

Gulf Coast Teaching Family Services, Inc. - Houma
Gulf Coast Social Services (GCSS)

HCBS Lic# 15483



PROVIDER AGENCY QUESTIONNAIRE

Last Updated: 09/22/2014

AGENCY INFORMATION

1. How many years has your agency been in business? 31
2. List licenses. Class A Child Placing Agency and HCBS
3. List other certifications/credentials. CARF certified
4. Is your agency accredited Yes or No
5. If your agency is accredited, by whom? CARF
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 9
- Individual and Family Support 48
- In-home Respite 18
- Center-based Respite
- Supported Employment
- Day Program
- Transportation
- Other: (specify services) EPSDT, LT-PCS, Com. Choice, Children's Choice

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) Select One

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 milage when they are providing transportation to persons supported in their own vehicle? Yes or No

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

36 cents per mile

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

53%

21. What are the common reasons for agency turnover?

Resignations related career change/more pay, students graduating from school & involuntary separations related to policy violations

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

16 hours of basic training & 16 hours of medication admin. training

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

Abuse/Neglect, Defensive Driving, Environmental Emergencies, OSHA/Labeling System, Management of Aggressive Behavior, Policy and Procedures, Staff Ethics, Signs and Symptoms of Illness, First Aid/CPR, Consumer Communication, Working with Elderly, Medication Administration, Fall Prevention, Docuemention

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

48 total (16 hours Mgt, 16 hours of DSW, & 16 hours of med. admin. training)

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

HIPPA, MITC, Abuse/Neglect, Defensive Driving, Environmental Emergencies, OSHA/Labeling System, Management of Aggressive Behavior, Policy and Procedures, Staff Ethics, Signs and Symptoms of Illness, First Aid/CPR, Consumer Communication, Working with Elderly & Medication Administration

CSS-Houma

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?

Contacting our regional office to request a copy

INDIVIDUALS SERVED

28. Identify the total number of persons served by your agency? 200+

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.

Autism & SIL

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?

Contacting our regional office to request a copy

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

Annual surveys and direct contact from management staff

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

Quarterly

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

We have a grievance/complaint policy in place. Consumers, or their families can contact the supervisors by phone, in person or in writing to express any concerns they may have.

39. How are complaints resolved?

Recommendations are discussed with the Regional Director to resolve all complaints. The Reg. Dir. then contacts the consumer and their family if necessary, to discuss our recommendations for resolution. If at that time the consumer or their family is not satisfied with the resolution of an issue, the matter may be discussed with the CEO.

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

41. Who is overall satisfaction reported to?

This information is reported to our Central Office Q/A staff, all required state agencies, as well as our CEO and Board of Directors

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

Annually

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

HCBS - 15483

DCFS - 15568