internal and External 25
Complaint/Grievance Process 27
Program / Feedback Process 28
Consumer Involvement 29
Internal Quality Efforts 29
SECTION 4. ASSURANCES and SUBMITTALS 37
Assurances and Submittals Form 39
SECTION 5: MY SERVICES 42
My Services 44
Select Services 45
Option 1 – ADD a Service 47
Option 2 – REMOVE a Service 47
Option 3 – EDIT a Service 48
Service Detail Information 49
SECTION 6. MY ADMINISTRATIVE and SERVICE SITES 50
ADMINISTRATIVE SITES 50
Option 1 - Add a New Administrative Site 51
Option 2 - To Edit an Existing Administrative Site 51
Option 3 - To Delete an Existing Administrative Site 51
SERVICE SITES 53
Option 1 - Add a New Service Site 53
Option 2 - To Edit an Existing Service Site 53

Table of Contents

Option 3 - To Delete an Existing Service Site 54
My Administrative Sites 56
Administrative Site Information 57
SECTION 7. PRINT DRAFT APPLICATION 63
Print Draft(s) 65
SECTION 8. SUBMIT FOR REVIEW – Online and Mail 66
Vendor Application is Incomplete 69
Application review 70
Application Submit 71
SECTION 9. SUBMITTAL CHECKLIST 73

INTRODUCTION

Welcome to the Department of Department Of Economic Security, Division of Developmental Disabilities (DES/DDD) Qualified Vendor and Directory System (QVADS). This system will help you through the process of completing your on-line Qualified Vendor Application so that you can provide services to people with developmental disabilities in the state of Arizona. 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. The

The **Qualified Vendor and Directory System (QVADS)** is the **open and continuous** vendor application and agreement maintenance process. You will be answering questions and supplying information in the **QVADS** system 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 web site as well as to generate the hardcopy application that must be signed and sent (with supporting documentation) to the Division**.

The **completed agreement** 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 9)**

NOTE: All hardcopy materials are to be mailed 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

Purpose

This manual will provide the NEW and EXISTING SERVICE PROVIDER the basic step-by-step 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**.**

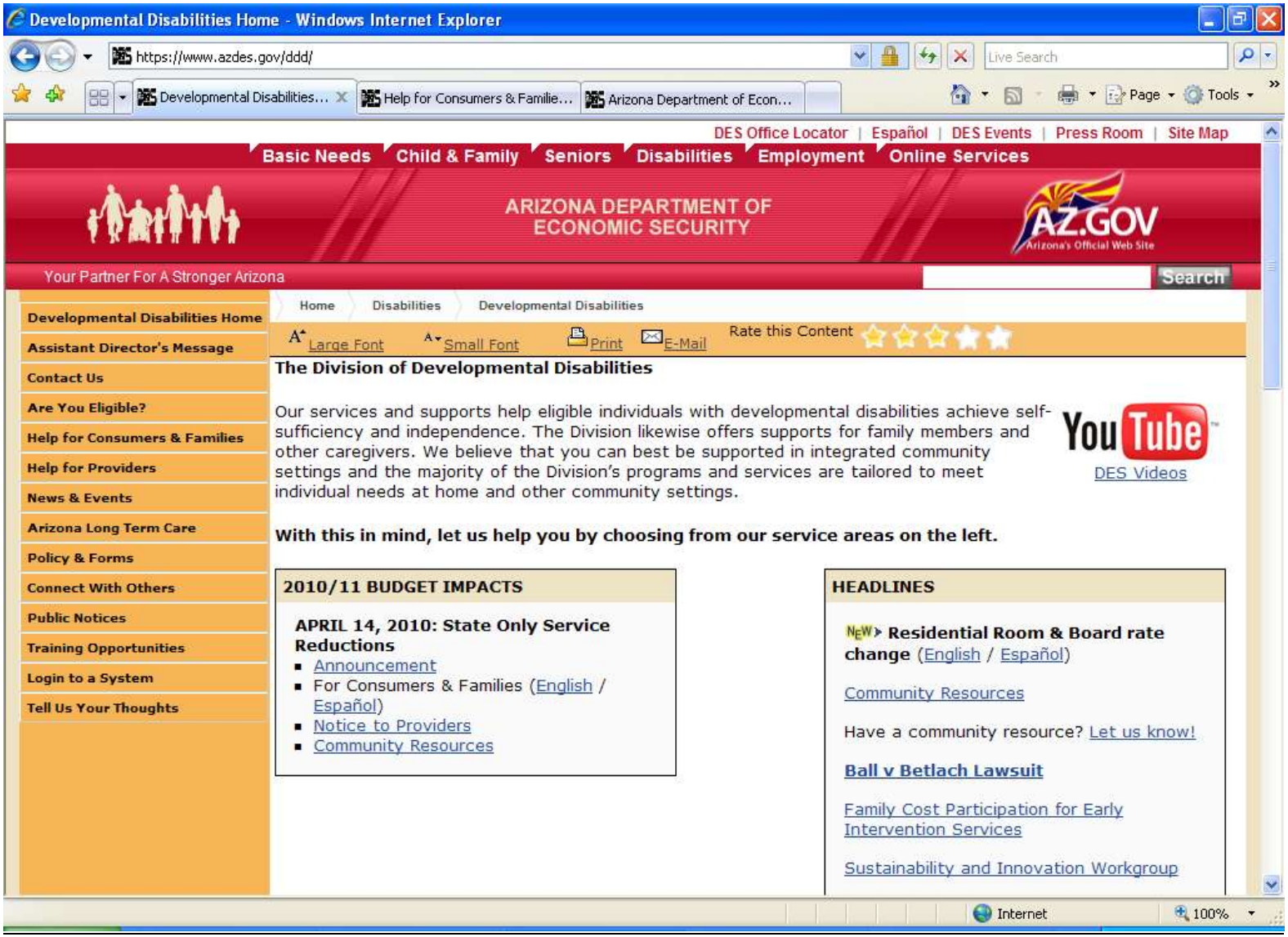
It is strongly suggested that you read and understand certain materials BEFORE you begin the application process. Some of it is labeled for families and consumers but all of the information is available to anyone and may enlighten you on topics of which you were unaware.

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**.**

Figure Intro 1
A typical 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** **.**

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

Figure Intro 2
A typical AZ Division of Developmental Disabilities Qualified Vendor Application & Directory Page. The appearance of this page will change periodically.

INTRODUCTION

On the **Help for Providers** page **review the following links and content**

QVADS

QVADS is the Division's Electronic Qualified Vendor Contract Application. This application is for Qualified Vendor Applicants to submit an application or amend an existing Qualified Vendor Agreement. This manual is intended to assist you in completing, submitting and updating a Qualified Vendor Application.

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).

RATES

This section provides detailed information about the Division's Published Rates.

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

Rate Book and Lookup File

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

BILLING

This section provides detailed Division billing information.

- 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.

MORE PROVIDER RESOURCES

- The Arizona W9 (735 KB PDF) for ALL vendors , including instructions
- Department of Administration's Sole Proprietor Waiver (24 KB PDF)

Request for Qualified Vendor Application

Click on the link entitled **"Request for Qualified Vendor Application.** This will open the "Request for Qualified Vendor Application." You will see the following listing (services listed below for your convenience):

NOTE: Services and new Requests for Qualified Vendor Applications may be added periodically.

Qualified Vendor Applications #DDD 710000
Qualified Vendor Applications #DDD 710000
Section 1 - Notice of Qualified Vendor Applications
Section 2 - Table of Contents
Section 3 - Instructions
Section 4 - Background
Section 5 - Service Requirements
Section 6 - Standard Terms and Conditions
Section 7 - Service Specifications
- Attendant Care
- Center Based Employment
- Day Treatment Adult
- Day Treatment Child
- Day Treatment Child - Summer
- Employment Support Aide
- Group Supp Employment
- Habilitation Community
- Habilitation CPT HR
- Habilitation Group Home
- Habilitation Independent DES Living AR
- Habilitation Music Therapy
- Habilitation Nursing Supp Group Home
- Habilitation Spec BEH
- Habilitation Support
- Habilitation Vendor Supp Dev Home
- Home Health Aide
- Housekeeping
- Individual Supplemental Employment
- Nursing
- Occupational Therapy, 0-3
- Occupational Therapy, 3+
- Person Centered Plan
- Physical Therapy, 0-3

Physical Therapy, 3+
Respiratory Therapy
Respite
Room and Board, All GH
Room and Board, Dev Homes
Speech Therapy, 0-3
Speech Therapy, 3+
Support Coordination
Transportation

Section 8 - Arizona Geographic Map (146 KB PDF)
Section 9A - Application and Award Agreement (26 KB PDF)
Section 9B - Qualified Vendor Application and Directory System (12 KB PDF)
Section 9C - Lobbying (725 KB PDF)
Section 9D - Debarment (148 KB PDF)
Section 9E - Hardcopy Version of Assurances and Submittals (61 KB PDF)
Section 9F - Developmental Home Third Party Agreement (33 KB PDF)
Section 9G - Central Registry Search Request (49 KB PDF)
Section 9H - Business Plan Outline (27 KB PDF)
Section 9I - Contractors Pandemic Planning Checklist (481 KB PDF)
Section 9J - Business Associate Agreement (3.46 MB PDF)
Section 9K - Utilization Data (124 KB PDF)

NOTE: To prepare yourself for the actual application process, print and follow the provided SUBMITTAL CHECKLIST and REVIEW ALL SECTIONS listed under “CURRENT” *PRIOR TO submitting* an application. The individual sections are provided in MS Word and Adobe Acrobat file format. It is strongly recommended that you download these individual files onto your computer for ease of review.

SECTION 1. BEGIN APPLICATION

Once you have reviewed all of the necessary information as suggested above, you are now ready to start your application process.
USE THE RFQVA TO GUIDE YOUR ENTRIES.

Helpful Hints:

The FEI# or SSN:* number that you use to begin your application can never be changed. A change in the FEI# or SSN:* number will require you to complete a new contract application.

Login Email

The **login email** address that you use to create your account can never be changed and will always be associated with the QVA.

If your computer system has an active POP-UP Blocking Program, the QVADS program will not work.
You must either

1) Approve/OK our site in your program.
2) Disable your Pop-Up Blocking Program.

If you do not login to the application within 60 minutes of receiving the email confirmation you will be locked out of the system.
If you are locked out please contact Production Support at (602) 771-1444 Option 3. Production Support only provides technical assistance and cannot answer QVA/contractual questions.

- Please have your Federal Employment ID # or Social Security Number. (FEI# or SSN:*)
- Please have a valid e-mail address. See page 6 of this Section for Information on establishing an e-mail address.

Accessing the DES/DDD Website

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

- **https://www.azdes.gov/developmental_disabilities/providers.aspx**
  You will be taken to the DES/DDD Help for Providers Page (Refer to Figure 1-1).

The appearance of this page will change periodically.

SECTION 1. BEGIN APPLICATION

Under the category **QVADS** click the link "Qualified Vendor Application Directory System"

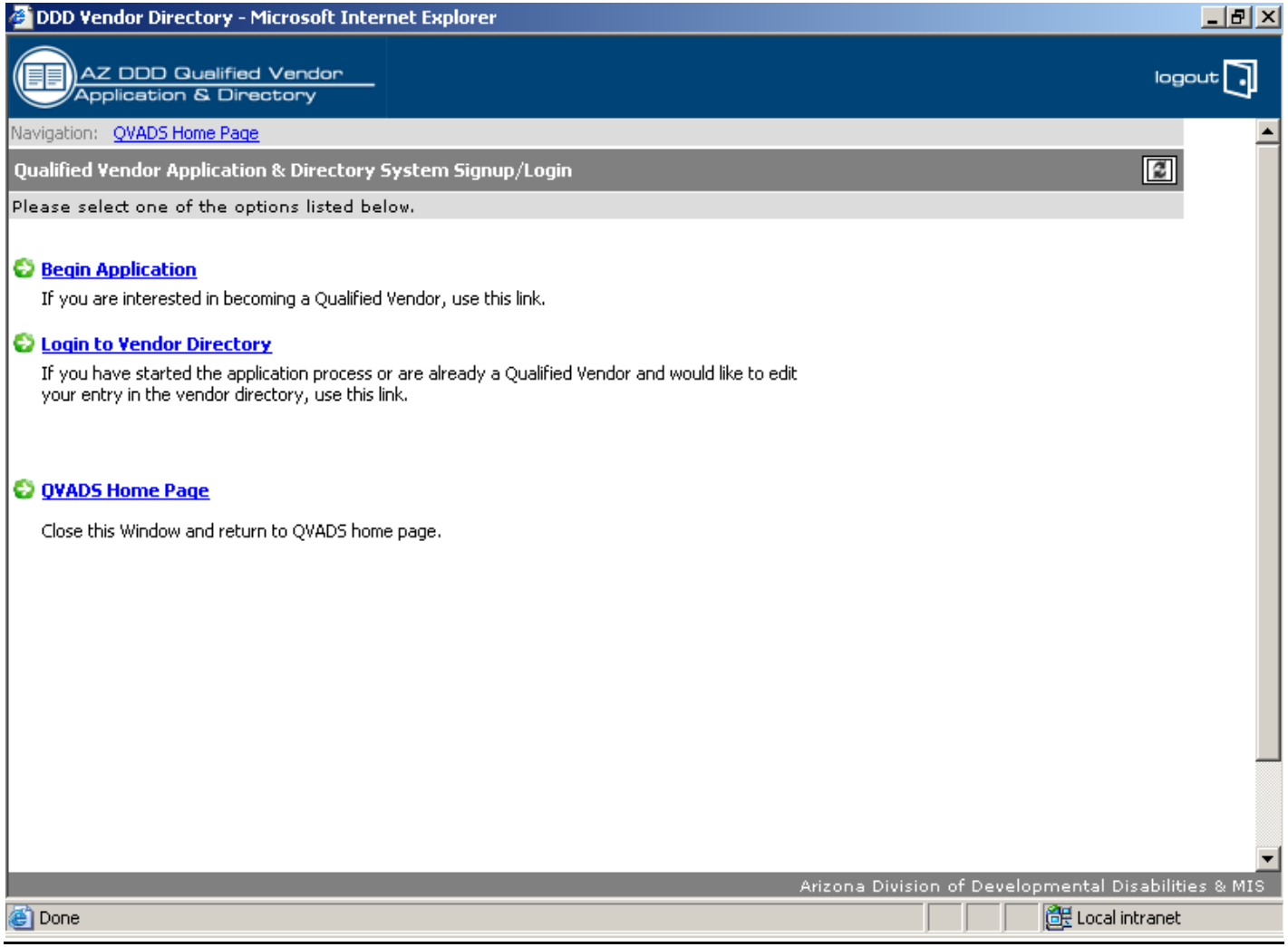
Help for Providers Page

Figure 1-1
A typical DDD Help for Providers Page. The appearance of this page will change periodically.

A new window will open the page title will be QVADS HOME PAGE (Refer to figure 1-2) **(Refer to Figure 1-2)**.

QVADS HOME PAGE

Figure 1-2
A typical QVADS HOME PAGE.



SECTION 1. BEGIN APPLICATION

To Begin a NEW Application

On the QVADS HOME PAGE click on the link entitled **"Begin Application".**

(**WARNING**: Only do this if you DO NOT ALREADY have a qualified Vendor Agreement with the division).
Once you have clicked on this link you will be taken to a screen entitled **Vendor Directory Email Verification (Refer to Figure 1-3)**

Helpful Hints

We ask you to provide us with some basic contact information in order to do business. You are required to provide information in all of the blanks with an asterisk next to their heading.

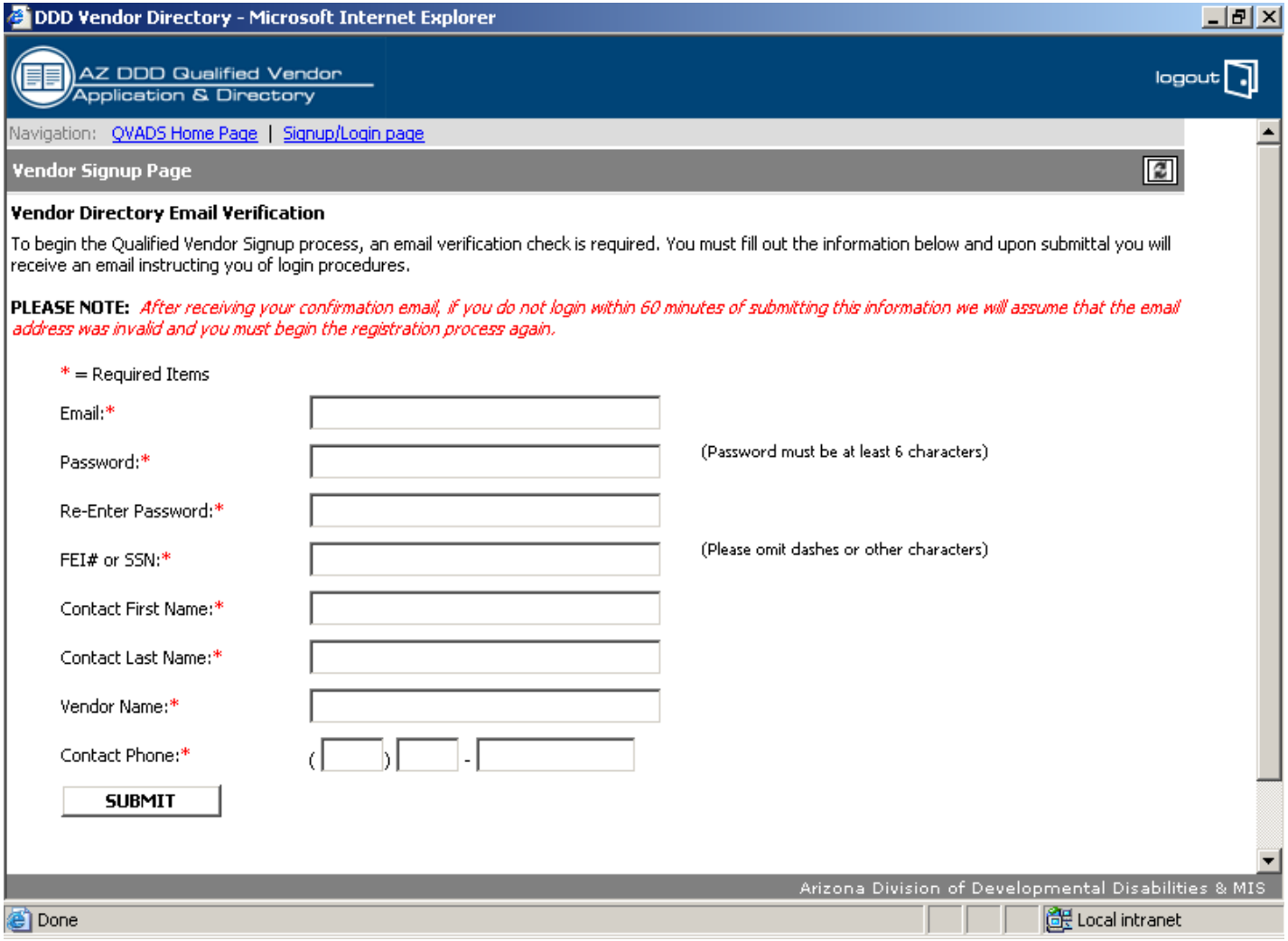
It is important for you to remember the information to access your application in the future. You are responsible for making this information secure. This information should only be provided to individuals who have the authority to alter your application. Below is an image of the login page, you may want to write down your email and password for reference at a later time.

The **FEI# or SSN**:* number that you use to begin your application can **NEVER BE CHANGED**. A change in the FEI# or SSN:* number will require you to complete a new contract application.

