



Douglas A. Ducey  
Governor

**DEPARTMENT OF ECONOMIC SECURITY**  
*Your Partner For A Stronger Arizona*

Michael Wisehart  
Director

## ***Nursing Survey 10***

### **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 April 5 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 nursing vacancies did your agency have on average in the following months?
  - March
  - April



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- Anticipated May
8. How many applications for RN and LPN positions have you received in the following months?
- March
  - April
  - Anticipated May
9. How many applicants were qualified for RN and LPN positions (including passing background checks) in the following months?
- March
  - April
  - Anticipated May
10. Is your agency receiving more or less nurse applicants currently when compared to the same time last year?
- More/less
11. Is your agency receiving more or less qualified nurse applicants currently when compared to the same time last year?
- More/less
12. Is your agency retaining more or less qualified nurses currently when compared to the same time last year?
- More/less
13. What was your nurse vacancy on April 30 for the years listed below?
- 2019
  - 2020
  - 2021
14. How many new Nurses were hired in:
- March
  - April
  - Anticipated May
15. How many Nurses left your agency (laid off, terminated, etc.) in:
- March



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- April
  - Anticipated May
16. Please provide any additional comments regarding the reduction of nurses.
17. Has there been an increase in the demand for nursing services? Y/N
18. 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
19. Has your agency experienced an increase in overtime due to increased demand? Y/N
20. Please provide the number of overtime hours paid in each of the following time periods:
- March
  - April :
  - Anticipated May
21. How many distinct members were served in the following weeks:
- Week of March 22 - 26
  - Week of April 19 - 23
22. Has there been a decrease in the number of staff that are dedicated to a specific site home? Y/N
23. What is the average number of sites a nurse 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:
- March 22
  - April 22



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26. Does your agency have enough nursing staff to meet member needs as of April 8, 2021 without the need for overtime, supervisors, or staffing agencies? Y/N
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
  - Anticipated May
29. If Yes, please provide the number of hours per month vacated with Unpaid Time Off due to COVID-19?
- March
  - April
  - Anticipated May
30. If Time Off due to COVID-19 is Paid, what is the total cost of those hours?
- March
  - April
  - Anticipated May
31. Has your agency seen a change in behavior since the extension of federal UI on 12/27/20?
- Yes
  - No
  - explain

**Vaccine-Related Questions:**

32. Are you requiring that your direct care workers (providers) get the COVID-19 vaccine? Y/N
33. Please mark all reasons that you've heard for refusing vaccines:
- Safety concerns/limited testing
  - Concerns about effectiveness of vaccines
  - Religious and disability-related objections
  - Want to continue telehealth
  - Not tracking reason why they are refusing vaccines



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- All staff have indicated that they want the vaccine
  - Don't Want It/Did not provide reason
34. Have your providers had issues accessing the COVID-19 vaccine? Y/N (if yes comment option)
35. Is your agency incentivizing that providers get vaccinated? Y/N
36. Is your agency notifying staff of vaccination appointments availability?
- Paid Time off
  - Unpaid-Time-Off
  - Not offering time off for vaccinations
37. Are you offering paid or unpaid time off to staff who want the vaccine?
38. Are you notifying members and families when providers are vaccinated? Y/N
39. How are you confirming that providers are vaccinated?
- Getting copies of vaccination cards
  - Staff attestation
  - We're not tracking staff vaccination
40. Are you tracking staff vaccination? Y/N
41. If yes, what percent of providers that work directly with DDD members are fully vaccinated against COVID-19 as of the following dates: Please enter "0" if not applicable.
- 4/1/21
  - 4/15/21
  - 4/30/21
42. If yes, what percent of providers that work directly with DDD members have received their first dose of the COVID-19 vaccine as of the following dates: Please enter "0" if not applicable.
- 4/1/21
  - 4/15/21
  - 4/30/21
43. Please provide any comments you have regarding the COVID 19 vaccine.



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### **Personal Protective Equipment:**

44. Does your nursing staff have enough personal protective equipment (PPE) to implement your pandemic performance plan for one month?
45. If no, Which of the following PPE is needed?
- Gloves
  - Gowns/Aprons
  - Masks and respirators
  - Goggles
  - Face Shields
  - We have sufficient PPE
46. What have your additional monthly expenses been to obtain PPE?
- - March
  - April :
  - Anticipated May
47. 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
48. 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
49. Please provide the number of nurses trained on your Pandemic Plan and how to mitigate exposure to COVID-19 through each of the following methods from January 1, 2021 to April 12, 2021
- In person



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- On-line
50. What extra precautions is your agency and nursing staff taking in response to the COVID-19 epidemic?
51. Do you foresee an increase in nursing demand affecting your ability to provide services to DDD clients? Y/N
52. What is your capacity to provide additional services to DDD members?
- How many members?
  - How many total units?
53. Have any members refused/canceled services due to COVID-19 concerns? Y/N
54. If members refused/canceled services, please provide additional information:
- How many members?
  - How many total units?
55. Have any members reduced their hours and schedule but still receive some nursing supports? Y/N
56. If members reduced hours but still receive some supports, please provide additional information:
- How many members?
  - How many total units?
57. 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. Your response to these questions will not disqualify your organization from DDD payments.*



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<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>

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

59. 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/index.html>

#### 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.*





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60. Has your agency applied for Provider Relief Funds? Y/N
61. Have you received official notice that you have been approved for a Provider Relief Fund disbursement? Y/N/Didn't apply
62. To qualify for potential funding, have you completed the CARES Provider Relief Fund [attestation](#)? Y/N

**Financial Statements:**

*Please contact [DDDFinancialStmts@azdes.gov](mailto:DDDFinancialStmts@azdes.gov) if you are in compliance with this requirement or if you have any related questions.*

To qualify for potential round 10 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.

63. To qualify for potential funding, do you attest that you've submitted (or will do so before 05/31/21) 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

**Insurance:**

64. Do you attest that you've submitted (or will do so before 5/31/21 ) all applicable insurance documentation in accordance with section 6.7 of the Terms and Conditions of your Qualified Vendor Agreement DES/DDD? Y/N

For any questions regarding insurance requirements or the necessary documentation, contact your assigned Contract Management Specialist. You can use the Manage Dashboard in FOCUS to look up contact information for your assigned Contract Management Specialist.