



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

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Director

Therapy 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. Please enter your AHCCCS ID?
3. Please enter your Employer ID?
4. Please enter the following contact information:
 - Contact Name
 - Email Address
 - Phone Number
5. Does your agency provide therapy services? (OEA, OTA, SEA, STA, PEA, PTA, RP1)?

Staffing & Members:

6. How many therapists/ assistants were employed or contracted and working on October 31, 2021, that provided services to DDD members in these programs?
 - Employee (FTE 30+ hours per week)
 - Contracted
7. How many therapists/ assistants were employed or contracted and working on November 30, 2021, that provided services to DDD members in these programs?
 - Employee (FTE 30+ hours per week)
 - Contracted

8. How many therapists/ assistants were employed or contracted and working on December 31, 2021, that provided services to DDD members in these programs?
 - Employee (FTE 30+ hours per week)
 - Contracted

9. How many therapists/ assistants were employed or contracted and working on January 31, 2022, that provided services to DDD members in these programs?
 - Employee (FTE 30+ hours per week)
 - Contracted

10. How many therapists/ assistants were employed or contracted and working on February 28, 2022, that provided services to DDD members in these programs?
 - Employee (FTE 30+ hours per week)
 - Contracted

11. How many therapists/ assistants left the agency (laid off, terminated, etc.) in:
 - October 2021
 - November 2021
 - December 2021
 - January 2022
 - February 2022

12. If there was a reduction in therapists/assistants due to COVID-19, please answer the following:
(Provide the number of **FTE** therapists/ assistants for each reason (count))
 - Family issues
 - Laid off due to low demand
 - Sick Leave
 - Refused to work
 - Other

13. Please enter the total number of work hours reduced.

14. Please enter any additional comments about the reduction in Therapists/Assistants serving members.

15. How many therapists/assistants hired/contracted in:
 - October 2021
 - November 2021
 - December 2021
 - January 2022
 - February 2022

16. How many applications for therapists/assistants have you received in the following months?

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

17. How many applicants were qualified for therapists/assistants (including passing background checks) in the following months?

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

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

- 2021
- 2022

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

- 2021
- 2022

20. Is your agency receiving more or less therapist/assistant applicants currently when compared to the same time last year?

- More/less/about the same

21. Is your agency receiving more or less qualified therapist/assistant applicants currently when compared to the same time last year?

- More/less/about the same

22. Is your agency retaining more or less qualified therapists/assistants currently when compared to the same time last year?

- More/less/about the same

23. What was your vacancy for therapists/assistants on February 28 for the years listed below?

- 2019
- 2020
- 2021

- 2022
24. Has your agency experienced an increase in demand for therapists/assistants' services?
- Y/N
25. If there has been an increase in demand, please provide the following information. If there has been a decrease, please include a subtraction sign (-10).
- Member change
 - Total unit change
26. How many total staffing hours were scheduled in the following months?
- October 2021
 - November 2021
 - December 2021
 - January 2022
 - February 2022
27. How many clinics do you operate? Non 3rd-party clinics
28. How many are currently open? Non 3rd-party clinics
29. How many temporarily closed service sites (clinics) will reopen by the end of the year?
30. How many temporarily closed service sites (clinics) will not reopen by the end of the year?
31. Please tell us the number of service sites (clinics) that were closed by month, if N/A, please enter "0"
- October 2021
 - November 2021
 - December 2021
 - January 2022
 - February 2022
 - Are still open
32. Please enter additional comments about the reason for closure. Please enter, "N/A" if not applicable
33. How many service sites does your agency operate when all service sites are open?
34. Please list the number of service sites open by month
- October 2021
 - November 2021

- December 2021
- January 2022
- February 2022

35. Has your agency decided to permanently close any sites due to COVID-19? Y/N

36. When operating at full capacity, how many DDD members on average does your agency serve per week?

37. Please tell us the number of members your agency has served or is expecting to serve by month, if your sites are closed, please enter "0"

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

38. Concerning service sites and staffing, when does your agency expect to be operating at full capacity?

- December 2021
- January 2022
- February 2022

39. Please provide any additional comments concerning when your agency expects to be operating at full capacity.

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

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

41. Reduction in members served (count)

- Members who refused or canceled services
 - in person
 - telehealth
- Members impacted by lack of staff
- Members impacted by clinic/site closing
- Number of members impacted due to COVID-19

42. Reduction in members served (detailed response)
43. Have you seen an increase in Paid or Unpaid Time Off due to COVID-19? Y/N
- Y/N
44. 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
45. 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

Services:

46. Does your agency currently conduct therapy services through telehealth? (yes no for each service)
- OT
 - PT
 - ST
 - None
47. If yes, what percentage of the members/families you serve do you believe will opt to continue receiving therapy services via telehealth?
48. Can you share when your agency expects to see a shift back to in-home or clinic-based services?
- October 2021
 - November 2021
 - December 2021
 - January 2022
 - February 2022
 - We have already returned or continuously provided in-person services
 - comment option

49. Please provide any other information or feedback you have regarding telehealth.

Vaccinations:

50. Are you requiring that your providers get the COVID-19 vaccine? Y/N

51. Are you tracking staff vaccination? Y/N

52. Does your organization anticipate a difficulty in retaining and hiring therapists as a result of the new vaccination mandate by the federal government?

53. 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

54. Are you offering paid or unpaid time off to staff who want the vaccine?

55. Are you notifying members and families when providers are vaccinated? Y/N

56. How are you confirming that providers are vaccinated?

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

57. 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

58. If yes, what percent of providers that work directly with DDD members have/had 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

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

Personal Protective Equipment (PPE):

60. Do your therapists/ assistants have enough personal protective equipment (PPE) to implement your pandemic performance plan for one month?

- Y/N

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

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

62. What extra precautions has your agency and therapists/ assistants taken in response to COVID-19 emergency?

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

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

64. 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 2021 to February 2022.

- In person
- On-line

65. Please state any other issues impacting therapy services.

Coronavirus Aid, Relief, and Economic Security (CARES) Act

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 3/31/2202) 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.