



PROVIDER AGENCY QUESTIONNAIRE
Last Updated: 03/01/2013

AGENCY INFORMATION

- 1. How many years has your agency been in business? 09
- 2. List licenses. All HCBS Waivers, Respite, VA, JPHSA
- 3. List other certifications/credentials. CPR & First Aid, DSW Training, Seizure Recognition & C+
- 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 5
 - Individual and Family Support 1
 - In-home Respite 1
 - Center-based Respite
 - Supported Employment 3
 - Day Program 6
 - Transportation
 - Other: (specify services)
- 12. If your agency provides Supported Employment Services, how many persons supported are competitively employed? 2
- 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?

10%

21. What are the common reasons for agency turnover?

Better job offer; Not enough Hours; Assigned Consumer Expires; Assigned Consumer's Service Hours Expires or are Cut

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

20+

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

Entire DSW Training with year long refreshers; CPR; Defensive Driving; Difficult Behavior Management; Emergency Evac Training

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

State Mandated Yearly CEU hours are honored; Individual/Online Sessions

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

Dealing with Behavioral Challenges in Consumer Care; Environmental Safety; Workplace Ethics; Consumer Confidentiality; Medication Administration; HBCS Policy Updates

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?

Upon completion of the application for hire process (which included the agency having received a favorable six-point background check), and prior to being given a consumer assignment, each employee is given an Employee Handbook to keep so that if needed, each can access information at their own discretion.

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's Syn., Traumatic Brain Injury; Cri du Chat Syn., Spina Bifida, Bipolar Schizo., Paraplegia.

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?

Request to view our QA Plan and will be comfortably seated in a quiet area to read the plan for themselves.

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

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

Annually

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

Grievance Policy is in place for both the Consumer and the Staff. Form and explanation of procedure is included

39. How are complaints resolved?

Written complaints are accepted and reviewed. A date for conference is held with consumer's facilitator or staff's immediate supervisor for resolution. If unable to be resolved, matter is turned over to the CEO & Board of Directors for review/conference, and or resolution.

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

41. Who is overall satisfaction reported to?

Information is contained in our QA binder and is available for on-site viewing upon request.

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.