The **LOGIN EMAIL** address that you use to create your account can **NEVER BE CHANGED** and will always be associated with the QVA.

Vendor Signup Page/Vendor Directory Email Verification

Figure 1-3
A typical Vendor Directory Email Verification page.



SECTION 1. BEGIN APPLICATION

Vendor Directory Email Verification

On the **Vendor Directory Email Verification** page enter the following **(all required):**

- **A valid email address**. If you don't have an email address already there are a number of free email services out there. Yahoo.com and Hotmail.com are two of them. There are many others. Choose one that suits your needs. There are services that provide limited, but FREE Internet access.
- **Password.** At least 6 characters in length and is case sensitive.
- **Re-enter Password.**
- **Federal Employment Identification number** or your **personal Social Security Number.**
- **Vendor Name or your name.**
- **Contact Phone Number.**

Once you complete your entries and click the **"Submit"** button you will be sent a **confirming email** and will be taken to a **Vendor Directory Signup Confirmation** page **(Refer to Figure 1-4).**

The **confirming e-mail** email will contain a link. (Refer to Figure 1-5)

NOTE: In order to activate your account **you must click on the link in the email and login to the QVADS system within 60 minutes.** Failure to do so could result in your information being determined as invalid and you will have to repeat the above steps. If you are locked out please contact Production Support at (602) 771-1444 Option 3. Production Support only provides technical assistance and cannot answer QVA/contractual questions.

The **FEI# or SSN**:* number that you use to begin your application can **NEVER BE CHANGED**. A change in the FEI# or SSN:* number will require you to complete a new contract application.

The **LOGIN EMAIL** address that you use to create your account can **NEVER BE CHANGED** and will always be associated with the QVA.

When you click on the submit after entering your information you will be taken to a screen entitled **Signup Confirmation.** **(Refer to Figure 1-4)**

Signup Confirmation

Figure 1-4
A typical Vendor Directory Signup **Confirmation page**.

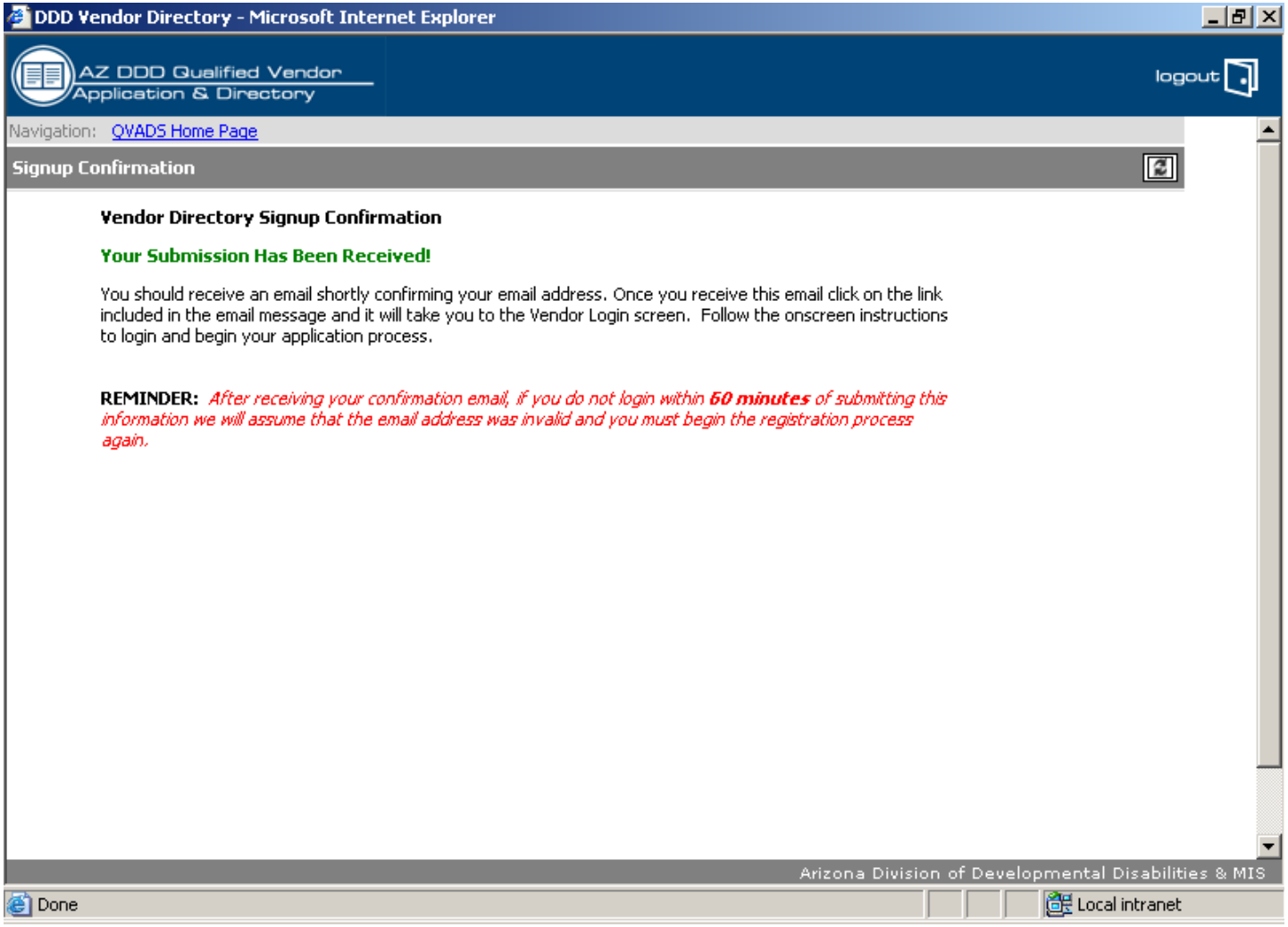
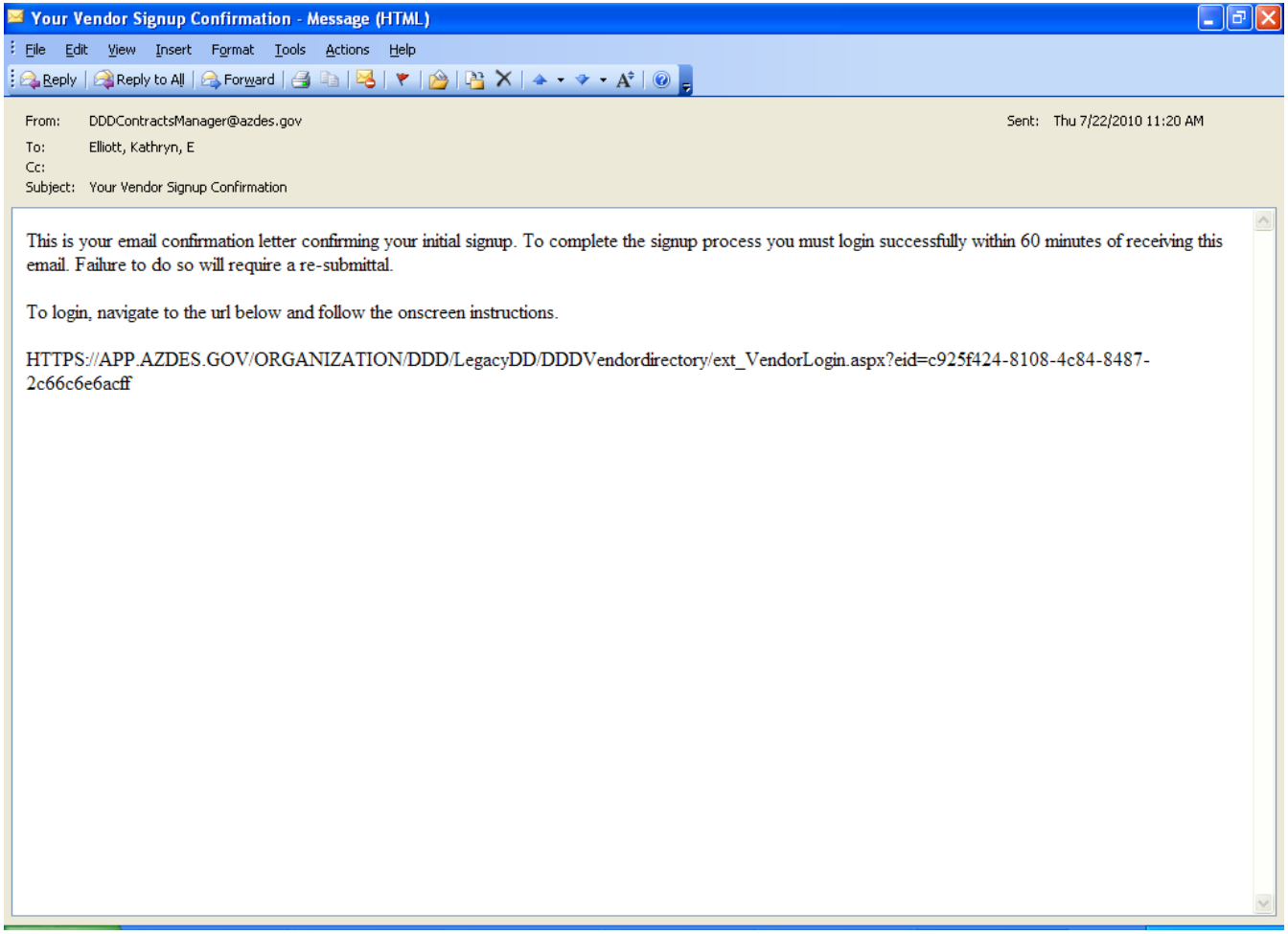


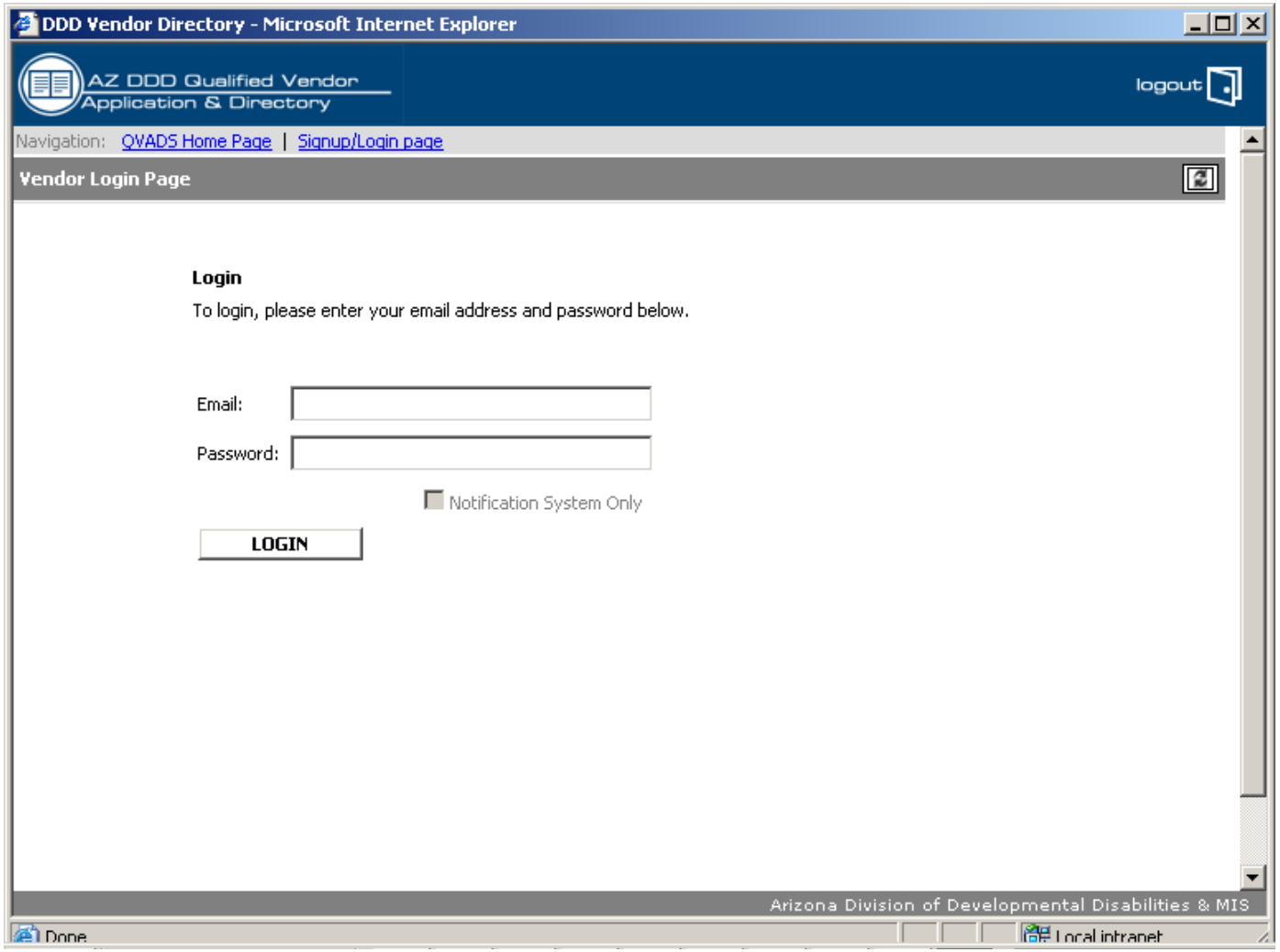
Figure 1-5
A typical Email Confirmation copy the link into your web browser to confirm.



When you copy the link provided into your web browser you will be taken to a screen entitled **Vendor Login Page (Refer to Figure 1-6)** where you will **type your email address** and **password** and **click "Login".**

Vendor Login Page

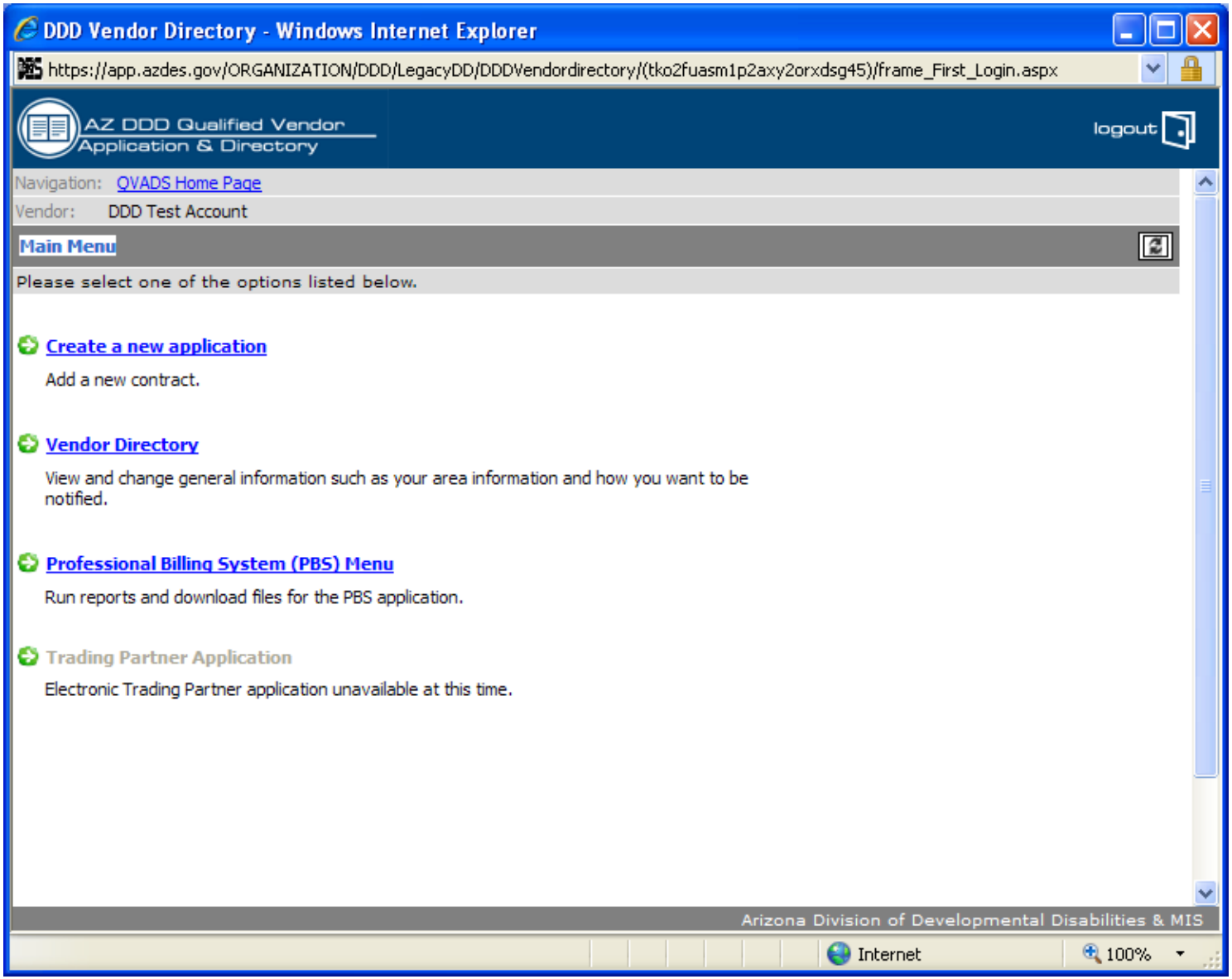
Figure 1-6
A typical **Vendor Directory Signup Confirmation** page.



When you click **"Login"** you will then be taken to a screen entitled **Main Menu (Refer to Figure 1-7)**.

Vendor Main Menu

Figure 1-7
A typical **MAIN MENU** page.



SECTION 2. CONTACT INFORMATION

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

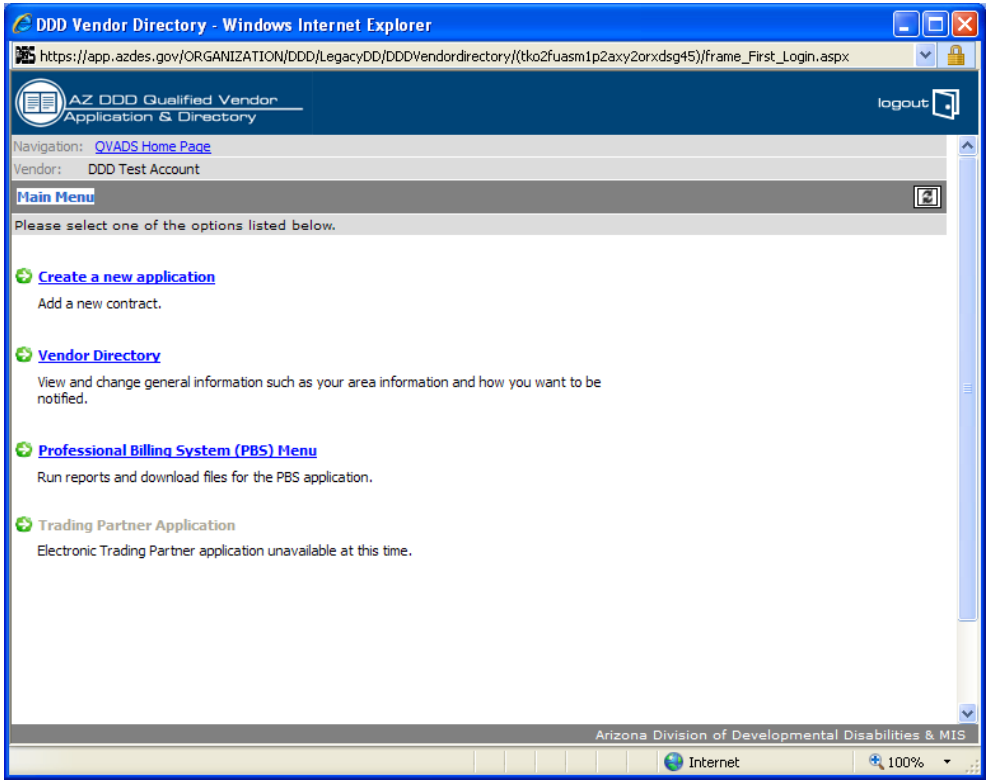
Helpful Hints: Do not click on the "Submit for Review" button until you have completed ALL data entry for ALL sections. Each section is saved independently it is recommended that you press the 'SAVE' button often to save your work.

