



PROVIDER AGENCY QUESTIONNAIRE

Last Updated: 10/01/2014

AGENCY INFORMATION

- 1. How many years has your agency been in business? 5 years+
2. List licenses. PCA, personal care attendant, children's choice, longterm care
3. List other certifications/credentials. DHH licensed, certificates of completion of providers training
4. Is your agency accredited Yes or No
5. If your agency is accredited, by whom?
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 70
Center-based Respite
Supported Employment
Day Program
Transportation
Other: (specify services)
12. If your agency provides Supported Employment Services, how many persons supported are competitively employed? NA
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) CNA, DSW, MBA, MSW, BA

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)

\$8.26-\$9.25

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?

giving staff gas cards.

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

very low turnover rate, because we have bilingual staff to meet needs of non-English speaking clients

21. What are the common reasons for agency turnover?

low turnover rate.

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

at least 20 hours annually as required by the State

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

wide range of topics from clients' rights, HIPPA, critical incident reporting, professional conducts, stress management, nutritional/food preparation, cultural diversity, etc.

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

at least 20 hours of credits annually, as required by DHH

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

continuing education requirements for licensed social workers, providers' trainings on DHH regulations, and trainings in OSHA and Workers' Comp issues.

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?

during initial training provide by the agency.

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.

Down Syndrome, Autism, Angleman Syndrome, elderly care, dementia care

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?

Upon request, our QA plan scores very high and the potential clients will be pleased with the extra steps we take to earn our high scores.

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

We have a quality assurance council composed of clients, direct service staff, and administrative staff that meet quarterly to assure our clients of communication flows within agency and to assess that our clients' inputs and opinions are important to the agency. Our clients and DSWs opinions are very important to our agency.

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?

The clients and families are encouraged to call in our office regularly. We have a dedicated administrative staff who does "surprised" visits to clients homes to check on our clients and check on our staff's work qualities.

39. How are complaints resolved?

First, a phone call or verbal complaint to the office. Agency facilitator will meet with client/family first, then meet with direct service worker. If complaint needs further attention, then a team meeting usually takes place to include direct service worker (DSW), client and family, and administrator/facilitator, and case manager.

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

41. Who is overall satisfaction reported to?

in Quality Assurance Plan send to the State yearly as a requirement for licensing renewal. Also, we usually receive high score in our QA plan and the plan is always available for clients and families to review upon request.

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.