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February 2015

Performance Audit  
Recommendations and  
Corrective Actions for Audit:  
12-04

CHOICES FOR CARE

Desired Outcomes Established,  
but Evaluation of Actual Results  
Incomplete

Dated: April 12, 2012

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# Overview

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The SAO makes recommendations designed to improve the operations of state government. For our work to produce benefits, auditees or the General Assembly must implement these recommendations, although we cannot require them to do so. Nevertheless, a measure of the quality and persuasiveness of our performance audits is the extent to which these recommendations are accepted and acted upon. The greater the number of recommendations that are implemented, the more benefit will be derived from our audit work.

In 2010, the SAO began to follow-up on the recommendations issued in our performance audits. Experience has shown that it takes time for some recommendations to be implemented. For this reason, we perform our follow-up activities one and three years after the calendar year in which the audit report is issued. Our annual performance reports summarize whether we are meeting our recommendation implementation targets.

<http://auditor.vermont.gov/about-us/strategic-plans-and-performance-reports>

This report addresses the requirements of Act 155 (2012) to post the results of our recommendation follow-up work on our website. The report does not include follow-up on recommendations issued as part of the state's financial statement audit and the federally mandated Single Audit, which are performed by a contractor. However, our current contract for this work requires the contractor to provide the results of its recommendation follow-up.

Audit Number & Name	Rec #	Recommendation	Follow-Up Date	Status	Review Comments
<a href="#">12-4 Choices for Care: Desired Outcomes Established, but Evaluation of Actual Results Incomplete</a>	1	The Department of Disabilities, Aging, and Independent Living (DAIL) should identify a set of indicators that may be the best predictors of individuals at risk for institutional placement, as required by the Choices for Care (CFC) waiver's Special Terms and Conditions of Approval, or obtain written agreement from Centers for Medicare and Medicaid Services (CMS) to eliminate this requirement from the terms and conditions.	2014	Not Implemented	DAIL reported that the Agency of Human Services (AHS) is negotiating the consolidation of the Global Commitment and CFC waivers, and that the final Special Terms and Conditions will no longer contain the requirements. However, the waiver terms are not yet finalized and this recommendation has not been implemented.
			2015	Implemented	DAIL reported that the consolidation of the Global Commitment and CFC Waivers was approved by the Centers for Medicare & Medicaid Services effective 1/30/15 which resulted in the elimination of this requirement from the Special Terms and Conditions.
	2	DAIL should identify a set of indicators to determine the effect of CFC and its policies on the array and amounts of services available in the community, as required by the CFC waiver's Special Terms and Conditions of Approval, or obtain written agreement from CMS to eliminate this requirement from the terms and conditions.	2014	Not Implemented	DAIL reported that the AHS is negotiating the consolidation of the Global Commitment and CFC waivers, and that the final Special Terms and Conditions will no longer contain the requirements. However, the waiver terms are not yet finalized and this recommendation has not been implemented.
			2015	Implemented	DAIL reported that the consolidation of the Global Commitment and Choices for Care Waivers was approved by the Centers for Medicare & Medicaid Services effective 1/30/15 which resulted in the elimination of this requirement from the Special Terms and Conditions.
	3	DAIL should identify a set of indicators to assess the effect of CFC on the level of knowledge about long-term care resources in the general public, as required by the CFC waiver's Special Terms and Conditions of Approval, or obtain written agreement from CMS to eliminate this requirement from the terms and conditions.	2014	Not Implemented	DAIL reported that the AHS is negotiating the consolidation of the Global Commitment and CFC waivers, and that the final Special Terms and Conditions will no longer contain the requirements. However, the waiver terms are not yet finalized and this recommendation has not been implemented.
			2015	Implemented	DAIL reported that the consolidation of the Global Commitment and CFC Waivers was approved by the Centers for Medicare & Medicaid Services effective 1/30/15 which resulted in the elimination of this requirement from the Special Terms and Conditions
	4	DAIL should establish a mechanism to include feedback about CFC participants that reside in nursing facilities and Enhanced Residential Care (ERC) as part of the valuation of, at a minimum, the information dissemination, access, experience with care, and quality of life outcomes.	2014	Partially Implemented	The 2014 annual evaluation report includes some information about residents of nursing facilities and ERCs settings. However, this information does not isolate CFC participants, so it provides limited insight into CFC's effect on these residents.
			2015	Not Implemented	According to the AHS Quality Improvement Manager, who is a member of the Medicaid Managed Care Entity (MCE) Committee, there are no planned actions that he is aware of in the post waiver consolidation to survey participants in nursing facilities and Enhanced Residential Care.

Audit Number & Name	Rec #	Recommendation	Follow-Up Date	Status	Review Comments
<a href="#">12-4 Choices for Care: Desired Outcomes Established, but Evaluation of Actual Results Incomplete</a>	5	DAIL should ensure that actual results are tracked and reported for all performance indicators in the current CFC evaluation plan or revised CFC evaluation plan should DAIL decide to revisit the plan.	2014	Implemented	The 2014 evaluation report includes actuals for all but 2 of the 50 indicators in the new evaluation plan.
			No further follow-up is required because the recommendation was implemented.		
	6	DAIL should develop targets against which actual results are compared for the performance indicators in the current CFC evaluation plan or revised CFC evaluation plan should DAIL decide to revisit the plan.	2014	Not Implemented	DAIL reports that it has not implemented targets for its performance indicators.
			2015	Not Implemented	According to the AHS Quality Improvement Manager, preliminary discussions took place at the 9/21/15 and 12/18/15 MCE Committee meetings regarding the criteria that can be used for developing performance measures and relevant benchmarks and targets. Additionally, our review of the Medicaid Comprehensive Quality Strategy, produced by the AHS Performance Accountability Committee, dated 9/15/15, shows that performance measures, targets and benchmarks for CFC will be identified by the Waiver Measures Work Group by December 31, 2015. As of 1/7/16, these have not been developed.