



## ***Therapy 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. 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 Feb 25, 2020 that provided services to DDD members?
  - Employee (FTE 30+ hours per week)
  - Contracted
7. How many therapists/ assistants were employed or contracted and working on March 25, 2020 that provided services to DDD members?
  - Employee (FTE 30+ hours per week)
  - Contracted
9. How many therapists/ assistants were employed or contracted and working on April 17, 2020 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 May 22, 2020 that provided services to DDD members in these programs?
  - Employee (FTE 30+ hours per week)
  - Contracted

11. How many therapists/ assistants were employed or contracted and working on June 26, 2020 that provided services to DDD members in these programs?
  - Employee (FTE 30+ hours per week)
  - Contracted
  
12. How many therapists/ assistants left the 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 therapists/assistants due to COVID-19, please answer the following if (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
  - Total weekly Work Hours reduced
  
14. How many therapists/ assistants hired over
  - February 25-March 24
  - March 25 - April 24
  - April 25 - May 25
  - May 26-June 26
  
15. Please enter any additional comments about the reduction in Therapists/Assistants serving members.
  
16. Has your agency experienced an increase in demand for therapists/assistants' services?
  - Y/N
  
17. Based on your answer to number 16, please provide the following information. If there has been a decrease please include a subtraction sign (-10).
  - Member change
  - Total unit change
  
18. How many total staffing hours were scheduled 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
  
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 clinics do you operate? Non 3<sup>rd</sup>-party clinics
22. How many are currently open? Non 3<sup>rd</sup>-party clinics
23. 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.
- March 1-7
  - March 8-14
  - March 15-21
  - March 22-28
  - March 29-April 4
  - April 5-11
  - April 12-18
  - April 19-26
  - April 27-May 3
  - May 4-May 10
  - May 11-May 17
  - May 18- May 24
  - May 25-May 31
  - June 1-7
  - June 8-14
  - June 15-21
  - June 22-28
  - Are still open
24. Please provide the number of service (clinic) sites by the "reason for closure". If there was a combination of two or more of these reasons, please choose the most accurate reason. If N/A, please enter "0".
- Low Demand
  - Inability to staff the service (clinic) site
  - Social distancing guidelines hard to implement
  - Could not obtain necessary supplies
  - Other
25. Please enter additional comments about the reason for closure. Please enter, "N/A" if not applicable

26. 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 May 17 and remain open, you should list it in each week starting with May 15-23.
- May 15-23
  - May 24 -30
  - May 31- June 6
  - June 7 - 13
  - June 14 - 20
  - June 21 - 27
  - June 28 - July 4
  - July 5-July 11
  - July 12-July 18
  - July 19-July 25
  - July 26-August 1
27. Please tell us the number of members you plan to serve by week, if N/A, please enter "0"
- May 10-16
  - May 17-23
  - May 24 -30
  - May 31- June 6
  - June 7 - 13
  - June 14 - 20
  - June 21 - 27
  - June 28 - July 4
  - July 5-July 11
  - July 12-July 18
  - July 19-July 25
  - July 26-August 1
28. How many temporarily closed service sites (clinics)will reopen?
29. How many temporarily closed service sites (clinics)will not reopen?
30. 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
31. Reduction in members served (count)
- Members who refused or cancelled services
    - in person
    - telehealth
  - Members impacted by lack of staff
  - Members impacted by clinic/site closing
  - Number of members impacted due to COVID-19

32. Reduction in members served (detailed response)
33. Have you seen an increase in Paid or Unpaid Time Off due to Covid-19? Y/N
- Y/N
34. If Yes, please provide the number of hours per month vacated with Paid Time Off due to COVID-19:
- March:
  - April:
  - May:
  - Anticipated June:
35. If Yes, please provide the number of hours per month vacated with Unpaid Time Off due to COVID-19:
- March:
  - April:
  - May:
  - Anticipated June:
36. If Time Off due to COVID-19 is Paid, what is the total cost of those hours?
- March:
  - April:
  - May:
  - Anticipated June:

### **Services:**

37. Does your agency currently conduct therapy services through telehealth? (yes no for each service)
- OT
  - PT
  - ST
  - None
38. If yes, what telehealth platform are you using?
- Zoom for Healthcare
  - VSee
  - PTEverywhere
  - TheraNest
  - eVisit
  - CORA Vision
  - MW Therapy
  - Other (description for other)
39. If you have been conducting therapy services through telehealth, please provide the following. If you have not been utilizing telehealth please indicate "0"
- number of members served
  - number of units

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?
- July
  - August
  - September
  - Unknown
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 sufficient personal protective equipment (PPE) to implement your pandemic performance plan?
- 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. 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)
48. What extra precautions has your agency and therapists/ assistants taken in response to COVID-19 emergency?

49. What have your additional monthly expenses been to obtain PPE since March 2020?
- March:
  - April:
  - May:
  - Anticipated June:
50. 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 June 30, 2020
- In person
  - On-line
51. 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.*

<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>

52. Based on the information provided, do you believe that your agency qualifies for a Paycheck Protection Program Loan? Y/N
53. 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
54. Concerning questions 52 and 53, please enter any additional comments below:
55. Regarding the CARES Act Paycheck Protection Program Loans have you:
- Applied
  - Expecting to apply
  - Do not expect to apply
56. 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.*

57. Based on the information provided, do you believe that your agency will qualify for a Provider Relief Fund? Y/N
58. 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)
59. Regarding the CARES Act Provider Relief Fund have you:
- Applied
  - Expecting to apply
  - Do not expect to apply
60. 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).*

61. 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](mailto:DDDFinancialStmts@azdes.gov) if you are in compliance with this requirement or if you have any related questions.*



62. 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