



**PROVIDER AGENCY QUESTIONNAIRE**  
**Last Updated:**

**AGENCY INFORMATION**

- 1. **How many years has your agency been in business?** 16 years
- 2. **List licenses.** Home and Community Based Service
- 3. **List other certifications/credentials.** Provider Support through LRS
- 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 13
  - Individual and Family Support 126
  - 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) Qualified Mental Retardation Professionals (QMRP)

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?

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?

Direct Support Professional may find that working with the population is not what they expected, the hiring pay does not meet their needs, or the number of hours available are not adequate.

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

Direct Support Professionals receive orientation 16 hours, yearly 16 hours

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

Medication Administration, (general understanding and person specific), Critical Incident Reporting, CPR, First Aid, HIPPA Policy, Abuse and Neglect of persons supported, Person's Right, Safety and Emergency, Seizure understanding and monitoring, accessing community resources and hands on supports with Person supported.

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

40 hours

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

Person-Centered Planning, Supervision Techniques, Critical Incident Reporting, Professionalism, Community Connection, Service Coordination, Money Management, CPR, First Aid, Medication Administration and Advocating for the Person served

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?

Contact the Department of Personnel. The Director of the Department is Mr. Fikru Sertsu.

## INDIVIDUALS SERVED

28. Identify the total number of persons served by your agency? 139

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.

Rhett Syndrome, Down's Syndrome, Autism, Cerebral Palsy, Schizophrenia, Bi-Polar Depression

## 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?

Contact Blasina Howell, Director of Accounting and Quality Enhancement Developer.

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

The agency sends the Quarterly Quality Satisfaction Survey to individuals and/or their families. The Quality Satisfaction Survey measures the area the agency needs to improve upon. The survey also provides information in the areas in which the agency is meeting the required services to insure these services are maintained.

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?

The Quarterly Satisfaction Survey provides information on any complaints from an individual and/or their family. In addition the monthly and/or quarterly home visits by the QMRP provides a direct access to voicing complaints.

**39. How are complaints resolved?**

These complaints are reviewed by the Board of Directors, (Rebecca Johnson, Director of Programs; Fikru Sertu, Director of Personnel; Blasina Howell, Director of Accounting). Mrs. Johnson meets with QMRPs who implement the resolution within 30 days.

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

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

The Board of Directors and the Professional Staff

**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).**