

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)

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?

We reimburse .45 cents per mile for some DSWs. It is discussed on a case by case basis and depends upon the needs of the client.

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

Less than 5%

21. What are the common reasons for agency turnover?

Continuing education desires by DSWs.

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

Between 20 to 40 hrs of training per year.

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

That is proprietary information and is discussed with each consumer upon contact.

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

20 to 40 hrs.

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

That is proprietary information and is discussed with each consumer upon contact.

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 website UCPGNO.ORG can provide you with much information about our organization. We will also mail you a copy of our personnel policy if you are interested in joining UCPGNO.

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 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?

We can mail our QA plan to a consumer who is interested in joining UCPGNO.

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

Quarterly Satisfaction surveys are dispersed and mailed in anonymously. We have a Quality Assurance Specialist who performs random calls to our consumers.

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?

The complaint will be brought to the attention of the individual's supervisor. The supervisor will call the employee in for discussion. Depending upon the nature of the complaint further action may be necessitated with the Program Director.

39. How are complaints resolved?

Various actions are taken depending upon many variable factors.

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

41. Who is overall satisfaction reported to?

Quality Assurance Council as well as the Board of Directors for UCPGNO.

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.