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.

At the **Main Menu (Refer to Figure 2-1)** click on the link entitled "**Create A New Application**".

Create A New Application

Figure 2-1
A typical **MAIN MENU** page.



SECTION 2. CONTACT INFORMATION

Qualified Vendor Application

You will then be taken to a screen entitled **Qualified Vendor Application (Refer to Figure 2-2)** that contains the following five links:

1. **Contact Information:** Company phone numbers, mailing address, billing address etc.
2. **Policy Information:** General information about Recruitment & Training and the Quality Management plan
3. **Assurances and Submittals Form:** Mandatory survey that must be filled out to be considered for Qualified Vendor status.
4. **My Services:** View or edit Services my company offers.
5. **My Administrative and Service Sites:** View or edit Administrative Sites and Service Sites.

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

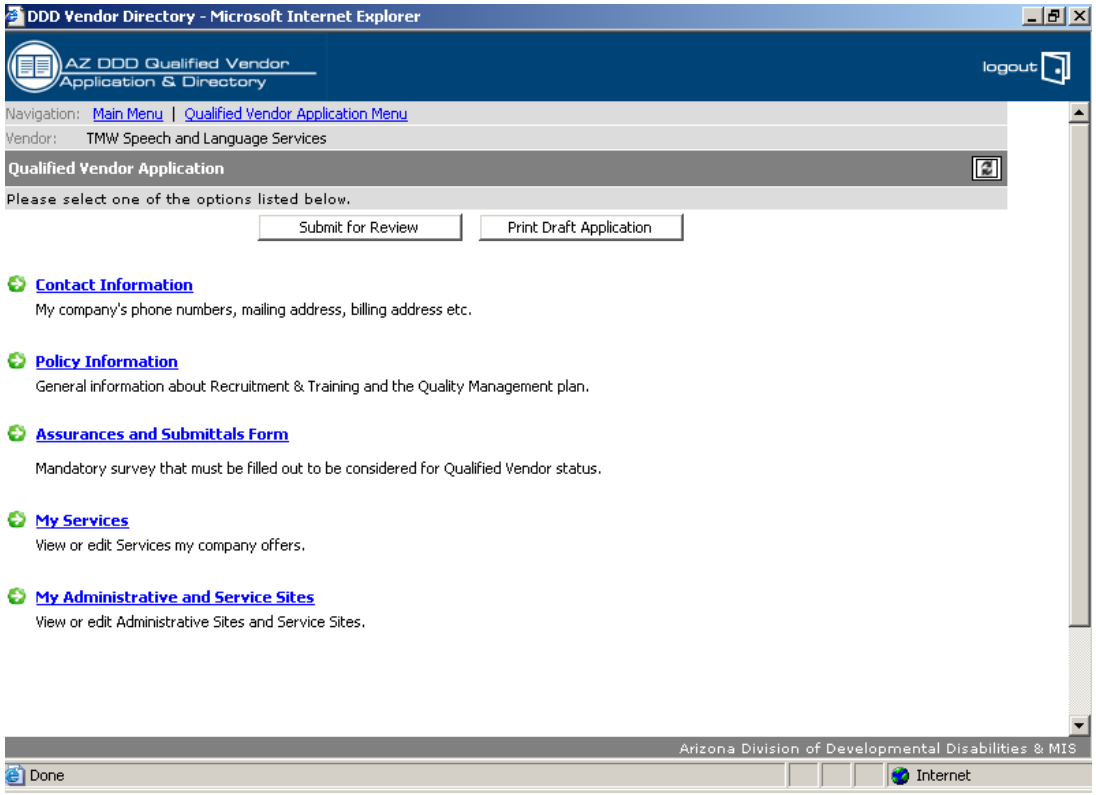


Figure 2-2
A typical **Qualified Vendor Application** page.

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**.

The Notice to Contact section of the Contact Information shown in figure 2-3 is the information the division will use to contact you for division notices and contract matters.

QV Application: Vendor Contact Information

Figure 2-3
Notice to Contact Section of Contact Information in Application

Notice Contact Information

Contact First Name:* Contact Last Name:*

Phone:* ( ) - Fax: ( ) -

Email: kelliott@azdes.gov

You will be taken to a page entitled **QV Application: Vendor Contact Information (Refer to Figure 2-4)** where you will enter data about your business for the following areas:

- **General Information**
  NOTE: Please be careful in choosing "AGENCY vs. INDEPENDENT".
  Choosing "AGENCY" will require that you have a Federal Employer Identification (FEI) number and 1 or more employees.
- **Principle Contact Information**
- **Notice Contact Information**
- **Mailing Information**
- **Billing /Payment Information**
- **Authorized Signatory and Title**

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

SECTION 2. CONTACT INFORMATION

Figure 2-4 (Top)
A typical **QV Application: Vendor Contact Information page**.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

logout

Navigation: Main Menu | Qualified Vendor Application Menu

Vendor: Test Vendor

QV Application : Vendor Contact Information

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

SAVE | SAVE | RETURN

General Information

Vendor Name:* | FEI# or SSN:*

Executive/Owner First Name:* | Executive/Owner Last Name:*

AHCCCS ID:

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

Agency | Independent Professional Provider

Principle Contact Information

Contact First Name:* | Contact Last Name:*

Phone:* ( ) - | Fax: ( ) -

Email:

Notice Contact Information

Contact First Name:* | Contact Last Name:*

Phone:* ( ) - | Fax: ( ) -

Email:

Mailing Information

Vendor Street Address:

Address 1:*

Address 2:

City:*

State:* AZ ZIP:*

Phone:* ( ) -

Fax: ( ) -

Website: http://

Vendor Mailing Address:

Click here if same as Vendor Street Address

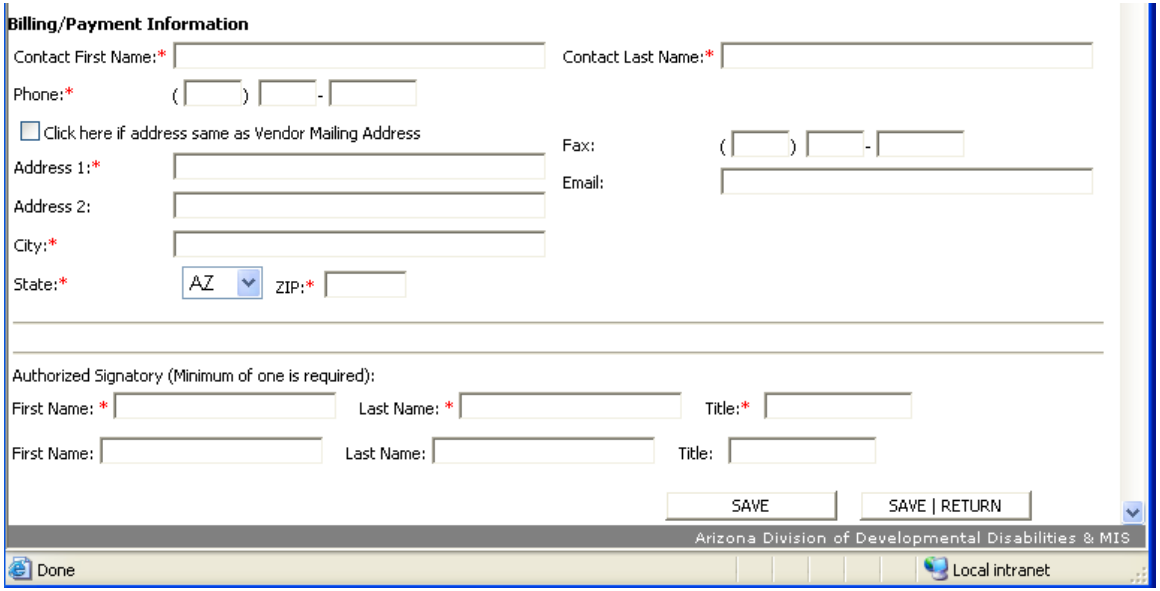
Address 1:*

Address 2:

City:*

State:* AZ ZIP:*

Figure 2-4 (Bottom)
A typical **QV Application: Vendor Contact Information** page.



When you complete this page, click on the **"SAVE | RETURN" button.**
You will be taken back to the screen entitled **Qualified Vendor Application (Refer to Figure 2-2).**

SECTION 3. POLICY INFORMATION

This section will focus on your disclosure of information related to **your business' Personnel Recruitment & Training and Quality Management Plan**.

Helpful Hints: 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.
- Each major text area is limited to a maximum of 2000 characters.
- There is no 'spell-check' feature in the text areas. It is strongly recommended that you create your responses using a word processing program to not only spell-check your entries, but also to check the character length of each entry. Your answers can then simply be copied and pasted into the appropriate section in the application.
- It is important to respond to each item.

At the screen entitled **Qualified Vendor Application (Refer to Figure 3-1),** click on the link entitled "**Policy Information**".

You will be taken to a page entitled **Vendor Policies (Refer to Figure 3-2).**

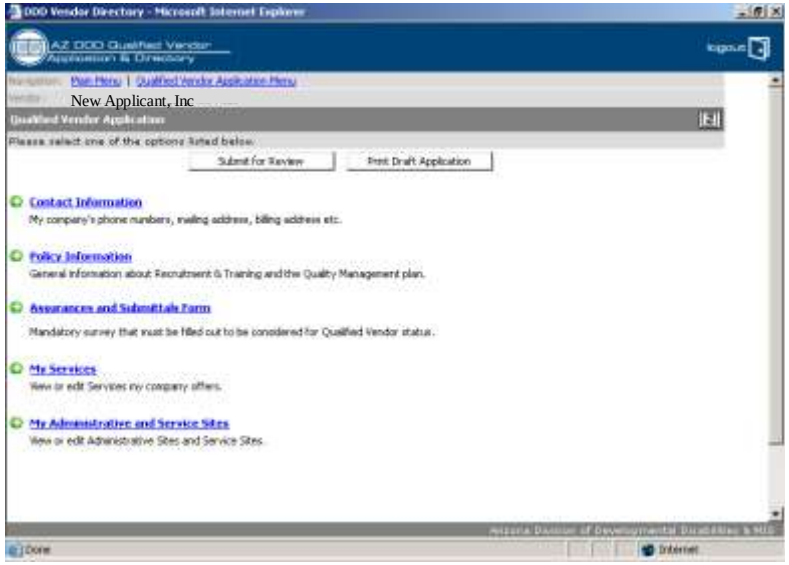
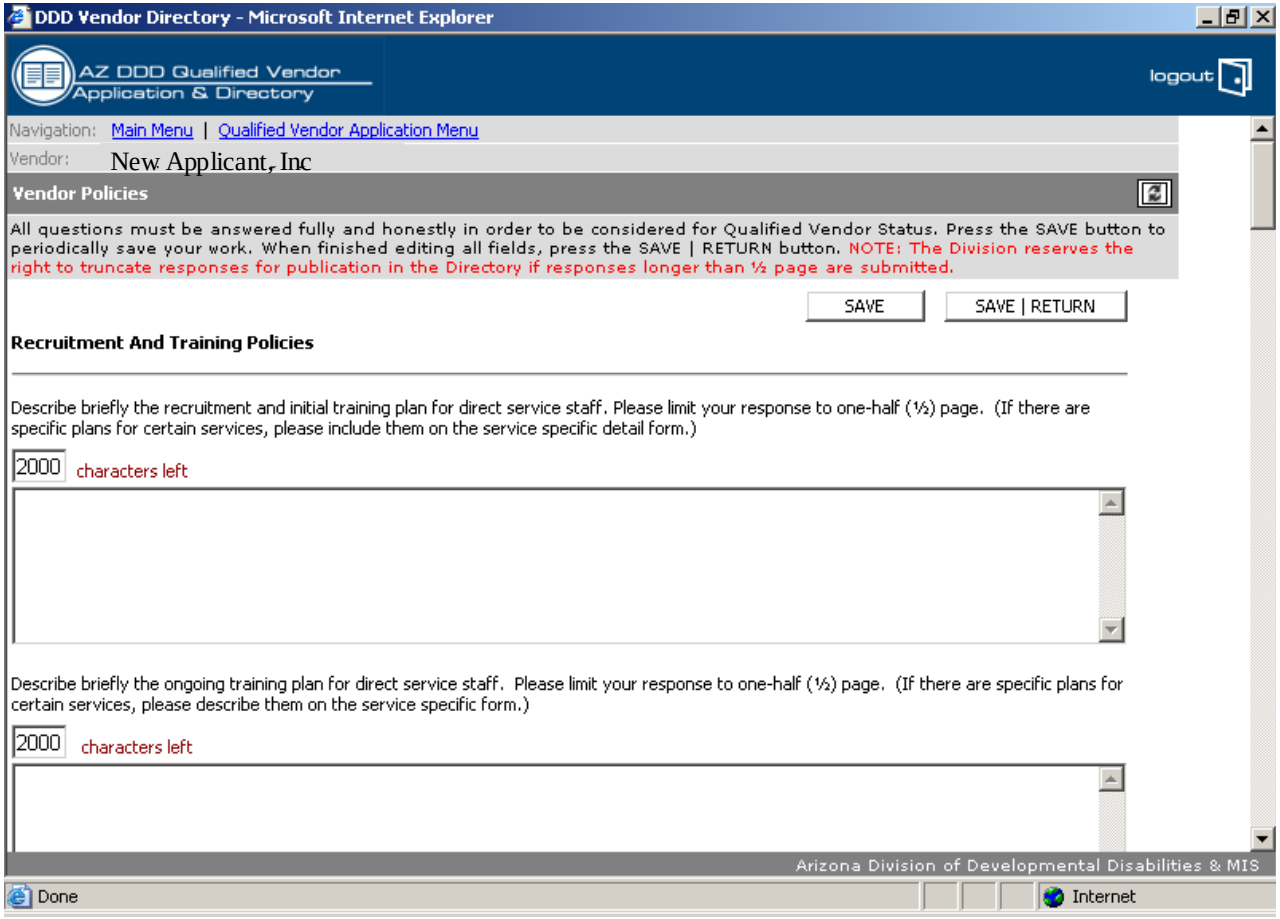


Figure 3-1
A typical **Qualified Vendor Application** page.

Policy Information

Figure 3-2
A typical **Vendor Policies** page.



SECTION 3. POLICY INFORMATION

Helpful Hints:
The following is a list of the various parts of this section and some key points to consider when crafting your responses.

Note: Refer to Section 5 – Service Requirements of your Request for Qualified Vendor Application to assist you with your responses.

Recruitment And Training Policies

Describe briefly the recruitment and initial training plan for direct service staff.

- Recruitment plan should include position, qualifications, and how recruitment takes place.
- Initial Training plan should include what training is required and when/where/how the training will be conducted.
- Individual Providers should indicate they are either an Independent Professional Provider or a staffed Agency.

Describe briefly the ongoing training plan for direct service staff.

- Plan should include position, training required, and when/how the training will be conducted.
- Individual Providers should indicate what training they have had, and when/where/how the training was obtained.

Describe briefly the backup plan for direct service staff absences (preplanned and emergency absences).

- Preplanned absences backup plan should include
  - Notification of client and family
  - Rescheduling or alternative staff coverage
- Emergency absences backup plan should include
  - Notification of client and family
  - Rescheduling or alternative staff coverage

Incident Reporting - Internal and External

Who is the person within the vendor's organization for reviewing incident reports?

- Name of individual and should indicate individual's qualifications/position.

Who is the person within the vendor's organization for notifying a consumer's family/representative of incidents?

- Name of individual and should indicate individual's qualifications/position.

Do you have written policies and procedures regarding the reporting of incidents of abuse, neglect and exploitation*?*

- A "Yes" response is required by Section 5 – Service Requirements in the Request for Qualified Vendor Application.

Are reporting protocols shared with consumers/families/consumer representatives?

- A "Yes" response is required by Section 5 – Service Requirements in the Request for Qualified Vendor Application.

SECTION 3. POLICY INFORMATION

How are incidents of abuse, neglect, exploitation or injury reported internally?

- Should reference existing agency policy and/or reference DES/DDD Administrative Directive 76 (Revised); response may also include the following: acceptance of client includes assessment for potential abuse, neglect, exploitation, or injury and prevention plan; periodic re-assessments.
  1. Access **Main DES/DDD website**: https://www.azdes.gov/ddd/
  2. Click on **Policy & Forms**
  3. Click on **Policies & Procedures** : https://www.azdes.gov/main.aspx?menu=96&id=2844
  4. Click on **2100 Incident Management (PDF Doc)**
- Should indicate who is responsible for reporting incidents.
- Should indicate who the incident is reported to; i.e., agency administrator, immediate supervisor, etc.
- Should indicate when the incident is reported; i.e., immediately, within 24 hours, etc.
- Should indicate how notification will take place: verbal and/or written (phone, e-mail, fax, mail)
- Verbal notifications followed up with a written report.
- Form to be used: Incident Report DD-191, Agency internal form.
- May indicate what action is taken on the client's behalf immediately and as a follow-up.

How are incidents of abuse, neglect, exploitation or injury reported externally?

- Should reference existing agency policy and/or reference DES/DDD Administrative Directive 76 (Revised); response may also include the following: acceptance of client includes assessment for potential abuse, neglect, exploitation, or injury and prevention plan; periodic re-assessments.
  1. Access **Main DES/DDD website**: : https://www.azdes.gov/ddd/
  2. Click on **Policy & Forms**: http://www.de.state.az.us/ddd/reference/policyproc.asp
  3. Click on **Policies & Procedures**
  4. Click on **2100 Incident Management (PDF Doc)**
- Should indicate who is responsible for reporting incidents.
- Should indicate who the incident is reported to; i.e., DES/DDD support coordinator, protective services, police, and family/guardian.
- Should indicate when the incident is reported; i.e., immediately, within 24 hours, etc.
- Should indicate how notification will take place: verbal and/or written (phone, e-mail, fax, mail)
- Verbal notifications followed up with a written report.
- Form to be used: Incident Report DD-191, Agency internal form.

- May indicate what action is taken on the client's behalf immediately and as a follow-up.

Describe the internal review process for incident reports and how corrective action is implemented.

- Should include who will conduct an investigation; i.e. staff, physician, other individuals.
- Should indicate what outcomes will be determined; i.e. need for performance improvement, continued monitoring, staff training, policy change.
- Should indicate what follow-up treatment/action/preventative action will be implemented.
- Should indicate timeframe for completion of internal reviews.
- Should indicate how the completion of a correction is verified.

Complaint/Grievance Process

Who is the person within the vendor's organization responsible for resolving the complaint/grievance?

- Name of individual and should indicate individual's qualifications/position.

Is there a complaint/grievance form?

- If the agency does not have a form, they should indicate how complaint/grievances are filed or what procedure they are following.
- Should indicate if they are planning to develop a form.

Do you have written policies and procedures regarding the submission of complaints/grievances?

- If the agency does not have a policy, they should indicate what procedure they are following.
- Should indicate if they intend to develop and implement a policy.

Are complaints/grievances shared with consumers/families/consumer representatives?

