



## PROVIDER AGENCY QUESTIONNAIRE

Last Updated:

1. How many years has your agency been in business?
2. List licenses.
3. List other certifications/credentials.
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
  
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
  - Transportation
  - Other: (specify services)
12. If your agency provides Supported Employment Services, how many persons supported are competitively employed?
13. What is the average rate of pay for the persons supported that are working competitively? (Select one of the following)

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)

\$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?

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

4 people every 6 months

21. What are the common reasons for agency turnover?

medical reasons, family problems, children-school

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

40/year

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

abuse/neglect, medication/administration, safety precautions, psychological abuse, sexual abuse, clients rights and responsibilities, exploitation, grievance procedure, incident/accident reporting.

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

40

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

promptness, overtime, mandatory training, insubordination, incident/accident reporting, timely reports, take-off procedure, personality at all times.

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?

the employee receives a copy upon hire.

28. Identify the total number of persons served by your agency? 75

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 No If Yes, specify specialties.

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?

the agency has a copy when interviewing families or potential consumers.

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

director , completes satisfaction survey quarterly and director completes all quarterly visits with case manager and monitors all cpop and quarterly visits.

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?

families are given my direct cell phone number to contact the director immediately for complaints.

**39. How are complaints resolved?**

director, has a team meeting with everyone involving the complaint, and director contacts family to enquire what resolution will satisfy thier need for agency to continue providing services to the individual within their comprehensive plan of care. agency will try and accomodate the agency to the best of the agencies ability.

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

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

case management agency

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