



Douglas A. Ducey
Governor

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Michael Wisehart
Director

Child and Adult Developmental Homes Survey 5

Introduction and Contact Information:

This survey has two major sections, information from licensed developmental home providers and Qualified Vendors. Please reach out to your licensed developmental home providers and ask for this information and summarize it in your survey submission. Due to the request for information from the licensed developmental home providers, we're providing extra time to complete the survey please respond by September 30, 2020.

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. Do you provide Child and Adult Developmental services?

Licensed Provider Survey:

Please use the following questions to survey the licensed developmental home providers your agency supports. Only survey providers who support at least one DDD member in the home. Summarize their responses

6. How many providers did you reach out to for this survey?
 - Number of providers



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- Number of associated members
7. How many providers did you reach for responses?
- Number of providers
 - Number of associated members
8. Do you have any providers who are also nurses? If yes, please list the number of providers for each by option below. If no, please enter "0"
- Yes, number of RN providers
 - Yes, number of LPN providers
9. Number of providers aware of the COVID 19 resources available on the DDD webpage?
(https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/actions_related_to_covid-19)
10. How many providers have tested positive for COVID-19?
11. Have you seen an increase in Paid or Unpaid Time Off due to Covid-19? Y/N
12. If Yes, please provide the number of hours per month vacated with Paid Time Off due to COVID-19?
- March:
 - April:
 - May:
 - June:
 - July
 - August
 - Anticipated September:
13. If Yes, please provide the number of hours per month vacated with Unpaid Time Off due to COVID-19?
- March:
 - April:
 - May:
 - June:
 - July:
 - August
 - Anticipated September:



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14. If Time Off due to COVID-19 is Paid, what is the total cost of those hours?
 - March:
 - April:
 - May:
 - June:
 - July:
 - August:
 - Anticipated September:
15. How many members have temporarily left a developmental home due to COVID-19 (ie staying with family)?
16. How many members have returned to their developmental home after leaving due to COVID-19?
17. Number of homes impacted by members staying home
 - from day or employment services
 - from school
18. Number of homes who suspended the use of respite due to COVID-19?
19. How many members did or are expected to return to out-of-home (i.e. day or employment services, summer camps, etc.) services?
 - May 15 - 23
 - May 24 - June 13
 - June 14 - July 4
 - July 5 - July 25
 - July 26 - August 14
 - August 15 - August 31
 - September 1 - September 16
20. Number of homes in need of PPE supplies:
 - Gloves
 - Gowns/Aprons
 - Masks and Respirators
 - Goggles
 - Face shields
 - Homes with no shortage of supplies



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21. Are you providing PPE to your providers? Y/N

22. What are the total additional monthly expenses to acquire PPE for the providers?

- March:
- April:
- May:
- June:
- July:
- August:
- Anticipated September:

23. What are the total additional monthly expenses to acquire PPE for the homes that responded?

- March:
- April:
- May:
- June:
- July:
- August:
- Anticipated September:

24. How are your providers acquiring PPE?

- Online Retailer (Amazon, eBay, etc.)
- Big Box or grocery store (Walmart, Costco, Fry's, etc.)
- Cintas
- Grainger
- 3M
- Other (please list)

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

- Prescriptions
- Medical Supplies

26. How many covid positive members have you served in the following weeks ?

- February 24 - 28
- March 16 - 20



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- April 13 - 17
- May 18 - 22
- June 22 - 26
- July 20 - 24
- August 17 - 21
- September 14- 18

27. How many members have tested positive for COVID-19?

28. Is there a back up plan if there is a positive or presumed positive/ a Person Under Investigation (PUI) for COVID 19? (comments)

Vendor Survey:

29. Number of developmental homes you support?

30. How many DDD members live in the homes you support?

31. How many new providers started between:

- February 25 - March 24
- March 25 - April 24
- April 25 - May 24
- May 25 - June 24
- June 25 - July 24
- July 25 - August 24
- August 25 - September 24

32. How many providers stopped providing services between:

- February 25 - March 24
- March 25 - April 24
- April 25 - May 24
- May 25 - June 24
- June 25 - July 24
- July 25 - August 24
- August 25 - September 24



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33. How many monitoring visits are conducted in an average month pre-COVID?

34. How many monitoring visits were planned in

- April
- May
- June
- July
- August
- September

35. How many monitoring visits were conducted in

- April
- May
- June
- July
- August
- September

36. Have you begun conducting monitoring visits virtually? Y/N

37. If you answered yes to question 36, have virtual monitoring visits been effective?

38. What percent of monitoring visits have been conducted virtually since it became an option?

39. What video conferencing tool have you used to conduct virtual visits?

- Apple FaceTime
- Facebook Messenger video chat
- GoogleHangouts video
- Zoom
- Skype
- None
- Other (please specify)

40. How many member's placements into developmental homes have been stopped or paused due to COVID-19?

- Number of members who stopped/paused



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- Number of providers who stopped/paused
- Number of placements your agency stop/paused

41. What is the number of current vacancies within your agency related to developmental home services?

42. 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 May 1, 2020 to September 18, 2020

- In person
- On-line
- Comment

43. Please provide the number of providers trained on each topic from May 1, 2020 to September 18,2020

- Identifying and supporting members with new behavioral issues
- Supporting a person who is COVID 19 positive
- Supporting a person who is “presumed positive/ a Persona Under Investigation (PUI) for COVID 19.

44. How have you communicated COVID 19 resources to providers?

45. Please state any other issues impacting Child and Adult Developmental Homes Services.

Funding Qualifications:

46. To qualify for potential funding, do you attest that your agency attempted contact with all providers you support? Y/N

Due to the reduction of in person monitoring and flexibility in virtual monitoring visits during COVID19, the administrative activities for Qualified Vendor Licensing Workers has been reduced. Incentive payments based on the results of this survey are intended to be provided directly to developmental home providers.



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47. To qualify for potential funding, do you agree to provide at least 95% of incentive funding (minus costs of PPE if your agency sources it for all of your providers) directly to developmental home providers? Y/N

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>

48. Did you apply for a PPP loan? Y/N
49. 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 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:



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<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/general-distribution/index.html#overview-eligibility-2>

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.

- 50. Has your agency applied for Provider Relief Funds? Y/N
- 51. Have you received official notice that you have been approved for a Provider Relief Fund disbursement? Y/N/Didn't apply
- 52. 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.

- 53. To qualify for potential funding, do you attest that you've submitted (or will do so before 10/18/20) 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

To qualify for potential round 6 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.