- Should include an explanation of why or why not.

Who can file a complaint/grievance?

- Should indicate who can complain or grieve.
- Should indicate how the complaint/grievance should be submitted.
-

What is the complaint/grievance handling timeline?

- Should indicate timeline including review time and response time.

Describe the complaints/grievance process.

- Should indicate who reviews complaints/grievances, what steps are included in the review processes, and what actions may be taken.

SECTION 3. POLICY INFORMATION

Program / Feedback Process

How is input from consumers, families and/or consumer representatives encouraged?

- Should provide an opportunity, at least an annual basis, for a consumer satisfaction survey.
- Should discuss collection of information and feedback from meetings with families, individuals, and groups.
- Should mention suggestion box, comment cards, etc.

Describe the process used to measure consumer/family/consumer representative satisfaction with services.

- Should indicate who reviews formal and informal input/feedback.
- Should explain how formal and informal input/feedback is reviewed.
- Should indicate what follow-up action may be taken.
- Should outline how input is shared and utilized to improve service delivery.
- Should explain how improvement is measured or demonstrated; i.e., fewer complaints about a particular area of service, complements due to a change in service delivery methods, etc.

Describe how are consumers/families/consumer representatives are involved in the hiring and/or evaluation of direct service staff.

- Should indicate if and how consumers/families/consumer representatives are formally involved in hiring of direct service staff; i.e., if a family or consumer referred applicant meet requirements, the vendor may opt to hire them, if family or consumer is part of the interview committee, etc.
- Should indicate if and how consumers/families/consumer representatives are formally involved in evaluation of direct service staff; i.e., if input/feedback about specific staff members is directly solicited from consumers/families/ consumer representatives.
- Should indicate if annual surveys and input/feedback are used in employee evaluations.

Who is feedback forwarded to within the agency?

- Name of individual and should indicate individual's qualifications/position.

Describe how consumers/families/consumer representatives are involved in the evaluation process for the improvement of services.

- Should reiterate responses in Program / Feedback Process questions a through d.

Is past feedback available to consumers/families/consumer representatives when considering a vendor?

- "Yes" or "No" response
- Should indicate if letters of reference and commendation are available to families upon request.
- Should indicate if licensing reports are available for review.
- Should indicate if interested parties are directed to DES/DDD or other governing entities for licensing reports, number and nature of unusual incidents, and related compliance issues.

SECTION 3. POLICY INFORMATION

Consumer Involvement

Describe all of the other methods used by your organization to provide opportunities for consumers/families/consumer representatives to be actively involved in your organization's operations (i.e., advisory groups, staff recruitment, staff training and development, monitoring, social events, etc.).

- Should list possible consumers/families/consumer representatives involvement similar to the following:
  - Recruit as vendor volunteers
  - Recruit as advisory representatives
  - Involve in planning and participating in events
  - Train to assist in conducting meetings/trainings
  - Use as a resource for recruitment, interviewing, and recommendation of potential staff
  - Utilize feedback in the monitoring process
  - Provide opportunity to ask questions, make presentations, or comment at open agenda meetings
  - Request donations of furniture, appliances, vehicles, etc.

Please indicate if there are any active community advisory groups.

- Should name the advisory group and indicate its purpose, frequency of meetings, how participants are recruited and their role.

Internal Quality Efforts

Describe the process used by the vendor to monitor and evaluate the services provided as they relate to the ISP objectives.

- Should tell how monitoring and evaluation is conducted; i.e., staff meetings, review of required staff reports addressing ISP goals and objectives, site visits, evaluations by families, etc.
- Should indicate frequency of monitoring and evaluations.

Describe the overall vendor approach toward the improvement of the quality and appropriateness of services provided.

- Should address method of assessing/re-assessing client needs, how it is determined if goals and objectives have been met, and approach to establishing appropriate services through the ISP.
- Should discuss staff evaluations and implementation processes of new procedures.
- Should address the types and frequency of managerial reports used to track practices and as tools for quality improvement.

When you complete this page, click on the **"SAVE I RETURN" button.**

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

Figure 3-2b
A typical **Vendor Policies** page.

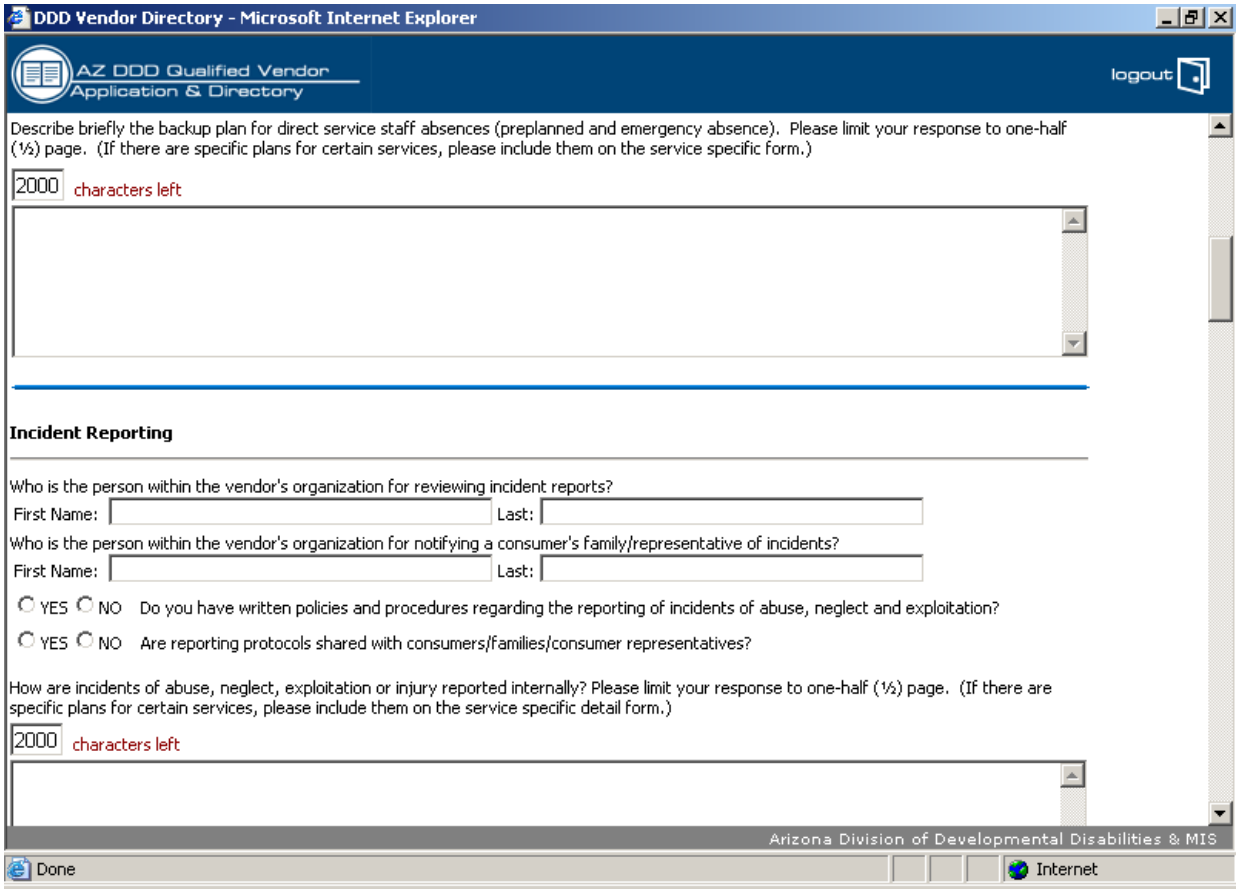


Figure 3-2c
A typical **Vendor Policies** page.

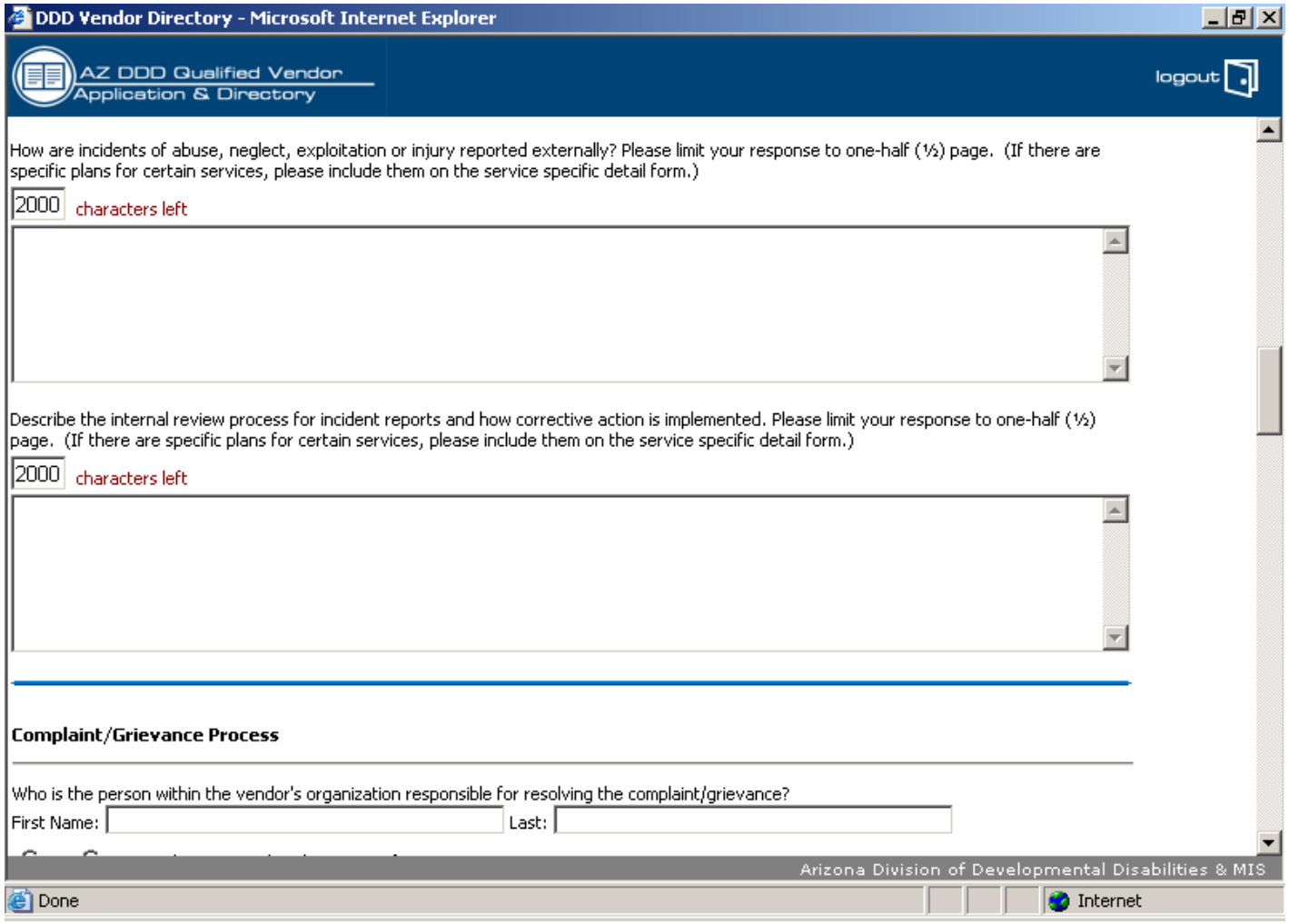


Figure 3-2d
A typical **Vendor Policies** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

logout

YES NO Is there a complaint/grievance form?

YES NO Do you have written policies and procedures regarding the submission of complaints/grievances?

YES NO Are complaints/grievances shared with consumers/families/consumer representatives?

Who can file a complaint/grievance?

What is the complaint/grievance handling timeline?

Describe the complaints/grievances process. Please limit your response to one-half (½) page. (If there are specific plans for certain services, please describe them on the service specific form.)

2000 characters left

Program Feedback Process

How is input from consumers, families and/or consumer representatives encouraged? Please limit your response to one-half (½) page. (If there are specific plans for certain services, please describe them on the service specific form.)

2000 characters left

Arizona Division of Developmental Disabilities & MIS

Done

Internet

Figure 3-2e
A typical **Vendor Policies** page.

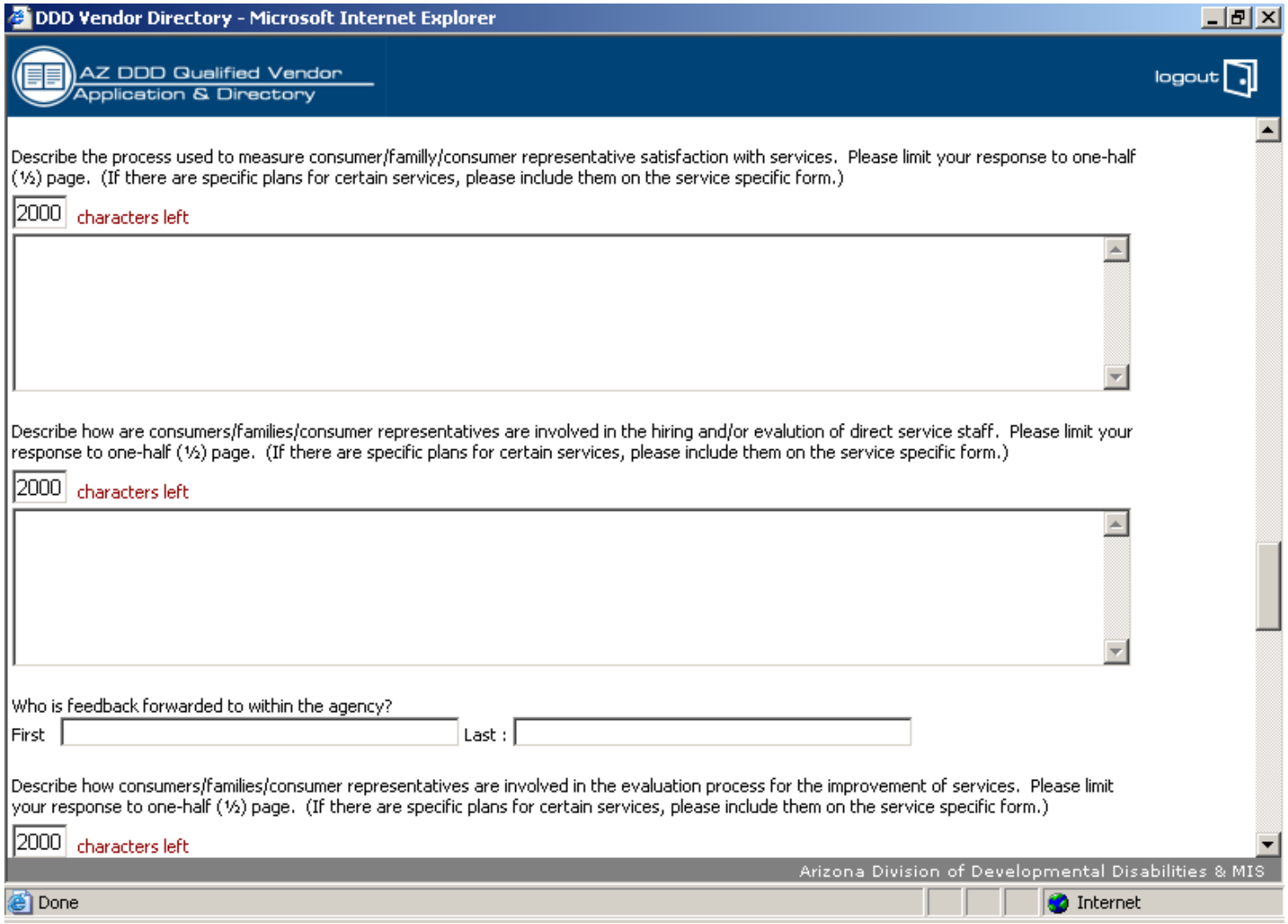


Figure 3-2f
A typical **Vendor Policies** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

logout

YES NO Is past feedback available to consumers/families/consumer representatives when considering a vendor?

Consumer Involvement

Describe all of the other methods used by your organization to provide opportunities for consumers/families/consumer representatives to be actively involved in your organization's operations (i.e., advisory groups, staff recruitment, staff training and development, monitoring, social events, etc.). Please limit your response to one-half (½) page. (If there are specific plans for certain services, please include them on the service specific form.)

2000 characters left

Please indicate if there are any active community advisory groups. Please limit your response to one-half (½) page. (If there are specific plans for certain services, please include them on the service specific form.)

2000 characters left

Arizona Division of Developmental Disabilities & MIS

Done Internet

Figure 3-2g
A typical **Vendor Policies** page.

