



Douglas A. Ducey
Governor

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Michael Wisehart
Director

Nursing Supported Group Home Survey 5

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? (HAN) Y/N

Staffing:

6. How many staff worked for your agency on February 25, 2020 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):



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- Contracted DCW:
7. How many staff worked for your agency on March 25, 2020 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 April 25, 2020 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 May 25, 2020 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:



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10. How many staff worked for your agency on June 25, 2020 and provided services to DDD members? (Please provide only numeric data as a response)
 - a. Employed Full Time RN's (30+ hrs per week):
 - b. Contracted RN's:
 - c. Employed Full Time LPN's (30+ hrs per week):
 - d. Contracted LPN's:
 - e. Employed Full time CNA's (30+ hrs per week):
 - f. Contracted CNA's:
 - g. Direct Care Workers (DCW) (30+ hrs per week):
 - h. Contracted DCW:

11. How many staff worked for your agency on July 25, 2020 and provided services to DDD members? (Please provide only numeric data as a response)
 - a. Employed Full Time RN's (30+ hrs per week):
 - b. Contracted RN's:
 - c. Employed Full Time LPN's (30+ hrs per week):
 - d. Contracted LPN's:
 - e. Employed Full time CNA's (30+ hrs per week):
 - f. Contracted CNA's:
 - g. Direct Care Workers (DCW) (30+ hrs per week):
 - h. Contracted DCW:

12. How many staff worked for your agency on August 21, 2020 and provided services to DDD members? (Please provide only numeric data as a response)
 - a. Employed Full Time RN's (30+ hrs per week):
 - b. Contracted RN's:
 - c. Employed Full Time LPN's (30+ hrs per week):
 - d. Contracted LPN's:
 - e. Employed Full time CNA's (30+ hrs per week):
 - f. Contracted CNA's:
 - g. Direct Care Workers (DCW) (30+ hrs per week):
 - h. Contracted DCW:

13. How many staff worked for your agency on September 18, 2020 and provided services to DDD members? (Please provide only numeric data as a response)
 - o Employed Full Time RN's (30+ hrs per week):
 - o Contracted RN's:
 - o Employed Full Time LPN's (30+ hrs per week):



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- 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

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

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

15. How many new staff were hired 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

16. How many staff left your agency (laid off, terminated, etc.) 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

17. If there was a reduction in staff between September 14 - September 18, please answer the following (please provide the number of nurses for each reason)



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- Family Issues:
- Laid off due to demand:
- Sick Leave:
- Refused to work:
- Other:
- Estimated total reduction in hours:

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

19. Has your agency experienced an increase in demand for nursing supported group home services? Y/N

20. 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

21. 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 18 - 22
- Week of June 22 - 26
- Week of July 20 -24
- Week of August 17 - 21
- Week of September 14-18

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

23. Please provide the number of overtime hours paid in each of the following time periods:

- February
- March



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

24. Has there been a decrease in the number of staff that are dedicated to a specific site home? Y/N

25. Please provide the percentage of nurses that were dedicated to a specific site on the following dates:

- February 25
- March 25
- April 17
- May 22
- June 26
- July 25
- August 21
- September 18

26. What is the average number of sites a nurse is currently working in per week?

27. Has your agency required front line supervisors or other Management staff to cover vacancies?
Y/N

28. Please provide the number of front line supervisors or other Management staff that covered vacancies on the following dates:

- February 25
- March 25
- April 17
- May 22
- June 26
- July 25
- August 21
- September 18



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29. Does your agency have enough nursing staff to meet member needs as of September 18, 2020.
30. Approximately how many hours per week do you need to fill? (Please provide only numeric data as a response)
31. Does your agency have enough CNA/DCW staff to meet member needs as of September 18 , 2020? Y/N
32. Approximately how many hours per week do you need to fill CNA? (Please provide only numeric data as a response)
33. Approximately how many hours per week do you need to fill DCW? (Please provide only numeric data as a response)
34. Have you seen an increase in Paid or Unpaid Time Off due to Covid-19? Y/N
35. 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
36. 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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37. 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

Personal Protective Equipment:

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

39. Which of the following PPE is needed?

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

40. How are you acquiring PPE for your agency?

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

41. What have your additional monthly expenses been to obtain PPE since March 2020?

- March:
- April:
- May:
- June:
- July:



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- August:
 - Anticipated September:
42. Number of members having issues with obtaining any of the following from their assigned health plan:
- Prescriptions
 - Medical Supplies
43. 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
44. 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.
45. 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 September 18, 2020
- In person
 - On-line
46. 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:



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47. Do you foresee an increase in nursing demand affecting your ability to provide services to DDD members? Y/N
48. If not, what is your capacity to provide additional services to DDD members?
- How many members?
 - How many total beds?
49. How many group homes does your agency operate? (please only provide numeric data as a response)
- Total homes
 - Operational homes (as of September 18 , 2020)
50. Please list the number of room vacancies as of August 21, 2020. (please only provide numeric data as a response)
51. How many distinct members were served in the following weeks:
- Feb 24-28
 - March 23-27
 - April 13-17
 - May 18-22
 - June 22-26
 - July 20 -24
 - August 17 - 21
 - September 14 - 18
52. How many covid positive members have you served in the following weeks ?
- a. February 24 - 28
 - b. March 16 - 20
 - c. April 13 - 17
 - d. May 18 - 22
 - e. June 22 - 26
 - f. July 20 - 24
 - g. August 17 - 21
 - h. September 14- 18



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53. 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?
54. 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](#).

55. Has your agency completed the attestation? 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>

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

Provider Relief Fund:



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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:

<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.

58. Has your agency applied for Provider Relief Funds? Y/N
59. Have you received official notice that you have been approved for a Provider Relief Fund disbursement? Y/N/Didn't apply
60. To qualify for potential funding, have you completed the CARES Provider Relief Fund [attestation](#)? Y/N

Financial Statements:



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Please contact DDDFinancialStmnts@azdes.gov if you are in compliance with this requirement or if you have any related questions.

61. 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.