



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

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Director

Nursing Supported Group Home Survey 11

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.

Introduction and Contact Information:

1. What is your organization's name? (Drop down menu)
2. Please enter the following contact information:
 - Contact Name
 - Email Address
 - Phone Number
3. Please enter your AHCCCS ID
4. Please enter your Employer ID
5. Does your agency provide nursing supported group home services? (HAN) Y/N

Staffing:

6. How many staff worked for your agency on July 31, 2021 and provided services to DDD members? (Please provide only numeric data as a response)
 - Employed Full Time RN's (30+ hrs per week):
 - Contracted RN's:
 - Employed Full Time LPN's (30+ hrs per week):
 - Contracted LPN's:
 - Employed Full time CNA's (30+ hrs per week):
 - Contracted CNA's:
 - Direct Care Workers (DCW) (30+ hrs per week):
 - Contracted DCW

7. How many staff worked for your agency on August 31, 2021 and provided services to DDD members? (Please provide only numeric data as a response)
 - Employed Full Time RN's (30+ hrs per week):
 - Contracted RN's:
 - Employed Full Time LPN's (30+ hrs per week):
 - Contracted LPN's:
 - Employed Full time CNA's (30+ hrs per week):
 - Contracted CNA's:
 - Direct Care Workers (DCW) (30+ hrs per week):
 - Contracted DCW

8. How many staff worked for your agency on September 30, 2021 and provided services to DDD members? (Please provide only numeric data as a response)
 - Employed Full Time RN's (30+ hrs per week):
 - Contracted RN's:
 - Employed Full Time LPN's (30+ hrs per week):
 - Contracted LPN's:
 - Employed Full time CNA's (30+ hrs per week):
 - Contracted CNA's:
 - Direct Care Workers (DCW) (30+ hrs per week):
 - Contracted DCW

9. How many staff vacancies did your agency have on average, during the following time periods:
 - July
 - August
 - September

10. How many applications for DCWs have you received over the following time periods?
 - July
 - August
 - September

11. How many applicants were qualified for DCWs (including passing background checks) over the following time periods?
 - July
 - August
 - September

12. Is your agency receiving more or less DCW applicants currently when compared to the same time last year?
 - More/less/the same

13. Is your agency receiving more or less qualified DCW applicants currently when compared to the same time last year?
- More/less/the same
14. Is your agency retaining more or less qualified DCWs currently when compared to the same time last year?
- More/less/the same
15. What was your staff vacancy on September 30 for the years listed below?
- 2019
 - 2020
 - 2021
16. How many new staff were hired in:
- July
 - August
 - September
17. How many staff left your agency (laid off, terminated, etc.) in:
- July
 - August
 - September
18. If there was a reduction in staff between July and September, please answer the following (please provide the number of nurses for each reason)
- Family Issues:
 - Laid off due to demand:
 - Sick Leave:
 - Refused to work:
 - Other:
 - Estimated total reduction in hours:
19. Please provide any additional comments regarding the reduction of staff.
20. Has your agency experienced an increase in demand for nursing supported group home services? Y/N
21. If your agency has 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). Please enter "0" if not applicable.
- Number of Members served changed
 - Total units provided changed

22. How many total staffing hours were scheduled in the following weeks?
- Week of July 19-23
 - Week of August 16-20
 - Week of September 6-10
23. Has your agency experienced an increase in overtime due to increased demand? Y/N
24. Please provide the number of overtime hours paid in each of the following time periods:
- July
 - August
 - September
25. Has there been a decrease in the number of staff that are dedicated to a specific site home? Y/N
26. Please provide the percentage of nurses that were dedicated to a specific site on the following dates:
- July
 - August
 - September
27. What is the average number of sites a nurse is currently working in per week?
28. Has your agency required front line supervisors or other Management staff to cover vacancies?
Y/N
29. Please provide the number of front line supervisors or other Management staff that covered vacancies on the following dates:
- July
 - August
 - September
30. Does your agency have enough nursing staff to meet your needs without additional overtime, supervisors, or staffing agencies as of September 30, 2021?
31. Does your agency have enough CNA/DCW staff to meet member needs without additional overtime, supervisors, or staffing agencies as of September 30, 2021? Y/N
32. Have you seen an increase in Paid or Unpaid Time Off due to COVID-19? Y/N
33. 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
34. If Yes, please provide the number of hours per month vacated with Paid Time Off due to COVID-19?
- July
 - August
 - September
35. If Yes, please provide the number of hours per month vacated with Unpaid Time Off due to COVID-19?
- July
 - August
 - September
36. If Time Off due to COVID-19 is Paid, what is the total cost of those hours?
- July
 - August
 - September

Vaccinations:

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

42. Is your agency notifying staff of vaccination appointment availability?
43. 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
44. Are you notifying members and families when DCWs are vaccinated? Y/N
45. How are you confirming that DCWs are vaccinated?
- Getting copies of vaccination cards
 - Staff attestation
 - We're not tracking staff vaccination
46. Are you tracking staff vaccination? Y/N
47. If, yes what percent of DCWs that work directly with DDD members are fully vaccinated against COVID-19 as of the following dates:
- 07/01/21
 - 07/15/21
 - 08/01/21
 - 08/15/21
 - 09/01/21
 - 09/15/21
48. If yes, 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:
- 07/01/15
 - 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:

50. Do your nursing staff have enough personal protective equipment (PPE) to implement your pandemic performance plan for one month?
51. 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 since June 2021?

- July
- August
- September

53. Number of members having issues with obtaining any of the following from their assigned health plan:

- Prescriptions
- Medical Supplies

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 providers 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

57. DDD has made it clear that guidance issued by CDC, ADHS, and DDD as described in the Congregate Settings Guidance document should be followed by QVAs. Are there any extra precautions you are taking not mentioned in that guidance? If so, please share what extra precautions your agency is taking in response to the COVID-19 pandemic.

Members:

58. Do you foresee an increase in nursing demand affecting your ability to provide services to DDD members? Y/N
59. If not, what is your capacity to provide additional services to DDD members?
- How many members?
 - How many total beds?
60. How many group homes does your agency operate? (please only provide numeric data as a response)
- Total homes
 - Operational homes (as of September 30, 2021)
61. Please list the number of room vacancies as of September 30, 2021. (please only provide numeric data as a response)
62. 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
63. How many COVID-19 positive members have you served in the following weeks?
- Week of July 19-23
 - Week of August 16-20
 - Week of September 6-10
64. Please enter the number of members who have refused/canceled services due to COVID-19 concerns? (Enter "0" below if none)
- How many members?
 - How many units?
 - How many members have been impacted by the closure of a group home due to COVID-19?
65. Please state any other issues impacting nursing supported group homes.

Visitation Attestation

On August 28, 2020, the Arizona Department of Health Services (ADHS) published visitation guidance for congregate care settings. The Department has asked that your agency complete a [visitation attestation](#).

66. Has your agency completed the attestation? Y/N

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>

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

68. 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.

69. 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:

70. 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.