



## ***Survey for Group Home Vendors 3***

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

*To help DDD fully understand issues facing our vendor network, please take the time to answer the questions below. This survey is specific to Group Home Vendors. Please be as accurate and detailed as possible to inform DDD decision making. There is an open-ended question at the end, in case there are issues the survey did not address. The goal of this survey is to better understand each vendor's current situation and is not meant to be punitive.*

*Please only provide information as it pertains to the services outlined in this survey for DDD. If your agency provides additional services do your best to estimate the portion of information that applies to these services for DDD members.*

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. Services provided Y/N and kick out

### **Staffing:**

6. How many direct care staff (direct care workers or DCW) provided services to DDD members on the following dates? If N/A, please enter "0".
  - Feb 25
  - March 25
  - April 17
  - May 22
7. How many DCWs left your agency (laid off, terminated, etc.) between:
  - February 25 - March 24
  - March 25 - April 24
  - April 25 - May 25
8. If there was a reduction in DCWs in the time period April 25 - May 25, please answer the following (Provide the number of DCW that left your agency for each reason)
  - Family Issues:

- Laid off due to low demand:
  - Sick leave:
  - Refused to work:
  - Other:
  - Total weekly hours reduced:
9. Please enter any additional comments pertaining to your organization's DCW reduction.
10. How many new DCWs were hired between:
- February 25 - March 24
  - March 25 - April 24
  - April 25 - May 25
11. Has your agency seen a change in the number of job applicants since March 1 2020?
- Increase
  - Decrease
  - No change
12. Please provide the number of direct care workers your agency shifted from other services to group home services.
- Day programs/employment /transportation:
  - Attendant Care:
  - Respite:
  - Habilitation Hourly:
  - Other:
13. Did you get any DCW referrals from other vendors who were closing day programs or saw a decrease in service demand?
- Y/N
14. If you received DCW referrals, how many did you receive?
15. How many total staffing hours were scheduled in the following weeks?
- Week of February 24-28:
  - Week of March 16-20:
  - Week of April 13-17:
  - Week of May 18-22:
16. Has your agency experienced an increase in overtime due to increased demand?
- Y/N
17. Please provide the number of overtime hours paid in each of the following time periods
- February:
  - March:
  - April:
  - Anticipated May:

18. Has there been a change in the attendance of direct care workers during the month of May 2020?
- More missed shifts
  - Less missed shifts
  - No change
19. Does your agency have enough direct care workers to meet member needs as of May 22nd, 2020?
- Y/N
20. If you answered no to question 19, how many hours per week are you trying to fill?

### **Members:**

21. How many distinct members were served in the following weeks:
- February 24-28
  - March 16-20
  - April 13-17
  - May 18-22
22. If the number of members declined during the week of May 18-22, please tell us the number of members not served by the reason. If there was a combination of two or more of these reasons, please list the number of members not served by the most impactful reason.
- Members moved temporarily to be with family
  - Members in the hospital due to COVID-19 positive status
  - Members impacted by the closure of a group home
  - All members were served
  - Other
23. Please provide the number of members having issues with obtaining any of the following from their assigned health plan
- Prescriptions:
  - Medical supplies:
24. Please state any additional reasons for member decline.

### **Service Sites:**

25. How many group homes do you operate?
26. How many group homes are still operational as of May 22?
27. Based on the capacity approved for each home by DES DDD, please list the number of total group home vacancies for your agency as of May 22.
- Rooms
  - Entire Homes

28. Would you be willing to house a presumed positive/ a Person Under Investigation (PUI) for COVID 19, or COVID 19 positive DDD member who is not currently served by your agency but needed short term care?

29. Please state any other issues impacting group homes.

### **Financial Statements:**

30. 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

### **Personal Protective Equipment:**

31. Do your direct care workers have sufficient personal protective equipment (PPE) to implement your pandemic performance plan?

- Y/N

32. If no, which of the following PPE is needed?

- Gloves
- Gowns/Aprons
- Masks and respirators
- Goggles
- Face Shields
- We have sufficient PPE

33. How are you acquiring PPE for your agency?

- On-line Retailer (Amazon, Ebay, etc.)
- Big Box or grocery store (Walmart, Costco, Fry's, etc.)
- Cintas
- Grainger
- 3M
- Other (please list)

34. What have your additional monthly expenses been to obtain PPE since March 2020?

- March:
- April:
- Anticipated May:
- Anticipated June:

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

- Prescriptions
- Medical Supplies

36. 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

37. What extra precautions is your agency or staff taking in response to the COVID-19 pandemic?

38. Please describe your plan if a staff or member becomes infected with COVID-19

- Shelter staff in place with impacted members
- Move impacted members to a vacant or already COVID-19 positive group home
- Move impacted members to a vacant day program site with appropriate facilities (ie. shower, etc.)
- Other (please specify)

39. Please enter any additional comments on your plan.

## **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>

40. Based on the information provided, do you believe that your agency qualifies for a Paycheck Protection Program Loan? Y/N

41. 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

42. Regarding the CARES Act Paycheck Protection Program Loans have you:

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

43. 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>

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

45. 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)

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

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

47. 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).*

48. 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