



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

Michael Wisehart
Director

Child and Adult Developmental Homes Survey 3

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. Due to the request for information from the licensed developmental home providers, we're providing extra time to complete the survey please respond by July 27, 2020.

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 by option below:
 - No
 - 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. Have you seen an increase in Paid or Unpaid Time Off due to Covid-19? Y/N
12. If Yes, please provide the number of hours per month vacated with Paid Time Off due to COVID-19?
- March:
 - April:
 - May:
 - Anticipated June:
13. If Yes, please provide the number of hours per month vacated with Unpaid Time Off due to COVID-19?
- March:
 - April:
 - May:
 - Anticipated June:
14. If Time Off due to COVID-19 is Paid, what is the total cost of those hours?
- March:
 - April:
 - May:
 - Anticipated June:
15. How many members have temporarily left a developmental home due to COVID-19 (ie staying with family)?
16. How many members have returned to their developmental home after leaving due to COVID-19?
17. Number of homes impacted by members staying home
- from day or employment services
 - from school
18. Number of homes who suspended the use of respite due to COVID-19?
19. How many members did or are expected to return to out-of-home (i.e. day or employment services, summer camps, etc.) services?
- May 15 - 23
 - May 24 - June 13
 - June 14 - July 4
 - July 5 - July 25

20. Number of homes in need of PPE supplies:

- Gloves
- Gowns/Aprons
- Masks and Respirators
- Goggles
- Face shields
- Homes with no shortage of supplies

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

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

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

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

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

24. How are your providers acquiring PPE?

- Online Retailer (Amazon, eBay, etc.)
- Big Box or grocery store (Walmart, Costco, Fry's, etc.)
- Cintas
- Grainger
- 3M
- Other (please list)

25. Number of members having issues with obtaining any of the following from their assigned health plan:

- Prescriptions
- Medical Supplies

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

27. Is there a back up plan if there is a positive or presumed positive/ a Person Under Investigation (PUI) for COVID 19? (comments)

Vendor Survey:

28. Number of developmental homes you support?

29. How many DDD members live in the homes you support?
30. How many new providers started between:
- February 25 - March 24
 - March 25 - April 24
 - April 25 - May 24
 - May 25 - June 25
31. How many providers stopped providing services between:
- February 25 - March 24
 - March 25 - April 24
 - April 25 - May 24
 - May 25 - June 25
32. How many monitoring visits are conducted in an average month pre-COVID?
33. How many monitoring visits were planned in
- April
 - May
 - June
34. How many monitoring visits were conducted in
- April
 - May
 - June
35. Have you begun conducting monitoring visits virtually? Y/N
36. If you answered yes to question 35, have virtual monitoring visits been effective?
37. What percent of monitoring visits have been conducted virtually since it became an option?
38. What video conferencing tool have you used to conduct virtual visits?
- Apple FaceTime
 - Facebook Messenger video chat
 - Google Hangouts video
 - Zoom
 - Skype
 - None
 - Other (please specify)
39. How many member's placements into developmental homes have been stopped or paused due to COVID-19?
- Number of members who stopped/paused
 - Number of providers who stopped/paused
 - Number of placements your agency stop/paused

40. What is the number of current vacancies within your agency related to developmental home services?
41. 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 April 22, 2020
- In person
 - On-line
 - Comment
42. Please provide the number of providers trained on each topic from March 1, 2020 to May 25th, 2020
- 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.
43. How have you communicated COVID 19 resources to providers?
44. Please state any other issues impacting Child and Adult Developmental Homes Services.

Funding Qualifications:

45. To qualify for potential funding, do you attest that your agency attempted contact with all providers you support? Y/N
46. Due to reduction of in person monitoring and flexibility in virtual monitoring visits during COVID19, the administrative activities for Qualified Vendor Licensing Workers has been reduced. Incentive payments based on the results of this survey are intended to be provided directly to developmental home providers.
47. 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 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>

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

49. 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

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

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

51. 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.

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

- 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)

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

- Applied
- Expecting to apply

- Do not expect to apply

54. 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).

55. 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.

56. 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