



Douglas A. Ducey
Governor

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Michael Wisehart
Director

Survey for Group Home Vendors 6

Introduction and Contact Information:

To help DDD fully understand issues facing our vendor network, please take the time to answer the questions below. This survey is specific to Group Home Vendors. Please be as accurate and detailed as possible to inform DDD decision making. There is an open-ended question at the end, in case there are issues the survey did not address. The goal of this survey is to better understand each vendor's current situation and is not meant to be punitive.

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 group home services? Services include HAB, HPD.

Staffing:

6. How many direct care staff (direct care workers or DCW) provided services to DDD members on the following dates? If N/A, please enter "0".
 - February 25



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- March 25
 - April 17
 - May 22
 - June 26
 - July 24
 - August 21
 - September 14
7. How many DCWs left your agency (laid off, terminated, etc.) between:
- March 25 - April 24
 - April 25 - May 24
 - May 25 - June 24
 - June 25 - July 24
 - July 25 - August 24
 - September 14 - 18
8. If there was a reduction in DCWs in the time period September 14 - September 18, please answer the following (Provide the number of DCW that left your agency for each reason)
- Family Issues:
 - Laid off due to low demand:
 - Sick leave:
 - Refused to work:
 - Other:
 - Total weekly hours reduced:
9. Please enter any additional comments pertaining to your organization's DCW reduction.
10. How many DCWs 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



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11. How many new DCWs were hired between:
 - March 25 - April 24
 - April 25 - May 24
 - May 25 - June 24
 - June 25 - July 24
 - July 25 - August 24
 - August 25 - September 24

12. Has your agency seen a change in the number of job applicants since August 1 2020?
 - Increase
 - Decrease
 - No change

13. Has your agency seen a change in the number of job applicants since September 1 2020?
 - Increase
 - Decrease
 - No change

14. Please provide the number of direct care workers your agency shifted from other services to group home services.
 - Day programs/employment /transportation:
 - Attendant Care:
 - Respite:
 - Habilitation Hourly:
 - Other:

15. Did you get any DCW referrals from other vendors who were closing day programs or saw a decrease in service demand?
 - Y/N

16. If you received DCW referrals, how many did you receive?

17. 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:



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- 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:
18. Has your agency experienced an increase in overtime due to increased demand since March 25?
- Y/N
19. Please provide the number of overtime hours paid in each of the following time periods
- February:
 - March:
 - April:
 - May:
 - June:
 - July:
 - August:
 - Anticipated September:
 - Anticipated October:
20. Has there been a change in the attendance of direct care workers during the month of September 2020?
- More missed shifts
 - Less missed shifts
 - No change
21. Has there been a decrease in the number of staff that are dedicated to a specific site? Y/N
22. Please provide the percentage of staff that were dedicated to a specific site on the following dates:
- February 25
 - March 25
 - April 17
 - May 22
 - June 26
 - July 24



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- August 21
- September 14

23. What is the average number of sites a DCW is currently working in over a week?

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

25. 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 24
- August 21
- September 14

26. Does your agency have enough direct care workers to meet member needs as of September 14 2020?

- Y/N

27. If you answered no to the previous question, how many hours per week are you trying to fill?

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

29. 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:
- Anticipated October:



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30. 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:
- Anticipated October:

31. 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:
- Anticipated October:

Members:

32. 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 18-22:
- Week of June 22-26:
- Week of July 20-24:
- Week of August 17 - 21:
- Week of September 14- 18:

33. If the number of members declined during the week of September 7-11, please tell us the number of members not served by the reason. If there was a combination of two or more of these reasons, please list the number of members not served by the most impactful reason.

- Members moved temporarily to be with family



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- Members in the hospital due to COVID-19 positive status
- Members impacted by the closure of a group home
- All members were served
- Other

34. Please provide the number of members having issues with obtaining any of the following from their assigned health plan

- Prescriptions:
- Medical supplies:

35. Please state any additional reasons for member changes.

Service Sites:

36. Does your agency also operate any day or employment programs? Y/N

37. Does your agency plan to shift members back to day or employment programs in September due to the reduction in COVID cases in the past few weeks? Y/N

38. Please state any other issues impacting service location.

39. How many group homes do you operate?

40. How many group homes are still operational as of September 14?

41. Based on the capacity approved for each home by DES DDD, please list the number of total group home vacancies for your agency as of September 14.

- Rooms
- Entire Homes

42. Would you be willing to house a presumed positive/ a Person Under Investigation (PUI) for COVID 19, or COVID 19 positive DDD member who is not currently served by your agency but needed short term care?Y/N



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43. Please state any other issues impacting group homes.

Personal Protective Equipment:

44. Do your direct care workers have enough personal protective equipment (PPE) to implement your pandemic performance plan for one month?

- Y/N

45. If no, which of the following PPE is needed?

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

46. 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)

47. What have your additional monthly expenses been to obtain PPE since April 2020?

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



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48. 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 April 1, 2020 to September 18, 2020
- In person
 - On-line
49. 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.
50. Please describe your plan if a member becomes infected with COVID-19
- Shelter staff in place with impacted members
 - Move impacted members to a vacant or already COVID-19 positive group home
 - Move impacted members to a vacant day program site with appropriate facilities (ie. shower, etc.)
 - Other (please specify)
51. Please enter any additional comments on your plan.

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](#).

52. Has your agency completed the attestation? Y/N

Coronavirus Aid, Relief, and Economic Security (CARES) Act

Paycheck Protection Program Loans:



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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-medicare-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>



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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 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.