



Douglas A. Ducey
Governor

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Michael Wisehart
Director

Therapy Survey 8

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 December 4, 2020 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 January 8, 2021 that provided services to DDD members in these programs?
 - Employee (FTE 30+ hours per week)
 - Contracted



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8. How many therapists/ assistants left the agency (laid off, terminated, etc.) in:
 - November
 - December

9. 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

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

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

12. How many therapists/assistants hired in:
 - November
 - December

13. How many applications for therapists/assistants have you received in the following months?
 - November
 - December

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

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

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



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

18. What was your vacancy for therapists/assistants on December 31 for the years listed below?
 - 2018
 - 2019
 - 2020

19. Has your agency experienced an increase in demand for therapists/assistants' services?
 - Y/N

20. 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

21. How many total staffing hours were scheduled in the following weeks?
 - Week of November 29 - December 5
 - Week of January 3 - 9

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

23. Has your agency seen a change in behavior since the extension of federal UI on 12/27/20?
 - Yes
 - No
 - explain

24. How many clinics do you operate? Non 3rd-party clinics

25. How many are currently open? Non 3rd-party clinics

26. How many temporarily closed service sites (clinics) will reopen by the end of the year?

27. How many temporarily closed service sites (clinics) will not reopen by the end of the year?



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28. Please tell us the number of service sites (clinics) that were closed by week, if N/A, please enter "0", if you had a site closed from March 24 until May 17, you should list it in each week starting with March 22-28 through May 10-16.
- November 1-7
 - December 1-7
 - January 1-7
 - Are still open
29. Please enter additional comments about the reason for closure. Please enter, "N/A" if not applicable
30. Please tell us the number of service sites that re-opened or you plan to re-open by week, if N/A, please enter "0". If you have a site re-opened from January 7 and remain open, you should list it in each week starting with January 3-9.
- Number of sites open as of January 3-9
 - January 10-16
 - January 17-23
 - January 24-30
 - January 31 - February 6
31. Please tell us the number of members you're able to serve by week, if N/A, please enter "0"
- January 3-9
 - January 10-16
 - January 17-23
 - January 24-30
 - January 31 - February 6
32. How many distinct members were served in the following weeks:
- Week of November 29 - December 5
 - Week of January 3-9
33. Reduction in members served (count)
- Members who refused or cancelled services
 - in person
 - telehealth
 - Members impacted by lack of staff



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- Members impacted by clinic/site closing
- Number of members impacted due to COVID-19

34. Reduction in members served (detailed response)

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

- Y/N

36. If Yes, please provide the number of hours per month vacated with Paid Time Off due to COVID-19:

- November:
- December:
- Anticipated January:

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

- November:
- December:
- Anticipated January:

Services:

38. Does your agency currently conduct therapy services through telehealth? (yes no for each service)

- OT
- PT
- ST
- None

39. If yes, what telehealth platform are you using?

- Zoom for Healthcare
- VSee
- PTEverywhere
- TheraNest
- eVisit
- CORA Vision
- MW Therapy
- Other (description for other)



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40. Do you believe members/families will opt to continue receiving services via telehealth – even after a return to home or clinic-based services becomes possible?
- Y/N
41. If yes, what percentage of the members/families you serve do you believe will opt to continue receiving therapy services via telehealth?
42. Can you share when your agency expects to see a shift back to in home or clinic-based services?
- - January
 - February
 - March
 - comment option
43. Would you like to see telehealth as a standard service delivery method going forward?
- Y/N
44. Please provide any other information or feedback you have regarding telehealth.

Personal Protective Equipment (PPE):

45. Do your therapists/ assistants have enough personal protective equipment (PPE) to implement your pandemic performance plan for one month ?
- Y/N
46. If no, which of the following PPE is needed? Can mark multiple so there is some duplication
- Gloves
 - Gowns/Aprons
 - Masks and respirators
 - Goggles
 - Face Shields
 - We have sufficient PP
47. What extra precautions has your agency and therapists/ assistants taken in response to COVID-19 emergency?



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48. What have your additional monthly expenses been to obtain PPE since March 2020?
- November:
 - December:
 - Anticipated January:
49. 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 March 1, 2020 to January 8, 2021
- In person
 - On-line
50. Please state any other issues impacting therapy 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.

Your response to these questions will not disqualify your organization from DDD payments.

<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>

51. Did you apply for a PPP loan? Y/N
52. Have you qualified for a Paycheck Protection Program loan? Y/N/Didn't apply

Provider Relief Fund:

Under the [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#) all facilities and providers that received Medicare and/or 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



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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.

PRF eligibility information can be found at <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html>. Please review the link and ensure that all qualification criteria are reviewed carefully.

Terms and conditions can be found here:

<https://www.hhs.gov/sites/default/files/terms-and-conditions-medicaid-relief-fund.pdf>

PRF FAQ's can be found here:

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

Medicare/Medicaid requirement

The requirement that vendors must bill Medicaid/Medicare directly is met by billing DDD in its capacity as a Medicaid/Medicare Managed Care Organization (MCO). Services billed to DDD are considered healthcare services.

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

53. Has your agency applied for Provider Relief Funds? Y/N
54. Have you received official notice that you have been approved for a Provider Relief Fund disbursement? Y/N/Didn't apply
55. To qualify for potential funding, have you completed the CARES Provider Relief Fund [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.



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56. To qualify for potential funding, do you attest that you've submitted (or will do so before 1/31/21) 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 round 8 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.