

READINESS REVIEW CHECKLIST FOR QUALIFIED VENDORS

Vendor Qualified: _____ Review Date: _____

After-hour Emergency Contact Number: _____ Signatory Representative(s) Name(s): _____

Service Type						
Attendant Care (ATC)						
Respite (RSP)						
Housekeeping (HSK)						
Habilitation, Hourly Support (HAH)						
Habilitation, Music Therapy (HAM)						
Habilitation, Supported Living (HAI, HID)						
Habilitation, Group Home / Room and Board, All Group Homes				HAB	HPD	RRB
Habilitation, Vendor Supported Developmental Home with Room and Board				HAB	HBC	RBD
Habilitation, Nursing Supported Group Home with Room and Board (HAN, RRB)						
Professional Services	HHA	LHA	Nursing	OEA/OCT	PEA/PHT	SEA/SPT
Day Treatment and Training		Adults (DTA) / After School (DTT) / Summer (DTS)				
Employment Services	GSE	CBE	ISE	ESA	PTE	
Transportation (TR1)						

Document Review	Comments
Qualified Vendor Policy Manual Approval (Date)	
Need to use Division forms or form must include all of the same information	

All Service Information	Yes	No	N/A	Comments	Follow-Up Required
Member Choice/Qualified Vendor Services					
Provider Publications (<i>Handout</i>) <ul style="list-style-type: none"> • Provider Manual Chapter 34 					
Division’s Mission, True North, Values, and Goals (<i>Handout</i>)					
Third Party Data-Sharing Agreement <ul style="list-style-type: none"> • https://des.az.gov/sites/default/files/media/J-119.pdf?time=1620409590594 					
Article 21-557 (<i>Handout</i>)					
1. Provider Manual Chapter 50 – Vendor Call Requirements for Qualified Vendors (<i>Handout</i>) <ul style="list-style-type: none"> • https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/current 					
2. Provider Manual Chapter 47 – Managing Vendor Call Lists, Vendor Directories, Scope of Services and Reporting Requirements (<i>Handout</i>)					
3. Release Process and Member Choice					
4. DDD HCBS Provider Search https://ddd.azdes.gov/Organization/DDD/DDDDProviderSearch/					
Discussion of Contingency/Pandemic Planning Process					
<ul style="list-style-type: none"> • The Planning Process https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/covid-19-qualified-vendor-provider-faq 					
Division Policy Manuals					
1. Operations Manual					
2. Medical Manual					
3. Behavior Supports Manual					
4. Provider Manual					
5. Available online on the Division’s Website					

All Service Information	Yes	No	N/A	Comments	Follow-Up Required
Progress Reporting					
1. Provider Manual Chapter 35 – Progress Reporting Requirements (<i>Handout</i>) <ul style="list-style-type: none"> • https://des.az.gov/sites/default/files/media/Changes_to_Progress_Report_Submission_Process_with_FTP_Access_Request_Instructions_082919.pdf • Reports do not need to be locked as the FTP is a secure site. 					
2. Excludes: ATC, TR1, HSK, and RSP services					
Planning Documents					
1. Person Centered Service Plan (PCSP)					
2. Service Plan					
3. Risk Assessment					
4. Back Up Plan					
5. Provider Manual Chapter 2 - Provider Responsibilities and Expectations (<i>Handout</i>)					
Incident Reporting					
Quick Guide for Incident Reporting (<i>Handout</i>)					
1. Available online on the Division’s Website					
Incident Report and Form – DD-191 (<i>Handout</i>)					
1. Available online on the Division’s Website					
<ul style="list-style-type: none"> • Staff will not work with DDD members pending the outcome of the investigation/fact finding for allegations of abuse, neglect and/or exploitation 					
Mandatory Reporting for and/or Suspected Abuse, Neglect and/or Exploitation					
1. Adults					
a. https://des.az.gov/services/basic-needs/adult-protective-services					
b. Adult Protective Services: 1-877-SOS-ADULT (1-877-767-2385)					
2. Children					
a. https://dcs.az.gov					
<ul style="list-style-type: none"> • May submit reports online. b. Department of Child Safety: 1-888-SOS-CHILD (1-888-767-2445)					

All Service Information	Yes	No	N/A	Comments	Follow-Up Required
3. Report to Law Enforcement and/or Tribal Protective Services any neglect, abuse, and/or exploitation allegations for both children and adults. Report to DDD, Guardian/Responsible Party.					
4. Request Crisis Intervention Team (CIT) trained officers to respond if available					
Managing Behavior Challenges					
Article 9 Managing Inappropriate Behaviors (Handout)					
1. Provider Manual Chapter 66 - Behavioral Health (Handout)					
2. Prohibitions					
3. Program Review Committee (PRC)					
4. Planning Team Responsibilities					
5. Implementing Behavior Treatment Plans					
6. Training					
7. Emergency Measures					
8. Behavior-Modifying Medications					
Behavior Treatment Plans (BTP)					
1. The Individual Service Planning Team (Planning Team) must submit to the Program Review Committee (PRC) and IOC (Independent Oversight Committee) any behavior treatment plan that includes:					
a. Techniques that require the use of force;					
b. Programs involving the use of response cost. This means a procedure often associated with token economies, designed to decrease inappropriate behaviors, in which reinforcers are taken away as a consequence of inappropriate behavior;					
c. Programs that might infringe upon the rights of the individual;					
d. The use of behavior modifying medications; and,					