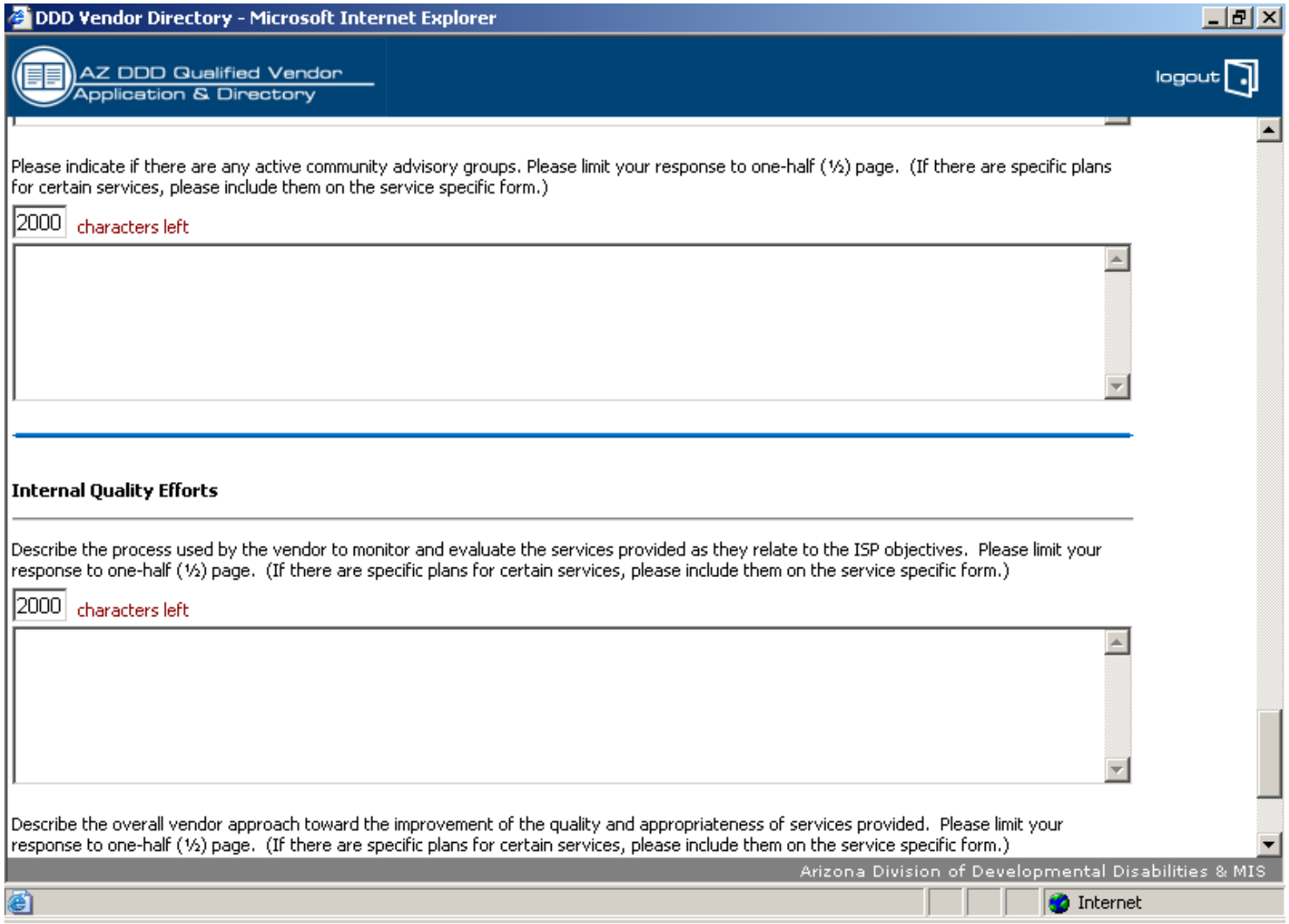
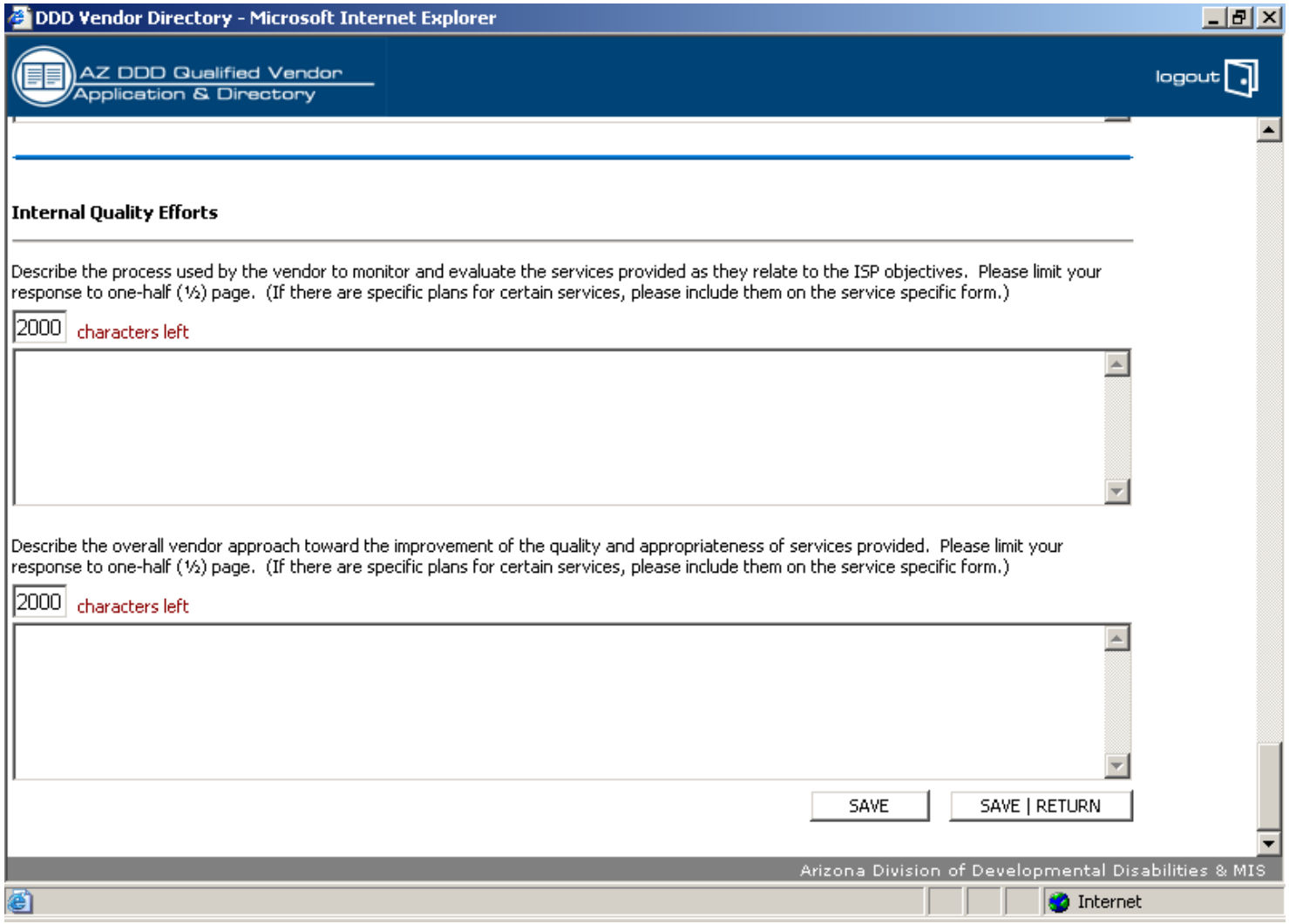


Figure 3-2h
A typical **Vendor Policies** page.



SECTION 4. 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 Hints: 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 screen entitled **Qualified Vendor Application (Refer to Figure 4-1)** click on the link entitled "**Assurances and Submittal Form**".

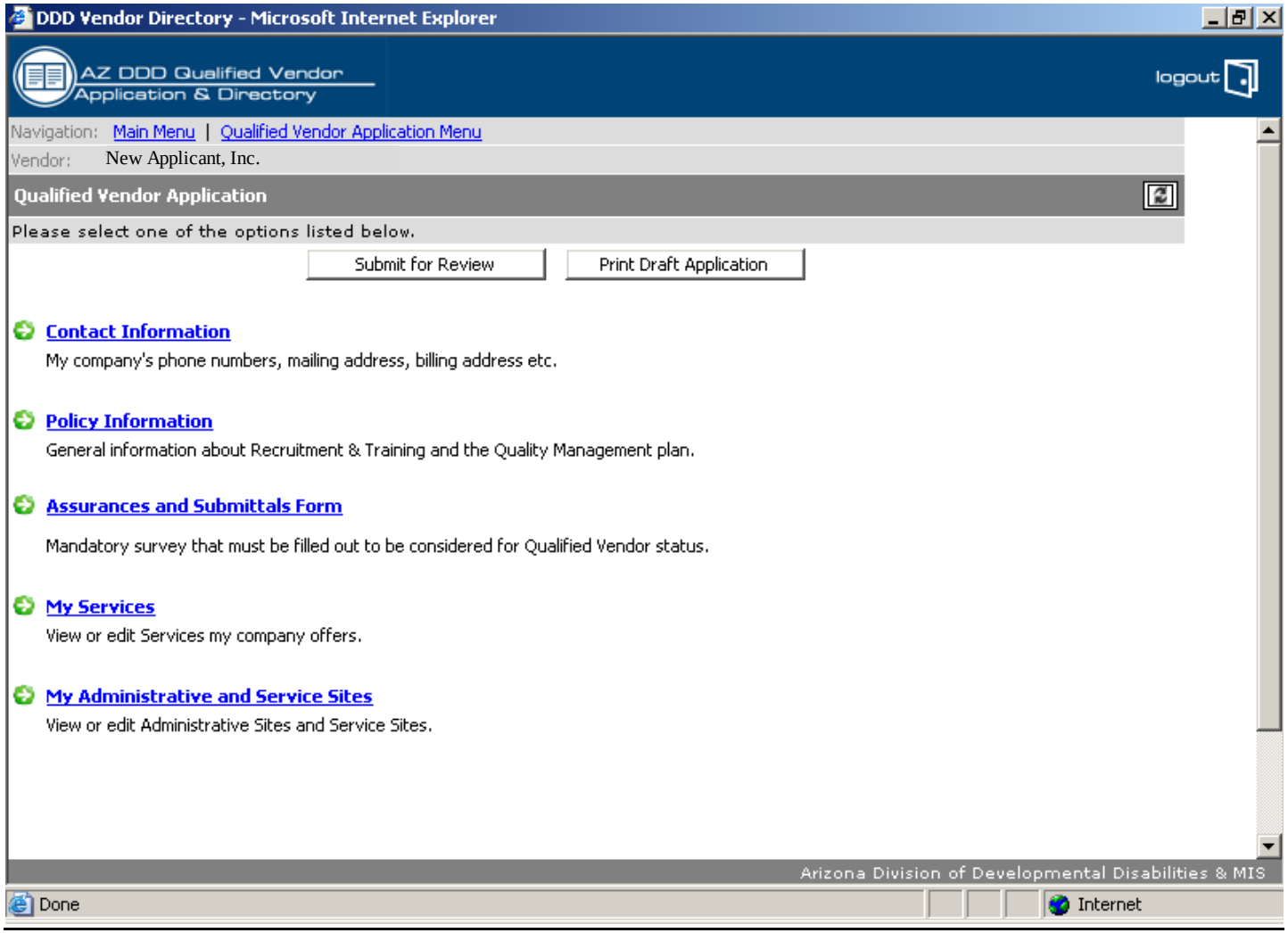
You will be taken to a page entitled **Qualified Vendor Application Assurances and Submittals Form (Refer to Figure 4-2**).

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 screen entitled **Qualified Vendor Application (Refer to Figure 4-1).**

Figure 4-1
A typical **Qualified Vendor Application** page.



Assurances and Submittals Form

Figure 4-2 (Top)
A typical **Qualified Vendor Application Assurances and Submittals Form** page.

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

Arizona Division of Developmental Disabilities & MIS

Done | Internet

Figure 4-2 (Middle)
A typical **Qualified Vendor Application Assurances and Submittals Form** page.

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 4-2 (Bottom)
A typical **Qualified Vendor Application Assurances and Submittals Form** page.

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

SECTION 5: MY SERVICES

This section will focus on your disclosure of information related to **the services you wish to offer** under a Qualified Vendor Agreement**.**

NOTE: Do not click on the "Submit for Review" button until you have completed ALL data entry for ALL sections. However, we recommend that you press the 'SAVE' button periodically to save your work.

At the screen entitled **Qualified Vendor Application (Refer to Figure 5-1),** click on the link entitled "**My Services**". You will be taken to a page entitled **My Services (Refer to Figure 5-2)**.

NOTE: On that page you will see the notice: **You currently have no Services selected. Please press the ADD/REMOVE button.**

On the My Services page click on the ADD/REMOVE button to be taken to a screen entitled **Select Services (Refer to Figure 5-3).** You will be able to:

1) **ADD** a New Service
2) **REMOVE** or delete a listed Service
3) **EDIT** a listed Service

Helpful Hints:

- **Review the Service Specifications (Refer to Figure 5-4)**
  - Section 7 - Service Specifications**.**

- **All questions must be answered fully and honestly in order to be considered for Qualified Vendor Status.**
- **Responses should reflect knowledge of service specifications and how you conduct business.**
- **Each major text area is limited to 2000 characters maximum.**
- **There is no 'spell-check' feature in the text areas. It is strongly recommended that you create your responses using a word processing program to not only spell-check your entries, but also to check the character length of each entry.**
- **If you select any of the Group Home services you must also select *Room & Board All Group Homes.***
- **On the Select Services page the DES/DDD contract number in the box to the right of the service title is to be left blank.**

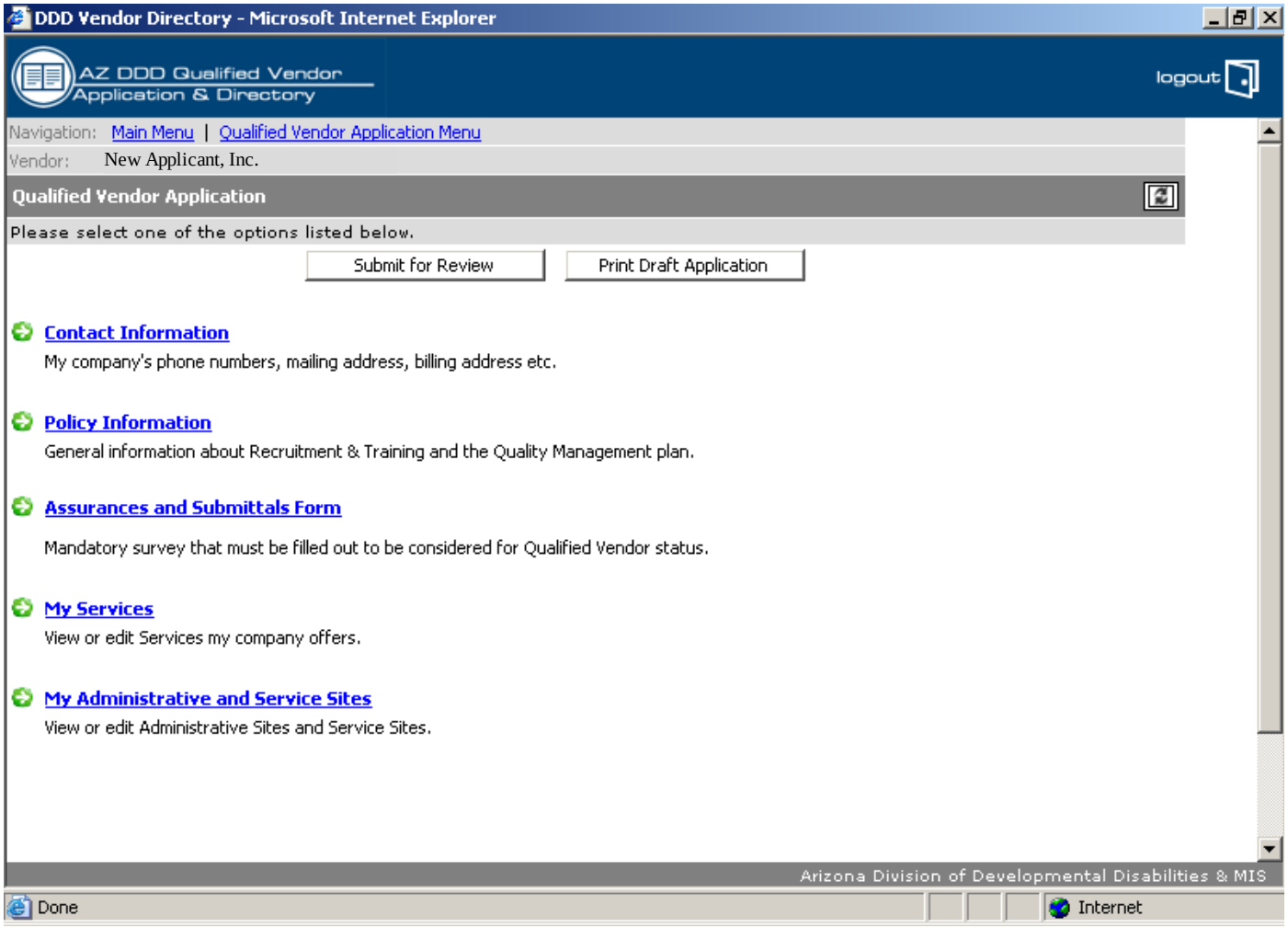
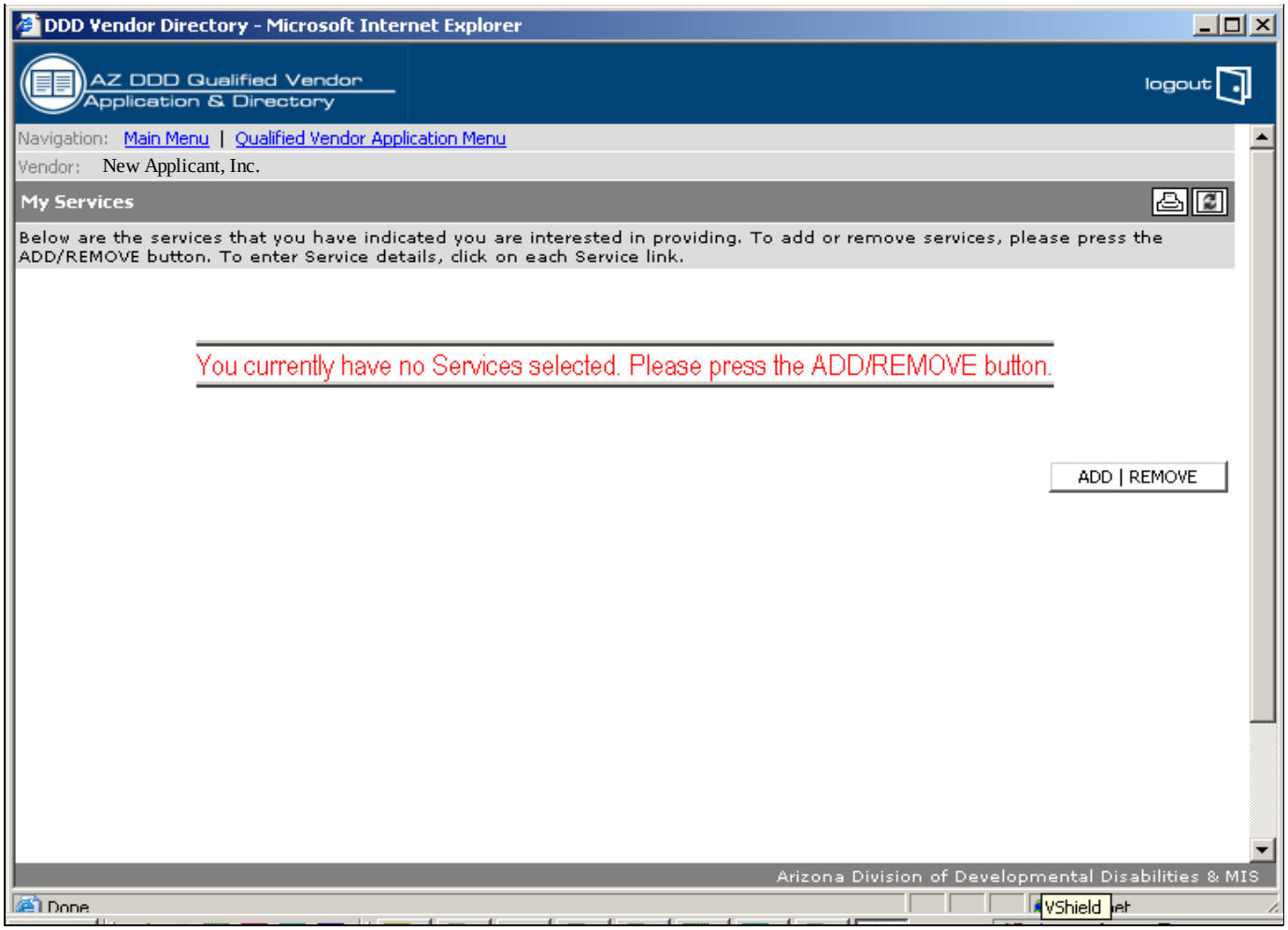


Figure 5-1
A typical **Qualified Vendor Application** page.

My Services

Figure 5-2
A typical **My Services** page.



Select Services

Figure 5-3
A typical **Select Services** page.

