Day Program, Employment, and Transportation Services Survey 6

Introduction and Contact Information:

This survey is for Vendors that deliver Day treatment, Employment and transportation services. For the purposes of this survey, a DCW is a provider that delivers any of the identified services.

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. Do you provide day programs, employment or transportation services?

Staffing & Members:

6. How many service sites do you operate? (Do not include 3rd-party locations, such as a community employer.)

7. How many service sites were open as of September21st? (Do not include 3rd-party locations.)

8. Please tell us the total number of service sites that were closed by week. If no sites were closed or this does not apply to your agency, please enter “0". For example, if you had a site closed from March 24 until May 17, you should list the site in each week starting with March 1-7 through May 1-7.
    - March 1-7
    - April 1 - 7
    - May 1 - 7
    - June 1 - 7
    - July 1 - 7
    - August 1 - 7
    - September 1 - 7
    - All still open

9. Please provide the number of service 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 site
    - Social distancing guidelines hard to implement
    - Could not obtain necessary supplies
    - Needed to shift staff to other services
    - Positive Covide-19 tests within the program
    - Other

10. Please enter additional comments about the reason for closure. Please enter, "N/A" if not applicable

11. Please tell us the number of service sites that re-opened or your plan to reopen by week, if N/A, please enter "0". If you have a site re-opened from September 23 and remain open, you should list it in each week starting with September 20-26.
    - September 13-19
    - September 20-26
    - September 27 - October 3
    - October 4 - October 10
    - October 11 - 17
    - October 18 - 24

- October 25 - 31

12. Please tell us the number of members your agency can serve by week, if your sites are closed, 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 5 - 11
    - July 12 - 18
    - July 19 - 25
    - July 26 - Aug 1
    - August 2 - 8
    - August 9 - 15
    - August 16-22
    - August 23-29
    - August 30 - Sept 5
    - September 6 - 12
    - September 13 - 19
    - September 20-26
    - September 27 - October 3
    - October 4 - October 10
    - October 11 - 17
    - October 18 - 24
    - October 25 - 31

13. Are you able to comply with the 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) guidance? Y/N/NA because your sites are closed/ Other please specify. Y, N, site closed, and Other

14. Do you have day program service sites that have the required infrastructure to care for a positive COVID 19 member on a temporary basis? (ie. shower, food preparation, etc as outlined in DDD Congregate Care Guidance Attachment #4 link.)
    - Y/N

15. Would you be willing to support COVID-19 positive DDD members at the service site? Please indicate how many sites you would be willing to use as alternative service sites on a temporary basis. If N/A, please enter "0".
    - Willing to support in alternative service site
    - Not willing to support in alternative service site

16. How many DCW staff worked for your agency on the following dates and provided day program, employment, or transportation services to DDD members? If N/A, please enter "0".
    - Feb 25
    - March 25
    - April 17
    - May 22
    - June 19
    - July 24
    - August 21
    - September 18

17. How many DWC staff did your agency hire over the following time periods
    - February 25-March 24
    - March 25 - April 24
    - April 25 - May 24
    - May 25 - June 24
    - June 25 - July24
    - July 25 - August 24
    - August 25 -September 24

18. How many DCW staff left your agency during the following time periods?
    - 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

19. If there was a reduction in direct care staff, please answer the following (Provide the number of direct care staff for each reason (count)). If N/A, please enter "0".
    - Family issues
    - Laid off due to low demand
    - Sick leave
    - Refused to work
    - Other
    - Total weekly work hours reduced

20. Please enter any additional comments about the reduction in direct care staff. Please enter "N/A" if not applicable.

21. What administrative relief would you like DDD to provide? Please enter "N/A" if you do not have suggestions to provide.

22. How much staff time (in FTE) have you spent administratively dealing with COVID-19 related issues

23. Did your agency redeploy staff to other service lines?
    - Y/N

24. Please list the number of staff by the service lines they were redeployed to. Please enter "0" if N/A
    - Attendant care
    - Respite
    - Habilitation hourly
    - Group home habilitation
    - Other

25. Did your agency loan staff to other agencies?
    - Y/N

26. Please list the number of staff by subject:

- Number referred to another agency.
- Number hired and working for another agency.

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

28. 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

29. 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:

30. 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:

31. How many distinct members were served in the following weeks
    - February 24 - 28
    - March 16 - 20
    - April 13 - 17
    - May 18 - 22
    - June 22 - 26
    - July 20 - 24
    - August 17 - 21
    - September 14- 18

32. How many covid positive members have you served in the following weeks ?
    - February 24 - 28
    - March 16 - 20
    - April 13 - 17
    - May 18 - 22
    - June 22 - 26
    - July 20 - 24
    - August 17 - 21
    - September 14- 18

33. Overall COVID-19 cases in Arizona are now decreasing; Has there been a change in the demand for services ? Y/N

34. Of the members who left your day or employment program, how many do you expect to return? How long do you anticipate this will take ?
    - DDD Members who left
    - DDD Members who you expect to return
    - Time it will take for those members to return
35. Please provide the average number of hours per member per month your agency is serving DDD members.
    - Pre-COVID (January)
    - Current (August)
    - Anticipated September

36. Of the facilities that have closed due to COVID-19, how many will close permanently, please enter “0” if you plan to reopen all locations?

37. Do you expect to re-hire staff that left? Y/N

38. Please enter any additional comments about the reduction in members. Please enter "N/A" if not applicable.

39. Do you provide Transportation Services?
    - Y/N

40. Are you providing any day or employment-related transportation at this time?
    - Y/N

41. Are you able to comply with the social distancing guidelines as outlined by the CDC, during transportation? (Guidelines)
    - Y/N

42. Please state any comments on your ability to comply with social distancing guidelines as outlined by CDC, during transportation. Please enter "N/A" if not applicable.

43. How many members can you provide transportation services to under the new guidelines daily?

44. Have you provided day treatment or employment services in-home or via telehealth technology?
    - Y/N

45. If your agency has provided day or employment in an alternative setting or methodology please list the number of distinct members served by setting, please enter "0" if N/A
    - In-home of the member
    - Group home
    - Virtually (phone or video)
    - Other (please specify)

46. Please enter any additional comments about the telehealth. Please enter "N/A" if not applicable.

Personal Protective Equipment (PPE):

47. Does your staff have enough personal protective equipment (PPE) to implement your pandemic performance plan For one month ?
    - Y/N

48. If no, Which of the following PPE is needed? Mark all that apply.
    - Gloves
    - Gowns/Aprons
    - Masks and Respirators
    - Goggles
    - Face shields
    - We have sufficient PPE

49. 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)

50. What have your additional monthly expenses been to obtain PPE since March 2020?
    - March:
    - April:
    - May:
    - June:
    - July:
    - August:
    - Anticipated September:

51. 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

52. Please state any other issues impacting Day treatment or employment 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

53. Did you apply for a PPP loan? Y/N

54. 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:

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.

55. Has your agency applied for Provider Relief Funds? Y/N

56. Have you received official notice that you have been approved for a Provider Relief Fund disbursement? Y/N/Didn't apply

57. 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.

58. To qualify for potential funding, do you attest that you've submitted (or will do so before 9/18/20) 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 incompliance 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.