All Service Information	Yes	No	N/A	Comments	Follow-Up Required
e. Protective devices used to prevent an individual from self-injurious behavior.					
2. Program Review Committee					
a. PRC Committee Volunteers					
b. IOC (<i>Independent Oversight Committee</i>)					
3. Developing Behavior Plans Workshop					
a. This training teaches the requirements, components, and writing of behavior plans for submittal to the Program Review Committee (PRC).					
b. Sign-Up online on the Division’s Website					
4. Crisis Team and Member Crisis Plans <ul style="list-style-type: none"> • DDD-1258A (<i>Emergency Contact Plan</i>) 					
Member and Employee Records					
1. Standard Terms and Conditions – 6.3.1					
a. Must maintain current up to date employee/member records at all times.					
Member Funds					
1. Operations Manual - Chapter 4000 <ul style="list-style-type: none"> • Client Funds to be managed through Qualified Vendor Administration Site not directly to the provider. 					
Pre-Service Orientation – DD-097 (<i>Handout</i>)					
1. Available online on the Division’s Website					
2. Prior authorization needs to be received prior to service.					
Office of Inspector General / List of Excluded Individuals/ Entities (OIG/LEIE) – (<i>Monthly Requirement</i>)					
System for Award Management (SAM) – (<i>Monthly Requirement</i>)					
Central Registry (<i>Handout</i>)					
<ul style="list-style-type: none"> • Adult Protective Services Registry - https://des.az.gov/APSRegistry 					
1. Central Registry Background Check – Transitioned to Department of Child Safety (DCS) as of June 3, 2022. <ul style="list-style-type: none"> • See Vendor Blast 4/20/22 for details 					

All Service Information	Yes	No	N/A	Comments	Follow-Up Required
Valid Class 1 Fingerprint Clearance Card 1. Verify Fingerprint Card is still valid through the DPS Website. <ul style="list-style-type: none"> • https://www.azdps.gov/services/public/fingerprint 					
2. Look/copy front and back of Fingerprint Clearance Card.					
Criminal History Self Disclosure Affidavit – LCR-1034A <ul style="list-style-type: none"> • To be renewed every 3 years. 					
1. Must be complete and Notarized					
2. Available online on the Division’s Website					
E-Verify and I-9 Statement for Lawful Presence Verification					
Describe your agencies system for tracking licenses and trainings					
Training (Handout)					
1. Secured emails (encrypted system)					
2. DCW Training and Testing Program – AHCCCS FAQ (Handout) for RSP, HSK and ATC					
3. Email questions to: dddstatewidetraining@azdes.gov					
Advanced Directives (Handout)					
<ul style="list-style-type: none"> • Provider Manual Chapter 68 (Handout) 					

Home and Community Based Services (HCBS)	Yes	No	N/A	Comments	Follow-Up Required
<p>Provider Manual Chapter 62 - Electronic Visit Verification (Handouts)</p> <ul style="list-style-type: none"> • Back-up plan • Services that require EVV are ATC, HSK, HAH, RSP, Nursing & Skills Training and Development. • Schedule • AHCCCS EVV Web address link: https://azahcccs.gov/AHCCCS/Initiatives/EVV/ • Alternative EVV System Users/Handout (Sandata Aggregator information) and TA #844-289-4246 • Sandata technical assistance number Customer Care at 855-928-1140 					
<p>Agency with Choice</p> <p>1. Provider Manual Chapter 46 – Agency with Choice (Handout)</p>					
<p>2. Operations Manual 3002 – Home and Community Based Service Delivery</p>					
<p>Family Members as Paid Providers</p> <p>1. Operations Manual Chapter 3001</p> <p>a. Immediate relatives not permitted to provide services for children under age 18 include:</p> <ul style="list-style-type: none"> i. Natural Parent; ii. Adoptive Parent; and, iii. Step Parent 					
<p>2. COVID-19 Extension/AHCCCS amendment to allow parents of minors to be paid providers (discussion)</p>					
<p>Attendant Care (ATC)</p> <p>1. Service may only be provided in the member’s home or community.</p> <p>2. The responsible person is expected to provide all necessary housekeeping/homemaker and personal care supplies.</p>					

