



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

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Governor

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Director

Nursing Supported Group Home Services - Survey 12

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? (H/N) Y/N

Staffing:

6. How many staff worked for your agency on October 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 November 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
8. How many staff worked for your agency on December 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
9. How many staff worked for your agency on January 31, 2022, 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
10. How many staff worked for your agency on February 28, 2022, 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

11. How many staff vacancies did your agency have on average, during the following time periods:

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

12. How many applications for DCWs have you received over the following time periods?

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

13. How many applicants were qualified for DCWs (including passing background checks) over the following time periods?

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

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. What was your staff vacancy on January 31 for the years listed below?

- 2020
- 2021
- 2022

18. How many new staff were hired in:

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

19. How many staff left your agency (laid off, terminated, etc.) in:

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

20. 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

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. If there was a reduction in staff between October 2021 and February 2022r 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:

24. Please provide any additional comments regarding the reduction of staff.

25. Has your agency experienced an increase in demand for nursing supported group home services? Y/N
26. 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
27. How many total staffing hours were scheduled in the following weeks?
- Week of October 18-22,2021
 - Week of November 15-19,2021
 - Week of December 6-10, 2021
 - Week of January 3-7, 2022
 - Week of February 7-11, 2022
28. Has your agency experienced an increase in overtime due to increased demand? Y/N
29. 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
30. Has there been a decrease in the number of staff that are dedicated to a specific site home? Y/N
31. Please provide the percentage of nurses that were dedicated to a specific site on the following dates:
- October 2021
 - November 2021
 - December 2021
 - January 2022
 - February 2022
32. What is the average number of sites a nurse is currently working in per week?
33. 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
34. Does your agency have enough nursing staff to meet your needs without additional overtime, supervisors, or staffing agencies as of February 28, 2022?
35. Does your agency have enough CNA/DCW staff to meet member needs without additional overtime, supervisors, or staffing agencies as of February 28, 2022? Y/N
36. 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
37. 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
38. 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
39. 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

Vaccinations:

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

41. 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:

42. 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

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. How are you confirming that DCWs are vaccinated?

- Getting copies of vaccination cards
- Staff attestation
- We're not tracking staff vaccination

45. Are you tracking staff vaccination? Y/N

46. If, yes, what percent of DCWs that work directly with DDD members are fully vaccinated against COVID-19 as of the following dates:

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

47. 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:

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

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

Personal Protective Equipment:

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

50. Which of the following PPE is needed?

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

51. What have your additional monthly expenses been to obtain PPE since June 2021?

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

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

- Prescriptions
- Medical Supplies

53. 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

54. 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

55. 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 October 1, 2021, to February 28, 2022.

- In person
- On-line

56. 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:

57. Do you foresee an increase in nursing demand affecting your ability to provide services to DDD members? Y/N

58. If not, what is your capacity to provide additional services to DDD members?

- How many members?
- How many total beds?

59. How many group homes does your agency operate? (Please only provide numeric data as a response)

- Total homes
- Operational homes (as of February 28, 2022)

60. Please list the number of room vacancies as of December 31, 2021. (Please only provide numeric data as a response)

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

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

62. How many COVID-19 positive members have you served in the following months:

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

63. 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?
64. 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](#).

65. Has your agency completed the 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.

66. 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

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:

67. 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.