



## PROVIDER AGENCY QUESTIONNAIRE

Last Updated: 08/26/2014

### AGENCY INFORMATION

1. How many years has your agency been in business? 2.5 years
2. List licenses. Supported Independent Living, Individual and Family Support, In-H+
3. List other certifications/credentials. None
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 0
  - Individual and Family Support 65
  - In-home Respite 0
  - Center-based Respite
  - Supported Employment
  - Day Program
  - Transportation
  - Other: (specify services) EPSDT (5)
12. If your agency provides Supported Employment Services, how many persons supported are competitively employed? 0
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?

\$25.00 - \$30.00 per Trip

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

1%

21. What are the common reasons for agency turnover?

Clients pass away, clients change agency or Client's services were discontinued

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

40

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

Documentation, Incident Documentation, Emergency and Disaster Training, Staff Ethics, Client Care, Abuse and Neglect, Managing Difficult Behaviors, Infection Control, Patient Lifting and Safety, HIPPA, Clients Rights, Time Management, CPR/First Aid, (Trainings are taken from Health Standard's Curriculum)

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

40 hours plus 16 hours of orientation when hired.

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

Time Management, Critical Incident Reporting, HIPPA, Emergency and Disaster Training, Client Rights, Professional Conduct, Managing Difficult Behavior, CPR/First Aid, Office Management,

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 given to each client at time of initial intake in reference to agency expectations of employee behavior and conduct while on the job.

### INDIVIDUALS SERVED

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

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.

### 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?

They may request this information from the agency's main office and it will be mailed or hand delivered to them by a field supervisor.

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

Each month one monthly home visit and two phone calls are made to each client by the field supervisor.

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

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

Clients may file a complaint/grievance report. Complaint/Grievance forms are located in clients in-home binder. The process for filing a complaint/grievance is explained at the initial intake meeting with the client.

**39. How are complaints resolved?**

When complaints are made to our agency the Field Supervisor will investigate the complaint and try to resolve the issue. If Field Supervisor is unable to resolve the issue and give the client a satisfactory outcome the complaint with taken to the Director for further review. The Director reviews the complaint and makes recommendations in order to come up with a satisfactory outcome. If client is not satisfied with director's decision she then

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

**41. Who is overall satisfaction reported to?**

All overall individual satisfaction reports are given to Director for review. At each quarterly Advisory Board meeting the satisfaction report is presented to the board for feedback.

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

Quarterly

**Service providers should submit this form electronically to the Office for Citizens with Developmental Disabilities, attention Christy Johnson at [christy.johnson@la.gov](mailto:christy.johnson@la.gov).**