Home and Community Based Services (HCBS)	Yes	No	N/A	Comments	Follow-Up Required
3. This service shall be supervised and monitored.					
4. This service is not intended to be used for the sole purpose of transportation but may be used to provide incidental transportation necessary to support the member’s program activities.					
5. In no event will more than three (3) members receive this service with a single direct service staff person at the same time.					
6. The direct care worker shall meet the training, testing, and continuing education requirements as per AHCCCS policy and the ACOM, Chapter 429, Direct Care Worker Training and Testing Program.					
7. Must maintain documentation of any familial relationship that direct service providers have to any member, such as spouses, family members who reside with a member, family members who do not reside with a member.					
Attendant Care and Homemaker Monitoring					
1. Conduct at least one (1) personal on-site supervisory visit for each direct service staff within the first 90 days of their hire date, and annually thereafter, and when the direct service staff is working and physically present in the member’s home.					
2. Additional supervisory visits might be warranted.					
3. Conduct an initial monitoring visit to speak with the member/member’s representative regarding the quality of care, delivery of services, and education of the member/member’s representative about the need to call the Qualified Vendor if concerns develop between supervisory visits.					
4. This visit must be initiated not more than five (5) days from initial provision of the service by the Qualified Vendor. A follow-up site visit is required at the 30th day. A visit at the 60th day is required if issues are identified; otherwise these ongoing visits occur at least every 90 days thereafter.					
5. The completion of a supervisory visit may occur in conjunction with the monitoring visit.					

Home and Community Based Services (HCBS)	Yes	No	N/A	Comments	Follow-Up Required
6. Attendant Care/Housekeeping Service Monitoring/ Supervision Form – DDD-1431A (<i>Handout</i>) a. Available online on the Division’s Website					
Homemaker (Housekeeping) (HSK) 1. Homemaker is to be performed only for the members’ areas of the home or common areas of the home used by the member, e.g., parents’ or siblings’ bedrooms or bathrooms would not be cleaned. 2. Provided in the member’s home or outside of the member’s residence only when unsafe and/or unsanitary conditions exist or in the community when purchasing supplies or medicines. 3. This service shall be supervised and monitored. 4. Develop and implement a schedule and general plan of care for the member. 5. The member or member’s representative is expected to provide all necessary housekeeping supplies. 6. Homemaker staff shall not provide supervision of members or personal care to the member.					
Habilitation, Hourly Support (HAH) 1. Services are designed to assist Division members in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. 2. The service may be provided in the member’s home or a community setting chosen by the member or member’s representative. 3. The service shall be provided where the expected skills will be applied. 4. This service shall not be provided in schools or while being transported by the school. 5. Typical utilization of this form of habilitation is one (1) to two (2) hours per day. 6. Habilitation Outcomes Strategies – DDD-1783A (<i>Handout</i>) <ul style="list-style-type: none"> • Available on the divisions website. 					

Home and Community Based Services (HCBS)	Yes	No	N/A	Comments	Follow-Up Required
a. Must develop a specific teaching strategy for each habilitative outcome within twenty (20) business days after initiating service for a new or a continuing placement and whenever a new outcome is identified for the member.					
7. Habilitation Progress Report – DDD-1784A (<i>Handout</i>)					
a. Available online on the Division’s Website					
b. Progress Reports must be submitted to the FTP site.					
Habilitation Music (HAM)					
1. The service may be provided in the member’s home or the member’s community. <ul style="list-style-type: none"> • This service can be provided in a service site owned or leased by the vendor. • Effective December 1, 2023, Habilitation-Music (HAM), has been authorized to be provided via teletherapy. 					
2. Direct service staff must:					
a. Have, at a minimum, a Bachelor of Science degree, Bachelor of Art degree in Music Therapy, or a Bachelor of Music degree;					
b. Have completed all educational and clinical training requirements as required by the American Music Therapy Association inclusive of a six (6) month internship at an approved site as well as pre-clinical hours completed during their academic coursework; and					
c. Currently hold the credential of Board-Certified Music Therapist (“MT-BC”) as issued by the Certification Board for Music Therapists.					
3. Typical usage is one (1) hour per week.					
4. Habilitation Outcomes Strategies – DDD-1783A (<i>Handout</i>)					
<ul style="list-style-type: none"> • Available on the divisions website. 					
a. Must develop a specific teaching strategy for each habilitative outcome within twenty (20) business days after initiating service for a new or a continuing placement and whenever a new outcome is identified for the member.					

Home and Community Based Services (HCBS)	Yes	No	N/A	Comments	Follow-Up Required
5. Habilitation Progress Report – DDD-1784A (<i>Handout</i>) <ul style="list-style-type: none"> • Available on the divisions website. 					
Habilitation, Individually Designed Living Arrangement (IDLA)					
1. IDLA Planning Guide – DDD-1856A <ul style="list-style-type: none"> • Should be completed prior to move in, change to the home, change in contracted provider or if someone moves in or out. 					
2. IDLA Staffing Schedule (<i>Handout</i>)					
3. Hourly (HAI) versus Daily (HID) <ul style="list-style-type: none"> • HID is 16 hours or more per day. 					
a. This service may be authorized by the hour or by the day. A day begins at 12:00 a.m. (midnight) and ends at 11:59 p.m. on the same calendar day. When the service is authorized on a daily basis, the Qualified Vendor shall only bill for an individual who is present at 11:59 p.m.					
4. IDLA Assurances – DDD-1734A (<i>Handout</i>) <ul style="list-style-type: none"> • Available on the Division’s Website. 					
5. IDLA Living Options Comparison Sheet – DDD-1857A					
6. As identified in each member’s planning document, provide a broad array of support services, such as: <ul style="list-style-type: none"> a. Assistance and training related to personal and physical needs and routine daily living skills; 					
b. Implementing strategies to address behavioral concerns, developing behavior support programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;					
c. Facilitating to ensure that the health needs of the member are being met, including providing follow-up as requested by the member’s Primary Care Provider (“PCP”) or medical specialist; and reporting any significant risk to the member’s health and safety to the member’s planning team;					
d. Providing general oversight or supervision as identified in the planning document;					

