



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

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Governor

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## ***Home-Based Services Survey***

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

*This survey is for Vendors that deliver attendant care, respite, hourly-habitation, individual living habilitation, and homemaker services.*

*For the purposes of this survey, a DCW is a provider that delivers any of the identified services.*

*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. AHCCCS ID
3. Employer ID
4. Please enter the following contact information:
  - Contact Name
  - Email Address
  - Phone Number
5. Do you provide attendant care (ATC), respite (RSP/RSD), hourly habilitation (HAH), hourly and daily individual living habilitation (HAI, HID) and homemaker (HSK) services?

### **Attendant Care/Respite/Housekeeping:**

*For Attendant Care/ Respite/ Homemaker, please answer the following questions (Questions 6-20):*

6. Please provide the number of Attendant Care/ Respite/ Homemaker direct-care workers (DCW) that were employed and working that provided services to DDD members on the following dates:
  - February 25
  - March 25
  - April 17
  - May 18
7. How many parents of minor DDD members have recently been employed to be caregivers?
  - Number of parents
  - Number of members
8. How many new DCWs were hired between:
  - February 25 - March 24
  - March 25 - April 24

- April 25 - May 25
9. How many DCWs left your agency (laid off, terminated, etc.) between:
- February 25 - March 24
  - March 25 - April 24
  - April 25 - May 25
10. If there was a reduction in the number of Attendant Care/ Respite/ Homemaker DCW's, provide the number of DCW for each reason (count):
- Family issues
  - Laid off due to low demand
  - Sick Leave
  - Other
  - Total weekly Work Hours reduced for all DCW
11. Please enter any additional comments about the reduction in direct care staff. Please enter "N/A" if not applicable.
12. Has your agency experienced an increase in demand for Attendant Care/ Respite/ Homemaker services? Y/N
13. Based on your answer to number 12, please provide the following information. If there has been an decrease please include a subtraction sign (-10).
- Member change
  - Total unit change
14. 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
15. Has your agency experienced an increase in overtime for Attendant Care/ Respite/ Homemaker services? Y/N
16. Please provide the number of overtime hours paid in each of the following time periods:
- February
  - March
  - April
  - Anticipated May
17. Do you have enough DCW's available to meet demand? Y/N
18. How many distinct members were served in the following weeks:
- Feb 24-28
  - March 23-27
  - April 13-17

- May 18-22

19. If there was a reduction in members being served, please answer the following if it was due to COVID-19

- Members who refused or cancelled services
- Members impacted by lack of staff
- Members impacted by facility/site closing

20. Have any members reduced their hours and schedule but still receive some support?

- If so, how many members?
- How many total hours?

## **Habilitation:**

*For Habilitation (HAH, HAI, HID), please answer the following questions (Questions 20-34)*

21. Please provide the number of habilitation direct-care workers (DCW) that were employed and working that provided services to DDD members on the following dates:

- February 25
- March 25
- April 17
- May 18

22. How many parents of minor DDD members have recently been employed to be caregivers?

- Number of parents
- Number of members

23. How many new DCWs were hired between:

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

24. How many DCWs were lost (laid off, terminated, etc.) between:

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

25. If there was a reduction in the number of habilitation DCW's, please answer the following

- Provide the number of DCW for each reason (count)
- Family issues
- Laid off due to low demand
- Sick Leave
- Other
- Total weekly Work Hours reduced for all DCW

26. Please enter any additional comments about the reduction in direct care staff. Please enter "N/A" if not applicable.

27. Has your agency experienced an increase in demand for habilitation services? Y/N

28. Based on your answer to number 25, please provide the following information. If there has been an decrease please include a subtraction sign (-10).

- Member change
- Total unit change

29. 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

30. Has your agency experienced an increase in overtime for habilitation services?

31. Please provide the number of overtime hours paid in each of the following time periods:

- February
- March
- April
- Anticipated May

32. Do you have enough DCW's available to meet demand? Y/N

33. How many members were served in the following weeks:

- Feb 24-28
- March 23-27
- April 13-17
- May 18-22

34. If there was a reduction in members being served, please answer the following if it was due to COVID-19

- Members who refused or cancelled services
- Members impacted by lack of staff
- Members impacted by facility/site closing

35. Have any members reduced their hours and schedule but still receive some support?

- If so, how many members?
- How many total hours?

### **Personal Protective Equipment (PPE):**

36. Attestation question - see Standard Questions [link](#)

37. Financial Statements Question

38. Do your DCWs have sufficient personal protective equipment (PPE) to implement your pandemic performance plan? Y/N

39. If not, which of the following PPE is needed?

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

40. 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)

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

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

42. 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

43. Please state any other issues impacting home-based services.

## **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>

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

45. 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

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

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

47. 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>

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

49. 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)

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

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

51. 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).*

52. 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

**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