



Douglas A. Ducey  
Governor

DEPARTMENT OF ECONOMIC SECURITY  
*Your Partner For A Stronger Arizona*

Michael Wisehart  
Director

## ***Home-Based Services Survey 7***

### **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.*

*We understand that you've provided answers to many of these questions in prior survey rounds. To ensure we can trend information reliably over time by survey we need the answers repeatedly so we appreciate you providing them again. Please save your answers so you can reuse them in additional surveys.*

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?

### **Staffing:**

*Please answer the following questions for in-home services (ATC, RSP, HSK, HAI, HAH, HID)*



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6. Please provide the number of direct-care workers (DCW) that were employed and working that provided in-home services to DDD members on the following dates:
  - February 25
  - March 25
  - April 17
  - May 18
  - June 26
  - July 24
  - August 24
  - September 14
  - October 26
  
7. How many parents of minor DDD members have been employed by your organization to be caregivers?
  - Number of parents
  - Number of members
  
8. How many DCWs vacancies did your agency have on average, between the following time periods:
  - March 25 - April 24
  - April 25 - May 24
  - May 25 - June 24
  - June 25 - July 24
  - July 25 - August 24
  - August 25 - September 24
  - September 25 - October 24
  
9. What was your staff vacancy on October 30 for the years listed below?
  - 2018
  - 2019
  - 2020
  
10. How many new DCWs were hired between:
  - March 25 - April 24
  - April 25 - May 24
  - May 25 - June 24



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- June 25 - July 24
- July 25 - August 24
- August 25 - September 24
- September 25 - October 24

11. How many DCWs left your agency (laid off, terminated, etc.) between:

- March 25 - April 24
- April 25 - May 24
- May 25 - June 24
- June 25 - July 24
- July 25 - August 24
- August 25 - September 24
- September 25 - October 24

12. How many applications for DCW positions have you received over the following time periods?

- February 25-March 24
- March 25 - April 24
- April 25 - May 24
- May 25 - June 24
- June 25 - July24
- July 25 - August 24
- August 25 -September 24
- September 25 - October 24

13. How many applicants were qualified for DCW positions (including passing background checks) over the following time periods?

- February 25-March 24
- March 25 - April 24
- April 25 - May 24
- May 25 - June 24
- June 25 - July 24
- July 25 - August 24
- August 25 -September 24
- September 25 - October 24



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14. Is your agency receiving more or less DCW applicants currently when compared to the same time last year?
  - More/less
  
15. Is your agency receiving more or less qualified DCW applicants currently when compared to the same time last year?
  - More/less
  
16. Is your agency retaining more or less qualified DCWs currently when compared to the same time last year?
  - More/less
  
17. If there was a reduction in the number of DCW's providing in-home services, provide the number of DCW for each reason (count) and the total weekly DCW hours that have been reduced:
  - Family issues
  - Laid off due to low demand
  - Sick Leave
  - Other
  - Total weekly Work Hours reduced for all DCW
  
18. Please enter any additional comments about the reduction in direct care staff. Please enter "N/A" if not applicable.
  
19. Has your agency experienced an increase in demand for in-home services in October (ATC, RSP, HSK, HAI, HAH, HID)? Y/N
  
20. Based on your answer to the previous question, please provide the following information. If there has been a decrease please include a subtraction sign (-10).
  - Member change
  - Total unit change
  
21. 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:



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- Week of May 18-22:
  - Week of June 15-19:
  - Week of July 20-24:
  - Week of August 17 -21:
  - Week of September 14- 18:
  - Week of October 19-23:
22. Has your agency experienced an increase in overtime for in-home services (*ATC, RSP, HSK, HAI, HAH, HID*)? Y/N
23. Please provide the number of overtime hours paid in each of the following time periods:
- February:
  - March:
  - April:
  - May:
  - June:
  - July:
  - August:
  - September:
  - October:
  - Anticipated November:
24. What is the average number of sites a DCW is currently working in over a week?
25. Has your agency required front line supervisors or other Management staff to cover vacancies?  
Y/N
26. Please provide the number of front line supervisors or other Management staff that covered vacancies on the following dates:
- February 25:
  - March 25:
  - April 17:
  - May 22:
  - June 26:
  - July 24:
  - August 21:



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- September 14:
  - October 26:
27. Do you have enough DCW's available to meet demand without the use of additional overtime, supervisors, or staffing agencies? Y/N
28. How many vacant staff hours are you trying to fill weekly?
29. How many DCW's have tested positive for COVID-19?
30. Have you seen an increase in Paid or Unpaid Time Off due to COVID-19? Y/N
31. If Yes, please provide the number of hours per month vacated with Paid Time Off due to COVID-19.
- March:
  - April:
  - May:
  - June:
  - July:
  - August:
  - September:
  - October:
  - Anticipated November:
32. If Yes, please provide the number of hours per month vacated with unpaid time off due to COVID-19?
- March:
  - April:
  - May:
  - June:
  - July:
  - August:
  - September:
  - October:
  - Anticipated November:



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33. If Time Off due to COVID-19 is Paid, what is the total cost of those hours?

- March:
- April:
- May:
- June:
- July:
- August:
- September:
- October:
- Anticipated November:

34. How many distinct members were served in the following weeks:

- February 24-28
- March 23-27:
- April 13-17:
- May 18-22:
- June 22-26 :
- July 20-24:
- August 17-21:
- September 14-18:
- October 19-23:

35. 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

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

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

37. How many members have tested positive for COVID-19?

**Personal Protective Equipment (PPE):**



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

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

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

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

- March:
- April:
- May:
- June:
- July:
- August:
- September:
- October:
- Anticipated November:

41. Please provide the number of employees trained on your Pandemic Plan and how to mitigate exposure to COVID-19 through each of the following methods from March 1, 2020 to October 26, 2020

- In person
- On-line

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

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

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





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*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. Your response to these questions will not disqualify your organization from DDD payments. .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>

43. Did you apply for a PPP loan? Y/N

44. Have you qualified for a Paycheck Protection Program loan? Y/N/Didn't apply

### **Provider Relief Fund:**

*Under the [Coronavirus Aid, Relief, and Economic Security \(CARES\)](#) Act all facilities and providers that received Medicare and/or Medicaid 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.*

PRF eligibility information can be found at

<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html>. Please review the link and ensure that all qualification criteria are reviewed carefully.

Terms and conditions can be found here:

<https://www.hhs.gov/sites/default/files/terms-and-conditions-medicare-relief-fund.pdf>

PRF FAQ's can be found here:

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

[Medicare/Medicaid requirement](#)



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The requirement that vendors must bill Medicaid/Medicare directly is met by billing DDD in its capacity as a Medicaid/Medicare Managed Care Organization (MCO). Services billed to DDD are considered healthcare services.

*Your response to this question will not disqualify your organization from DDD payments.*

45. Has your agency applied for Provider Relief Funds? Y/N
46. Have you received official notice that you have been approved for a Provider Relief Fund disbursement? Y/N/Didn't apply
47. To qualify for potential funding, have you completed the CARES Provider Relief Fund [attestation](#)? Y/N

## Visitation Attestation

*On August 28, 2020, the Arizona Department of Health Services (ADHS) published visitation guidance for congregate care settings. The Department has asked that your agency complete a [visitation attestation](#).*

48. Has your agency completed the attestation? Y/N

## Financial Statements:

*Please contact [DDDFinancialStmts@azdes.gov](mailto:DDDFinancialStmts@azdes.gov) if you are in compliance with this requirement or if you have any related questions.*

49. To qualify for potential funding, do you attest that you've submitted (or will do so before 11/18/20) 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

**To qualify for potential round 7 funding, you must have completed the CARES Provider Relief Fund attestation and be in compliance with the section 6.3.3 of your qualified vendor agreement with DDD/DES. If you have submitted your financial statements there is no additional action needed at this time, unless we reach out directly.**