

PROVIDER AGENCY QUESTIONNAIRE

Last Updated:

AGENCY INFORMATION

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

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
 - 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)

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) LPN's, Dietician

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?

.30 per mile

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

about 10% (We have staff that have worked with DAHC for over 15 years)

21. What are the common reasons for agency turnover?

Recipient passes away, recipient does not want to follow Plan of Care and changes provider agencies, staff not wanting to drive in the rural areas and staff not showing up for work

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

16-40 depending on each recipient and their needs

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

Some training is standard such as Abuse and Neglect, CPR/First Aid, Vehicle Safety, Plan of Care, Critical Incident Reporting, Documentation, Infection Control, Emergency Preparedness Training, Medication Administration, Confidentiality, Disease Management, ect. However, we also provide specific training on whatever the needs are in the home of the consumer.

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

20-40 depending on the needs of the consumers and the newest state mand

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

Supervision, handling delicate and emergency situations, monitoring for fraud and abuse, Confidentiality, CPR/First Aid, Vehicle Safety, Emergency Preparedness, Abuse and Neglect, Medication Administration, Infection Control, Employee Visit Verification, ect..

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?

They can call our office and Mrs. Watts would be more than happy to discuss any of our written policies specific to any issue that the individual or family may have regarding our employee's.

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 'br No If Yes, specify specialties.

We do take care of some individuals with Autism. (If we do not have the answers, we are willing

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?

Please contact Mrs. Watts for this information.

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

Satisfaction Surveys are sent out by the Home Field Supervisor's in March and September of each year to assess the satisfaction that the family has with the staff. there is also an annual on-site visit completed annually and within 60 days of hire. We do not mail out surveys because we learned a long time ago that many went unanswered.

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

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

Complaint's are usually given to the Home Field Supervisor to handle and come up with solutions. They usually consult with Mrs. Watts to make sure that all avenues are taken to address the problem weather additional training is required or the removal of staff.

39. How are complaints resolved?

Complaints are resolved with the Home Field Supervisor sitting down with the family to determine the issues that need to be resolved, then usually bring the direct care staff in to talk to determine what direction is taken depending on the feedback of the family and the recipient.

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

41. Who is overall satisfaction reported to?

Excellent to Good

42. How often is overall satisfaction reported? (Select one of the following)

Every 6 months

Service providers should submit this form electronically to the Office for Citizens with Developmental Disabilities, attention Christy Johnson at christy.johnson@la.gov.