



PROVIDER AGENCY QUESTIONNAIRE

Last Updated: 10/15/2014

AGENCY INFORMATION

- 1. How many years has your agency been in business? 14
2. List licenses. Home and Community Based Services
3. List other certifications/credentials. N/A
4. Is your agency accredited? No
5. If your agency is accredited, by whom? N/A
6. Has your agency had an external audit/survey? Yes
7. If your agency had an external audit/survey was it voluntary? No
8. If your agency has had an external audit/survey, were there any deficiencies? Yes
9. If there were any deficiencies, were they resolved? Yes

SERVICES PROVIDED

- 10. Does your agency provide direct care services? Yes
11. If yes, select all that apply and identify the number of persons supported in each: Supported Independent Living (4), Individual and Family Support (18), Other: (specify services) LT-27 and EPSDT-8
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)

**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

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?

5%

21. What are the common reasons for agency turnover?

DSW turnover rate is commly due to the rate of paid, no annual raises given and program cuts.

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

16 hours orientation, 16hr medication, 16hr additional, 40 supervisors.

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

HIPAA/Confidentially, Clients Rights, Abuse and Neglect, Incident Reporting and Proper Documentation, Service Logs/Progress notes, Infection Control, Emergency Procoduros, CPR/First Aide, Medication Training, Full Prevention, How to help someone who uses a Wheelchair, Companion Homemaker Rules and Responsibilities, Understanding Behavior, Staff Ethics/ People First Language, Epilepsy, Personal Care, How to read and follow a

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

40 hours

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

HIPPA/Confidentially, Clients Rights, Abuse and Neglect, CIR reporting, Emergency Procoduros, CPR/First Aide, Infection Control and Bloodborne Pathogens, Person Centerd Planning, Emergency Procoduros

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?

Our policies regarding our expectations for our workers are listed in the employees' handbook and there is also a policies and procedures book in the main office.

#### INDIVIDUALS SERVED

28. Identify the total number of persons served by your agency? 57

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?

Our agency quality assurance plan is available upon request.

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

Our agency assess individual and/or their families satisfaction by using a monthly survey, telephone contact and unannounced home visits.

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?

When a complaint comes to the office it is given our immediate attention and turn over to a supervisor who will investigate the complaint with all persons involved. If CIR are needed or if protective services need to be involve they will be done and contacted. Grievance forms are in clients home books and is explained in detales at in take of clients to the clients and their families. also there is a 24 hour emergency phone line they can called any time day.

**39. How are complaints resolved?**

When a complaint comes to the office, it is turn over to a supervisor who will investigate the complaint with all persons involved. If CIR are needed or if protective services need to be involve they will be done and contacted.

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

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

Overall Satisfaction is reported to the following on a monthly basos to the Supervisor and Directors and quarterly to the QE Team.

**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).