

Agencies Providing Residential Supports for Individuals with DD Butler County, Ohio

Directory Information:

Agency Name: Covenant House MRDD Services, LLC (AKA Diversified Community Services, Inc.)

Local Address: 1651 E. Main Street

City, State, Zip: Columbus, Oh 43205

Telephone: 614 252-8688 Ext. 317

Web address:

Fax: 614 252-6487

Local Director: Donna R. Johnson

Email: donnaj@dcs1inc.com

Local Agency Intake Name if Different:

Office hours: 9 - 4:00PM

Staff Supports Provided:**Number of Individuals Served/Program:**

(Check those that apply in Butler Co.)

Services listed are provided in the individual's home unless otherwise specified.

	<input type="checkbox"/>	Current No. Served	Accepting New Referrals	
	<input type="checkbox"/>	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
IO Waiver	<input type="checkbox"/>	7	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Homemaker/Personal Care	<input type="checkbox"/>	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Level 1 Homemaker/ Homemaker/Personal Care	<input type="checkbox"/>	1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Foster Care	<input type="checkbox"/>	none	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Services	<input type="checkbox"/>	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Licensed Group Home (4-6 people)	<input type="checkbox"/>	1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
ICF/MR	<input type="checkbox"/>	1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Planned Respite Care	<input type="checkbox"/>	none	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Emergency Respite Care	<input type="checkbox"/>	none	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Leisure/Recreation	<input type="checkbox"/>	none	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Transportation	<input type="checkbox"/>	13	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
		# Individuals Per building	# Served	Capacity
Licensed Group Home	# of Bldgs. <u>1</u>	<u>5</u>	<u>4</u>	<u>5</u>
Licensed ICF/MR				
		TOTAL SERVED		
Planned Respite Care Capacity:				
Emergency Respite Care Capacity:				

Day Habilitation/Supported Employment Yes No **Refer Butler County DD Adult Services link for more information.****Main Office Information** (if applicable)

Address:

City, State, Zip:

Telephone:

Chief Executive Officer

Office hours:

<p>Counties/States Served by Agency: <u>County/City/State</u> <u>No. Served</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Franklin/Columbus/Ohio</td> <td style="text-align: center; padding: 5px;">13</td> </tr> </table> <p>History: Total years providing services: 23 Years providing service in Butler Co.: 2</p>	Franklin/Columbus/Ohio	13	<p>Agency Type: Ownership: Private Proprietary <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/></p> <p>Profit <input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/></p> <hr/> <p>(if Private Proprietary or Partnership) Owner Name(s):</p>													
Franklin/Columbus/Ohio	13															
<p>Experienced in providing services to individuals with: (Check those that apply)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Autistic Behavior <input checked="" type="checkbox"/></td> <td style="width: 50%;">Behavioral Challenges <input checked="" type="checkbox"/></td> </tr> <tr> <td>Brain Injury <input checked="" type="checkbox"/></td> <td>Cerebral Palsy <input type="checkbox"/></td> </tr> <tr> <td>Children <input type="checkbox"/></td> <td>Medically Fragile <input type="checkbox"/></td> </tr> <tr> <td>Hearing Impairment <input type="checkbox"/></td> <td>Mental Illness <input checked="" type="checkbox"/></td> </tr> <tr> <td>Mental Retardation <input checked="" type="checkbox"/></td> <td>Physical Impairment <input type="checkbox"/></td> </tr> <tr> <td>Seniors <input type="checkbox"/></td> <td>Visual Impairment <input type="checkbox"/></td> </tr> <tr> <td>Developmental Disability <input checked="" type="checkbox"/></td> <td>Other: <input type="checkbox"/></td> </tr> </table>		Autistic Behavior <input checked="" type="checkbox"/>	Behavioral Challenges <input checked="" type="checkbox"/>	Brain Injury <input checked="" type="checkbox"/>	Cerebral Palsy <input type="checkbox"/>	Children <input type="checkbox"/>	Medically Fragile <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	Mental Illness <input checked="" type="checkbox"/>	Mental Retardation <input checked="" type="checkbox"/>	Physical Impairment <input type="checkbox"/>	Seniors <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>	Developmental Disability <input checked="" type="checkbox"/>	Other: <input type="checkbox"/>	
Autistic Behavior <input checked="" type="checkbox"/>	Behavioral Challenges <input checked="" type="checkbox"/>															
Brain Injury <input checked="" type="checkbox"/>	Cerebral Palsy <input type="checkbox"/>															
Children <input type="checkbox"/>	Medically Fragile <input type="checkbox"/>															
Hearing Impairment <input type="checkbox"/>	Mental Illness <input checked="" type="checkbox"/>															
Mental Retardation <input checked="" type="checkbox"/>	Physical Impairment <input type="checkbox"/>															
Seniors <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>															
Developmental Disability <input checked="" type="checkbox"/>	Other: <input type="checkbox"/>															
<p>Direct Service Staff Information: (Butler County Staff only) Educational / Experience Requirements for Direct Service Staff:</p> <p>Description of Agency Orientation: nine hours of training and 2-4 hours on the job training</p> <p>Do Direct Service staff drive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, what are the driving requirements? Oh Lic, Insurance, yearly abstract</p> <p>Are they covered under the agency auto policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Standard requirements for all Direct Service Staff: 18 or older, BCII background check, Nurse Aid Registry check, Abuser Registry Check, HS Diploma, SS Card, 8 hours of pre-service training</p> <p>Average In-service Training Hours Per Year: nine</p> <p>Number of Direct Service Staff (Full-time equivalents): 33 Full time and 22 Part time</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Staff Length of Service:</th> <th style="text-align: left;">Years</th> <th style="text-align: left;">No. of Staff</th> </tr> </thead> <tbody> <tr> <td></td> <td>0 – 1 yrs</td> <td style="text-align: center;"><u>11</u></td> </tr> <tr> <td></td> <td>1 – 3 yrs</td> <td style="text-align: center;"><u>20</u></td> </tr> <tr> <td></td> <td>3 – 5 yrs</td> <td style="text-align: center;"><u>16</u></td> </tr> <tr> <td></td> <td>5 + yrs</td> <td style="text-align: center;"><u>8</u></td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 10px; margin-top: 10px; width: fit-content;"> <p>Number of terminations per year X 100 Average number of employees</p> </div> <p>Average Turnover per Year: <u>5</u></p> <p>Pay Range: nine dollars an hour</p> <p>Benefits Offered: none at this time</p>		Staff Length of Service:	Years	No. of Staff		0 – 1 yrs	<u>11</u>		1 – 3 yrs	<u>20</u>		3 – 5 yrs	<u>16</u>		5 + yrs	<u>8</u>
Staff Length of Service:	Years	No. of Staff														
	0 – 1 yrs	<u>11</u>														
	1 – 3 yrs	<u>20</u>														
	3 – 5 yrs	<u>16</u>														
	5 + yrs	<u>8</u>														

