



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

Cara M. Christ, MD, MS
Interim Director

Home-Based Survey

This survey is for Vendors that deliver attendant care, respite, hourly-habitation, IDLA, and housekeeping.

For the purposes of this survey, a DCW is a provider that delivers any of the identified services.

1. What is your organization's name? (Drop down menu)
2. Please enter your AHCCCS ID
3. Please enter you Employer ID
4. Please enter the following contact information
 - a. Contact Name
 - b. Email Address
 - c. Phone Numbers
5. Do you provide attendant care (ATC), respite (RSP/RSD), hourly habilitation (HAH), hourly and daily individual living habilitation (HAI, HID) and housekeeping (HSK) services?

For Attendant Care/ Respite/ Housekeeping, please answer the following questions (#4-#18):

6. How many Attendant Care/ Respite/ Housekeeping direct-care workers (DCW) were employed and working on February 1, 2020 that provided services to DDD members?
7. How many Attendant Care/ Respite/ Housekeeping direct-care workers (DCW) were employed and working on March 25, 2020 that provided services to DDD members?
8. How many Attendant Care/ Respite/ Housekeeping direct-care workers (DCW) were employed and working on April 17, 2020 that provided services to DDD members?
9. If there was a reduction in the number of Attendant Care/ Respite/ Housekeeping DCW's, please answer the following
 - a. Provide the number of DCW for each reason (count)
 - b. Family issues
 - c. Laid off due to low demand
 - d. Sick Leave
 - e. Other



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- f. Total weekly Work Hours reduced for all DCW
10. Reason for reduction (detailed response)
11. Has your agency experienced an increase in demand for Attendant Care/ Respite/ Housekeeping services? Y/N
12. If you answered yes to question 11, please provide the following information.
 - a. Member increase
 - b. Total unit increase
13. How many total staffing hours were scheduled in the following weeks?
 - a. Week of February 24-28
 - b. Week of March 16-20
 - c. Week of April 13-17
14. Has your agency experienced an increase in overtime for Attendant Care/ Respite/ Housekeeping services?
15. Please provide the number of overtime hours paid in each of the following time periods:
 - a. February
 - b. March
 - c. Anticipated April
16. Do you have enough DCW's available to meet demand? Y/N
17. How many members served Feb 24-28?
18. How many members served March 23-27?
19. How many members served April 13-17?
20. If there was a reduction in members being served, please answer the following if it was due to COVID-19
 - a. Members who refused or cancelled services
 - b. Members impacted by lack of staff
 - c. Members impacted by facility/site closing
21. Have any members reduced their hours and schedule but still receive some supports?
 - a. If so, how many members?
 - b. How many total hours?



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For Habilitation (HAH, HAI, HID), please answer the following questions (#21-#37)

22. How many Habilitation direct-care workers (DCW) were employed on February 1, 2020 that provided services to DDD members?
23. How many Habilitation direct-care workers (DCW) were employed on March 25, 2020 that provided services to DDD members?
24. How many Habilitation direct-care workers (DCW) were employed on April 17, 2020 that provided services to DDD members?
25. If there was a reduction in Habilitation DCW's, please answer the following
 - a. Provide the number of DCW for each reason (count)
 - b. Family issues
 - c. Laid off due to low demand
 - d. Sick Leave
 - e. Refused to work
 - f. Other
 - g. Total weekly Work Hours reduced
26. Reason for reduction (detailed response)
27. Has your agency experienced an increase in demand for Habilitation services? Y/N
28. If you answered yes to question 27, please provide the following information.
 - a. member increase
 - b. Total unit increase
29. How many total staffing hours were scheduled in the following weeks?
 - a. Week of February 24-28
 - b. Week of March 16-20
 - c. Week of April 13-17
30. Has your agency experienced an increase in overtime for Habilitation services? Y/N
31. Please provide the number of overtime hours paid in each of the following time periods:
 - a. February
 - b. March
 - c. Anticipated April



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32. Do you have enough DCW's available to meet Habilitation demand? Y/N
33. How many members served Feb 24-28?
34. How many members served March 23-27?
35. How many members served April 13-17?
36. If there was a reduction in members being served, please answer the following if it was due to COVID-19
 - a. Members who refused or cancelled services
 - b. Members impacted by lack of staff
 - c. Members impacted by facility/site closing
37. Have any members reduced their hours and schedule but still receive some supports?
 - a. If so, how many members?
 - b. How many total hours?

Personal Protective Equipment

38. Do your DCW have sufficient personal protective equipment (PPE) to implement your pandemic performance plan?
39. If not, which of the following PPE is needed?
 - a. Gloves
 - b. Gowns/Aprons
 - c. Masks and Respirators
 - d. Goggles
 - e. Face shields.
 - f. None
40. Please state any other issues impacting home-based services.

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

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>



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<https://www.sba.gov/funding-programs/loans/coronavirus-relief-options/paycheck-protection-program-ppp>

41. Based on the information provided, do you believe that you qualify for a Paycheck Protection Program Loan? Y/N
42. Please provide the reason you don't expect to qualify
 - a. More than 500 employees (or 1,500 where applicable)
 - b. Business established after 2/15/20
 - c. Other (detailed response)
 - d. We will qualify/have qualified for a loan
43. Regarding the CARES Act Paycheck Protection Program Loans have you:
 - a. Applied
 - b. Expecting to apply
 - c. Do not expect to apply