



Nursing Survey 6

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.

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. AHCCCS ID
3. Employer ID
4. Please enter the following contact information:
 - Contact Name
 - Email Address
 - Phone Number
5. Does your agency provide nursing services? (HN1, HNR, HN9, HNV)

Staffing and Members:

6. How many nurses (RN, LPN) worked for your agency on February 25 and provided services to DDD members?
 - RN employed (30+ hours per week)
 - RN contracted
 - LPN employed (30+ hours per week)
 - LPN contracted
7. How many nurses (RN, LPN) worked for your agency on March 25 and provided services to DDD members?
 - RN employed (30+ hours per week)
 - RN contracted
 - LPN employed (30+ hours per week)
 - LPN contracted
8. How many nurses (RN, LPN) worked for your agency on April 17 and provided services to DDD members?
 - RN employed (30+ hours per week)

- RN contracted
- LPN employed (30+ hours per week)
- LPN contracted

9. How many nurses (RN, LPN) worked for your agency on May 22 and provided services to DDD members?

- RN employed (30+ hours per week)
- RN contracted
- LPN employed (30+ hours per week)
- LPN contracted

10. How many nurses (RN, LPN) worked for your agency on June 26 and provided services to DDD members?

- RN employed (30+ hours per week)
- RN contracted
- LPN employed (30+ hours per week)
- LPN contracted

11. How many nurses (RN, LPN) worked for your agency on July 24 and provided services to DDD members?

- RN employed (30+ hours per week)
- RN contracted
- LPN employed (30+ hours per week)
- LPN contracted

12. How many nurses (RN, LPN) worked for your agency on August 21 and provided services to DDD members?

- RN employed (30+ hours per week)
- RN contracted
- LPN employed (30+ hours per week)
- LPN contracted

13. How many nurses (RN, LPN) worked for your agency on September 18 and provided services to DDD members?

- RN employed (30+ hours per week)
- RN contracted
- LPN employed (30+ hours per week)
- LPN contracted

14. How many nursing 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 Nurses 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 Nurses 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 nurses, please answer the following
- Provide the number of nurses for each reason (count)
 - Family issues
 - Laid off due to low demand
 - Sick Leave
 - Refused to work
 - Other
18. If there was a reduction in nurses, please provide the total weekly hours reduced.
19. Please provide any additional comments regarding the reduction of nurses.
20. Has there been an increase in the demand for nursing services?
- Y/N
21. If you have 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).
- Number of members served
 - Total units provided
22. How many total staffing hours were scheduled in the following weeks?
- Week of March 16-20
 - Week of April 13-17
 - Week of May 25-31
 - Week of June 22-26
 - Week of July 20 - 24
 - Week of August 17 -21
 - Week of September 14- 18
23. Has your agency experienced an increase in overtime due to increased demand? Y/N
24. Please provide the number of overtime hours paid in each of the following time periods:

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

25. 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
- Week of July 20-24
- Week of August 17 - 21
- Week of September 14- 18

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

27. Please provide the percentage of staff that were dedicated to a specific site/home on the following dates:

- February 25
- March 25
- April 17
- May 22
- June 26
- July 24
- August 21
- September 14

28. What is the average number of sites a DWC is currently working in over a week?

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

30. 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

31. Does your agency have enough nursing staff to meet member needs as of September 18,, 2020?
- Y/N
32. How many hours per week are you trying to fill?
33. Have you seen an increase in Paid or Unpaid Time Off due to Covid-19? 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
 - June
 - July
 - August
 - Anticipated September
35. 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
36. 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:

37. Does your nursing staff have enough personal protective equipment (PPE) to implement your pandemic performance plan for one month?
38. If no, which of the following PPE is needed?
- Gloves
 - Gowns/Aprons
 - Masks and respirators

- Goggles
 - Face Shields
 - We have sufficient PP
39. 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)
40. What have your additional monthly expenses been to obtain PPE since April 2020?
- April:
 - May:
 - June:
 - July:
 - August:
 - Anticipated September:
41. 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
42. 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.
43. 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
44. What extra precautions is your agency and nursing staff taking in response to the COVID-19 epidemic?
45. Do you foresee an increase in nursing demand affecting your ability to provide services to DDD clients?
- Y/N
46. What is your capacity to provide additional services to DDD members?
- How many members?

- How many total units?
47. Have any members refused/canceled services due to COVID-19 concerns?
- Y/N
48. If members refused/canceled services, please provide additional information:
- How many members?
 - How many total units?
49. Have any members reduced their hours and schedule but still receive some nursing supports?
- Y/N
50. If members reduced hours but still receive some supports, please provide additional information:
- How many members?
 - How many total units?
51. Please state any other issues impacting nursing 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>

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

51. 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. Failure to complete the attestation

52. Based on the information provided, do you believe that your agency will qualify for a Provider Relief Funds? Y/N

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

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

55. 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.

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.

56. 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