



Douglas A. Ducey
Governor

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Michael Wisehart
Director

Home-Based Services Survey 11

Introduction and Contact Information:

This survey is for Vendors that deliver attendant care, respite, hourly-habitation, individual living habilitation, and homemaker 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 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. AHCCCS ID
3. Employer ID
4. Please enter the following contact information:
 - Contact Name
 - Email Address
 - Phone Number
5. Do you provide attendant care (ATC), respite (RSP/RSD), hourly habilitation (HAH), hourly and daily individual living habilitation (HAI, HID) and homemaker (HSK) services?

Staffing:

Please answer the following questions for in-home services (ATC, RSP, HSK, HAI, HAH, HID)



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6. Please provide the number of direct-care workers (DCW) that were employed and working that provided in-home services to DDD members on the following dates:
 - May 25
 - June 25

7. How many parents of minor DDD members have been employed by your organization to be caregivers?
 - Number of parents
 - Number of members

8. How many DCWs vacancies did your agency have on average during the following months:
 - May
 - Anticipated June

9. What was your staff vacancy on April 31 for the years listed below? Please use FTE Value where One FTE would equal one staff working 40 hours per week.
 - 2019
 - 2020
 - 2021

10. How many new DCWs were hired in:
 - May
 - Anticipated June

11. How many DCWs left your agency (laid off, terminated, etc.) during the months of:
 - May
 - Anticipated June

12. How many applications for DCW positions have you received during the following months?
 - May
 - Anticipated June

13. How many applicants were qualified for DCW positions (including passing background checks) during the following months?
 - May
 - Anticipated June



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14. Is your agency receiving more or less DCW applicants currently when compared to the same time last year?
 - More/less
 - The same

15. Is your agency receiving more or less qualified DCW applicants currently when compared to the same time last year?
 - More/less
 - The same

16. Is your agency retaining more or less qualified DCWs currently when compared to the same time last year?
 - More/less
 - The same

17. If there was a reduction in the number of DCW's providing in-home services, provide the number of DCW for each reason (count) and the total weekly DCW hours that have been reduced:
 - Family issues
 - Laid off due to low demand
 - Sick Leave
 - Other
 - Total weekly Work Hours reduced for all DCW

18. Please enter any additional comments about the reduction in direct care staff. Please enter "N/A" if not applicable.

19. Has your agency experienced an increase in demand for in-home services in May (ATC, RSP, HSK, HAI, HAH, HID)? Y/N

20. Based on your answer to the previous question, please provide the following information. If there has been a decrease please include a subtraction sign (-10).
 - Member change
 - Total unit change



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21. Has your agency experienced an increase in demand for in-home services in June (*ATC, RSP, HSK, HAI, HAH, HID*)? Y/N
22. Based on your answer to the previous question, please provide the following information. If there has been a decrease please include a subtraction sign (-10).
 - Member change
 - Total unit change
23. Has your agency experienced an increase in overtime for in-home services (*ATC, RSP, HSK, HAI, HAH, HID*)? Y/N
24. Please provide the number of overtime hours paid in each of the following time periods:
 - May
 - Anticipated June
25. What is the average number of sites a DCW is currently working in over a week?
26. Has your agency required front line supervisors or other Management staff to cover vacancies? Y/N
27. Please provide the number of front line supervisors or other Management staff that covered vacancies on the following dates:
 - May 15
 - June 15
28. Do you have enough DCW's available to meet demand without the use of additional overtime, supervisors, or staffing agencies? Y/N
29. How many vacant staff hours are you trying to fill weekly?
30. How many DCW's have tested positive for COVID-19?
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.



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- May
 - Anticipated June
33. If Yes, please provide the number of hours per month vacated with unpaid time off due to COVID-19?
- May
 - Anticipated June
34. If Time Off due to COVID-19 is Paid, what is the total cost of those hours?
- May
 - Anticipated June
35. How many distinct members were served in the following weeks:
- Week of May 17 - 21
 - Week of June 14 - 18
36. If there was a reduction in members being served, please answer the following if it was due to COVID-19
- Members who refused or cancelled services
 - Members impacted by lack of staff
 - Members impacted by facility/site closing
37. Have any members reduced their hours and schedule but still receive some support?
- If so, how many members?
 - How many total hours?
38. How many members have tested positive for COVID-19?
39. Has your agency seen a change in behavior since the extension of federal UI on 12/27/20?
- Yes
 - No
 - Comments:



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40. Do you expect to see an increase in DCW applicants due to the expiration of federal unemployment benefits on July 10 2021? Y/N/comments
41. Have you already seen a change in DCW applicants during the month of June due to the expiration of federal unemployment benefits on July 10 2021?
- Increase
 - Decrease
 - The same

Vaccinations:

42. Are you requiring that your direct care workers (providers) get the COVID-19 vaccine? Y/N
43. 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
 - Want to continue telehealth
 - Not tracking reason why they are refusing vaccines
 - All staff have indicated that they want the vaccine
 - Don't Want It/Did not provide reason
44. Have your DCWs had issues accessing the COVID-19 vaccine? Y/N (if yes comment option)
45. Is your agency incentivizing that DCWs get vaccinated? Y/N
46. Is your agency notifying staff of vaccination appointments availability?
47. 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
48. Are you notifying members and families when DCWs are vaccinated? Y/N



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49. How are you confirming that DCWs are vaccinated?

- Getting copies of vaccination cards
- Staff attestation
- We're not tracking staff vaccination

50. Are you tracking staff vaccination? Y/N

51. What percent of DCWs that work directly with DDD members are fully vaccinated against COVID-19 as of the following dates: Please enter "0", if not applicable.

- 5/15/2021
- 6/1/2021
- 6/15/2021

52. What percent of DCWs that work directly with DDD members have/had received their first dose of the COVID-19 vaccine as of the following dates: Please enter "0", if not applicable.

- 5/15/2021
- 6/1/2021
- 6/15/2021

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

Personal Protective Equipment (PPE):

54. Do your DCWs have enough personal protective equipment (PPE) to implement your pandemic performance plan for one month? Y/N

55. If not, which of the following PPE is needed?

- Gloves
- Gowns/Aprons
- Masks and respirators
- Goggles
- Face Shields
- We have sufficient PPE

56. What have your additional monthly expenses been to obtain PPE since May 2021?



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- May
- Anticipated June:

57. Please provide the number of employees trained on your Pandemic Plan and how to mitigate exposure to COVID-19 through each of the following methods from January 1, 2021 to June 18, 2021

- In person
- On-line

58. Please state any other issues impacting home-based services.

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>

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

60. 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.

61. To qualify for potential funding, do you attest that you've submitted (or will do so before 7/15/21) 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



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have submitted your financial statements there is no additional action needed at this time, unless we reach out directly.

Insurance:

62. Do you attest that you've submitted (or will do so before 7/15/21) 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.