



Douglas A. Ducey
Governor

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Michael Wisehart
Director

Home-Based Services Survey 8

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:
 - November 23
 - December 21

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:
 - November:
 - December:

9. What was your staff vacancy on December 30 for the years listed below?
 - 2018
 - 2019
 - 2020

10. How many new DCWs were hired in:
 - November:
 - December:

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

12. How many applications for DCW positions have you received during the following months?
 - November:
 - December:

13. How many applicants were qualified for DCW positions (including passing background checks) during the following months?
 - November:
 - December:



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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 December(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. How many total staffing hours were scheduled in the following weeks?
 - Week of November 16-20:
 - Week of December 14-18:

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

23. Please provide the number of overtime hours paid in each of the following time periods:
 - November:
 - December:
 - Anticipated January:

24. What is the average number of sites a DCW is currently working in over a week?

25. Has your agency required front line supervisors or other Management staff to cover vacancies? Y/N

26. Please provide the number of front line supervisors or other Management staff that covered vacancies on the following dates:
 - November 23:
 - December 21:

27. Do you have enough DCW's available to meet demand without the use of additional overtime, supervisors, or staffing agencies? Y/N

28. How many vacant staff hours are you trying to fill weekly?

29. How many DCW's have tested positive for COVID-19?

30. Have you seen an increase in Paid or Unpaid Time Off due to COVID-19? Y/N

31. If Yes, please provide the number of hours per month vacated with Paid Time Off due to COVID-19.
 - November:
 - December:
 - Anticipated January:



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32. If Yes, please provide the number of hours per month vacated with unpaid time off due to COVID-19?

- November:
- December:
- Anticipated January:

33. If Time Off due to COVID-19 is Paid, what is the total cost of those hours?

- November:
- December:
- Anticipated January:

34. How many distinct members were served in the following weeks:

-
- Week of November 16-20:
- Week of December 14-18:

35. 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

36. Have any members reduced their hours and schedule but still receive some support?

- If so, how many members?
- How many total hours?

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

38. 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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Personal Protective Equipment (PPE):

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

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

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

41. What have your additional monthly expenses been to obtain PPE since November 2020?

- November:
- December:
- Anticipated January:

42. 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 November 1, 2020 to December 31, 2020

- In person
- On-line

43. Please state any other issues impacting home-based 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. Your response to these questions will not disqualify your organization from DDD payments. 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>



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<https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program-ppp>

44. Did you apply for a PPP loan? Y/N

45. Have you qualified for a Paycheck Protection Program loan? Y/N/Didn't apply

Provider Relief Fund:

Under the [Coronavirus Aid, Relief, and Economic Security \(CARES\)](#) Act all facilities and providers that received Medicare and/or 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.

PRF eligibility information can be found at

<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html>. Please review the link and ensure that all qualification criteria are reviewed carefully.

Terms and conditions can be found here:

<https://www.hhs.gov/sites/default/files/terms-and-conditions-medicaid-relief-fund.pdf>

PRF FAQ's can be found here:

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

Medicare/Medicaid requirement

The requirement that vendors must bill Medicaid/Medicare directly is met by billing DDD in its capacity as a Medicaid/Medicare Managed Care Organization (MCO). Services billed to DDD are considered healthcare services.

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

46. Has your agency applied for Provider Relief Funds? Y/N

47. Have you received official notice that you have been approved for a Provider Relief Fund disbursement? Y/N/Didn't apply



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48. To qualify for potential funding, have you completed the CARES Provider Relief Fund [attestation](#)? Y/N

Financial Statements:

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

49. To qualify for potential funding, do you attest that you've submitted (or will do so before 1/31/21) 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 round 8 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.