DEPARTMENT OF HEALTH AND HOSPITALS
Citizens with Developmental Disabilities

PROVIDER AGENCY QUESTIONNAIRE

Last Updated: 09/09/2014

AGENCY INFORMATION

1. How many years has your agency been in business? 8
2. List licenses. Personal Care Attendant, Supervised Independent Living
3. List other certifications/credentials.
4. Is your agency accredited ⦿Yes or ○No
5. If your agency is accredited, by whom? Department of Health and Hospital
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 0
- ☐ Individual and Family Support
- ☐ In-home Respite
- ☐ Center-based Respite
- ☐ Supported Employment
- ☐ Day Program
- ☐ Transportation
- ☑ Other: (specify services) Personal Care Attendant

12. If your agency provides Supported Employment Services, how many persons supported are competitively employed? 0
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)

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?

client may have passed away, switched providers, or no longer qualify for services

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

16

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

implementing services, safe driving, environmental emergencies, incident documentation and reporting, critical incident, documentation of services, abuse and neglect, client rights, confidentiality, sign and symptoms of illness, infection control/universal precautions.

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

16

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

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?

employees request a copy of the policy and copy is made for them.

INDIVIDUALS SERVED

28. Identify the total number of persons served by your agency? 71

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?

A person has to request a copy of the Quality Assurance Plan and it will be made available to that person

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

Every year families and client are mailed out a satisfaction survey with a self address return envelope

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?

The Director will speak to a parties involved in the complaint then comes up with a resolution to resolve the complaint.

39. How are complaints resolved?

All complaints are resolved by the Director

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

41. Who is overall satisfaction reported to?

The Director

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.