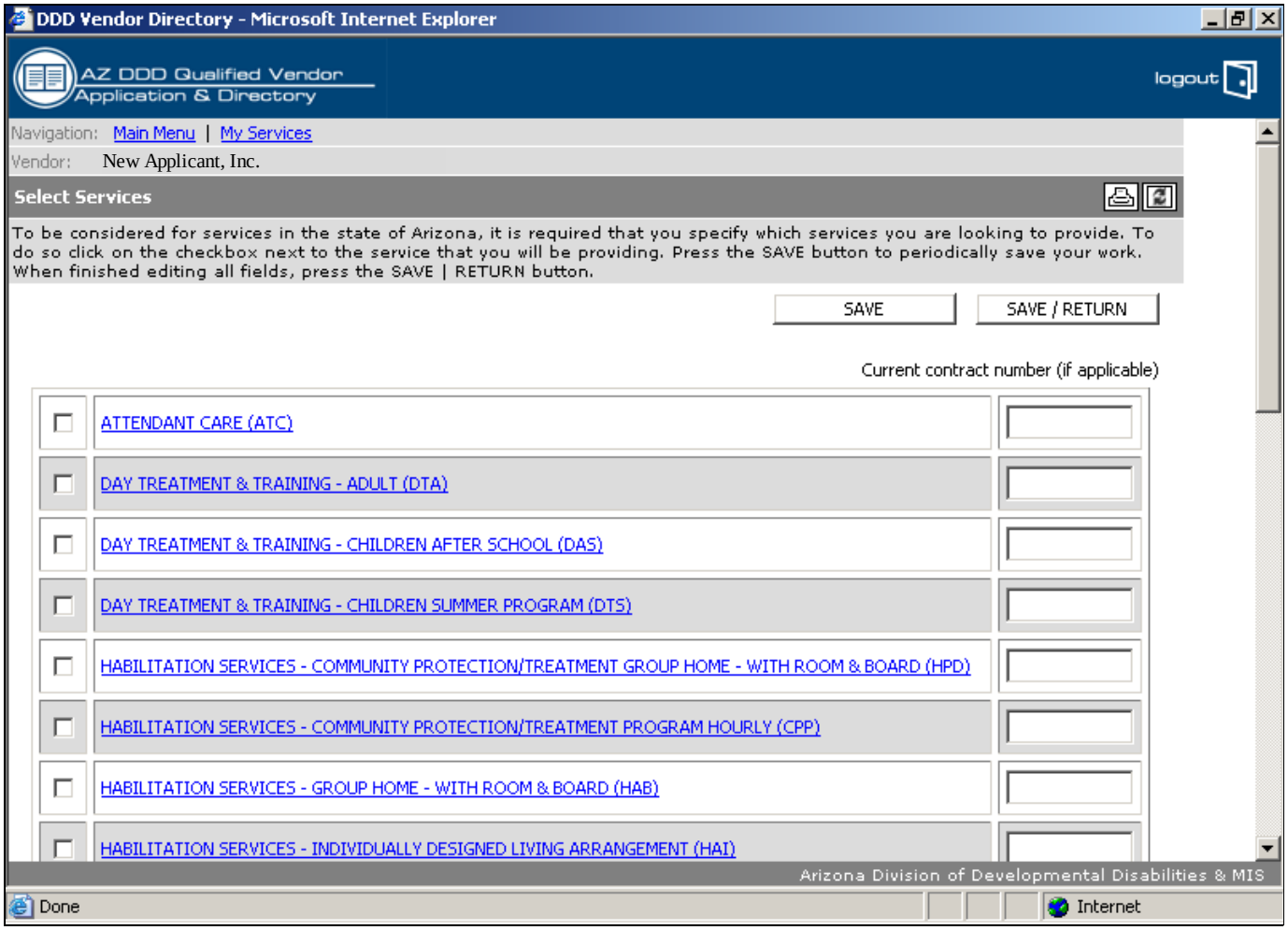
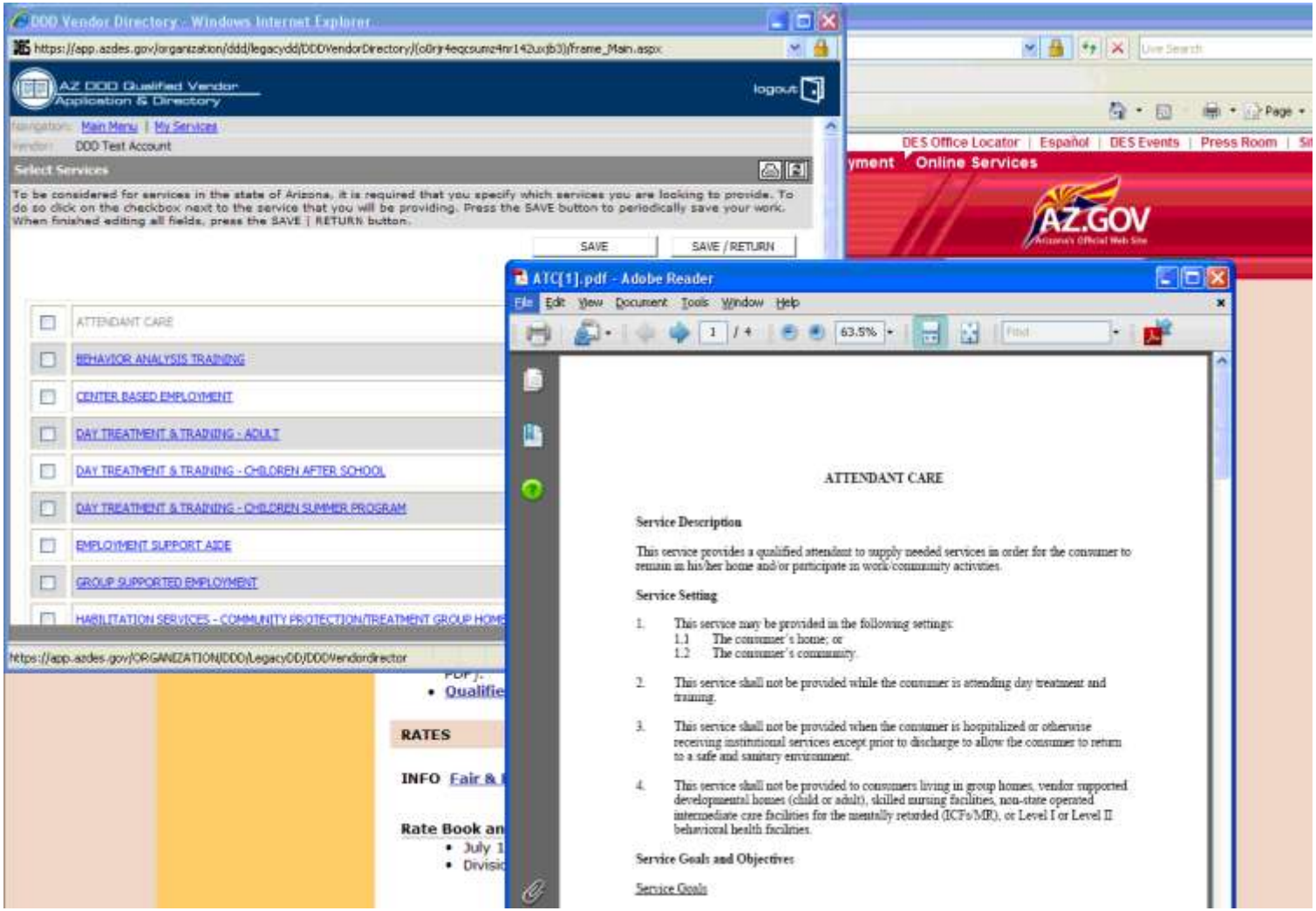


Figure 5-4: When selecting the service you may also click on the service link to see the service specifications



SECTION 5: MY SERVICES

Option 1 – ADD a Service

This selection is chosen to add a service to a NEW application or to add a service to an EXISTING agreement by Amendment.

- A full listing of available service titles will be shown.
- Click on any of the titles for the full and current Service Specification. The Service Specification will be presented in a separate window as an Adobe ".pdf" file. Adobe Acrobat Reader is a free downloadable program available at **www.adobe.com .**

NOTE: For these files, it is strongly recommended that you **print, save or both** and review the information thoroughly as an aid to your data entry process. The service specifications are posted on the division website at https://www.azdes.gov/main.aspx?menu=96&id=4792 .

Select a Service(s):

- Select a Listed Service by clicking the box to the left of the service title.
- The DES/DDD contract number in the box to the right of the service title does not require you to enter anything.
- When finished selecting all desired services, click on the SAVE/RETURN button.
  This will take you back to the **My Services** page showing a list of the service(s) you have selected.

Providing information on your services:
At the My Services page, click on the first service. You will be taken to a Service Detail Information page (Refer to Figure 5-5) for that service. REVIEW Section 7 - Service Specifications and general application instructions to guide you in the development of your responses. Use the service specification as an example; do not copy it word for word

You will be asked to provide detailed and pertinent information on your service covering the following categories:
Program Description (required)
Community Access (required)

Provide the following information ONLY IF different from entries in "SECTION 3. POLICY INFORMATION":

- Recruitment and Training Policies
- Incident Reporting
- Complaint and Grievance Processes
- Program Feedback Process
- Consumer Involvement
- Internal Quality Efforts

The information required will range from checked boxes to detailed text paragraphs in response to the areas and questions presented. When data entry is complete, click on the **SAVE / RETURN** button. This will take you back to the My Services (Fig. 5-2) page showing a list of the service(s) you have selected.

Option 2 – REMOVE a Service

This selection is chosen to REMOVE or delete a service on a NEW application **prior to final application submission** or to REMOVE or delete a service on an EXISTING agreement by Amendment.

- To **REMOVE or delete** a service, click on the **ADD / REMOVE button** while on the **My Services** page **(Refer to Figure 5-2)**. You will then be taken to the **Select Services (Refer to Figure 5-3)** page.
- If you delete a service after entering site information, it is necessary to uncheck this service from any sites PRIOR TO deleting the service.
- UNCHECK the appropriate box on the left of the Service Title.
- When finished, click on the **SAVE / RETURN** button. This will take you back to the **My Services** page **(Refer to Figure 5-2)** showing a list of the remaining service(s) you have selected.

Option 3 – EDIT a Service

This selection is chosen to **EDIT** the details of your service on:

1) a NEW application **prior to** final application submission,
2) resubmitting an application
3) processing and amendment on your application.

REVIEW Section 7 - Service Specifications **and general application instructions to guide you in the development of your responses.**

- To **EDIT** the details of your service, click on the service name. This will take you to the **Service Detail Information** page for that service**.**
- EDIT the information and when your data entry is complete, click on the **SAVE / RETURN** button. This will take you back to the **My Services** page **(Refer to Figure 5-2)** showing a list of your service(s).

When data entry is complete, click on the **SAVE I RETURN** button. This will take you back to the **My Services** page **(Refer to Figure 5-2)** showing a list of the service(s) you have selected.

Use the Navigation Bar at the top of the page to be taken to the **Qualified Vendor Application** page **(Refer to Figure 5-1)**.

Service Detail Information

Figure 5-4
A typical **Service Detail Information** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

logout

Navigation: Main Menu | Qualified Vendor Application Menu | My Services

Vendor: New Applicant, Inc.

Service Detail Information

To be qualified for this service you must fill out and answer all of these questions to the best of your knowledge. Press the SAVE button to periodically save your work. When finished editing all fields, press the SAVE | RETURN button. NOTE: The Division reserves the right to truncate responses for publication in the Directory if responses longer than ½ page are submitted.

SAVE | SAVE | RETURN

Service: SPEECH THERAPY TREATMENT & EVALUATION

Program Description

Briefly describe your program for this service from referral through service delivery. Please limit your response to one-half (½) page.

2000 characters left

Community Access

When community access is required to meet the ISP, how do you support direct service staff for community access? (Check all that apply)

Arizona Division of Developmental Disabilities & MIS

Done | Internet

SECTION 6. MY ADMINISTRATIVE and SERVICE SITES

This section will focus on **adding, editing or deleting** information related to **where you will be administering your business** under a Qualified Vendor Agreement**.**

NOTE: Do not click on the "Submit for Review" button until you have completed ALL data entry for ALL section. However, we recommend that you press the 'SAVE' button periodically to save your work.

Helpful Hints:

- **All areas must be answered fully and honestly in order to be considered for Qualified Vendor Status.**
- **The item marked with a RED ASTERISK are REQUIRED ENTRIES.**
- **There is no 'spell-check' feature in any text areas. It is strongly recommended that you create your responses using a word processing to not only spell-check your entries, but also to check the character length of each entry.**
- **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**

ADMINISTRATIVE SITES

SECTION 6. MY ADMINISTRATIVE and SERVICE SITES

Option 1 - Add a New Administrative Site

At the screen entitled **Qualified Vendor Application (Refer to Figure 6-1),** click on the link "**My Administrative and Service Sites**".

You will then be taken to a page entitled **My Administrative Sites (Refer to Figure 6-2)**.
On the My Administrative Sites page click on the "**Add New Site**" link and you will be taken to a page entitled **Administrative Site Information (Refer to Figure 6-3)**.

NOTE: Enter all necessary information about the Administrative Site, contact and hours of operation. All areas must be answered fully and honestly in order to be considered for Qualified Vendor Status. Be sure to select the service(s) to be provided at each Administrative Site.

When data entry is complete, click on the **SAVE I RETURN** button. This will take you back to the **My Administrative Sites** page **(Refer to Figure 6-2)** showing a list of the service(s) you have selected.

Use the Navigation Bar at the top of the page to be taken to the **Administrative Site Information** page **(Refer to Figure 6-3)**. On the top of this page, click on the link entitled "**Qualified Vendor Application Menu**" to be taken back to the main application menu.

Option 2 - To Edit an Existing Administrative Site

At the screen entitled **Qualified Vendor Application (Refer to Figure 6-1),** click on the link "**My Administrative and Service Sites**".

You will then be taken to a page entitled **My Administrative Sites (Refer to Figure 6-2)**. On that page click on the link associated with the site you want to edit. You will be taken to a page entitled **Administrative Site Information (Refer to Figure 6-3)** where you can edit the site information.

When data entry is complete, click on the **SAVE I RETURN** button. This will take you back to the **My Administrative Sites** page **(Refer to Figure 6-2)** showing a list of the service(s) you have selected.

Use the Navigation Bar at the top of the page to be taken to the **Administrative Site Information** page **(Refer to Figure 6-3)**. On the top of this page, click on the link entitled "**Qualified Vendor Application Menu**" to be taken back to the main application menu.

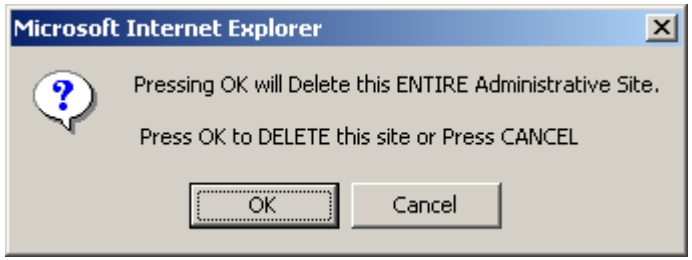
Option 3 - To Delete an Existing Administrative Site

SECTION 6. MY ADMINISTRATIVE and SERVICE SITES

NOTE: PRIOR TO deleting an Administrative Site be sure to remove all Service Sites FIRST.

At the screen entitled **Qualified Vendor Application (Refer to Figure 6-1),** click on the link entitled "**My Administrative and Service Sites**". You will be taken to a page entitled **My Administrative Sites (Refer to Figure 6-2)**. On that page click on the "**Delete**" link associated with the site you want to delete.

You will be given a pop-up note that reads:



Press OK and you will be taken to a page entitled **My Administrative Sites (Refer to Figure 6-2)**.

On the top of this page, click on the link entitled "**Qualified Vendor Application Menu**" to be taken back to the main application menu.

SECTION 6. MY ADMINISTRATIVE and SERVICE SITES

SERVICE SITES

Helpful Hints: 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

Option 1 - Add a New Service Site

At the screen entitled **Qualified Vendor Application (Refer to Figure 6-1),** click on the link "**My Administrative and Service Sites**".

You will then be taken to a page entitled **My Administrative Sites (Refer to Figure 6-2)**.
On the My Administrative Sites page click on any **SERVICE SITE** that is **underlined and hi-lighted in blue**. These links are for ONLY those services listed above. You will be taken to a page entitled **THE NAME OF THE SELECTED SERVICE (Refer to Figure 6-5)**. Click on the link entitled **"Add New Site"**. You will be taken to page where you will enter data pertaining to the site.

NOTE: Enter all necessary information about the Service Site, contact and hours of operation. All areas must be answered fully and honestly in order to be considered for Qualified Vendor Status. Be sure to select the service(s) to be provided at each Administrative Site.

When data entry is complete, click on the **SAVE I RETURN** button. This will take you back to a page listing your new Service Site for that service. **(Refer to Figure 6-5)** showing a list of the Service Sites you have added. **YOU WILL NEED TO ADD A SERVICE SITE FOR EACH AND EVERY SERVICE underlined and hi-lighted in blue .**

Use the Navigation Bar at the top of the page to be taken to the **My Sites** page **(Refer to Figure 6-2)**. On the top of this page, click on the link entitled "**Qualified Vendor Application Menu**" to be taken back to the main application menu.

Option 2 - To Edit an Existing Service Site

At the screen entitled **Qualified Vendor Application (Refer to Figure 6-1),** click on the link "**My Administrative and Service Sites**".

SECTION 6. MY ADMINISTRATIVE and SERVICE SITES

You will then be taken to a page entitled **My Administrative Sites (Refer to Figure 6-2)**. On that page click on the link **underlined and hi-lighted in blue** associated with the SERVICE you want to edit. You will be taken to a page entitled **THE NAME OF THE SELECTED SERVICE (Refer to Figure 6-5)** where you can then select the Service Site(s) you wish to edit.

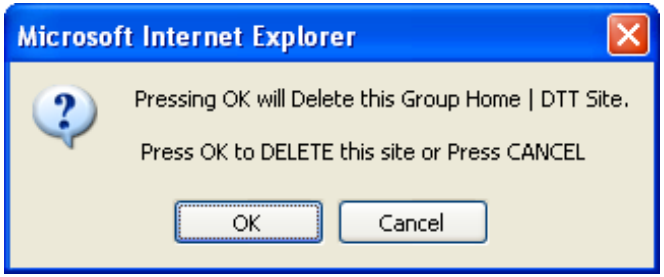
When data entry is complete, click on the **SAVE I RETURN** button. You will be taken to a page entitled **THE NAME OF THE SELECTED SERVICE (Refer to Figure 6-5)** that will list all the Service Sites associated with your selected service.

Use the Navigation Bar at the top of the page to be taken to the **My Sites** page **(Refer to Figure 6-5)**. On the top of this page, click on the link entitled "**Qualified Vendor Application Menu**" to be taken back to the main application menu.

Option 3 - To Delete an Existing Service Site

At the screen entitled **Qualified Vendor Application (Refer to Figure 6-1),** click on the link entitled "**My Administrative and Service Sites**". You will be taken to a page entitled **My Administrative Sites (Refer to Figure 6-2)**. On that page click on the "**SERVICE**" link you want to delete. You will then be taken to a page entitled **THE NAME OF THE SELECTED SERVICE (Refer to Figure 6-??)** that will display all Service Sites providing the selected service. Click on the "**Delete**" link of the Service Site that you wish to delete.

You will be given a pop-up note that reads:



Press OK and you will see the remaining sites associated with the selected service

On the top of this page, click on the link entitled "**Qualified Vendor Application Menu**" to be taken back to the main application menu.