Home and Community Based Services (HCBS)	Yes	No	N/A	Comments	Follow-Up Required
e. Encourage, support, and assist members to maintain, or enhance independent functioning skills for each member in sensorimotor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.					
f. Encourage and support each member to develop relationships, both acquaintances (e.g., the local bank teller, the local pharmacist, the regular bus driver) and friends of his/her choice. Encourage, mentor, and model appropriate assertiveness, social skills, and problem-solving abilities for use in daily interactions.					
g. Encourage and support each member to participate in community activities, develop relationships with others in their community, and to utilize public and community resources.					
h. Assist the members in developing strategies for needed access to their community					
7. Habilitation Outcomes Strategies – DDD-1783A (<i>Handout</i>) <ul style="list-style-type: none"> • Available on the Division’s Website. 					
a. Must develop a specific teaching strategy for each habilitative outcome within twenty (20) business days after initiating service for a new or a continuing placement and whenever a new outcome is identified for the member.					
8. Habilitation Progress Report – DDD-1784A (<i>Handout</i>) <ul style="list-style-type: none"> • Available on the Division’s Website. 					
Respite (RSP)					
1. When the service occurs in an administrative or service site of the Qualified Vendor (whether owned or leased) or home of the direct service staff, the site must be licensed and/or inspected, and certified. <ul style="list-style-type: none"> • Respite Assessment Tool identifies scheduled and unscheduled respite needs. 					
2. If out-of-home respite is provided in a licensed facility, the facility shall not provide services to more members than its license allows.					

Home and Community Based Services (HCBS)	Yes	No	N/A	Comments	Follow-Up Required
<p>3. For Respite the benefit year is October 1st through September 30th.</p> <ul style="list-style-type: none"> • Max hours include Respite through behavioral health & healthplans. 					
<p>4. Families receiving Respite for a member who wishes other non-eligible individuals to receive care will be responsible for the costs of serving the non-eligible individual. The Division will only pay for services delivered to members authorized by the Division to receive such service. If the non-eligible individual(s) are utilizing the same caregiver, the applicable multiple client rate would apply for the Division-eligible members.</p>					
<p>5. The Qualified Vendor shall not serve, at one time, more individuals than can safely be provided for, and not more than three (3) people by one (1) direct service staff person, giving considerations to compatibility (e.g., age, diagnoses, behavior, gender).</p>					
<p>6. This service is not intended to be used for the sole purpose of transportation but may be used to provide incidental transportation necessary to support the member’s program activities.</p>					
<p>7. Respite Daily</p>					
<p>a. If the Qualified Vendor provides Respite for a total of 12 or more hours (consecutive or non-consecutive) in one calendar day, this is considered to be Respite, Daily. A calendar day is a 24-hour stretch of time that begins at midnight and ends at 11:59 p.m. of the same day. One unit of Respite, Daily equals one day (12 or more hours in one calendar day) of direct service time. A Qualified Vendor billing for Respite, Daily will bill for the appropriate number of days of service and will include the actual cumulative hours of service provided on the billing document as required by the Division.</p>					
<p>8. Life Safety Inspections – <i>The Rules in Plain English (Handout)</i></p>					
<p>a. Available online on the Division’s Website</p>					

Therapy	Yes	No	N/A	Comments	Follow-Up Required
Occupational, Speech and Physical Therapy for Members Under Age 21					
1. Prescriptions Certified Plan of Care (CPOC) when applicable.					
a. Prescription, frequency, make up sessions					
b. CMS Signature Requirements (<i>Handout</i>)					
• TPL/Medicare					
2. Therapy Service Sites require a Fire/Safety Inspection, Certificate of Occupancy and Life Safety Inspection					
a. Life Safety Inspection - service(s) (<i>Handout</i>).					
3. Provider Manual Chapter 37 – Therapy Services (Occupational, Physical and Speech-Language) (<i>Handout</i>)					
4. Services reports must be in the language of the member/ member’s responsible person					
• Interpreters need to be funded by the Qualified Vendor.					
5. Insurance (<i>Sexual Abuse and Molestation coverage waived</i>)					
6. Staff qualifications, including supervision of assistants					
7. First Aid is not required;					
8. CPR is required					
9. Therapy Evaluation (<i>Handout</i>) - CPOC (<i>DDD-2088A</i>)					
10. Therapy Quarterly Report Formats (<i>Handout</i>) - (<i>DDD-2063A</i>)					
11. Therapy Process Update Resources (<i>reference to the Website</i>)					

