



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

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## ***Child and Adult Developmental Homes Survey***

### **Introduction and Contact Information:**

*This survey has two major sections, information from licensed developmental home providers and Qualified Vendors. Please reach out to your licensed developmental home providers and ask for this information and summarize it in your survey submission. Due to the request for information from the licensed developmental home providers, we're providing extra time to complete the survey please respond by June 3, 2020.*

1. What is your organization's name? (Drop down menu)
2. Please enter your AHCCCS ID?
3. Please enter your Employer ID?
4. Please enter the following contact information:
  - Contact Name
  - Email Address
  - Phone Number
5. Do you provide Child and Adult Developmental services?

### **Licensed Provider Survey:**

*Please use the following questions to survey the licensed developmental home providers your agency supports. Only survey providers who support at least one DDD member in the home. Summarize their responses*

6. How many providers did you reach out to for this survey?
  - Number of providers
  - Number of associated members
7. How many providers did you reach for responses?
  - Number of providers
  - Number of associated members
8. Number of providers aware of the COVID 19 resources available on the DDD webpage?  
([https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/actions related to covid-19](https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/actions%20related%20to%20covid-19))

9. How many members have temporarily left a developmental home due to COVID-19 (ie staying with family)?
10. How many members have returned to their developmental home after leaving due to COVID-19?
11. Number of homes impacted by members staying home
  - from day or employment services
  - from school
12. Number of homes who suspended the use of respite due to COVID-19 ?
13. How many members did or are expected to return to out-of-home (i.e. day or employment services, summer camps, etc.) services?
  - May 15 - 23
  - May 24 - June 13
  - June 14 - July 4
14. Number of homes in need of PPE supplies:
  - Gloves
  - Gowns/Aprons
  - Masks and Respirators
  - Goggles
  - Face shields
  - Homes with no shortage of supplies
15. Are you providing PPE to your providers? Y/N
16. What are the total additional monthly expenses to acquire PPE for the providers?
  - March:
  - April:
  - Anticipated May:
  - Anticipated June:
17. What are the total additional monthly expenses to acquire PPE for the homes that responded?
  - March:
  - April:
  - Anticipated May:
  - Anticipated June:
18. How are your providers acquiring PPE?
  - Online Retailer (Amazon, eBay, etc.)
  - Big Box or grocery store (Walmart, Costco, Fry's, etc.)
  - Cintas
  - Grainger
  - 3M
  - Other (please list)

19. Number of members having issues with obtaining any of the following from their assigned health plan:

- Prescriptions
- Medical Supplies

20. Is there a back up plan if there is a positive or presumed positive/ a Person Under Investigation (PUI) for COVID 19? (comments)

### **Vendor Survey:**

21. Number of developmental homes you support?

22. How many DDD members live in the homes you support?

23. How many new providers started between:

- February 25 - March 24
- March 25 - April 24
- April 25 - May 25

24. How many providers stopped providing services between:

- February 25 - March 24
- March 25 - April 24
- April 25 - May 25

25. How many monitoring visits are conducted in an average month pre-COVID?

26. How many monitoring visits were planned in

- April
- May

27. How many monitoring visits were conducted in

- April
- May

28. Have you begun conducting monitoring visits virtually? Y/N

29. If you answered yes to question 26, have virtual monitoring visits been effective?

30. What video conferencing tool have you used to conduct virtual visits?

- Apple FaceTime
- Facebook Messenger video chat
- GoogleHangouts video
- Zoom
- Skype
- None
- Other (please specify)

31. How many member's placements into developmental homes have been stopped or paused due to COVID-19?
- Number of members who stopped/paused
  - Number of providers who stopped/paused
  - Number of placements your agency stop/paused
32. What is the number of current vacancies within your agency related to developmental home services?
33. Please provide the number of providers trained on your Pandemic Plan and how to mitigate exposure to COVID 19 through each of the following methods from March 1, 2020 to May 22, 2020
- In person
  - On-line
  - Comment
34. Please provide the number of providers trained on each topic from March 1, 2020 to May 25, 2020
- Identifying and supporting members with new behavioral issues
  - Supporting a person who is COVID 19 positive
  - Supporting a person who is "presumed positive/ a Persona Under Investigation (PUI) for COVID 19.
35. How have you communicated COVID 19 resources to providers?

## **Coronavirus Aid, Relief, and Economic Security (CARES) Act**

### **Paycheck Protection Program Loans:**

*Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act small businesses are able to apply for Paycheck Protection Program Loans which depending on behavior and how the funds are used can be forgiven. Please take this opportunity to review information on the program in the link below.*

<https://www.sba.gov/page/coronavirus-covid-19-small-business-guidance-loan-resources>

<https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program-ppp>

38. Based on the information provided, do you believe that your agency qualifies for a Paycheck Protection Program Loan? Y/N
39. Please provide the reason you don't expect your agency to qualify
- More than 500 employees (or 1,500 where applicable)
  - Business established after 2/15/20
  - Other (detailed response)
  - We will qualify/have qualified for a loan
40. Regarding the CARES Act Paycheck Protection Program Loans have you:
- Applied
  - Expecting to apply

- Do not expect to apply

41. Have you qualified for a Paycheck Protection Program loan? Y/N

### **Provider Relief Fund:**

*Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act all facilities and providers that received Medicare fee-for-service (FFS) reimbursements in 2019 are eligible for the Provider Relief Fund. This funding supports healthcare-related expenses or lost revenue attributable to COVID-19 and ensures uninsured Americans can get testing and treatment for COVID-19. These are payments, not loans, to healthcare providers, and will not need to be repaid. Please take this opportunity to review information on the program in the link below.*

<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html>

42. Based on the information provided, do you believe that your agency will qualify for a Provider Relief Fund? Y/N

43. Please provide the reason you don't expect to qualify

- Don't provide services under the Medicare fee-for-service (FFS) schedule
- We will qualify/have qualified for a loan
- Other (detailed response)

44. Regarding the CARES Act Provider Relief Fund have you:

- Applied
- Expecting to apply
- Do not expect to apply

45. Have you qualified for a Provider Relief Fund disbursement? Y/N

### **Pandemic Plan:**

*On May 20, the Department requested that all qualified vendors complete an attestation related to your pandemic plan. We would like to thank everyone who completed that attestation. In response to feedback we received, a new attestation link was provided to your agency's authorized signatory on May 27. Due to these changes we need all qualified vendors to use the new link and complete that attestation (even if you completed the first one).*

46. Has your agency attested (or will do so before 6/5/20) that your Pandemic Plan is updated to include COVID-19 monitoring and mitigation strategies based on [Centers for Disease Control and Prevention \(CDC\)](#), [Arizona Department of Health Services \(ADHS\)](#) and [Division of Developmental Disabilities \(DDD\)](#) guidelines as directed by DES/DDD? Y/N

### **Funding Qualifications:**

36. To qualify for potential funding, do you attest that your agency attempted contact with all providers you support? Y/N

Due to reduction of in person monitoring and flexibility in virtual monitoring visits during COVID19, the administrative activities for Qualified Vendor Licensing Workers has been reduced. Incentive payments based on the results of this survey are intended to be provided directly to developmental home providers.

37. To qualify for potential funding, do you agree to provide at least 95% of incentive funding (minus costs of PPE if your agency sources it for all of your providers) directly to developmental home providers? Y/N

**Financial Statements:**

1. To qualify for potential funding, do you attest that you've submitted (or will do so before 6/17/20) at least the last two annual financial reports in accordance with section 6.3.3 of your qualified vendor agreement with DDD/DES? Y/N