



## DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*

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Governor

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Director

### ***Home-Based Services Survey 12***

#### **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)*

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:

- July 31
  - August 31
  - September 30
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:
- July
  - August
  - September
9. What was your staff vacancy on September 30 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. For part time employees, what was your staff vacancy on September 30 for the years listed below?
- 2019
  - 2020
  - 2021
11. How many new DCWs were hired in:
- July
  - August
  - September
12. How many DCWs left your agency (laid off, terminated, etc.) during the months of:
- July
  - August
  - September
13. How many applications for DCW positions have you received during the following months?
- July
  - August
  - September

14. How many of the applicants that were qualified did your agency hire?
- July
  - August
  - September
15. How are those new hires in the question above with you after 30 days?
- July
  - August
  - September
16. How many applicants were qualified for DCW positions (including passing background checks) during the following months?
- July
  - August
  - September
17. Has your agency experienced an increase in demand for in-home services in September (*ATC, RSP, HSK, HAI, HAH, HID*)? Y/N
18. 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
19. Has your agency experienced an increase in demand for in-home services in September (*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
21. Has your agency experienced an increase in overtime for in-home services (*ATC, RSP, HSK, HAI, HAH, HID*)? Y/N
22. Please provide the number of overtime hours paid in each of the following time periods:
- July
  - August
  - September
23. What is the average number of sites a DCW is currently working in over a week?

24. Has your agency required front line supervisors or other Management staff to cover vacancies?  
Y/N
25. Please provide the number of front line supervisors or other Management staff that covered vacancies on the following dates:
- July 31
  - August 31
  - September 30
26. Do you have enough DCW's available to meet demand without the use of additional overtime, supervisors, or staffing agencies? Y/N
27. How many vacant staff hours are you trying to fill weekly?
28. How many DCW's have tested positive for COVID-19?
29. Have you seen an increase in Paid or Unpaid Time Off due to COVID-19? Y/N
30. If Yes, please provide the number of hours per month vacated with Paid Time Off due to COVID-19.
- July
  - August
  - September
31. If Yes, please provide the number of hours per month vacated with unpaid time off due to COVID-19?
- July
  - August
  - September
32. If Time Off due to COVID-19 is Paid, what is the total cost of those hours?
- July
  - August
  - September
33. How many distinct members were served in the following weeks:
- Week of July 19-23
  - Week of August 16-20
  - Week of September 6-10
34. 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
  - Members impacted by staff unwilling to work overtime hours
35. Have any members reduced their hours and schedule but still receive some support?
- If so, how many members?
  - How many total hours?
36. How many members have tested positive for COVID-19?

### **Vaccinations:**

37. Are you requiring that your direct care workers (providers) get the COVID-19 vaccine? Y/N
38. Are you tracking staff vaccination? Y/N
39. Does your organization anticipate a difficulty in retaining and hiring DCWs as a result of the new vaccination mandate by the federal government?
- Yes
  - No
  - Comments
40. 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
41. Have your DCWs had issues accessing the COVID-19 vaccine? Y/N (if yes comment option)
42. Is your agency incentivizing that DCWs get vaccinated? Y/N
43. Is your agency notifying staff of vaccination appointments availability?
44. 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

45. Are you notifying members and families when DCWs are vaccinated? Y/N

46. How are you confirming that DCWs are vaccinated?

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

47. 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.

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

48. 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.

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

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

### **Personal Protective Equipment (PPE):**

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

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

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

52. What have your additional monthly expenses been to obtain PPE:

- July
- August
- September

53. 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 September 30, 2021

- In person
- On-line

54. 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>

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

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

### **Financial Statements:**

*Please contact [DDDFinancialStmts@azdes.gov](mailto:DDDFinancialStmts@azdes.gov) if you are in compliance with this requirement or if you have any related questions.*

57. 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:**

58. 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.