



Nursing Survey 4

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.

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 February 25 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 March 25 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 April 17 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 May 22 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 June 26 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 new Nurses were hired between:
 - February 25 - March 24
 - March 25 - April 24
 - April 25 - May 25
 - May 26-June 26

12. How many Nurses left your agency (laid off, terminated, etc.) between:
 - February 25 - March 24
 - March 25 - April 24
 - April 25 - May 25
 - May 26-June 26

13. If there was a reduction in nurses, please answer the following
 - Provide the number of nurses for each reason (count)
 - Family issues
 - Laid off due to low demand
 - Sick Leave
 - Refused to work
 - Other
 - Estimated total reduction in hours:

14. If there was a reduction in nurses, please provide the total weekly hours reduced.

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

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

17. Based on your answer to number 14, 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
18. How many total staffing hours were scheduled in the following weeks?
- Week of March 16-20
 - Week of April 13-17
 - Week of May 25-31
 - Week of June 22-26
19. Has your agency experienced an increase in overtime due to increased demand? Y/N
20. Please provide the number of overtime hours paid in each of the following time periods:
- February
 - March
 - April
 - May
 - June
 - Anticipated July
21. How many distinct members were served in the following weeks:
- Week of February 24-28
 - Week of March 16-20
 - Week of April 13-17
 - Week of May 25-31
 - Week of June 22-26
22. Has there been a decrease in the number of staff that are dedicated to a specific site home? Y/N
23. Please provide the percentage of staff that were dedicated to a specific site on the following dates:
- February 25
 - March 25
 - April 17
 - May 22
 - June 26
24. What is the average number of sites a DWC 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:
- February 25
 - March 25
 - April 17
 - May 22
 - June 26

27. Does your agency have enough nursing staff to meet member needs as of, July 4th 2020?
- Y/N
28. How many hours per week are you trying to fill?
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?
- March
 - April
 - May
 - June
 - Anticipated July
31. If Yes, please provide the number of hours per month vacated with Unpaid Time Off due to COVID-19?
- March
 - April
 - May
 - June
 - Anticipated July
32. If Time Off due to COVID-19 is Paid, what is the total cost of those hours?
- March
 - April
 - May
 - June
 - Anticipated July

Personal Protective Equipment:

33. Does your nursing staff have sufficient personal protective equipment (PPE) to implement your pandemic performance plan?
- Y/N
34. If no, which of the following PPE is needed?
- Gloves
 - Gowns/Aprons
 - Masks and respirators
 - Goggles
 - Face Shields
 - We have sufficient PP
35. How are you acquiring PPE for your agency?
- On-line Retailer (Amazon, E-bay, etc.)
 - Big Box or grocery store (Walmart, Costco, Fry's, etc.)

- Cintas
 - Grainger
 - 3M
 - Other (please list)
36. What have your additional monthly expenses been to obtain PPE since April 2020?
- April:
 - May:
 - Anticipated June:
37. 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
38. 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.
39. Please provide the number of providers trained on your Pandemic Plan and how to mitigate exposure to COVID 19 through each of the following methods from April 1, 2020 to June 30, 2020
- In person
 - On-line
40. What extra precautions is your agency and nursing staff taking in response to the COVID-19 epidemic?
41. Do you foresee an increase in nursing demand affecting your ability to provide services to DDD clients?
- Y/N
42. What is your capacity to provide additional services to DDD members?
- How many members?
 - How many total units?
43. Have any members refused/canceled services due to COVID-19 concerns?
- Y/N
44. If you answered “Yes” to question 37, please provide additional information:
- How many members?
 - How many total units?
45. Have any members reduced their hours and schedule but still receive some nursing supports?

- Y/N

46. If you answered “Yes” to question 39, please provide additional information:

- How many members?
- How many total units?

47. Please state any other issues impacting nursing 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. 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>

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

48. Based on the information provided, do you believe that your agency qualifies for a Paycheck Protection Program Loan? Y/N

49. Please provide the reason you don't expect your agency to qualify

- More than 500 employees (or 1,500 where applicable)
- Business established after 2/15/20
- Other (detailed response)
- We will qualify/have qualified for a loan

50. Concerning questions 42 and 43, please enter any additional comments below:

51. Regarding the CARES Act Paycheck Protection Program Loans have you:

- Applied
- Expecting to apply
- Do not expect to apply

52. Have you qualified for a Paycheck Protection Program loan? Y/N

Provider Relief Fund:

Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act all facilities and providers that received 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.

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

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

53. Based on the information provided, do you believe that your agency will qualify for a Provider Relief Fund? Y/N
54. Please provide the reason you don't expect to qualify
- Don't provide services under the Medicaid Medicare fee-for-service (FFS) schedule
 - Qualified/have qualified for a loan
 - Did not bill Medicaid directly
 - Did not experience an overall financial loss (had other funding or savings to offset potential losses)
 - Qualified for other CARES Act monies or received additional Medicare dollars and are not eligible
 - Did not provide care for COVID-19 positive members
 - We will qualify/have qualified for a loan
 - Other (detailed response)
55. Regarding the CARES Act Provider Relief Fund have you:
- Applied
 - Expecting to apply
 - Do not expect to apply
56. Have you received official notice that you have been approved for a Provider Relief Fund disbursement? Y/N

Pandemic Plan:

On May 20, the Department requested that all qualified vendors complete an attestation related to your pandemic plan. We would like to thank everyone who completed that attestation. In response to feedback we received, a new attestation link was provided to your agency's authorized signatory on May 27. Due to these changes we need all qualified vendors to use the new link and complete that attestation (even if you completed the first one).

57. Has your agency attested (or will do so before 7/17/20) that your Pandemic Plan is updated to include COVID-19 monitoring and mitigation strategies based on [Centers for Disease Control and Prevention \(CDC\)](#), [Arizona Department of Health Services \(ADHS\)](#) and [Division of Developmental Disabilities \(DDD\)](#) guidelines as directed by DES/DDD? Y/N

Financial Statements:

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

58. To qualify for potential funding, do you attest that you've submitted (or will do so before 7/17/20) 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