



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

Cara M. Christ, MD, MS
Interim Director

Therapies Survey

Introduction, Contact Information

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:
 - i. Contact Name
 - ii. Email Address
 - iii. Phone Number
5. Services provided Y/N (OT, PT, ST)

Staffing & Members

6. How many therapists/ assistants were employed or contracted and working on February 1, 2020 that provided services to DDD members?
 - a. Employee (FTE 30+ hours per week)
 - b. Contracted
7. How many therapists/ assistants were employed or contracted and working on March 25, 2020 that provided services to DDD members in these programs?
 - a. Employee (FTE 30+ hours per week)
 - b. 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?
 - a. Employee (FTE 30+ hours per week)
 - b. Contracted
9. 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))
 - a. Family issues
 - b. Laid off due to low demand
 - c. Sick Leave
 - d. Refused to work



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

Cara M. Christ, MD, MS
Interim Director

- e. Other
 - f. Total weekly Work Hours reduced
10. Total weekly Work Hours reduced
11. Please enter any additional comments about the reduction in members being served.
12. Has your agency experienced an increase in demand for therapists/assistants' services? Y/N
13. If yes to question 12:
- a. Total member increase?
 - b. total unit increase?
14. 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
15. Has your agency experienced an increase in overtime due to increased demand?
16. If so, how many overtime hours were paid in February 2020?
17. If so, how many overtime hours were paid in March 2020?
18. If so, how many overtime hours are anticipated in April 2020?
19. How many non 3rd party facilities does your agency operate?
20. How many non 3rd party facilities that your agency operates are currently open?
21. Please tell us the number of Service (clinic) sites that closed by week
- a. March 1-7
 - b. March 8-14
 - c. March 15-21
 - d. March 22-28
 - e. March 29-April 4
 - f. April 5-11
 - g. April 12-18
 - h. April 19-26
 - i. All still open



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

Cara M. Christ, MD, MS
Interim Director

22. 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
23. Please enter additional comments about the reason for closure. Please enter, "N/A" if not applicable
24. How many members served Feb 24-28?
25. How many members served March 16-20?
26. How many members served April 13-17?
27. 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
28. Reduction in members served (detailed response)

Services

29. Can you currently conduct therapy services through telehealth?
- OT
 - PT
 - ST
 - None
30. What telehealth platform are you using?
- Zoom for Healthcare
 - VSee
 - PTEverywhere
 - TheraNest



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

Cara M. Christ, MD, MS
Interim Director

- e. eVisit
- f. CORA Vision
- g. MW Therapy
- h. Other (description for other)

31. Have you begun conducting therapy services through telehealth? Y/N
32. If yes, How many members is your agency serving through telehealth?
- a. How many total units is your agency serving through telehealth?
33. Do your therapists/ assistants have sufficient personal protective equipment (PPE) to implement your pandemic performance plan?
34. If no, which of the following PPE is needed?
- a. Gloves
 - b. Gowns/Aprons
 - c. Masks and Respirators
 - d. Goggles
 - e. Face shields
 - f. None
35. What extra precautions have your therapists/ assistants taken in response to COVID-19 emergency?
36. Please state any other issues impacting therapy services.

Conclusion

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>

37. Based on the information provided, do you believe that you qualify for a Paycheck Protection Program Loan? Y/N
38. Please provide the reason you don't expect to qualify
- a. More than 500 employees (or 1,500 where applicable)



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

Cara M. Christ, MD, MS
Interim Director

- b. Business established after 2/15/20
 - c. Other
 - d. N/A
39. Please enter any additional comments regarding questions 37 and 38.
40. Regarding the Paycheck Protection Program Loans have you:
- a. Applied
 - b. Expecting to apply
 - c. Do not expect to apply