



**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)**
- 15. What types of professionals are employed by your agency? (Select all that apply)**
- Psychologist**
  - Registered Nurse**
  - Other (Specify)**
  - Behavior Specialist**
  - Licensed Social Worker**
- 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)**
- 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)**
- 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?**
- 21. What are the common reasons for agency turnover?**
- 22. How many hours of training per year are provided to your direct support professionals?**
- 23. What training topics are provided to your direct support professionals?**
- 24. How many hours of training are provided to your professional staff?**
- 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?

### **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.

### **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?

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

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?

**39. How are complaints resolved?**

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

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

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

**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).**