



Douglas A. Ducey
Governor

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Michael Wisehart
Director

Day Program, Employment, and Transportation Services Survey 8

Introduction and Contact Information:

This survey is for Vendors that deliver Day treatment, Employment and transportation 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 are providing extra time to complete the survey. Please respond by January 28, 2020.

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. 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 day programs, employment or transportation services?

Staffing & Members:

6. How many service sites do you operate? (Do not include 3rd-party locations, such as a community employer.)



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7. How many service sites were open as of December 26th? (Do not include 3rd-party locations.)

Please tell us the total number of service sites that were closed by month. If no sites were closed or this does not apply to your agency, please enter "0".

- November
- December
- January
- All still open

8. Please provide the number of service sites that were closed during the month of December 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 site
- Social distancing guidelines hard to implement
- Could not obtain necessary supplies
- Needed to shift staff to other services
- Positive COVID-19 tests within the program
- Other

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

10. Please tell us the number of service sites that re-opened or your plan to reopen by week, if N/A, please enter "0". If you have a site reopened from October 23 and remain open, you should list it in each week starting with October 25-31

- November 29 - December 5
- December 6 - December 12
- December 13 - December 19
- December 20 - December 26
- December 27 - January 2
- January 3 - January 9
- January 10 - January 16

11. Please tell us the number of members your agency has served or is expecting to serve by week, if your sites are closed, please enter "0"



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- November 29 - December 5
 - December 6 - December 12
 - December 13 - December 19
 - December 20 - December 26
 - December 27 - January 2
 - January 3 - January 9
 - January 10 - January 16
12. Are you able to comply with the 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 \(DDD\)](#) guidance? Y/N/NA because your sites are closed/ Other please specify. Y, N, site closed, and Other
13. How many DCW staff worked for your agency on the following dates and provided day program, employment, or transportation services to DDD members? If N/A, please enter "0".
- November 16
 - December 21
 - January 15
14. How many applications for DCW positions have you received over the following time periods?
- November
 - December
15. How many applicants were qualified for DCW positions (including passing background checks) over the following time periods?
- November
 - December
16. Is your agency receiving more or less DCW applicants currently when compared to the same time last year?
- More/less
17. Is your agency receiving more or less qualified DCW applicants currently when compared to the same time last year?
- More/less



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18. Is your agency retaining more or less qualified DCWs currently when compared to the same time last year?
- More/less
19. What was your staff vacancy on December 30 for the years listed below?
- 2018
 - 2019
 - 2020
20. How many DCW staff did your agency hire over the following time periods
- November
 - December
21. How many DCW staff left your agency during the following time periods?
- November
 - December
22. Has your agency seen a change in behavior since the extension of federal UI on 12/27/20?
- Yes
 - No
 - explain
23. Has your agency been able to rehire staff who left during the COVID-19 pandemic? Y/N or N/A
24. Please enter any additional comments about the change in direct care staff. Please enter "N/A" if not applicable.
25. What administrative relief would you like DDD to provide? Please enter "N/A" if you do not have suggestions to provide.
26. How much staff time (in hours) have you spent administratively dealing with COVID-19 related issues?
27. Does your agency have other DDD service lines?
28. Did your agency redeploy staff to other service lines in December?
- Y/N



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29. Please list the number of staff by the service lines they were redeployed to in December. Please enter "0" if N/A. If you redeployed staff to multiple service lines please only list them once.

- Total Redeployed
- Attendant care
- Respite
- Habilitation hourly
- Group home habilitation
- Other

30. Did your agency loan staff to other agencies?

- Y/N

31. Have you seen an increase in Paid or Unpaid Time Off due to COVID-19? Y/N

32. If Yes, please provide the number of hours per month vacated with Paid Time Off due to COVID-19?

- November:
- December:
- Anticipated January::

33. If Yes, please provide the number of hours per month vacated with Unpaid Time Off due to COVID-19?

- November:
- December:
- Anticipated January:

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

- November:
- December:
- Anticipated January:

35. How many distinct members were served in the following weeks

- November 16 - 20
- December 14 - 18



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36. How many COVID-19 positive members have you served in the following weeks ?
- November 16 - 20
 - December 14 - 18
37. Overall COVID-19 cases in Arizona are now increasing; Has there been a change in the demand for services in December? Y/N
38. Of the members who left your day or employment program, how many do you expect to return? How long do you anticipate this will take ?
- DDD Members who left
 - DDD Members who you expect to return
 - Months it will take for those members to return
 - N/A - Did not lose any staff
39. Of the facilities that have closed due to COVID-19, how many will close permanently, please enter "0" if you plan to reopen all locations?
40. Do you expect to re-hire staff that left? Y/N or N/A
41. Please enter any additional comments about the reduction in members. Please enter "N/A" if not applicable.
42. Do you provide Transportation Services?
- Y/N
43. Are you providing any day or employment-related transportation at this time?
- Y/N
44. Are you able to comply with the social distancing guidelines as outlined by the CDC, during transportation? ([Guidelines](#))
- Y/N
45. Please state any comments on your ability to comply with social distancing guidelines as outlined by CDC, during transportation. Please enter "N/A" if not applicable.
46. How many members can you provide transportation services to under the new guidelines daily?



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47. Have you provided day treatment or employment services in-home or via telehealth technology?
- Y/N
48. If your agency has provided day or employment in an alternative setting or methodology please list the number of distinct members served by setting, please enter "0" if N/A
- In-home of the member
 - Group home
 - Virtually (phone or video)
 - Other (please specify)
49. Please enter any additional comments about the telehealth. Please enter "N/A" if not applicable.

Personal Protective Equipment (PPE):

50. Does your staff have enough personal protective equipment (PPE) to implement your pandemic performance plan For one month ?
- Y/N
51. If no, Which of the following PPE is needed? Mark all that apply.
- Gloves
 - Gowns/Aprons
 - Masks and Respirators
 - Goggles
 - Face shields
 - We have sufficient PPE
52. What have your additional monthly expenses been to obtain PPE since March 2020?
- November:
 - December:
 - Anticipated January::
53. Please state any other issues impacting Day treatment or employment services.



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

<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>

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

55. 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:



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

Medicare/Medicaid requirement

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.

56. Has your agency applied for Provider Relief Funds? Y/N

57. Have you received official notice that you have been approved for a Provider Relief Fund disbursement? Y/N/Didn't apply

58. To qualify for potential funding, have you completed the CARES Provider Relief Fund [attestation](#)? Y/N

Financial Statements:

Please contact DDDFinancialStmts@azdes.gov if you are in compliance with this requirement or if you have any related questions.

59. To qualify for potential funding, do you attest that you've submitted (or will do so before 1/31/20) 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 8 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.