



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

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Governor

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Child and Adult Developmental Homes Survey 11

Introduction and Contact Information:

This survey has two major sections, information from licensed developmental home providers and Qualified Vendors. Please reach out to your licensed developmental home providers and ask for this information and summarize it in your survey submission.

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 Child and Adult Developmental services?

Licensed Provider Survey:

Please use the following questions to survey the licensed developmental home providers your agency supports. Only survey providers who support at least one DDD member in the home. Summarize their responses

6. How many providers did you reach out to for this survey?
 - Number of providers
 - Number of associated members
7. How many providers did you reach for responses?

- Number of providers
 - Number of associated members
8. Do you have any providers who are also nurses? If yes, please list the number of providers for each option below. If no, please enter "0"
- Yes, number of RN providers
 - Yes, number of LPN providers
9. Number of providers aware of the COVID-19 resources available on the DDD webpage? (https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/actions_related_to_covid-19)
10. How many providers have tested positive for COVID-19?
11. How many members have temporarily left a developmental home due to COVID-19 (ie staying with family) in the month of:
- July:
 - August:
 - September:
12. How many members have returned to their developmental home after leaving due to COVID-19 in the month of:
- July:
 - August:
 - September:
13. Number of homes impacted by members staying home in the month of September?
- from day or employment services
 - from school
14. Number of homes who suspended the use of respite due to COVID-19:
15. How many members returned or are expected to return to out-of-home (i.e. day or employment services, summer camps, school, etc.) services?
- July:
 - August:
 - September:

Vaccinations:

16. Are you requiring that your providers get the COVID-19 vaccine? Y/N

17. Are you tracking staff vaccination? Y/N
18. Does your organization anticipate a difficulty in retaining DCWs as a result of the new vaccine mandate by the federal government?
- Yes
 - No
 - Comments
19. Please mark all reasons that you've heard for refusing vaccines:
- Safety concerns/limited testing
 - Concerns about effectiveness of vaccines
 - Religious and disability-related objections
 - Not tracking reason why they are refusing vaccines
 - Don't Want It/Did not provide reason
20. Have your providers had issues accessing the COVID-19 vaccine? Y/N (if yes comment option)
21. Is your agency incentivizing that providers get vaccinated? Y/N
22. Is your agency notifying staff of vaccination appointment availability?
23. Are you offering paid or unpaid time off to staff who want the vaccine?
- Paid Time off
 - Unpaid-Time-Off
 - Not offering time off for vaccinations
24. Are you notifying members and families when providers are vaccinated? Y/N
25. How are you confirming that providers are vaccinated?
- Getting copies of vaccination cards
 - Staff attestation
 - We're not tracking staff vaccination
26. If yes, what percent of providers that work directly with DDD members are fully vaccinated against COVID-19 as of the following dates:
- 07/01/21
 - 07/15/21
 - 08/01/21
 - 08/15/21
 - 09/01/21
 - 09/15/21

27. If yes, what percent of providers that work directly with DDD members have/had received their first dose of the COVID-19 vaccine as of the following dates:

- 07/01/21
- 07/15/21
- 08/01/21
- 08/15/21
- 09/01/21
- 09/15/21

28. Please provide any comments you have regarding the COVID 19 vaccine:

Personal Protective Equipment (PPE):

29. Do your homes have enough personal protective equipment (PPE) supplies for one month? Y/N

30. Are you providing PPE to your providers? Y/N

31. What are the total additional monthly expenses to acquire PPE for the providers?

- July:
- August:
- September:

32. What are the total additional monthly expenses to acquire PPE for the homes that responded?

- July:
- August:
- September:

33. How many COVID-19 positive members have you served in the following months/weeks?

- July:
- August:
- September:

34. How many members have tested positive for COVID-19 since the beginning of the pandemic?

35. Is there a backup plan if there is a positive or presumed positive/ a Person Under Investigation (PUI) for COVID-19? (comments)

Vendor Survey:

36. How many developmental homes do you support?

37. How many DDD members live in the homes you support?
38. How many Individuals have expressed interest in becoming licensed developmental home providers with your agency over the following time periods?
- July:
 - August:
 - September:
39. How many individuals have applied to become developmental Home providers with our agency over the following time periods?
- July:
 - August:
 - September:
40. Is your agency receiving more or less interest in becoming a licensed developmental home provider currently when compared to the same time last year?
- More/less/Same
41. Is your agency retaining more or less qualified licensed providers currently when compared to the same time last year?
- More/less/Same
42. How many new providers started between:
- July 12 - August 06
 - August 16 - September 10
43. How many providers stopped providing services between:
- July 12 - August 06
 - August 16 - September 10
44. How many member's placements into developmental homes have been stopped or paused due to COVID-19 since the beginning of the pandemic?
- Number of members who stopped/paused
 - Number of providers who stopped/paused
 - Number of placements your agency stop/paused
45. What is the number of current vacancies within your agency related to developmental home services?
46. 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 December 25, 2020, to September 30, 2021

- In-person
- On-line
- Comment

47. Please provide the number of providers trained on each topic from December 25 , 2020, to September 30, 2021.

- Identifying and supporting members with new behavioral issues
- Supporting a person who is COVID-19 positive
- Supporting a person who is “presumed positive/ a Persona Under Investigation (PUI) for COVID-19

48. How have you communicated COVID-19 resources to providers?

49. Please state any other issues impacting Child and Adult Developmental Homes Services.

Funding Qualifications:

50. To qualify for potential funding, do you attest that your agency attempted contact with all providers you support? Y/N

Incentive payments based on the results of this survey are intended to be provided directly to developmental home providers.

51. To qualify for potential funding, do you agree to provide at least 95% of incentive funding (minus costs of PPE if your agency sources it for all of your providers) directly to developmental home providers? Y/N

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

Economic Injury Disaster Loan:

“The Economic Injury Disaster Loan provides economic relief to small business and nonprofit organizations that are currently experiencing a temporary loss of revenue”.

<https://www.sba.gov/funding-programs/loans/covid-19-relief-options/eidl/covid-19-eidl#section-header-3>

52. Did you apply for the Economic Injury Disaster Loan? Y/N

53. Have you qualified for the Economic Injury Disaster Loan? Y/N/Didn't apply

Financial Statements:

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

54. To qualify for potential funding, do you attest that you've submitted (or will do so before 10/15/21) 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 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.

Insurance:

55. Do you attest that you've submitted (or will do so before 10/15/21) all applicable insurance documentation in accordance with section 6.7 of the Terms and Conditions of your Qualified Vendor Agreement DES/DDD? Y/N

For any questions regarding insurance requirements or the necessary documentation, contact your assigned Contract Management Specialist. You can use the Manage Dashboard in FOCUS to look up contact information for your assigned Contract Management Specialist.