



PROVIDER AGENCY QUESTIONNAIRE

Last Updated: 08/25/2014

AGENCY INFORMATION

- 1. How many years has your agency been in business? 1 year
- 2. List licenses. Waiver and Personal Care Attendant
- 3. List other certifications/credentials. N/A
- 4. Is your agency accredited Yes or No
- 5. If your agency is accredited, by whom? N/A
- 6. Has your agency had an external audit/survey? Yes or No
- 7. If your agency had an external audit/survey was it voluntary? Yes or No
- 8. If your agency has had an external audit/survey, were there any deficiencies? Yes or No
- 9. If there were any deficiencies, were they resolved? Yes or No

SERVICES PROVIDED

- 10. Does your agency provide direct care services? Yes or No
- 11. If yes, select all that apply and identify the number of persons supported in each
 - Supported Independent Living
 - Individual and Family Support
 - In-home Respite
 - Center-based Respite
 - Supported Employment
 - Day Program
 - Transportation
 - Other: (specify services) Home and Community Based Services : 61
- 12. If your agency provides Supported Employment Services, how many persons supported are competitively employed? N/A
- 13. What is the average rate of pay for the persons supported that are working competitively? (Select one of the following) \$7.25-\$8.25

EMPLOYEES

14. How many people are employed by your agency? (Select one of the following)

51 +

15. What types of professionals are employed by your agency? (Select all that apply)

- Psychologist Behavior Specialist
 Registered Nurse Licensed Social Worker
 Other (Specify) _____

16. What is the average rate of pay for the direct care professionals working for your agency for Individual and Family Support (IFS) day services? (Select one of the following)

\$7.25-\$8.25

17. What is the average rate of pay for the direct care professionals working for you agency for IFS night services? (Select one of the following)

\$7.25-\$8.25

18. Does your agency reimburse staff for mileage when they are providing transportation to persons supported in their own vehicle? Yes or No

19. If your agency reimburses for mileage, how much do they reimburse?

N/A

20. If your agency provides direct care services, what is your annual direct support professional turnover rate?

30

21. What are the common reasons for agency turnover?

Common reasons for turnover are non-compliance with company policy, employees securing better paying jobs, and high stress situations (personally and professionally).

22. How many hours of training per year are provided to your direct support professionals?

16-32 hours per year

23. What training topics are provided to your direct support professionals?

Universal Precautions, Company Policy and Procedures, Client Rights Detecting and Suspecting Fraud and Abuse, Abuse and Neglect, Management of Aggressive/Difficult Behaviors, Basic Skills, Detecting Signs of Illness Confidentiality, Implementation of Service Plans, Documentation, Reporting Critical Incidents, Hurricane Preparedness, Safe Driving, CPR/First Aid, Medication Administration.

24. How many hours of training are provided to your professional staff?

16 hours per year

25. What training topics are provided to your professional staff?

Managing Stress
Supervisory Management Skills
Documentation

26. Does your agency have a written policy regarding expectations of employee's behavior when providing services? Yes or No

27. If yes, how can persons interested in your agency access this information?

This information is accessible during an initial visit with a potential participant. We also have all employees sign a Staff Guidelines form which is placed in the employee record.

INDIVIDUALS SERVED

28. Identify the total number of persons served by your agency? 61

29. Does your agency serve children? Yes or No

30. Does your agency serve persons that require support with medication administration and/or non-complex tasks? Yes or No

31. Does your agency serve persons with more intense behavioral support needs, such as aggression, pica, self-injurious behaviors, etc.? Yes or No

32. Does your agency serve persons with more intense medical support needs, such as medical vents, tube feeding, etc.? Yes or No

33. Does your agency specialize in services for specific populations (Autism, Prader-Willi, etc.)?
Yes or No If Yes, specify specialties.

N/A

QUALITY ASSURANCE

34. Is your agency's Quality Assurance Plan available for current persons supported and potential persons interested in your agency to review? Yes or No

35. If yes, how can persons that are interested access this information?

All interested parties can request this information from the agency's Administrator.

36. How does your agency assess individual and/or their families satisfaction with the services provided?

The agency assesses this information on a monthly basis by conducting monthly home visits and quality assurance calls.

37. How often does your agency assess an individual and/or their family's satisfaction? (Select one of the following)

Monthly



38. What is your agency's process for receiving individual complaints?

The agency has a complaint and grievance procedure in place for participants, family members, and employees. Our policy requires the complainant to contact the Administrator either through written or telephone correspondence. Once a complaint has been received it will be investigated immediately.

39. How are complaints resolved?

All complaints are investigated for validity. During the investigation period, if staff is involved, they are removed from the home without pay until the claims are determined to be substantiated or unsubstantiated. If any complaints are made which require a report to be made to appropriate protective bueaus and law enforcement, a report will be submitted immediately so an investigation can be completed.

40. Does your agency report overall individual satisfaction? Yes or No

41. Who is overall satisfaction reported to?

Overall satisfaction is reported to the Administrator on a monthly basis.

42. How often is overall satisfaction reported? (Select one of the following)

Monthly



Service providers should submit this form electronically to the Office for Citizens with Developmental Disabilities, attention Christy Johnson at christy.johnson@la.gov.

Question 39. Cont.

Once an investigation has been completed, the agency will send written notification of the final decision. If the complainant is not satisfied with the agency's decision, the complainant will be provided information to request a fair hearing with the DHH Bureau of Appeals.