Residential Services	Yes	No	N/A	Comments	Follow-Up Required
Developmental Home					
Adult Developmental Home (ADH)					
1. Article 11 (<i>Handout</i>)					
Child Developmental Foster Home (CDH)					
1. Article 10 (<i>Handout</i>)					
Life Health Safety Inspection – The Rules in Plain English (<i>Handout</i>)					
Steps to opening Developmental Home (<i>Handout</i>)					
Provider Manual Chapter 51 – Oversight and Monitoring of Developmental Home Services (<i>Handout</i>)					
1. Outlines the following:					
a. Roles and Responsibilities					
b. Education and Experience					
c. Case Load Ratio					
i. Only Division members or DCS child siblings of members may be placed in Developmental Homes					
d. Training					
e. Records					
f. Potential Applicants for Developmental Home Licensure					
g. Home Study, Home Visits, and Technical Assistance					
h. Developmental Home Census					
i. The Licensee					
Respite for Developmental Homes					
1. Developmental Homes providers need to be provided respite and it is included in the published daily rate					
Alternative Caregivers					
1. Must be documented and approved by the Planning Team					
2. Must have minimum required training and background checks					
Developmental Home Specific Training					
1. Foster Parent College (for CDH only)					
2. Quick Connect					

Residential Services	Yes	No	N/A	Comments	Follow-Up Required
3. The Basics-Basic Licensing Training					
a. Highly Recommended, not required at this time					
b. Sign-up for training on the Division’s website					
4. Home and Family Assessment Training					
a. Sign-up for training on the Division’s website					
Service Site					
1. Each Developmental Home must be added to your contract as a service site					
Third Party Agreements					
1. Must sign and submit the original agreement to your assigned Contract Specialist					
2. Must complete and submit either the Adult Developmental Home Agreement of Child Developmental Foster Home Agreement					
Transferring Developmental Home Licenses					
1. Must share information					
2. Must have ISP team agreement					
3. Transfers can’t occur within 90 days of renewal date					
4. Qualified Vendor’s cannot prevent licensees from transferring to another Qualified Vendor					
Developmental Home Census					
1. Due the last business day of each month					
2. Must use the Division’s census					
Transportation					
1. Transportation to employment, day treatment and training, medical appointments, visits with family and friends, when necessary school, and other community activities					
Group Home					
All Group Home Requirements					
1. Article 8 (<i>Handout</i>)					
2. Provider Manual Chapter 33 – Assessment Requirement for Members Placed in Residential Settings (<i>Handout</i>)					
3. 36-582. Residential facilities; zoning; notice; appeal					

Residential Services	Yes	No	N/A	Comments	Follow-Up Required
Transportation 1. Must provide reasonable transportation for the member (i.e. Member's employment, appointments, community activities, etc.)					
Existing Capacity/Expansion Rule Book (Handout)					
Vendor Calls and Expansions 1. Program Staffing Application <ul style="list-style-type: none"> • Refer to user manuals on the website 2. Provider Manual Chapter 50 – Vendor Call Requirements for Qualified Vendors <ul style="list-style-type: none"> • Residential and Non-Residential Services (Handout) 3. Must have an approved Service Site to receive Standard Vendor Calls <ul style="list-style-type: none"> a. If no current approved service site exists, you will only receive Expansion Vendor Calls b. HAN levels/approvals 					
Steps to Open a Group Home (Handout) 1. ADHS License 2. AHCCCS registration through APEP 3. Division Monitoring Unit Inspection 4. Add Service Site in your Contract 5. Contracts Unit verify insurance and issues site code					
Fire Risk Profile 1. Provider Manual Chapter 36 – Fire Safety (Handout) 2. Shall be completed for each group home setting serving four or more members. 3. The Fire Risk Profile yields a score for a facility based on the ability of members to evacuate the group home. 4. Fire Risk Profile – DDD-0254A (Handout) <ul style="list-style-type: none"> a. Available online on the Division's website 					

Residential Services	Yes	No	N/A	Comments	Follow-Up Required
Group Home Specific Training (Handout)					
1. Mission & Values					
2. Respect, Dignity and Positive Interactions					
3. Skill Building					
4. Incident Reporting					
5. Prevention of Behavioral Incidents					
6. ISP Process					
7. Communication with Families					
8. Client Rights					
9. Confidentiality					
Electronic Monitoring/Surveillance System in Program Sites					
• Provider Manual Chapter 42 (Handout)					
Nursing Supporting Group Homes (NSGH)					
1. Must always have a registered nurse on duty in the home when a member is present.					
2. May be licensed for up to six members					
Enhanced Behavioral Group Home					
1. Must ensure the following are met:					
2. A variety of supports designed to maximize the functioning of members with intensive behavioral support needs.					
3. Measures designed and implemented to protect Community Protection and Treatment members and others from possible harm.					
4. Treatments and related supports as determined by the planning are implemented and followed to ameliorate symptoms, disorders, or behaviors that have interfered with the member's full inclusion in the community.					
5. Continuous supervision of Community Protection and Treatment members. Continuous supervision is defined as knowledge of and accountability for the actions and whereabouts of the member, including the ability to see or hear the member at all times, to interact with the member, and to provide guidance to the member.					

