



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

Cara M. Christ, MD, MS
Interim Director

Therapy 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. 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 (OT, PT, ST)

Staffing & Members:

6. How many therapists/ assistants were employed or contracted and working on Feb 25, 2020 that provided services to DDD members?
 - Employee (FTE 30+ hours per week)
 - Contracted
7. How many therapists/ assistants were employed or contracted and working on March 25, 2020 that provided services to DDD members?
 - Employee (FTE 30+ hours per week)
 - Contracted
8. How many therapists/ assistants were employed or contracted and working on April 17, 2020 that provided services to DDD members in these programs?
 - Employee (FTE 30+ hours per week)
 - Contracted
9. How many therapists/ assistants were employed or contracted and working on May 22, 2020 that provided services to DDD members in these programs?
 - Employee (FTE 30+ hours per week)
 - Contracted

10. How many therapists/ assistants left the 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 therapists/assistants due to COVID-19, please answer the following if (Provide the number of **FTE** therapists/ assistants for each reason (count))
- Family issues
 - Laid off due to low demand
 - Sick Leave
 - Refused to work
 - Other
 - Total weekly Work Hours reduced
12. How many therapists/ assistants hired over
- February 25-March 24
 - March 25 - April 24
 - April 25 - May 25
13. Please enter any additional comments about the reduction in Therapists/Assistants serving members.
14. Has your agency experienced an increase in demand for therapists/assistants' services? Y/N
15. Based on your answer to number 14, please provide the following information. If there has been an decrease please include a subtraction sign (-10).
- Member change
 - Total unit change
16. 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
17. Has your agency experienced an increase in overtime due to increased demand?
18. Please provide the number of overtime hours paid in each of the following time periods:
- February
 - March
 - April
 - Anticipated May
19. How many clinics do you operate? Non 3rd-party clinics
20. How many are currently open? Non 3rd-party clinics

21. Please tell us the number of Service (clinic) sites that closed by week

- March 1-7
- March 8-14
- March 15-21
- March 22-28
- March 29-April 4
- April 5-11
- April 12-18
- April 19-26
- April 27-May 3
- May 4-May 10
- May 11-May 17
- May 18- May 24
- May 25-May 31
- Are still open

22. Please provide the number of service (clinic) sites by the "reason for closure". If there was a combination of two or more of these reasons, please choose the most accurate reason. If N/A, please enter "0".

- Low Demand
- Inability to staff the service (clinic) site
- Social distancing guidelines hard to implement
- Could not obtain necessary supplies
- Other

23. Please enter additional comments about the reason for closure. Please enter, "N/A" if not applicable

24. Please tell us the number of service sites that re-opened or you plan to re-open by week, if N/A, please enter "0".

- May 15-23
- May 24 -30
- May 31- June 6
- June 7 - 13
- June 14 - 20
- June 21 - 27
- June 28 - July 4

25. Please tell us the number of members you plan to serve by week, if N/A, please enter "0"

- May 10-16
- May 17-23
- May 24 -30
- May 31- June 6
- June 7 - 13
- June 14 - 20
- June 21 - 27

- June 28 - July 4
26. How many temporarily closed service sites (clinics) will reopen?
27. How many temporarily closed service sites (clinics) will not reopen?
28. How many distinct members were served in the following weeks:
- Feb 24-28
 - March 23-27
 - April 13-17
 - May 18-22
29. Reduction in members served (count)
- Members who refused or cancelled services
 - in person
 - telehealth
 - Members impacted by lack of staff
 - Members impacted by clinic/site closing
 - Number of members impacted due to COVID-19
30. Reduction in members served (detailed response)

Services:

31. Does your agency currently conduct therapy services through telehealth? (yes no for each service)
- OT
 - PT
 - ST
 - None
32. If yes, what telehealth platform are you using?
- Zoom for Healthcare
 - VSee
 - PTEverywhere
 - TheraNest
 - eVisit
 - CORA Vision
 - MW Therapy
 - Other (description for other)
33. If you have been conducting therapy services through telehealth, please provide the following. If you have not been utilizing telehealth please indicate "0"
- number of members served
 - number of units
34. How long do you plan to provide telehealth services?
- Through June

- Through July
- Through August
- As long as it's approved by DDD

35. Would you like to see telehealth as a standard service delivery method going forward? Y/N

36. Please provide any other information or feedback you have regarding telehealth.

Personal Protective Equipment (PPE):

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

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

39. If no, which of the following PPE is needed? *Can mark multiple so there is some duplication*

- 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 extra precautions has your agency and therapists/ assistants taken in response to COVID-19 emergency?

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

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

43. 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

44. Please state any other issues impacting therapy 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>

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

46. 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

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

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

48. 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>

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

50. 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)

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

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

52. 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).

53. 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:

54. 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