



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

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Day Program, Employment, and Transportation Services Survey 4

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.

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.)
7. How many service sites were open as of May 22nd? (Do not include 3rd-party locations.)
8. Please tell us the total number of service sites that were closed by week. If no sites were closed or this does not apply to your agency, please enter "0". For example, if you had a site closed from March 24 until May 17, you should list the site in each week starting with March 22-28 through May 10-16.
 - March 1-7
 - March 8-14
 - March 15-21
 - March 22-28
 - March 29 - April 4
 - April 5-11
 - April 12-18

- April 19-25
 - April 26 - May 2
 - May 3-9
 - May 10-16
 - May 17-23
 - May 24 - 30
 - May 30 - June 6
 - June 7 - June 13
 - June 14 - June 20
 - June 21 - June 27
 - June 28 - July 4
 - All still open
9. Please provide the number of service 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 site
 - Social distancing guidelines hard to implement
 - Could not obtain necessary supplies
 - Needed to shift staff to other services
 - Positive Covide-19 tests within the program
 - Other
10. Please enter additional comments about the reason for closure. Please enter, "N/A" if not applicable
11. 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 re-opened from May 17 and remain open, you should list it in each week starting with May 15-23.
- May 15-23
 - May 24 -30
 - May 31- June 6
 - June 7 - 13
 - June 14 - 20
 - June 21 - 27
 - June 28 - July 4
 - July 5 - July 11
12. Please tell us the number of members your agency can serve by week, if your sites are closed, 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
- July 5 - July 11

13. 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
14. Do you have day program service sites that have the required infrastructure to care for a positive COVID 19 member on a temporary basis? (ie. shower, food preparation, etc as outlined in DDD Congregate Care Guidance [Attachment #4](#) link.) Y/N
15. Would you be willing to support COVID-19 positive DDD members at the service site? Please indicate how many sites you would be willing to use as alternative service sites on a temporary basis. If N/A, please enter "0".
- Willing to support in alternative service site
 - Not willing to support in alternative service site
16. How many DWC 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".
- Feb 25
 - March 25
 - April 17
 - May 22
 - June 19
17. How many DWC staff did your agency hire over the following time periods
- February 25-March 24
 - March 25 - April 24
 - April 25 - May 24
 - May 25 - June 25
18. How many DWC staff left your agency during the following time periods?
- February 25-March 24
 - March 25 - April 24
 - April 25 - May 24
 - May 25 - June 24
19. If there was a reduction in direct care staff, please answer the following (Provide the number of direct care staff for each reason (count)). If N/A, please enter "0".
- Family issues
 - Laid off due to low demand
 - Sick leave
 - Refused to work
 - Other

- Total weekly work hours reduced
20. Please enter any additional comments about the reduction in direct care staff. Please enter "N/A" if not applicable.
21. What administrative relief would you like DDD to provide? Please enter "N/A" if you do not have suggestions to provide.
22. How much staff time (in FTE) have you spent administratively dealing with COVID-19 related issues
23. Did your agency redeploy staff to other service lines? Y/N
24. Please list the number of staff by the service lines they were redeployed to. Please enter "0" if N/A
- Attendant care
 - Respite
 - Habilitation hourly
 - Group home
 - Other
25. Did your agency loan staff to other agencies? Y/N
26. Please list the number of staff by subject:
- Number referred to another agency.
 - Number hired and working for another agency.
27. Have you seen an increase in Paid or Unpaid Time Off due to Covid-19? Y/N
28. If Yes, please provide the number of hours per month vacated with Paid Time Off due to COVID-19?
- March:
 - April:
 - May:
 - Anticipated June:
29. If Yes, please provide the number of hours per month vacated with Unpaid Time Off due to COVID-19?
- March:
 - April:
 - May:
 - Anticipated June:
30. If Time Off due to COVID-19 is Paid, what is the total cost of those hours?
- March:
 - April:

- May:
- Anticipated June:

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

- February 24 - 28
- March 16 - 20
- April 13 - 17
- May 18 - 22
- June 22 - 26
- July 6-10

32. Has there been a change in the demand for services as Arizona COVID cases have been on the rise in the past few weeks? Y/N

33. If the number of members declined during the week of June 22-28, please tell us the number of members not served by "reason". If there was a combination of two or more reasons, please choose the most accurate reason.

- Members refused services in person
- Members refused services telehealth
- Day treatment or center-based employment service site closed
- Employment site closed
- All members were served
- Other

34. Please enter any additional comments about the reduction in members. Please enter "N/A" if not applicable.

35. Do you provide Transportation Services? Y/N

36. Are you providing any day or employment-related transportation at this time? Y/N

37. Are you able to comply with the social distancing guidelines as outlined by the CDC, during transportation? ([Guidelines](#)) Y/N

38. 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.

39. How many members can you provide transportation services to under the new guidelines daily?

40. Have you provided day treatment or employment services in-home or via telehealth technology? Y/N

41. 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)

42. Please enter any additional comments about the telehealth. Please enter "N/A" if not applicable.

Personal Protective Equipment (PPE):

43. Does your staff have sufficient personal protective equipment (PPE) to implement your pandemic performance plan? Y/N

44. 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

45. 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)

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

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

47. 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 June 30, 2020

- In person
- On-line

48. Please state any other issues impacting Day treatment or employment 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>

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

50. 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

51. Please state any other reason you do not expect to qualify, please enter "N/A" if not applicable.

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

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

53. 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 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.

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

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

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

55. Please provide the reason you don't expect to qualify

- Don't provide services under the Medicaid Medicare fee-for-service (FFS) schedule
- Qualified/have qualified for a loan
- Did not bill Medicaid directly

- Did not experience an overall financial loss (had other funding or savings to offset potential losses)
- Qualified for other CARES Act monies or received additional Medicare dollars and are not eligible
- Did not provide care for COVID-19 positive members
- We will qualify/have qualified for a loan
- Other (detailed response)

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

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

57. Have you received official notice that you have been approved 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).

58. Has your agency attested (or will do so before 7/17/20) 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:

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 7/17/20) 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