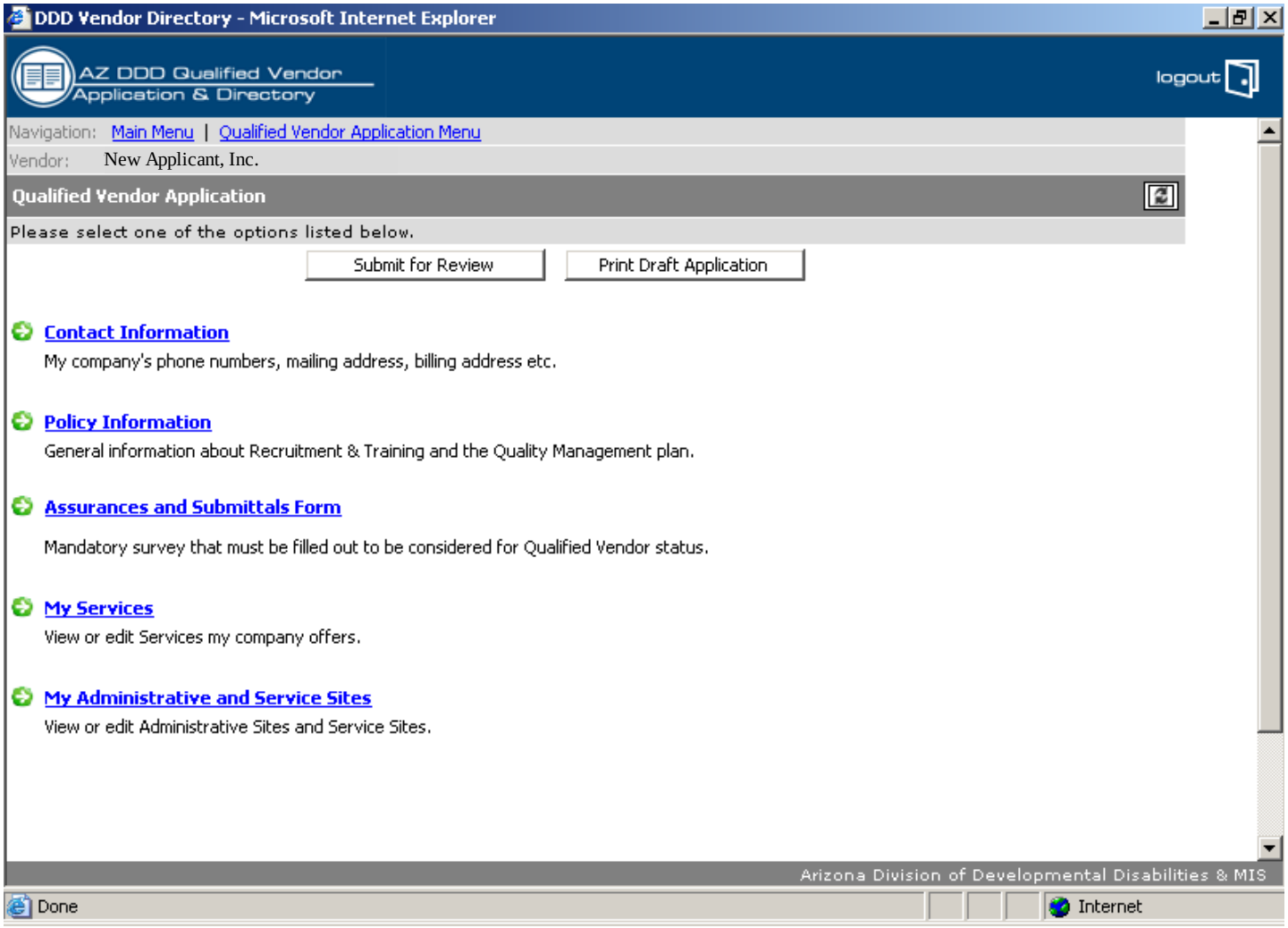
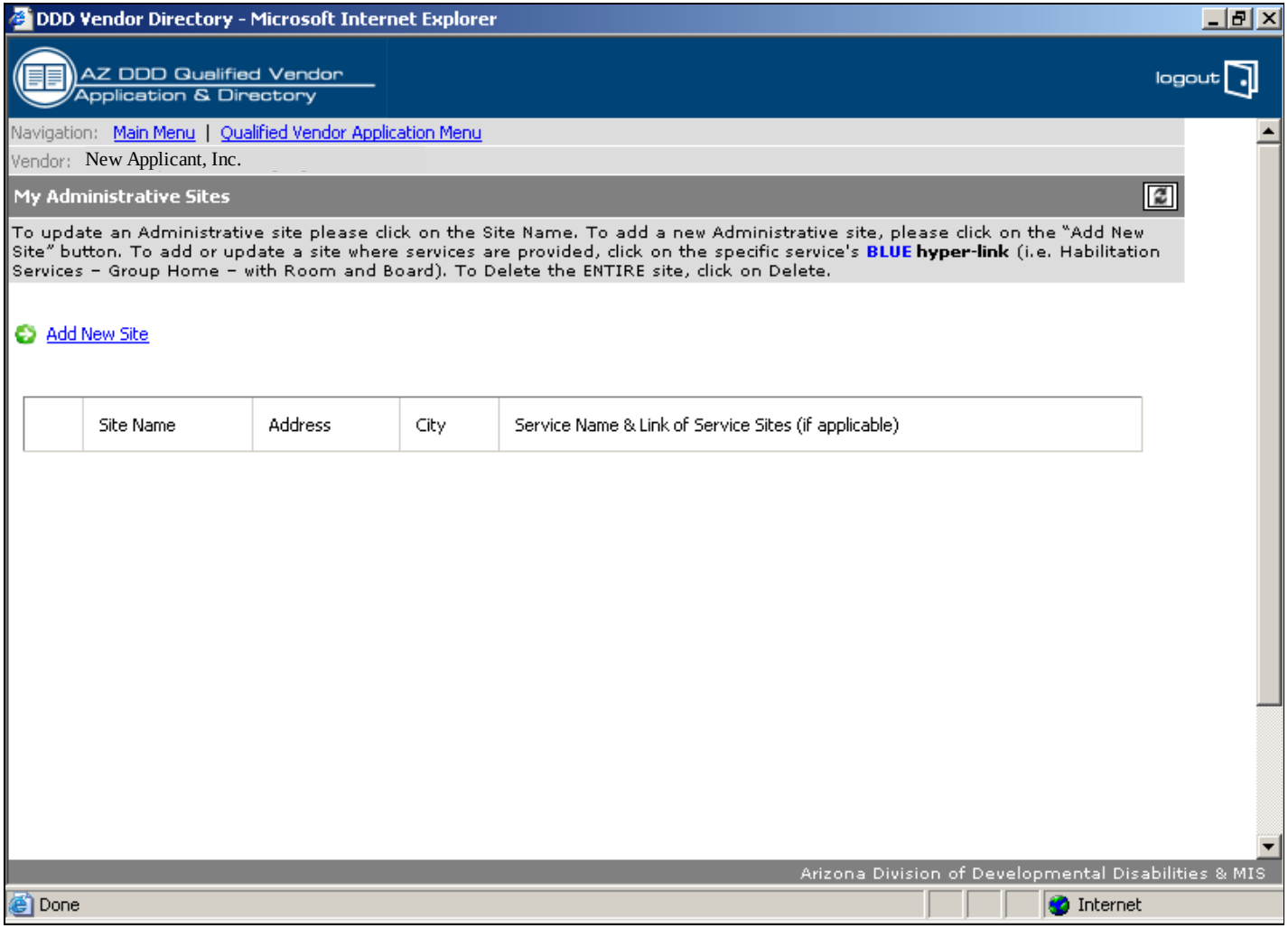


Figure 6-1
A typical **Qualified Vendor Application** page.

My Administrative Sites

Figure 6-2
A typical **My Administrative Sites** page.



Administrative Site Information

Figure 6-3 (Top)
A typical **Administrative Site Information** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

logout

Navigation: Main Menu | My Sites

Vendor: New Applicant, Inc.

Administrative Site Information

Please complete the following information. Fields marked with "*" are **REQUIRED**. Press the SAVE button to periodically save your work. When finished editing all fields, press the SAVE | RETURN button.

SAVE | SAVE | RETURN

Site Name*

District Code:* DISTRICT 1

Add Areas Here

(feature not available)

Address 1:*

Address 2:

City:* State:* ALABAMA ZIP:*

Phone:* ( ) -

Primary Contact Name:* First: Last:

Phone:* ( ) -

Email:

Site Scheduler Name:* First: Last:

Phone:* ( ) -

Arizona Division of Developmental Disabilities & MIS

Internet

Figure 6-3 (Botton)
A typical **Administrative Site Information** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

logout

Site Scheduler Name:* First: Last:

Phone:* ( ) -

Fax:* ( ) -

Email:

After Hours Contact:* First: Last:

Phone:* ( ) - Fax: ( ) -

Email:

Scheduling/Contact Hours:

Sunday to

Monday to

Tuesday to

Wednesday to

Thursday to

Friday to

Saturday to

Services at this Site:

- DAY TREATMENT & TRAINING - ADULT (DTA)
- SPEECH THERAPY TREATMENT & EVALUATION (SPT)

Arizona Division of Developmental Disabilities & MIS

Internet

Figure 6-4
A typical **Administrative Site requiring Service Sites**.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

logout

Navigation: Main Menu | Qualified Vendor Application Menu

Vendor: New Applicant, Inc

My Administrative Sites

To update an Administrative site please click on the Site Name. To add a new Administrative site, please click on the "Add New Site" button. To add or update a site where services are provided, click on the specific service's **BLUE hyper-link** (i.e. Habilitation Services - Group Home - with Room and Board). To Delete the ENTIRE site, click on Delete.

Add New Site

	Site Name	Address	City	Service Name & Link of Service Sites (if applicable)
Delete	Admin Site	1234 W. 5th St	Phoenix	ATTENDANT CARE
				DAY TREATMENT & TRAINING - ADULT
				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

Arizona Division of Developmental Disabilities & MIS

Internet

Figure 6-5
A typical **My Service Sites** page.

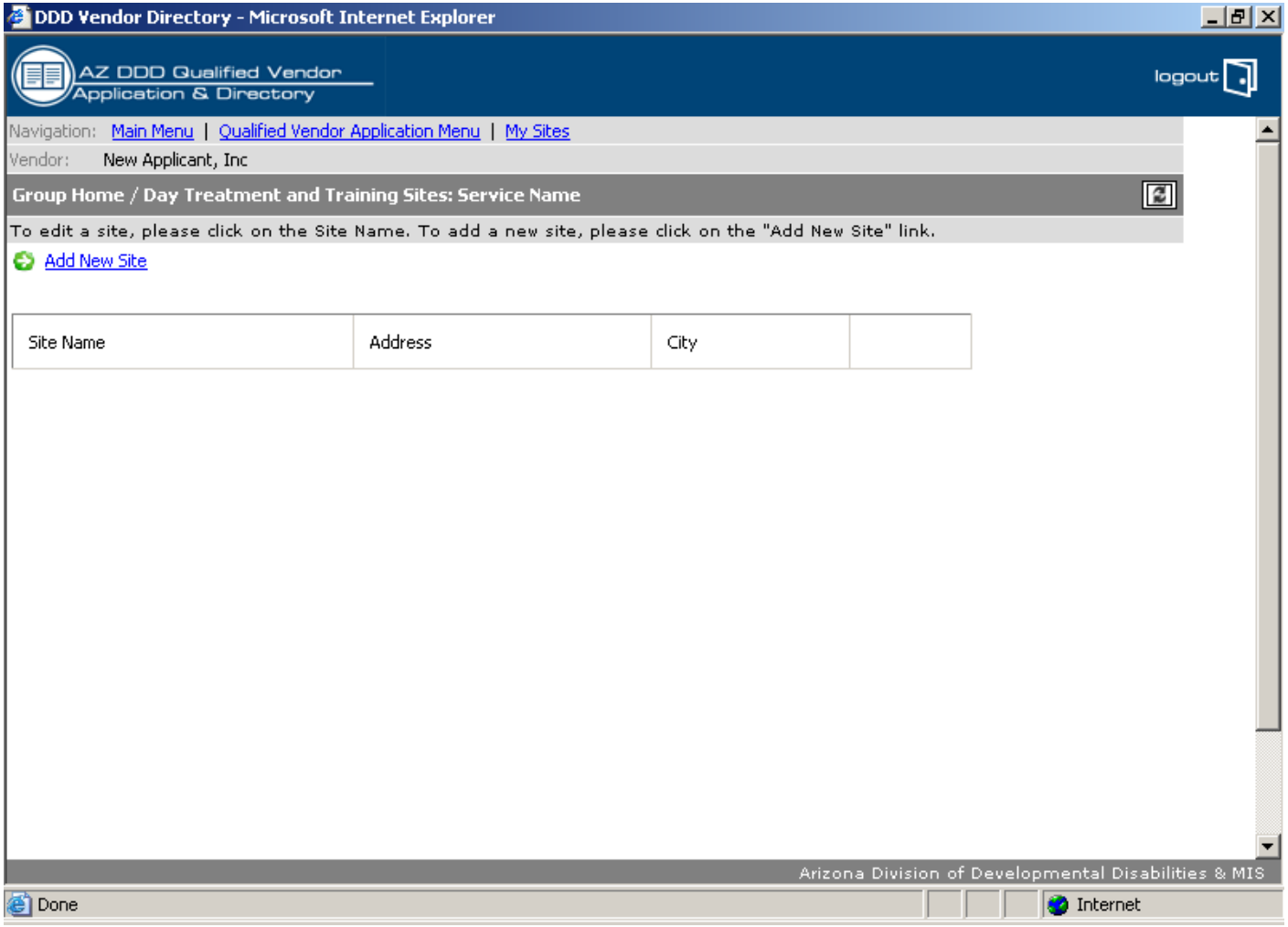


Figure 6-6 (Top)
A typical **Service Site Information** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

logout

Navigation: Main Menu | Qualified Vendor Application Menu | My Sites | Service Sites

Vendor: New Applicant, Inc

Group Home / Day Treatment and Training Site Information

Please complete the following information. Fields marked with "*" are **REQUIRED**. Press the SAVE button to periodically save your work. When finished editing all fields, press the SAVE | RETURN button.

SAVE | SAVE | RETURN

Site Name*

District Code:* DISTRICT 1 Alpha Code:

Address 1:*

Address 2:

City:* , **AZ** ZIP:*

Phone:* ( ) -

Primary Contact Name:* First: Last:

Phone:* ( ) -

Email:

Site Scheduler Name:* First: Last:

Phone:* ( ) -

Arizona Division of Developmental Disabilities & MIS

Done Internet

Figure 6-6 (Botton)
A typical **Service Site Information** page.

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

logout

Phone:* ( ) -

Fax:* ( ) -

Email:

After Hours Contact:* First: Last:

Phone:* ( ) - Fax: ( ) -

Email:

Scheduling/Contact Hours:

Sunday to

Monday to

Tuesday to

Wednesday to

Thursday to

Friday to

Saturday to

Maximum Capacity:

Current Occupancy:

New Referrals? Yes No

SAVE | SAVE | RETURN

Arizona Division of Developmental Disabilities & MIS

Done | Internet

SECTION 7. PRINT DRAFT APPLICATION

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

NOTE: Take the time to REVIEW and MAKE ANY NECESSARY EDITS and CORRECTIONS before you submit your application.

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 (Refer to Figure 7-1)** screen click on the button entitled "**Print Draft Application**".

You will be taken to a screen entitled **Print Draft(s) (Refer to Figure 7-2). PLEASE REMEMBER THIS IS ONLY A DRAFT AND NOT YOUR FINAL SUBMITTABLE APPLICATION.**

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.

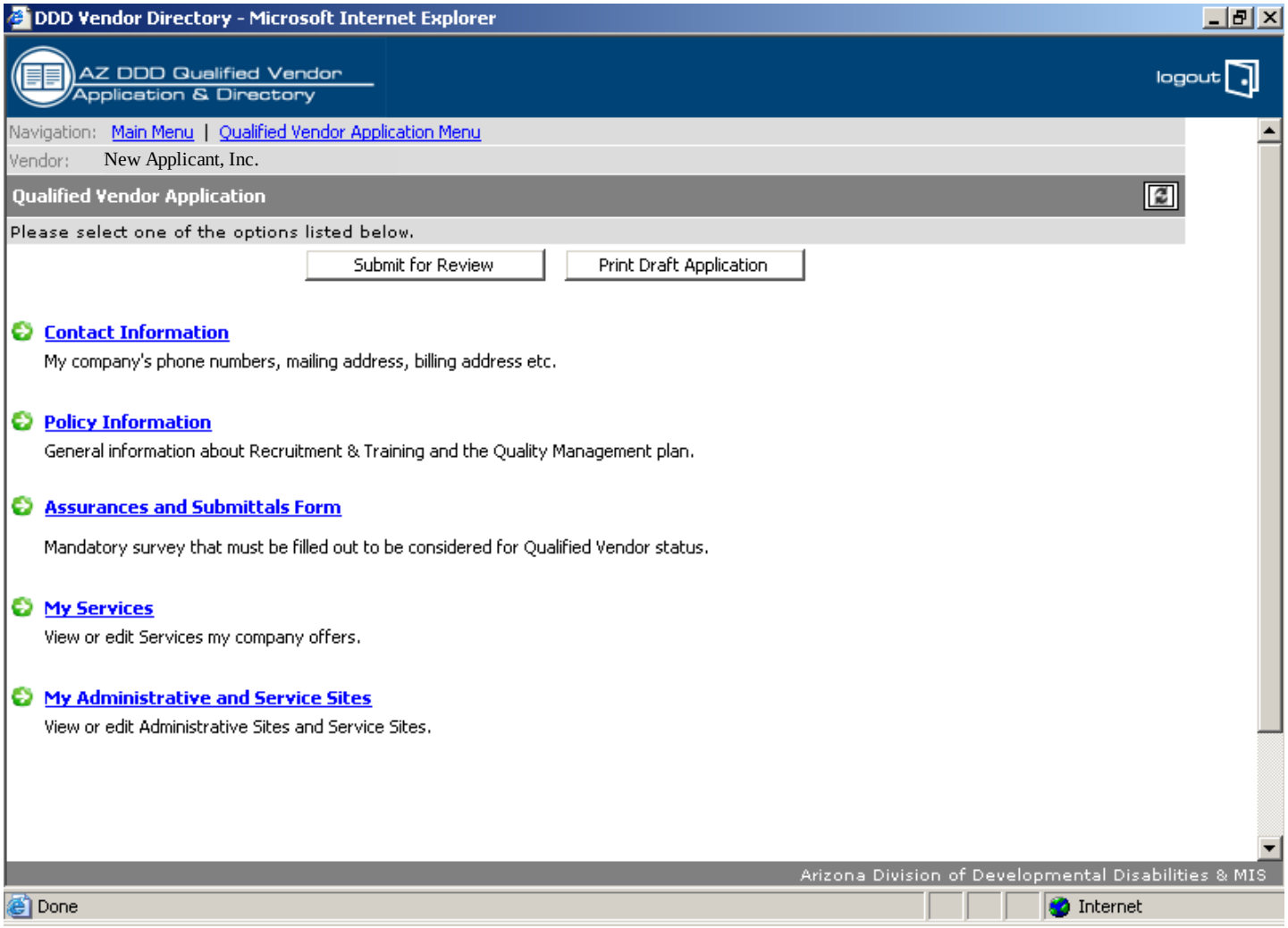
NOTE: You will need ADOBE ACROBAT READER in order to view and print these files.
Adobe Acrobat Reader is a free downloadable program available at **www.adobe.com** **.**

You may reenter any section to REVIEW and MAKE ANY NECESSARY EDITS and CORRECTIONS by simply clicking on the link at the top of the page entitled **Qualified Vendor Application Menu (Refer to Figure 7-1)** to be taken back to the main application menu. There you can select the section(s) you wish to make you corrections. When data entry is complete, click on the **SAVE | RETURN** button.

Return to the **Qualified Vendor Application Menu (Refer to Figure 7-1)** page.

