



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

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Governor

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Director

Nursing Survey 12

Introduction and Contact Information:

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. Does your agency provide nursing services? (HN1, HNR, HN9, HNV)

Staffing and Members:

6. How many nurses (RN, LPN) worked for your agency on July 16, 2021 and provided services to DDD members?
 - RN employed (30+ hours per week)
 - RN contracted
 - LPN employed (30+ hours per week)
 - LPN contracted
7. How many nurses (RN, LPN) worked for your agency on August 16, 2021 and provided services to DDD members?
 - RN employed (30+ hours per week)
 - RN contracted
 - LPN employed (30+ hours per week)

- LPN contracted
8. How many nurses (RN, LPN) worked for your agency on September 16, 2021 and provided services to DDD members?
- RN employed (30+ hours per week)
 - RN contracted
 - LPN employed (30+ hours per week)
 - LPN contracted
9. How many nursing vacancies did your agency have on average in the following months?
- July
 - August
 - September
10. How many applications for RN and LPN positions have you received in the following months?
- July
 - August
 - September
11. How many applicants were qualified for RN and LPN positions (including passing background checks) in the following months?
- July
 - August
 - September
12. Is your agency receiving more or less nurse applicants currently when compared to the same time last year?
- More/less
13. Is your agency receiving more or less qualified nurse applicants currently when compared to the same time last year?
- More/less
14. Is your agency retaining more or less qualified nurses currently when compared to the same time last year?
- More/less
15. What was your nurse vacancy on August 30, for the years listed below?
- 2019
 - 2020
 - 2021

16. How many new Nurses were hired in:
- July
 - August
 - September
17. How many Nurses left your agency (laid off, terminated, etc.) in:
- July
 - August
 - September
18. Please provide any additional comments regarding the reduction of nurses.
19. Has there been an increase in the demand for nursing services? Y/N
20. If you have seen an increase in demand, please provide the following information about changes in services that are delivered by your agency. If there has been a decrease, please include a subtraction sign (-10).
- Number of members served
 - Total units provided
21. Has your agency experienced an increase in overtime due to increased demand? Y/N
22. Please provide the number of overtime hours paid in each of the following time periods:
- July
 - August:
 - September:
23. How many distinct members were served in the following weeks:
- Week of July 19-23
 - Week of August 16 - 20
 - Week of September 06 -10
24. Has there been a decrease in the number of staff that are dedicated to a specific site home? Y/N
25. What is the average number of sites a nurse 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:
- July

- August
 - September
28. Does your agency have enough nursing staff to meet member needs as of September 16, 2021 without the need for overtime, supervisors, or staffing agencies? Y/N
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

Vaccine-Related Questions:

33. Are you requiring that your direct care workers (providers) get the COVID-19 vaccine? Y/N
34. Does your organization anticipate a difficulty in retaining DCWs/nurses as a result of the new vaccine mandate by the federal government?
- Yes
 - No
 - Comments
35. 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

36. Have your providers had issues accessing the COVID-19 vaccine? Y/N (if yes comment option)
37. Is your agency incentivizing that providers get vaccinated? Y/N
38. Is your agency notifying staff of vaccination appointments availability?
- Paid Time off
 - Unpaid-Time-Off
 - Not offering time off for vaccinations
39. Are you offering paid or unpaid time off to staff who want the vaccine? Y/N (If yes, comment)
40. Are you notifying members and families when providers are vaccinated? Y/N
41. How are you confirming that providers are vaccinated?
- Getting copies of vaccination cards
 - Staff attestation
 - We're not tracking staff vaccination
42. Are you tracking staff vaccination? Y/N
43. If yes, what percent of providers that work directly with DDD members are fully vaccinated against COVID-19 as of the following dates: Please enter "0" if not applicable.
- 07/01/15
 - 07/15/21
 - 08/01/21
 - 08/15/21
 - 09/01/21
 - 09/15/21
44. If yes, what percent of providers that work directly with DDD members have 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
45. Please provide any comments you have regarding the COVID 19 vaccine.

Personal Protective Equipment:

46. Does your nursing staff have enough personal protective equipment (PPE) to implement your pandemic performance plan for one month?
47. If no, Which of the following PPE is needed?
- Gloves
 - Gowns/Aprons
 - Masks and respirators
 - Goggles
 - Face Shields
 - We have sufficient PPE
48. What have your additional monthly expenses been to obtain PPE?
- July
 - August
 - September
49. Does your agency have access to COVID–19 testing kits?
- Yes, but only testing critical patients
 - Yes, adequate supplies
 - No, partial testing supplies
 - No, none
 - Not applicable
50. Is your nursing staff trained in administering COVID–19 testing kits?
- Yes, all staff has training
 - 50% or more of staff has training
 - Less than 50% of staff has training
 - None of the nursing staff has training
51. Please provide the number of nurses 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
52. What extra precautions is your agency and nursing staff taking in response to the COVID-19 epidemic?
53. Do you foresee an increase in nursing demand affecting your ability to provide services to DDD clients? Y/N
54. What is your capacity to provide additional services to DDD members?
- How many members?

- How many total units?
55. Have any members refused/canceled services due to COVID-19 concerns? Y/N
56. If members refused/canceled services, please provide additional information:
- How many members?
 - How many total units?
57. Have any members reduced their hours and schedule but still receive some nursing support?
Y/N
58. If members reduced hours but still receive some supports, please provide additional information:
- How many members?
 - How many total units?
59. Please state any other issues impacting nursing 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>

60. Did you apply for the Economic Injury Disaster Loan? Y/N
61. 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.

To qualify for potential round 12 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.

62. 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

Insurance:

63. 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.