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## DEPARTMENT OF ECONOMIC SECURITY

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*Your Partner For A Stronger Arizona*

Douglas A. Ducey  
Governor

Michael Wisehart  
Director

### ***Nursing Services - Survey 13***

#### **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 October 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 November 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 December 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 nurses (RN, LPN) worked for your agency on January 16, 2022, and provided services to DDD members?
- RN employed (30+ hours per week)
  - RN contracted
  - LPN employed (30+ hours per week)
  - LPN contracted
10. How many nurses (RN, LPN) worked for your agency on February 16, 2022, and provided services to DDD members?
- RN employed (30+ hours per week)
  - RN contracted
  - LPN employed (30+ hours per week)
  - LPN contracted
11. How many nursing vacancies did your agency have on average in the following months?
- October 2021
  - November 2021
  - December 2021
  - January 2022
  - February 2022
12. How many applications for RN and LPN positions have you received in the following months?
- October 2021
  - November 2021
  - December 2021
  - January 2022
  - February 2022
13. How many applicants were qualified for RN and LPN positions (including passing background checks) in the following months?
- October 2021
  - November 2021

- December 2021
- January 2022
- February 2022

14. Is your agency receiving more or less nurse applicants currently when compared to the same time last year?

- More/less

15. Is your agency receiving more or less qualified nurse applicants currently when compared to the same time last year?

- More/less

16. Is your agency retaining more or less qualified nurses currently when compared to the same time last year?

- More/less

17. What was your nurse vacancy in February for the years listed below?

- 2019
- 2020
- 2021
- 2022

18. How many new Nurses were hired in:

- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

19. How many of those new hires in the question above were with your organization after 30 days?

- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

20. How many Nurses left your agency (laid off, terminated, etc.) in:

- October 2021
- November 2021
- December 2021
- January 2022

- February 2022

21. How many staffing advertisements has your agency run on average per month in the following years:

- 2021
- 2022

22. How many hours has your agency spent interviewing candidates on average per month in the following years:

- 2021
- 2022

23. Please provide any additional comments regarding the reduction of nurses.

24. Has there been an increase in the demand for nursing services? Y/N

25. 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

26. Has your agency experienced an increase in overtime due to increased demand? Y/N

27. Please provide the number of overtime hours paid in each of the following time periods:

- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

28. How many distinct members were served in the following months:

- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

29. Has there been a decrease in the number of staff that are dedicated to a specific site home? Y/N

30. What is the average number of sites a nurse is currently working in over a week?

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

32. Please provide the number of front line supervisors or other Management staff that covered vacancies on the following dates:

- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

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

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

35. If yes, please provide the number of hours per month vacated with Paid Time Off due to COVID-19?

- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

36. If yes, please provide the number of hours per month vacated with Unpaid Time Off due to COVID-19?

- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

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

- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

**Vaccine-Related Questions:**

38. Are you requiring that your direct care workers (providers) get the COVID-19 vaccine? Y/N

39. Are you tracking staff vaccination? Y/N
40. 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
41. 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
42. Have your providers had issues accessing the COVID-19 vaccine? Y/N (if yes comment option)
43. Is your agency incentivizing that providers get vaccinated? Y/N
44. Is your agency notifying staff of vaccination appointments availability? Y/N
45. Are you offering paid or unpaid time off to staff who want the vaccine? Y/N (If yes, comment)
46. Are you notifying members and families when providers are vaccinated? Y/N
47. How are you confirming that providers are vaccinated?
- Getting copies of vaccination cards
  - Staff attestation
  - We're not tracking staff vaccination
48. 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.
- October 2021
  - November 2021
  - December 2021
  - January 2022
  - February 2022

49. 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.

- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

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

### **Personal Protective Equipment:**

51. Does your nursing staff have enough personal protective equipment (PPE) to implement your pandemic performance plan for one month?

52. If no, which of the following PPE is needed?

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

53. What have your additional monthly expenses been to obtain PPE?

- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

54. 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

55. 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

56. 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 October 1, 2021, to February 28, 2022.
- In person
  - On-line
57. What extra precautions is your agency and nursing staff taking in response to the COVID-19 epidemic?
58. Do you foresee an increase in nursing demand affecting your ability to provide services to DDD clients? Y/N
59. What is your capacity to provide additional services to DDD members?
- How many members?
  - How many total units?
60. Have any members refused/canceled services due to COVID-19 concerns? Y/N
61. If members refused/canceled services, please provide additional information:
- How many members?
  - How many total units?
62. Have any members reduced their hours and schedule but still receive some nursing support? Y/N
63. If members reduced hours but still receive some supports, please provide additional information:
- How many members?
  - How many total units?
64. Please state any other issues impacting nursing services:

## **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.*

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.



65. To qualify for potential funding, do you attest that you've submitted (or will do so before 3/31/2022) 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:**

66. Do you attest that you've submitted (or will do so before 3/31/2022) 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.