Residential Services	Yes	No	N/A	Comments	Follow-Up Required
6. Service delivery captures community strengths and resources and be implemented with clear and therapeutic measurable outcomes.					
7. Time-limited supports based on the needs and progress of the member.					
8. Positive behavioral supports.					
Staffing Schedules for HAB/HPD Service					
1. Provider Manual Chapter 52 - Habilitation Staffing Schedule requirements and Annual Review (Handout)					
2. Each Group Home must have an approved Staffing Schedule					
3. Staffing schedule must accurately reflect the collective staffing needs of the member(s)					
4. Temporary versus Master Staffing Schedules					
5. Published Rate Book Changes					
Program Monitoring Application					
1. Vendor Guide (<i>Handout</i>)					
2. Monitoring Workshop					

Day Treatment and Training	Yes	No	N/A	Comments	Follow-Up Required
Adult (DTA)					
Child-After (DTT)					
Child-Summer (DTS)					
Steps to opening Day Treatment site (<i>Handout</i>)					
• Monitoring (<i>Handout</i>)					
• Transportation checklist (<i>Handout</i>)					
• Enhanced Staffing Ratio (<i>Handout</i>)					
• Rural and Urban Modifiers - extensive distance modifiers and single person transport					

Transportation (<i>Covered at all readiness reviews except Therapy, Nursing and Home-Health only vendors</i>)	Yes	No	N/A	Comments	Follow-Up Required
Transportation Service (TR1 only)					
<ul style="list-style-type: none"> • Provider Manual Chapter 49 – Responsible Driving (<i>Handout</i>) 					
<ul style="list-style-type: none"> • Two-way radio or cell phone (<i>Handout</i>) 					
<ul style="list-style-type: none"> • Provider Manual Chapter 38 					
<ul style="list-style-type: none"> • Minimum level of liability insurance required by the State of AZ Department of Administration, Risk Management Division 					
<ul style="list-style-type: none"> • Vehicle shall be maintained in a safe working order, including working heating and air conditioning and first aid kit 					
<ul style="list-style-type: none"> • All seats shall be fastened to the body of the vehicle and members properly seated with operational seatbelts 					
<ul style="list-style-type: none"> • All Wheelchair accessible vehicles shall be equipped with floor mounted seat belts, shoulder straps and wheelchair lock downs 					
<ul style="list-style-type: none"> • Ensure sufficient staff is provided for the health and safety of all members being transported 					
<ul style="list-style-type: none"> • The contractor shall ensure that members have coordinated, reliable, medically necessary transportation to ensure members arrive on-time for regularly scheduled appointments and are picked up upon completion of the entire scheduled treatment 					

Nursing	Yes	No	N/A	Comments	Follow-Up Required
<ol style="list-style-type: none"> 1. Qualified Vendor must: <ol style="list-style-type: none"> a. Be a Home Health Agency (“HHA”) licensed by the Arizona Department of Health Services (“ADHS”) and certified by Medicare utilizing RNs, and LPNs under the direction and supervision of an RN, for both intermittent or continuous nursing care; or b. Under certain circumstances in accordance with AHCCCS, be a Home Health Agency licensed by the ADHS utilizing RNs, and LPNs under the direction and supervision of an RN, for both intermittent and continuous nursing care <ul style="list-style-type: none"> • LHA must have oversight by an RN only. 					

Nursing	Yes	No	N/A	Comments	Follow-Up Required
c. Have a National Provider Identifier (“NPI”). <ul style="list-style-type: none"> • LHA is not required to have an NPI. 					
2. May not be provided when a member is hospitalized					
3. Shall ensure that the service elements which require nursing support are appropriately prescribed by a qualified and licensed physician.					
4. Shall ensure that all professional nursing tasks are provided in accordance with the Arizona Nurse Practice Act, including the required supervision of Licensed Practical Nurses (“LPNs”). <ul style="list-style-type: none"> • LHA can provide only skilled tasks as the license permits. HHA may not provide any skilled tasks. 					
5. Shall ensure that an individual nurse does not work for more than sixteen (16) hours for any consecutive twenty-four (24) hour period.					
6. Prior to the start of service, obtain the written statement from the prescribing healthcare provider that contains the diagnosis and scope of skilled nursing needs and medical orders for the member, as needed.					
7. Staff utilized to provide nursing services shall be licensed and professional nursing personnel, either a registered nurse (“RN”) or an LPN who is under the direct supervision of a RN. <ul style="list-style-type: none"> • LHA is licensed, HHA is not required to be licensed. 					
8. Ensure that an RN administers intravenous medications (in coordination with the RN).					
9. Notify the Division’s Health Care Services nurse when the member’s skilled needs change prior to the renewal of the sixty-two (62) day physician order.					
10. Nurses providing care to a member using a ventilator must be ventilator-certified or have a developed competency for the specific ventilator via work experience					
11. Prior to initiating the service, the Qualified Vendor shall obtain written orders from the member’s PCP or physician of record.					
a. The written physician orders shall be reviewed not later than every sixty-two (62) days (bimonthly) by the PCP or physician of record.					

