



Group Home Assistive Technology Survey

Introduction and Contact Information:

DDD is exploring the need to expand the [AZ Stay Connected Grant Program](#) opportunity to DDD group homes. This program provides funding to invest in technology and resources to expand and enhance virtual visitations and family engagement with residents. While the current program is specifically for licensed skilled nursing facilities and Intermediate Care Facilities (ICF) information from your organization can assist in the potential development of a similar program for DDD group homes. Please assist with this process by completing the survey below if your organization provides HAB, HPD or HAN services. Your timely response is greatly appreciated, DDD requests that Qualified Vendors providing group home services complete the associated survey no later than close of business on Tuesday, July 14, 2020.

This survey is specific to Group Home Providers. 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.

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. Do you provide group home services? Services include HAB, HPD, HAN

Assistive Technology:

6. How many DDD members does your organization provide group home services to as of June 26?
7. Has there been a decrease in visits from families, friends, or guardians for residents at your facilities since the COVID-19 outbreak? Y/N
8. What restrictions has your organization put in place that have directly limited in-person visits from families, friends, or guardians for the residents? (Open answer) or check all that apply?
 - Scheduled times
 - Only outdoors
 - Only with proper PPE

- Quarantine prior to return to the facility
 - Other please specify
9. Do your direct care workers have sufficient personal protective equipment (PPE) to implement your pandemic performance plan?
- Y/N
10. Do you anticipate issues with obtaining sufficient PPE in the following months?
- July Y/N
 - August Y/N
 - September Y/N
11. With regards to visitor restrictions, have you been consistent across all sites? Y/N -> if No Specify
12. Please estimate the percent of DDD residents in your facilities that have the desire to receive in-person visits from family, friends, or guardians but have been unable to due to recent COVID-19 related restrictions?
13. Please enter any additional comments on how COVID-19 related restrictions have impacted visits for your residents.

Technological devices - This section of the survey is referring to video and audio capable communication devices such as smartphones, tablets, computers, etc. that can be used to communicate virtually with individuals outside the home. For the purpose of the survey please do **NOT** include audio only devices like the telephones.

14. Does your organization currently provide devices with which DDD residents can use to communicate with their family, friends, or guardians outside of their facility? Y/N
15. How many group homes that house DDD members does your organization currently operate?
16. How many of those group homes currently have devices with which clients can use to communicate with family, friends, guardians, or service providers (telehealth) remotely?
- Client owned
 - Organization owned
17. How many devices does your organization currently own that residents could use to remotely visit and communicate with family, friends, guardians or service providers (telehealth) who are outside of the facility?
18. Please describe the number of residents who currently have access to technology that enables them to remotely communicate with family, friends, guardians or service providers (telehealth) outside the facility.
- All residents have access to devices
 - Most residents have access to devices
 - Some residents have access to devices

- No Residents have access to devices
19. What communication devices are owned by your organization and are currently available to residents for use.
- Smartphones (iPhones, Samsung Galaxy, Google Pixel, etc.)
 - Tablets (iPads, Amazon Fire, Microsoft surface, etc.)
 - Laptops or Desktop Computers
 - Other (please specify)
20. Which devices would your organization like to purchase in the future to meet your resident's needs for remote visits from family, friends, guardians or service providers (telehealth)? (Drop down or open answer or rank?)
- Smartphones (iPhones, Samsung Galaxy, Google Pixel, etc.)
 - Tablets (iPads, Amazon Fire, Microsoft surface, etc.)
 - Laptops or Desktop Computers
 - Other (please specify)
21. Please enter any additional comments on your organization's need or use of virtual communication devices during the COVID 19 pandemic.
22. Does your organization expect to need virtual communication/collaboration systems (Zoom account, WebEx, Google Meets, etc.) to address virtual visits? Y/N
23. Has your organization invested in any virtual communication/collaboration systems (Zoom account, WebEx, Google Meets, etc.) to address virtual visits? Y/N
24. Please enter any additional comments on your organization's need or use of virtual communication/collaboration systems during the COVID 19 pandemic and ongoing.
25. If grants were made available for your agency to enable residents to virtually visit with family, friends, guardians or service providers (telehealth), do you agree to use these funds solely for the purchases of equipment and virtual communication/collaboration systems, including set up costs, and not use them for other activities? Agree/disagree
26. If you accepted granted funds to purchase this equipment and virtual communication/collaboration systems, would you also agree to stewardship and audit requirements? Agree/disagree