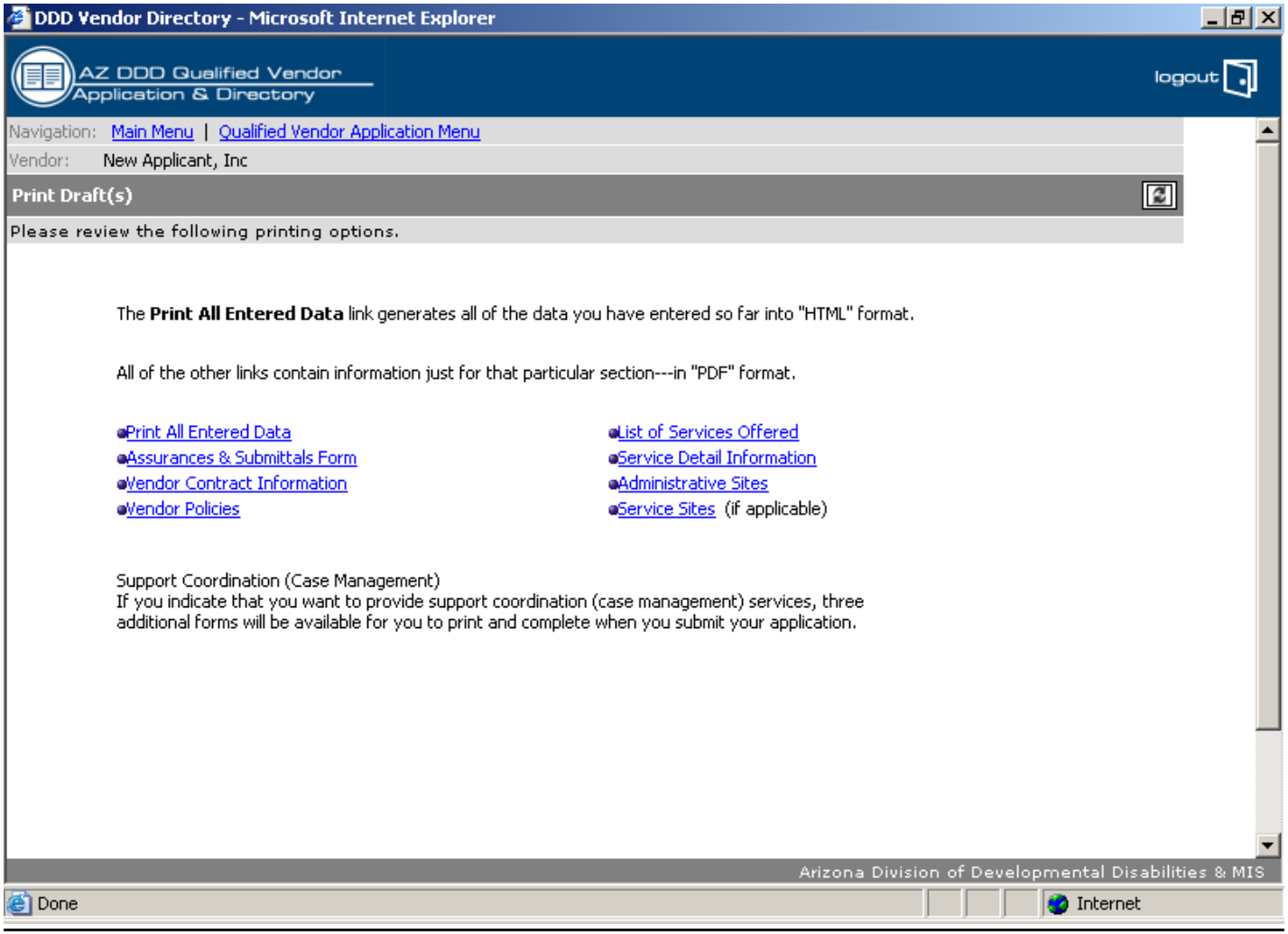
SECTION 7. PRINT DRAFT APPLICATION

Figure 7-1
A typical **Qualified Vendor Application** page.



Print Draft(s)

Figure 7-2
A typical **Print Draft (s)** page.



SECTION 8. SUBMIT FOR REVIEW – Online and Mail

This section will cover your **SUBMISSION of a Qualified Vendor Agreement**.

NOTE: Take the time to REVIEW and MAKE ANY NECESSARY EDITS and CORRECTIONS before you submit your application.

AT the TOP of the **Qualified Vendor Application Menu (Refer to Figure 8-1)** screen click on the button entitled "**Submit for Review**". You will be taken to a screen entitled Qualified Vendor Application. If your application is incomplete, the system will list the missing data **(Refer to Figure 8-2).**

On this screen 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.

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 screen will state: "all required fields on your application are complete" **(Refer to Figure 8-3).**

NOTE: If you DO NOT wish to submit your application yet, click on the MAIN MENU link at the top of the screen. This will take you back to the **Qualified Vendor Application** screen **(Refer to Figure 8-1).**

If you DO wish to submit your application, you must click on the SUBMIT button at the bottom of the page **(Refer to Figure 8-3).** You will be taken to the Application Submit page **(Refer to Figure 8-4).**

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 screen congratulating you on your on-line application submission and will provide you the DATE and TIME of your submission.

You will be given the following print option links :

- **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

.

SECTION 8. SUBMIT FOR REVIEW – Online and Mail

All of the 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** .

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 8-5)**:

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

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

- **A completed on-line application.**
- **All nine Sections of the Request for Qualified Vendor Application (RFQVA).**
- **All responses provided by the Applicant Vendor.**
- **All additional hardcopy materials as per the Submittal Checklist such as:**
  - **Financial Information**
  - **Arizona Substitute W-9 Form**

All hardcopy materials are to be mailed to**:** DES/DDD – Contracts Unit 791A
P. O. Box 6123
1789 W. Jefferson
Phoenix, AZ 85007-6123

Figure 8-1
A typical **Qualified Vendor Application** page.

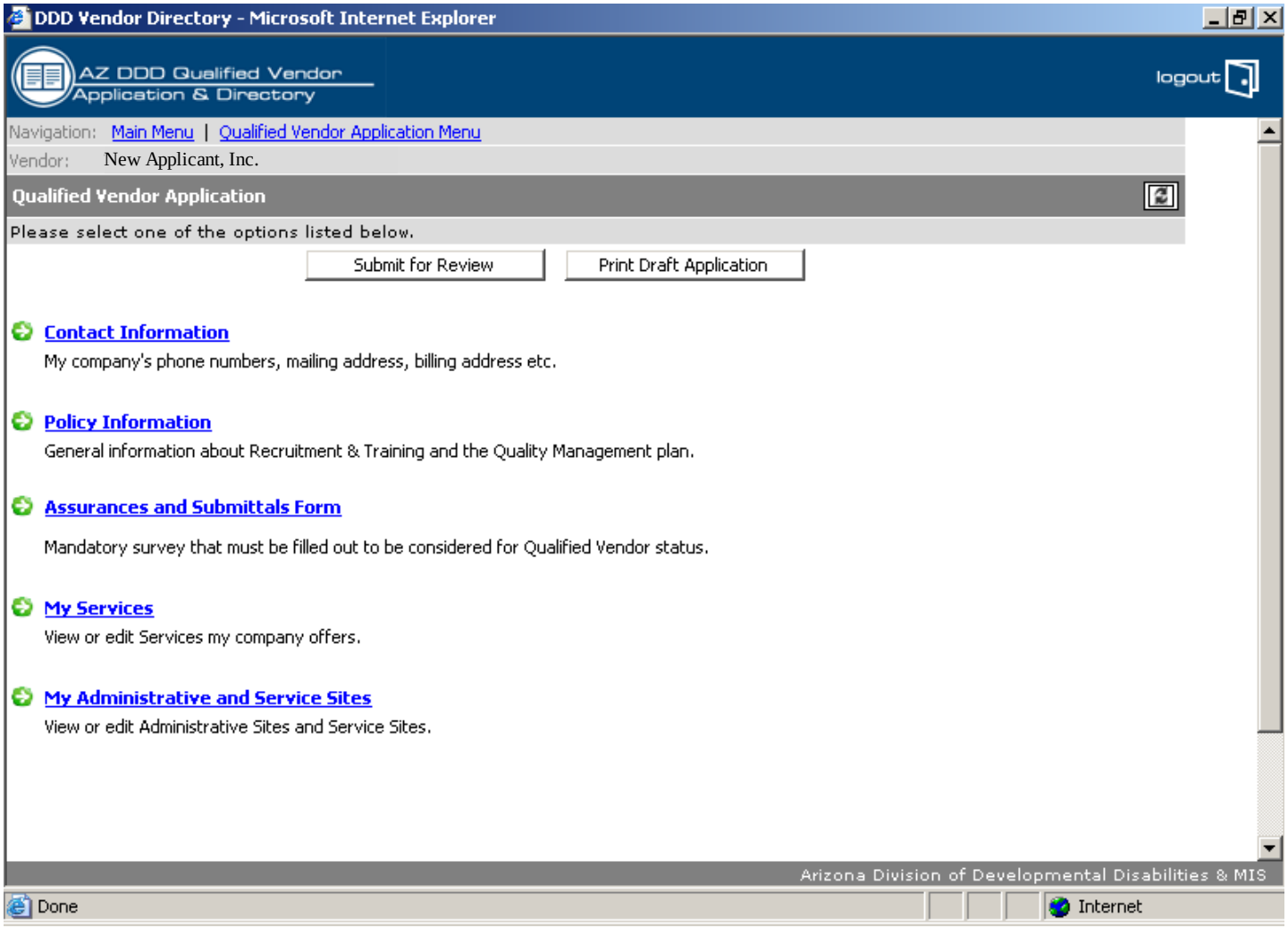


Figure 8-2
A typical **Qualified Vendor Application** page where information is missing.

Vendor Application is Incomplete

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

logout

Navigation: Main Menu | Qualified Vendor Application Menu

Vendor: New Applicant, Inc.

Qualified Vendor Application

Please select one of the options listed below.

Your application is incomplete. Please correct the following Item(s):

The following field(s) are incomplete in the screen Vendor Policies

- Complaint Grievance Process
- Complaint Contact First Name
- Complaint Contact Last Name
- Complaint Response Timeline
- Complaint Type
- Consumer Involvement Plan
- Incident Review Process
- Ongoing Training Plan
- Program Feedback Process - Encouragement
- Feedback Contact First Name
- Feedback Contact Last Name
- Program Feedback Others
- Program Feedback Process
- Program Feedback Use
- Recruitment Plan
- Staff Absence Plan
- Service Monitor Process
- Service Quality Improvement Process
- Incident Notification First Name
- Incident Notification Last Name
- Internal Incident Reporting Process
- External Incident Reporting Process
- Incident Review First Name
- Incident Review Last Name

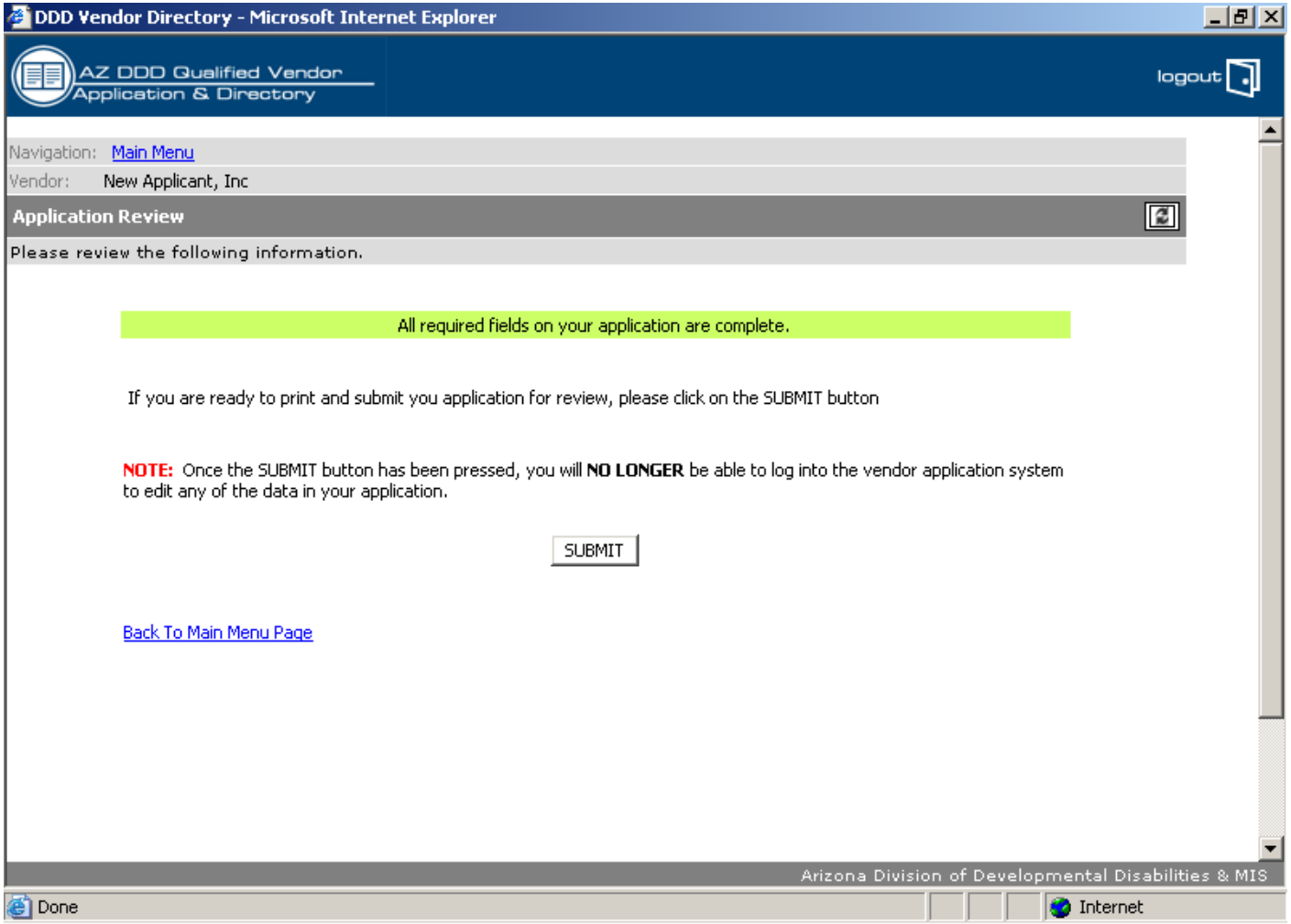
Arizona Division of Developmental Disabilities & MIS

Done

Internet

Application review

Figure 8-3
A typical **Qualified Vendor Application** page where all required information has been entered.



Application Submit

Figure 8-4
A typical Application Submit page (standard).

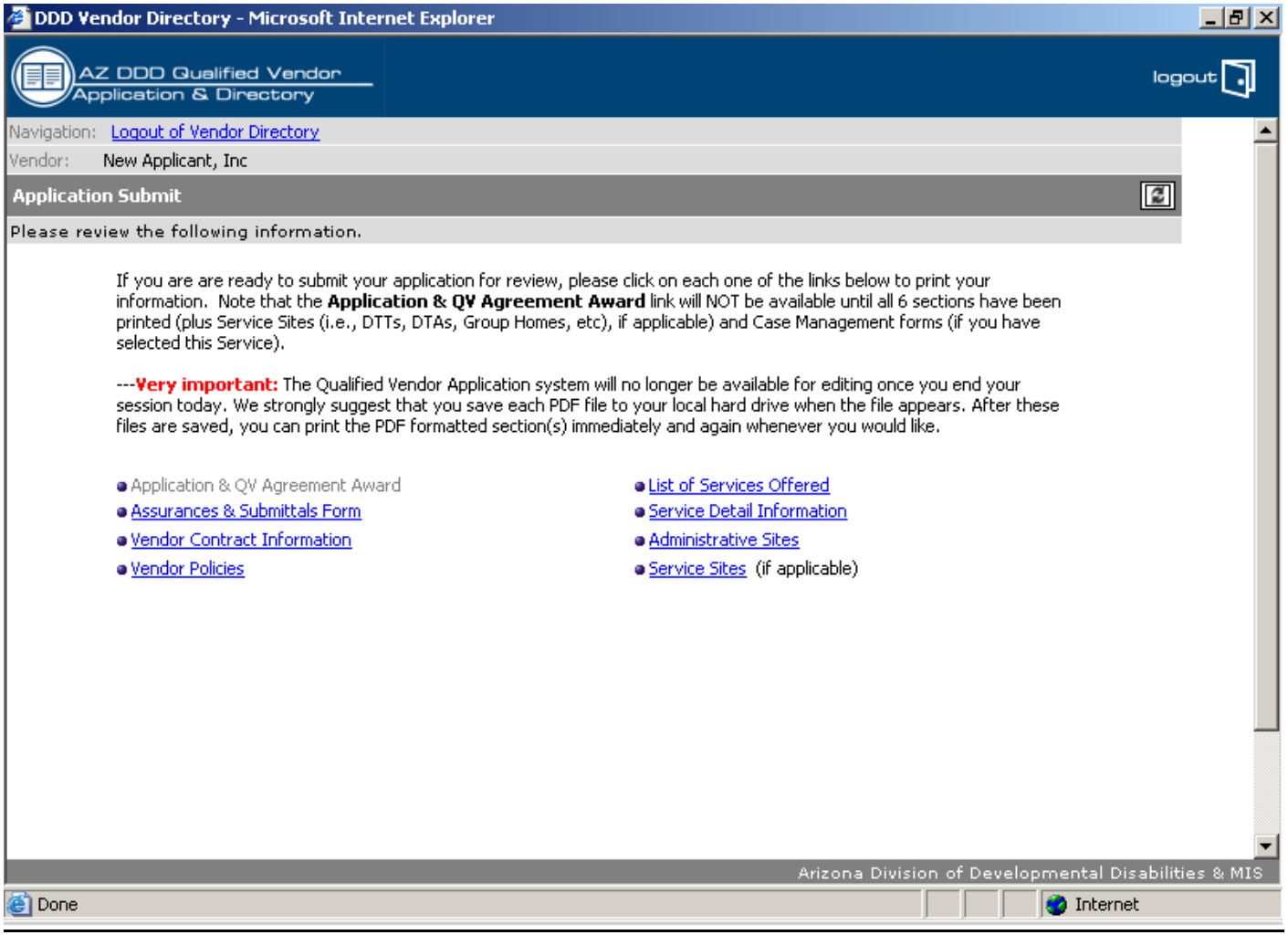


Figure 8-5
A typical Application Submit page (with Support Coordination forms).

DDD Vendor Directory - Microsoft Internet Explorer

AZ DDD Qualified Vendor Application & Directory

logout

Navigation: Logout of Vendor Directory

Vendor: New Applicant, Inc

Application Submit

Please review the following information.

If you are are ready to submit your application for review, please click on each one of the links below to print your information. Note that the **Application & QV Agreement Award** link will NOT be available until all 6 sections have been printed (plus Service Sites (i.e., DTTs, DTAs, Group Homes, etc), if applicable) and Case Management forms (if you have selected this Service).

---**Very important:** The Qualified Vendor Application system will no longer be available for editing once you end your session today. We strongly suggest that you save each PDF file to your local hard drive when the file appears. After these files are saved, you can print the PDF formatted section(s) immediately and again whenever you would like.

- Application & QV Agreement Award
- Assurances & Submittals Form
- Vendor Contract Information
- Vendor Policies
- List of Services Offered
- Service Detail Information
- Administrative Sites
- Service Sites (if applicable)

Support Coordination (Case Management)

You indicated that you want to provide support coordination (case management) services. You must print and complete these forms, and then submit them with your application.

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

Arizona Division of Developmental Disabilities & MIS

Done

Internet

SECTION 9. 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 (a above).	❑	❑

SECTION 9. SUBMITTAL CHECKLIST

	Document Required	Document Attached	*DDD Use Only*
3	Original Signature on Assurances and Submittals page (b 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 NA	❑	❑
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.	❑	❑

SECTION 9. SUBMITTAL CHECKLIST

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