Nursing	Yes	No	N/A	Comments	Follow-Up Required
b. LHA must review POC with RN every 60 days.					
HN9 (G0299 & G0300) /HN1 (S9123 & S9124)					
1. Intermittent nursing (HN9) exceeds one (1) hour in length but will not exceed two (2) hours per visit and is limited to four (4) hours in one (1) calendar day.					
2. Continuous nursing (HN1) is more than two (2) continuous hours or more than four (4) hours in one (1) calendar day.					
HNR (S9124)					
1. Nursing Respite (HNR) is to relieve a family member or other person caring for the member when the Respite service needs to be provided by a skilled nurse. For Nursing Respite, the benefit year is October 1st through September 30th.					
HNV (G0299 & G0300)					
1. Intermittent nursing visit (HNV) is less than fifty-five (55) minutes per visit.					

Employment Services	Yes	No	N/A	Comments	Follow-Up Required
Individual Supported Employment (ISE)					
1. ISE Quarterly Report (<i>Handout</i>)					
2. ISE Six Month Report (<i>Handout</i>)					
3. ISE Quality Assurance Review (<i>Handout</i>)					
4. Job Coaching DDD-1404E FORFF					
a. At least seventy-five percent (75%) of members served by the Qualified Vendor, based on the average number of members supported over a one (1) year period (January through December), will maintain competitive employment.					
b. Typical utilization is two (2) to four (4) hours per week. Maximum length of time job coaching can be authorized for any single member is twelve (12) months. This service can be reauthorized if recommended by the member’s planning team and approved by the District Program Manager/designee.					

Employment Services	Yes	No	N/A	Comments	Follow-Up Required
c. Staff ratio is never less than one (1) job coach to one (1) member.					
d. Unless otherwise approved by the District Program Manager/designee, services shall only be provided to members eighteen (18) years of age or older.					
5. Job Search					
a. ISE Job Search Agreement (<i>Handout</i>)					
b. At least seventy-five percent (75%) of members served by the Qualified Vendor, based on the average number of members provided this service over a one (1) year period, will become employed.					
c. This service must be provided individually in accordance with a Job Search Agreement, developed on Division forms, between the Qualified Vendor, the District Program Manager/designee and the member's planning team.					
d. Typical utilization is five (5) to twenty (20) hours per month. This service is intended to be provided intermittently, as authorized per a member's Job Search Agreement.					
Employment Support Aide (ESA)					
1. ESA Quarterly Report (<i>Handout</i>)					
2. ESA Six Month Report (<i>Handout</i>)					
3. ESA Quality Assurance Review (<i>Handout</i>)					
4. ESA Agreement (<i>Handout</i>)					
5. This service may be provided to Division members receiving GSE, ISE, or employed in the community who are not receiving other employment supports and services.					
a. This service shall not be provided for a member during the time he or she is receiving a Center-Based Employment service.					
6. Personal Care Services					
a. Provide assistance to meet the personal care needs of a member who would otherwise be excluded from employment.					

Employment Services	Yes	No	N/A	Comments	Follow-Up Required
7. Transportation within the member’s scheduled workday from worksite to worksite shall be the responsibility of the Qualified Vendor.					
8. Ensure that the worksite placement of each member is made with consideration of that member’s capacities and interests.					
9. Provide intervention and technical assistance to an employer as needed to support the success of the member.					
10. Ensure the ongoing availability of paid integrated work in an amount adequate to the number of members in the program.					
11. At least ten percent (10%) of members, based on the Qualified Vendor’s average daily attendance over a one (1) year period, will be identified for a progressive move to competitive integrated employment.					
12. The maximum utilization by a member shall not exceed eight (8) hours per day.					
13. Group size shall be limited to no fewer than two (2) and no more than four (4) members.					
14. A Qualified Vendor paid direct service staff person shall remain at the job site with members at all times.					
15. To ensure community integration, no more than one (1) group shall be co-located in a physical location without prior approval from the Division.					
16. Unless otherwise approved by the Division, members must be eighteen (18) years of age or older to receive this service.					
17. Transportation within the member’s scheduled workday from worksite to worksite shall be the responsibility of the Qualified Vendor.					
18. Ensure that the worksite placement of each member is made with consideration of that member’s capacities and interests.					

Employment Services	Yes	No	N/A	Comments	Follow-Up Required
19. Provide intervention and technical assistance to an employer as needed to support the success of the member.					
20. Ensure the ongoing availability of paid integrated work in an amount adequate to the number of members in the program.					
21. At least ten percent (10%) of members, based on the Qualified Vendor's average daily attendance over on (1) year period, will be identified for a progressive move to competitive integrated employment.					
22. The maximum utilization by a member shall not exceed eight (8) hours per day.					
23. Group size shall be limited to no fewer than two (2) and no more than four (4) members.					
24. A Qualified Vendor paid direct service staff person shall remain at the job site with members at all times.					
25. To ensure community integration, no more than one (1) group shall be co-located in a physical location without prior approval from the Division.					
26. Unless otherwise approved by the Division, members must be eighteen (18) years of age or older to receive this service					
Pathway to Employment (PTE)					
1. PTE Quarterly Report (<i>Handout</i>)					
2. PTE Six Month Report (<i>Handout</i>)					
3. PTE Quality Assurance Review (<i>Handout</i>)					
4. Service provides Division members with the services and supports to assist them in making a progressive move into competitive and/or integrated employment.					
5. This service shall be provided in a setting owned or leased by the Qualified Vendor and in community settings.					
6. Program Development					

