



**PROVIDER AGENCY QUESTIONNAIRE**

Last Updated: 09/18/2014

**AGENCY INFORMATION**

- 1. How many years has your agency been in business? 41
2. List licenses. HCBS:SIL, Day Hab, Hab SE, Pre Voc/Employment, ICFDD,SE, IF
3. List other certifications/credentials. Quality STAR, Ability One
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 4
Individual and Family Support 117
In-home Respite
Center-based Respite
Supported Employment 123
Day Program 161
Transportation
Other: (specify services) Inclusive Child Care, Art Therapy, Rec & Fitness, f
12. If your agency provides Supported Employment Services, how many persons supported are competitively employed? 82
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) OT & SPTX

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?

.50 as directed per CPOC

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

26%

21. What are the common reasons for agency turnover?

Physical & Emotional demands, competition from non-industry employers, lack of benefits due to reimbursement rates

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

48

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

DHH mandated Curriculum, CPI, CPR-First Aid, preventative health, communication, defensive driving, person centered planning, documentation etc

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

40+

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

Leadership, Supervision, communication, Finance, Technology, EVV, health care issues, professionalism, etc



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 request

### INDIVIDUALS SERVED

28. Identify the total number of persons served by your agency? 1300

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.

Alzheimer's Disease, Autism, Asperger's syndrome, Developmental Disabilities & Intellectual Disabilities

### 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

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

Annual Surveys

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 & procedure

**39. How are complaints resolved?**

Per agency policy

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

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

Board of Directors, stakeholders

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