



## PROVIDER AGENCY QUESTIONNAIRE

Last Updated: 08/26/2014

### AGENCY INFORMATION

1. How many years has your agency been in business? 39
2. List licenses. LA Dept. of Health and Hospitals
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 132
  - Transportation 132
  - Other: (specify services) 132 - ICF/DD Residential Training & Habilitation
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) M.D., Psychiatrist, Dentist, Registered Dietitian, QMRP's, Physical Therapist

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)

\$8.26-\$9.25

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 - Facility-owned vehicles are used for transportation services for clients.

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

Approx. 50%

21. What are the common reasons for agency turnover?

Voluntary leaving to accept higher paying jobs, or other personal reasons.

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

96.5

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

Abuse/Neglect, Staff Ethics, Human/Civil Rights, Confidentiality & HIPAA, Infection Control/Universal Precautions, Environmental ER Procedures, ER Procedures, Evacuation Plan, Person Centered Planning, Personal Outcomes & Self-Determination, Incident Documentation, Documentation of Supports & Services, Facility Administrative Procedures, Programmatic Goals, Safe Lifting, Lock-Out Tag-Out Procedures, Head-Washing Procedures

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

96.5+

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

Same as above, plus paid attendance at conferences and seminars specific to their profession.

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?

By contacting our facility.

#### INDIVIDUALS SERVED

28. Identify the total number of persons served by your agency? 132

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.

Persons with intense behavioral challenges and dual diagnoses, including psychosis in

#### 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?

By contacting our facility.

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

With comprehensive, professional assessment tools, and through direct contact by our social services department.

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?

Complaints may be made to any professional staff members, and are referred immediately to the Administrator.

**39. How are complaints resolved?**

By immediate assessment/appropriate action by the professional receiving the complaint. If warranted, a prompt investigation is conducted by the Administrator, followed by appropriate corrective action, if warranted.

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

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

(1) Our Executive Director, and (2) President of the Board.

**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](mailto:christy.johnson@la.gov).