Employment Services	Yes	No	N/A	Comments	Follow-Up Required
<p>a. Assessment Exploring Job Possibilities and Skills; Members will receive observation and assessment of their interpersonal skills, work habits, vocational skills while participating in a practical experiential, community integrated volunteer experiences. These experiences will be specifically related to the interests, preferences, and transferable skills of the job seeker as established through exploration or a similar process.</p>					
<p>b. Employment Skills Development – This is a flexible time-limited service focused on supporting the Member to gain skills necessary for employment. Qualified Vendors provide instruction to Members that is approved by the Department.</p>					
<p>7. Provide member support during the Rehabilitation Services/VR process, including provision of relevant referral information, participation with the member during the development of their Individual Plan for Employment, and other contacts as needed to support the outcome of competitive job placement.</p>					
<p>8. Participating with the Member’s Planning Team in making a recommendation for referral to Vocational Rehabilitation for a progressive move to competitive employment;</p>					
<p>9. For a maximum of four (4) hours a day for Members in high school while school is in session and for up to eight (8) hours a day when school is not in session (i.e., summers and holidays);</p>					
<p>10. In a ratio exceeding one (1) DSP to four (4) Members (1:4). It is anticipated that all Members receiving the service may need intermittent one-to-one (1:1) assistance/supervision to meet individual needs.</p>					
<p>11. The Member’s progress in this service will be reviewed by the Department’s District Employment Services Specialist for consideration for continued enrollment in the service beyond two (2) years. Continued enrollment beyond two (2) years requires the approval of the Department’s District Program Manager or designee.</p>					

Employment Services	Yes	No	N/A	Comments	Follow-Up Required
12. A member who is sixteen (16) or seventeen (17) years of age shall have parental consent before he/she can receive this service with individuals who are eighteen (18) years of age and older. The Qualified Vendor shall make the consent available to the Division upon request.					
1. Arizona Occupational Safety and Health					
2. Arizona OSHA and Federal OSHA Guidelines and Reporting Requirements					
3. DDD Ready to Work Brochure (Handout)					

Provider Network Information	Yes	No	N/A	Comments	Follow-Up Required
HCBS Certification					
1. Provider Manual Chapter 61 – Home and Community Based Services (HCBS) Certification and Provider Enrollment					
2. Provider Manual Chapter 2 – Provider Responsibilities and Expectations (Handout)					
3. Article 15 – Standards for Certification of Home and Community Based Service Providers (Handout)					
4. OLCR Tracking Application – Provider Reference Guide a. Available online on the Division’s Website					
Credentialing					
1. Provider Manual Chapter 48-Credentialing of Contracted Providers (Handout)					
2. Credential Review Tool (Handout)					
Provider Manual Chapter 12-Billing and Claim Submission (Handout)					
Provider Manual Chapter 20, Fraud, Waste and Abuse (Handout)					
1. Program Integrity Requirements Verification DDD-2090A					
Rate Book					
1. Available online on the Division’s Website					

Provider Network Information	Yes	No	N/A	Comments	Follow-Up Required
DDD Customer Service					
1. Contact Information:					
a. 1-844-770-9500					
b. DDDCustomerService-Providers@azdes.gov					
2. Chapter 3 – Provider Service Departments (<i>Handout</i>)					
FOCUS Manual					
1. Available online on the Division’s Website					
Billing Training					
• Contact DDD Customer Service to schedule					
QV Annoucements					
1. Available online on the Division’s Website					
2. https://azdes-community.secure.force.com/subscribe/					
Workforce Development					
1. Provider Manual Chapter 63 (<i>Handout</i>)					

General Information	Yes	No	N/A	Comments	Follow-Up Required
The Division of Developmental Disabilities is a Managed Care Organization funded by AHCCCS / ALTCS					
• Insurance needs to be received and approved within 10 days of the completed Readiness Review					
Qualified Vendor Announcement (<i>Handout</i>)					
Statewide Quality Assurance Contacts (<i>Handout</i>)					
Network Contacts (<i>Handout</i>)					
District Offices/After-hours Numbers (<i>Handout</i>)					
Service Information Portal (EVV Contact Information)					
* This is where you will enter your EVV Contact Information					
• Service Information Portal Login					

Other	Yes	No	N/A	Comments	Follow-Up Required

Vendor Follow Up Required

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Vendor Agency Representative Signature _____ Date _____

Division of Developmental Disabilities Staff Signature _____ Date _____

Readiness Review Completed

Division of Developmental Disabilities Staff Signature _____ Date _____

DDD Contracts Good-to-Go Date (*service loaded*) _____ Date _____