



Douglas A. Ducey
Governor

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Michael Wisehart
Director

Therapy 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. Please enter your AHCCCS ID?
3. Please enter your Employer ID?
4. Please enter the following contact information:
 - Contact Name00
 - Email Address
 - Phone Number
5. Does your agency provide therapy services? (OEA, OTA, SEA, STA, PEA, PTA, RP1)?

Staffing & Members:

6. How many therapists/ assistants were employed or contracted and working on Feb 25, 2020 that provided services to DDD members?
 - Employee (FTE 30+ hours per week)
 - Contracted
7. How many therapists/ assistants were employed or contracted and working on March 25, 2020 that provided services to DDD members?
 - Employee (FTE 30+ hours per week)
 - Contracted
8. How many therapists/ assistants were employed or contracted and working on April 17, 2020 that provided services to DDD members in these programs?



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- Employee (FTE 30+ hours per week)
 - Contracted
9. How many therapists/ assistants were employed or contracted and working on May 22, 2020 that provided services to DDD members in these programs?
- Employee (FTE 30+ hours per week)
 - Contracted
10. How many therapists/ assistants were employed or contracted and working on June 26, 2020 that provided services to DDD members in these programs?
- Employee (FTE 30+ hours per week)
 - Contracted
11. How many therapists/ assistants were employed or contracted and working on July 24, 2020 that provided services to DDD members in these programs?
- Employee (FTE 30+ hours per week)
 - Contracted
12. How many therapists/ assistants were employed or contracted and working on August 21, 2020 that provided services to DDD members in these programs?
- Employee (FTE 30+ hours per week)
 - Contracted
13. How many therapists/ assistants were employed or contracted and working on September 18, 2020 that provided services to DDD members in these programs?
- Employee (FTE 30+ hours per week)
 - Contracted
14. How many therapists/ assistants left the 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
15. If there was a reduction in therapists/assistants due to COVID-19, please answer the following if (Provide the number of **FTE** therapists/ assistants for each reason (count))
- Family issues
 - Laid off due to low demand
 - Sick Leave



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- Refused to work
 - Other
16. Total weekly Work Hours reduced
17. Please enter any additional comments about the reduction in Therapists/Assistants serving members.
18. How many therapists/ assistants hired over
- 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. Has your agency experienced an increase in demand for therapists/assistants' services?
- Y/N
20. If there has been an increase in demand, please provide the following information. If there has been an decrease please include a subtraction sign (-10).
- Member change
 - Total unit change
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 25-31
 - Week of June 15-19
 - 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. How many clinics do you operate? Non 3rd-party clinics

25. How many are currently open? Non 3rd-party clinics

26. Please tell us the number of service sites (clinics) that were closed by week, if N/A, please enter "0", if you had a site closed from March 24 until May 17, you should list it in each week starting with March 22-28 through May 10-16.

- April 1 - 7
- May 1 - 7
- June 1 - 7
- July 1 - 7
- August 1 - 7
- September 1 - 7
- Are still open

27. Please provide the number of service (clinic) 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 (clinic) site
- Social distancing guidelines hard to implement
- Could not obtain necessary supplies
- Other

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

29. Please tell us the number of service sites that re-opened or you plan to re-open by week, if N/A, please enter "0". If you have a site re-opened from May 17 and remain open, you should list it in each week starting with May 15-23.

- Number of sites open as of September 13-19



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- September 20-26
- September 27 - October 3
- October 4 - 10
- October 11 - 17
- October 18 - 24
- October 25 - 31

30. Please tell us the number of members you're able to serve by week, if N/A, please enter "0"

- September 20-26
- September 27 - October 3
- October 4 - 10
- October 11 - 17
- October 18 - 24
- October 25 - 31

31. How many temporarily closed service sites (clinics) will reopen?

32. How many temporarily closed service sites (clinics) will not reopen?

33. 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

34. Reduction in members served (count)

- Members who refused or cancelled services
 - in person
 - telehealth
- Members impacted by lack of staff
- Members impacted by clinic/site closing
- Number of members impacted due to COVID-19

35. Reduction in members served (detailed response)



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

37. 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:

38. 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:

39. 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:

Services:

40. Does your agency currently conduct therapy services through telehealth? (yes no for each service)

- OT
- PT
- ST



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- None
41. If yes, what telehealth platform are you using?
- Zoom for Healthcare
 - VSee
 - PTEverywhere
 - TheraNest
 - eVisit
 - CORA Vision
 - MW Therapy
 - Other (description for other)
42. If you have been conducting therapy services through telehealth, please provide the following. If you have not been utilizing telehealth please indicate "0"
- number of members served
 - number of units
43. Do you believe members/families will opt to continue receiving services via telehealth – even after a return to home or clinic-based services becomes possible?
- Y/N
44. If yes, what percentage of the members/families you serve do you believe will opt to continue receiving therapy services via telehealth?
45. Can you share when your agency expects to see a shift back to in home or clinic-based services?
- July
 - August
 - September
 - October
 - comment option
46. Would you like to see telehealth as a standard service delivery method going forward?
- Y/N
47. Please provide any other information or feedback you have regarding telehealth.



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Personal Protective Equipment (PPE):

48. Do your therapists/ assistants have enough personal protective equipment (PPE) to implement your pandemic performance plan for one month ?
- Y/N
49. If no, which of the following PPE is needed? Can mark multiple so there is some duplication
- Gloves
 - Gowns/Aprons
 - Masks and respirators
 - Goggles
 - Face Shields
 - We have sufficient PP
50. 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)
51. What extra precautions has your agency and therapists/ assistants taken in response to COVID-19 emergency?
52. What have your additional monthly expenses been to obtain PPE since March 2020?
- March:
 - April:
 - May:
 - June:
 - July:
 - August:
 - Anticipated September:



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53. 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

54. Please state any other issues impacting therapy 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>

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

56. 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.



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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.

- 57. Has your agency applied for Provider Relief Funds? Y/N
- 58. Have you received official notice that you have been approved for a Provider Relief Fund disbursement? Y/N/Didn't apply
- 59. 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.

- 60. 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



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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.