Describe Supervisory/Administrative Structure: (Butler County Staff Only)

Describe Additional Educational / Experience/Training Requirements for Frontline Supervisory Staff:

Supervisors are trained with the same training frontline staff are and also with additional training the County Board offers

Average In-service Training Hours Per Year: nine

Average Number of Sites Supervised: 4

Average Number of Individuals Served: 13

Ratio of Frontline Supervisory Staff to Frontline Staff: two supervisory staff to 33

Average Length of Service: over five years

Average Turnover per Year: one

Service Recipient References:

Name: Michael McElhatton
Address: 2640 Denmark Rd
City, State, Zip: Columbus, Oh 43232
Telephone: 614 863-6903

Name: Randy Saunders
Address: 112 Broadmeadows Blvd
City, State, Zip: Columbus, Oh 43214
Telephone: 614 431-5820

Other:
Name:
Address:
City, State, Zip:
Telephone:

Family/Guardian/Advocate References:

Name: APSI
Address: 4110 N. High Street
City, State, Zip: Columbus, Oh 43214
Telephone: 614 262-9750

Name: Franklin County DD Services
Address: 1650 Watermark Dr.
City, State, Zip: Columbus, Oh 43215
Telephone: 614 464-2743

Other:
Name:
Address:
City, State, Zip:
Telephone:

Additional Information About the Agency:

Agency Mission/Philosophy:

Covenant House MRDD Services is regulated by its belief and philosophy that every individual, regardless of their handicap condition, deserves a purposeful, fulfilling and dignified life. Therefore, every opportunity should be given to assist individual, and their families in reaching their maximum potential through learning and living experiences.

Supervision/Support Provided to Direct Service Staff:

Direct
Service Staff has support and are supervised from are Supervisors and the Executive
Director

Accreditation/Licensure Status: (if applicable)

Covenant House MRDD has a residential care facility license, IO Wavier to deliver- homemaker personal care, transportation, supported employment enclave, adult day support vocational habilitation and level one services in the State of Ohio.

Internal System for Quality Assurance:

A homemaker/personal care documentation sheet (ISP) will be utilized to ascertain the individual's satisfaction and maintain the Quality Assurance for the individual. The Supervisor will check all medical areas to assure that health and safety status is maintained and a cell phone is utilized in case of an emergency.

System for Accounting and Auditing Individual Finances:

Each individual's finances shall be kept completely separate from any and all other accounts. The Supervisor will check regularly to ensure that the forms, accounts and balances are accurate. An Audit will conducted by the Supervisor to assure that all dollars are documented, accounted for, balanced and managed correctly. Receipts will be kept in the amount that is stated in Individual's Service Plan. Also, a monthly report will be given to the County to ensure that the individual's funding sources are correct.

Additional Agency Information:

Covenant House MRDD Services overall program goals and objectives are to assist individuals receiving our services develop toward independence with competence and confidence in both social and personal functioning for which they are realistically capable of achieving. We will deliver the necessary services that would enable each individual to maintain an optimum level of functioning within the community.

Agency is certified by DODD as:

- Supported Living provider
- Individual Options Waiver Services provider
- Level 1 Waiver
- Transportation provider for Supported living
- Other (specify):

For additional information, please visit our agency website at: