



## ***Nursing Survey***

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

*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. Services provided Y/N and kick out
6. How many nurses (RN,LPN) worked for your agency on March 25 and provided services to DDD members?
  - RN employed (30+ hours per week)
  - RN contracted
  - LPN employed (30+ hours per week)
  - LPN contracted
7. How many nurses (RN,LPN) worked for your agency on April 17 and provided services to DDD members?
  - RN employed (30+ hours per week)
  - RN contracted
  - LPN employed (30+ hours per week)
  - LPN contracted
8. How many nurses (RN,LPN) worked for your agency on May 22 and provided services to DDD members?
  - RN employed (30+ hours per week)
  - RN contracted
  - LPN employed (30+ hours per week)
  - LPN contracted
9. How many new Nurses were hired between:

- February 25 - March 24
  - March 25 - April 24
  - April 25 - May 25
10. How many Nurses left your agency (laid off, terminated, etc.) between:
- February 25 - March 24
  - March 25 - April 24
  - April 25 - May 25
11. If there was a reduction in nurses, please answer the following
- Provide the number of nurses for each reason (count)
  - Family issues
  - Laid off due to low demand
  - Sick Leave
  - Refused to work
  - Other
  - Estimated total reduction in hours:
12. Please provide any additional comments regarding the reduction of nurses.
13. Has there been an increase in the demand for nursing services?
14. Based on your answer to number 13, please provide the following information about changes in services that are delivered by your agency. If there has been a decrease please include a subtraction sign (-10).
- Number of members served
  - Total units provided
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 25-31
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. How many distinct members were served in the following weeks:
- Feb 24-28
  - March 23-27
  - April 13-17
  - May 18-22

19. Does your agency have enough nursing staff to meet member needs as of May 22, 2020? Y/N
20. If you answered no to question 18, how many hours per week are you trying to fill?

### **Personal Protective Equipment:**

21. Does your nursing staff have sufficient personal protective equipment (PPE) to implement your pandemic performance plan. Y/N
22. If no, Which of the following PPE is needed?
- Gloves
  - Gowns/Aprons
  - Masks and respirators
  - Goggles
  - Face Shields
  - We have sufficient PP
23. 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)
24. What have your additional monthly expenses been to obtain PPE since March 2020?
- March:
  - April:
  - Anticipated May:
  - Anticipated June:
25. Does your agency have access to COVID – 19 testing kits?
- Yes, but only testing critical patients
  - Yes, adequate supplies
  - No, partial testing supplies
  - No, none
  - Not applicable
26. Is your nursing staff trained in administering COVID – 19 testing kits?
- Yes, all staff has training
  - 50% or more of staff has training
  - Less than 50% of staff has training
  - None of the nursing staff has training.
27. 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

28. What extra precautions is your agency and nursing staff taking in response to the COVID-19 epidemic?
29. Do you foresee an increase in nursing demand affecting your ability to provide services to DDD clients? Y/N
30. If no, what is your capacity to provide additional services to DDD members?
- How many members?
  - How many total units?
31. Have any members refused/canceled services due to COVID-19 concerns?
- If so, how many members?
  - How many total units?
32. Have any members reduced their hours and schedule but still receive some nursing supports?
- If so, how many members?
  - How many total hours per week?
33. Please state any other issues impacting nursing 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>

34. Based on the information provided, do you believe that your agency qualifies for a Paycheck Protection Program Loan? Y/N
35. 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
36. Regarding the CARES Act Paycheck Protection Program Loans have you:
- Applied
  - Expecting to apply
  - Do not expect to apply
37. 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>

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

39. 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)

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

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

41. 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).*

42. 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